

September 2012





Electronic Dispensing Tool Training, Namibia August 2012

Victor Sumbi Emmanuel Ugburo Abraham Blom Samson Mwinga

September 2012



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Key Words

EDT, ART

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Contents

Contents	iii
Acronyms and Abbreviations	iv
Acknowledgments	V
Introduction	6
Background	Error! Bookmark not defined.
Training Proceedings	7
Attendance	7
Training Approach	7
Programme and session lay-out	7
Pre and Post Training Assessment of Skills and Knowledge	8
Training Constraints	9
Way Forward	10
Annexes	11
Annex A: Invitation Letter	11
Annex B: Attendance List	13
Annex C: Opening Speech	14
Annex D: Training Program	16
Annex E: Pre & Post - Test Scores	18
Annex F: Workshop Evaluation	19

Acronyms and Abbreviations

AIDS Acquired immunodeficiency Syndrome

AMR ART Monthly Report

EDT Electronic Dispensing Tool

ART Antiretroviral Therapy
ARV Antiretroviral medicine

DDR Daily Dispensing Register

HIV Human Immunodeficiency Virus

MoHSS Ministry of Health and Social Services

PA Pharmacist's Assistant

SPA Senior Program Associate

USAID United States Agency for International Development

Acknowledgments

We wish to	acknowledge Mrs	. Gisella	Gowases	and tl	ne MSH	Namibia	administ ration	team	for	the
logistical and	d administrative su	pport in	preparati	on for t	his trair	ing.				

We also wish to acknowledge Ms Anna Jonas and Mr Michael De Klerk for supporting the training by providing us with 16 computers to use for the practical sessions of the training.

Introduction

The Electronic Dispensing Tool (EDT) has been in use in the public sector antiretroviral therapy (ART) pharmacies of Namibia since August 2005. The system is used for the management of patients, inventory and data related to ART.

At the end of June 2012, 49 health facilities were using the EDT for their patient and stock management. With the exception of Onandjokwe and Rundu intermediate hospitals¹, all these sites were also using the EDT to manage patient data for patients at outreach and IMAI sites under them. All 49 sites reported a total number of more than 100,000 patients on treatment as at June 2012. Approximately 10% of these patients were paediatric patients.

Prior to August 2012, the previous EDT training had been held in February 2010. Since then a number of developments had taken place necessitating refresher training. These developments include the following:

- A significant number of pharmacy staff who had been trained on use of the EDT had resigned from the health facilities
- A large number of pharmacy staff had been recruited since February 2010; notably pharmacist's assistants from the National Health Training Centre (NHTC) and they were providing ART services
- Based on feedback solicited from EDT users in October 2011, a number of major changes had been made to the EDT dispensing and reporting modules as well as on the ART monthly reporting template
- It had been noted through the national pharmaceutical support supervision visits that many EDT users were not using the quantification module of the EDT and also the EDT mobile due to lack of training
- It had been noted that facilities were using different processes to handle various commonly encountered dispensing scenarios- e.g. when updating the EDT to capture dispensing that had taken place in the past some facilities were changing the EDT computer's system date while others were changing the date of dispensing on the EDT; the latter is the recommended practice.

This training focussed on standardisation of processes for the various commonly encountered dispensing scenarios.

6

¹ The IMAI sites for Onandjokwe and Rundu IHs have very high patient numbers hence presenting a big challenge in the maintenance of their data at the main site; these sites however obtain the IMAI sites patient data and include it in their ART monthly reports

Training Proceedings

Attendance

The invitations for the training were sent to all pharmacy staff at facility level. Each facility was to nominate at least one individual to attend the training. Preference was given to those individuals who were never trained on the EDT.

The list of training participants is in Annex B. There were 36 participants in total: 10 pharmacists, 25 pharmacist's assistants/ pharmacy technicians and one nurse. All regions were represented except Caprivi and Hardap. All district hospitals in the other regions were represented except Eenhana and Engela district hospitals. Staff constraints in Ohangwena and Caprivi region were stated as the reason for not sending participants to the training. The participants who had been nominated for the training from Hardap region did not attend and no reason was provided for their failure to attend.

Training Approach

In a departure from previous EDT trainings which basically went through the EDT User Manual, this training focussed on EDT Processes and standardisation of practices across the various facilities. This approach was taken because it was realised that most, if not all, of the participants were already using the EDT at their facilities but they were handling different scenarios in different ways.

The following general approach was used for the training sessions:

- 1. Description of the session objectives
- 2. Description of the processes involved
- 3. Summary of the session
- 4. Practical examples by facilitator
- 5. Practical examples by trainees

Each participant had a computer or a laptop loaded with the EDT dispensing and reporting modules running on an oracle virtual machine with Windows XP. Use of the virtual machine dramatically reduced the time spent setting up the computers for the EDT as there was no need to install and set up SQL server software on each machine. However, running the EDT mobile software on the virtual machine presented significant challenges to the IT team and these were resolved only after lengthy trouble-shooting sessions.

Programme and session lay-out

The training program is provided in Annex D. However, many changes were made during the course of the training to facilitate discussions on certain areas and also to address challenges experienced with setting up the EDT mobile.

The following EDT processes were covered:

- 1. Entering Patients into the System
 - 1.1. New Patients on ART

- 1.2. Continuing Patients from Other Facilities (Transfer-in)
- 1.3. Continuing patients from other facilities (In-transit)
- 2. Managing Patient Details on the EDT
 - 2.1. Stopping patient management at site (Deceased, Stopped, Transfer-Out)
 - 2.2. Restarting patients on ART on the EDT
 - 2.3. Updating a patient's regimen on the EDT
 - 2.4. Updating other details of the patient- DOB, Unique Number etc.
 - 2.5. Transferring patients to an outreach/IMAI site on the EDT
- 3. Dispensing to patients
 - 3.1. Dispensing to patients other than In-transit patients
 - 3.2. Dispensing to In-transit patients
 - 3.3. Reversing a dispensing transaction (correcting a script)
- 4. Determining patient adherence (exclusions: Starters, Transfer-in, In-transit)
- 5. Dispensing at Outreach sites
 - 5.1. Using the EDT Mobile
 - 5.2. Manual data transfer from an outreach site PC to the main site PC
- 6. Dispensing to IMAI sites patients
 - 6.1. Dispensing on the EDT based on actual dispensing at the IMAI site
 - 6.2. Dispensing in advance on the EDT to IMAI site patients
- 7. Receiving, Issuing and Adjusting stock in the EDT
 - 7.1. Receiving stock on the EDT
 - 7.2. Issuing stock on the EDT
 - 7.3. Adjusting stock on the EDT after stock-take
- 8. Using the quantification module
- 9. Using EDT Reports

In addition to the above processes, the following topics were also presented at the training:

- 1. Data Quality Audit with the ePMS data
- 2. HIV Drug Resistance Early Warning Indicators

Pre and Post Training Assessment of Skills and Knowledge

The pre-assessment test was designed to test the level of knowledge and skills on EDT that the participants possessed before they came for the training. The test contained 12 questions which described commonly encountered EDT-related scenarios at the ART pharmacy and requiring the

participants to describe how they would handle these scenarios on the system. A post-assessment using the same questions as the pre-assessment was conducted at the end of the training.

The average and median scores for the pre-test were **32**% and **30**% respectively with a minimum and maximum score of 8% and 66% respectively. By contrast, the average and median scores for the post-test were **65.5**% and **66**% respectively with a minimum and maximum score of 36% and 92% respectively; representing significant improvement in the skills and knowledge of participants on the use of the EDT.

Some participants proposed that pre- and post-test assessments should be in the form of multiple choice questions in future.

Training Constraints

- Due to staff constraints, the following regions- Caprivi and Hardap- and districts- Eenhana, Engela- did not send any participants to the training. EDT- related problems might continue to be experienced in these regions due to this.
- Challenges were experienced with the EDT mobile session due to software issues- an update of the EDT mobile software caused them to stop working. The IT team was able to identify the software update as the cause of the problems and the EDT mobile session was held on the last day of the training.
- Some new users of the system found the pace of the training to be too fast while the experienced users, on the other hand, felt that the pace was too slow.

Way Forward

The following actions were agreed upon as a way forward from the training:

- I. Update the EDT Quick Reference Processes Document for main sites with IMAI sites having
 <25 ART patients/day.
- II. Circulate the EDT Quick Reference Processes Document as well as other hand outs to the training participants as well as to the facilities that were not represented at the training.
- III. Make the following adjustments on the EDT:
 - 1. update description of report no. 3 to avoid confusion to readers
 - 2. filter out the number prefixes for regimens at reporting time
 - 3. update the medicines list, discontinue donations
 - 4. remove patients never dispensed to
 - 5. define new regimen list
 - 6. define drop down list by regimen definition
 - 7. define list of common medicines to appear under each regimen (co-trimoxazole + multivitamin)
 - 8. possibility to add unique number on labels
 - 9. "Onesi LTFU not flagged, ensure Tsandi updates Onesi PC using memory stick, or travel there with 3G device for temporary remote support"
 - 10. Add field on the EDT for indicating if pills were discarded or not
 - 11. update master user to super user
 - 12. "Add two additional fields for stock in store, and at dispensary"
 - 13. test the printing out of stock take document
 - 14. "test EDT mobiles and dispatch, including printout after uploading to EDT"
 - 15. Update caption outreach to outreach/IMAI
 - 16. user testing of changes made
- IV. Remotely update all facilities with updated versions of the EDT

Annexes

Annex A: Invitation Letter



REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198Ministerial BuildingTelephone: (061) 203 2353WindhoekHarvey StreetTelefax: 088-619 393NamibiaWindhoekInternational: + 264 -61-203 2353Enquiries: Mr E UgburoRef. No.: 03/11Wednesday 1st July 2012

DIRECTORATE: TERTIARY HEALTH CARE & CLINICAL SUPPORT SERVICES

To: ALL REGIONAL DIRECTORS

ALL MEDICAL SUPERINTENDENTS
ALL CHIEF MEDICAL OFFICERS
ALL PRINCIPAL MEDICAL OFFICERS

RE: INVITATION TO ATTEND ELECTRONIC DISPENSING TOOL (EDT) TRAINING

Division: Pharmaceutical Services with support from the USAID-funded Management Sciences for Health (MSH)/ Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program will conduct national training on the revised edition of the EDT.

This training is aimed at training pharmacy staff working at the ART pharmacy who have never undergone training on the EDT as well as a refresher training for those users who have previously been trained to bring them up to date with changes made on the system since the last training was held in February 2010. In order to standardize processes across the country, the training will focus on practical operational processes and the use of the EDT mobile device. New features in the revised EDT dispensing and reporting modules will also be covered.

During the training, focal persons will be identified at regional level (possibly the regional pharmacist and one facility pharmacist's assistant) who can conduct future EDT trainings for new staff in their regions. This is required for sustainability as national trainings are prohibitively expensive.

The training for the users of the EDT will be held on Tuesday 14th to Thursday 16th of August 2012. Participants are expected to travel and check in at the hotel on Monday 13th August and check out on Friday 17th August. The venue will be communicated as soon as it is confirmed. The date for the training of Regional Pharmacists and Chief/ Senior Health Program Administrators will be communicated in due course.

Action Required:

- You are hereby requested to nominate participants to attend this training as per the attached document. Kindly fax the names of the nominees to 088-645305 or 061-234 136 Attention Mr. Emmanuel Ugburo before July 30th 2012.
- Together with the list of nominated staff to attend the training, please indicate which health facilities will be able to bring along their EDT mobile device for use at the training without disrupting services at their facility.
- Regional Directorates are kindly requested to provide transport for their participants to and from Windhoek. Accommodation, meals and S&T Rate 3 will be catered for by the training organizers

Yours sincerely

Ms P Nghipandulwa DIRECTOR

Annex B: Attendance List

No.	Participant Name	Gender	Designation	Facility Name	Region
1.	Nico Rutjani	Male	PA	Omaruru	Erongo
2.	Morning Angala	Male	PA	Swakopmund	Erongo
3.	Gift Hungwe	Male	PT	Usakos	Erongo
4.	Enid Howases	Female	PA	Walvis Bay DH	Erongo
5.	Joicky Masule	Male	PA	Karasburg	Karas
6.	Bianca Gorases	Female	PA	Keetmanshoop DH	Karas
7.	Ndahepele Maria Twalipo	Female	PA	Luderitz DH	Karas
8.	Maria Antonio	Female	PA	Luderitz DH	Karas
9.	Santos Mbahepa	Male	PA	Andara DH	Kavango
10.	Hyronimus Munango	Male	PA	Nankudu IH	Kavango
11.	Selma Mbandi	Female	PA	Nyangana DH	Kavango
12.	Bonifasius Singu	Male	Ph	Rundu IH	Kavango
13.	Mwape Kunda-Mwanyepa	Female	Ph	Katutura HC	Khomas
14.	Winnet Murerwa	Female	Ph	Katutura IH	Khomas
15.	Effort Chidzamba	Male	PA	Khomasdal HC	Khomas
16.	Leena Leopold	Female	Ph	Windhoek CH	Khomas
17.	Everencia Van Schach	Female	Ph	Windhoek CH	Khomas
18.	Bertha Alpo	Female	PA	Khorixas DH	Kunene
19.	Loide Magano Amunwe	Female	PA	Opuwo DH	Kunene
20.	Johanna Shilimela	Female	PA	Outjo DH	Kunene
21.	Kalibbala Madinah	Female	Nurse	Okongo DH	Ohangwena
22.	Amon Zariro	Male	PT	Gobabis DH	Omaheke
23.	Constantine Marowa	Male	PA	Okahao DH	Omusati
24.	Clarice Kayombo	Female	Ph	Oshikuku DH	Omusati
25.	Albertina Shikongo	Female	PA	Outapi DH	Omusati
26.	Terence Fusire	Male	Ph	Rundu IH	Omusati
27.	Bertha Shongolo	Female	PA	Tsandi DH	Omusati
28.	Emmanuel Magesa	Male	Ph	Ongwediva HC	Oshana
29.	Kamwi Mwemba	Male	PA	Oshakati IH	Oshana
30.	Raphael Mushi	Male	Ph	Onandjokwe IH	Oshikoto
31.	Oiva Haimbodi	Male	PA	Onandjokwe IH	Oshikoto
32.	Annely N Mwanda	Female	PA	Tsumeb DH	Oshikoto
33.	Gerson Aib	Male	PA	Grootfontein DH	Otjozondjupa
34.	Norbert Marealle	Male	Ph	Okahandja	Otjozondjupa
35.	Erastus Kamboo	Male	PA	Okakarara DH	Otjozondjupa
36.	Kambindyi Paulus	Male	PA	Otjiwarongo DH	Otjozondjupa

Annex C: Opening Speech

OPENING SPEECH BY Ms. JENNIE LATES,

DEPUTY DIRECTOR, DIVISION: PHARMACEUTICAL SERVICES, MoHSS

ON THE OCCASION OF THE TRAINING ON THE ELECTRONIC DISPENSING TOOL (EDT)

VENUE: Safari Court Conference Centre and Hotel

DATE: Tuesday 14th August 2012

Management staff from MoHSS and SIAPS/MSH Programme staff
Hospital pharmacists
Pharmacist's Assistants
Colleagues, ladies and gentlemen

It is a great pleasure for me to join you here today on this very important event and to open the training on the Electronic Dispensing Tool (EDT).

The provision of ART is a very critical component of a successful HIV/AIDS program and the need for a practical data capturing tool is a prerequisite for an effective information management system. As you all know the EDT formerly ADT was introduced in 2005 as part of government commitment in ensuring high quality pharmaceutical services are offered at all ART sites.

Without any doubt anti-retrovirals have contributed considerably to the improvement in the quality of life. At the end of March 2012 there were 103,312 patients on treatment, of these 93,656 (90.6%) were adults while 9,656 (9.4%) were paediatrics. The rapid roll out of ART has led to remarkable decrease in HIV related morbidity and mortality in Namibia, the estimated AIDS related deaths has decreased by over 63% from 12,000 in 2005/06 to less than 4,500 AIDS related death 2010/11, it is projected to decrease further to less than 3,160 by 2015/16. Also 81.7% of people on ART are still alive on treatment since initiation of treatment.

The government has invested substantial portion of its budget for the provision of anti-retroviral. In the 2011/12 financial year the MoHSS, spent over N\$126 million on anti-retroviral, representing 18% of total pharmaceutical expenditure. The ABC analysis for 2011/12 FY shows that the top 5 ARVs by expenditure were among the top 8 pharmaceutical items by expenditure. We must therefore ensure that patients receive the right medicine in a timely and reliable way in accordance with the national treatment guidelines. This will enable us improve the quality of care to Namibians, and justify the huge investment on anti-retrovirals.

Colleagues

Pharmaceutical ART services have been integrated into the Pharmaceutical Information Management System (PMIS), which continually monitors patient retention on therapy and availability of ARVs on an on-going basis. The EDT as a real time data capturing management tool provides critical data for programming, planning and policy decision making purposes. I am aware there has been a notable improvement in terms of completeness of ART monthly reports, however timeliness of submission impacts negatively on timely completion of feedback reports and issues of data quality remains a challenge.

Div: Pharmaceutical Services considers this training of upmost importance, despite the dwindling support from our development partners, this training is coming at no better time, since the last

national training on the EDT which was held in February 2010. Ever since then the dispensing module and the reporting module of the EDT has undergone several revisions aimed at making the EDT more user friendly and to address data quality issues.

This training is therefore aimed at updating pharmacy staff who have been previously trained with the changes and revisions on the EDT. However, for those who have never been trained formally, this training offers an opportunity for you to enhance your skill and become more proficient in the use of the EDT and lastly through this training operating procedures will be harmonized across health facilities in the country. The provision of correct, up to date information on patient and stock information is very critical and I believe one of the ways of achieving this is through training and of course implementation of the skills learnt by the participants.

Ladies and Gentlemen

A lot of effort has been made to improve health service delivery through training and introduction of tools like EDT that are designed to simplify and lessen the burden of serving the ever increasing number of clients. However, all these efforts will be in vain if the users at the facility level do not utilise the tool optimally and put into good use the knowledge and skills learnt during this training. Recent report from the national supervisory support visit conducted by Div: Pharmaceutical Services, in which 34 health facilities were assessed, indicated that the EDT is not being put to optimal use in most facilities. Out of 34 facilities assessed only 15 (42%) utilizes the stock management and quantification module of the EDT. I therefore implore you, the participants, to use the skills and knowledge learnt during this training and also to use the EDT optimally when you return to your duty stations. Div: Pharmaceutical services at the national level have produced abstracts from data generated from the EDT, which has been produced at several international fora. The EDT provides a rich source of data on adherence and medicine utilization which can be shared with the district and regional management teams for interventions aimed at improving health outcomes.

On behalf of the Ministry, I wish to thank the National Medicine Policy Co-ordination Subdivision and MSH/SIAPS programme for the time, resources and hard work invested in organising this training on the EDT. Through this training you are building capacity in the pharmaceutical services sector, also you are addressing an urgent need of improving the quality of data generated and reported from the EDT.

The prohibitive cost of conducting a national training of this magnitude is no longer sustainable, we hope from this training you will all become highly skilful in the use of the EDT so as to become expert users who will in turn train or mentor other pharmacy staff members in your regions and facilities on the use of EDT. In this room are diverse knowledge and experiences, I implore all of you to take this unique opportunity of this gathering to share best practices. At the end of this training we should be able to perform our work more efficiently and improve service provision in order that we may exceed the high expectations of our clients. I hereby wish you a very fruitful training and declare the August 2012 EDT Training session officially open.

I THANK YOU!

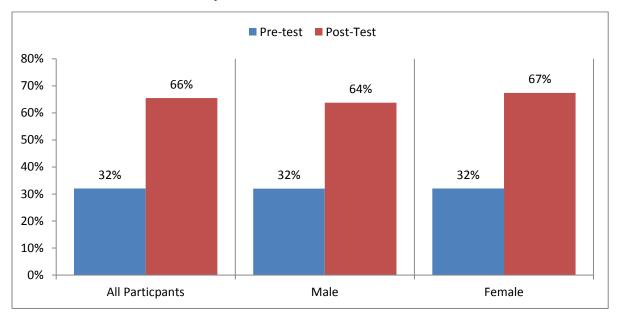
Annex D: Training Program

Program for EDT Training Date: 14-16 Aug 2012 Venue: Safari Hotel Windhoek					
Time	Session/Activity	Facilitator			
	Tuesday				
08h00 – 08h15	Registration and Welcome	Gisella Gowases			
08h15 - 08h30	Opening remarks	Ms Jennie Lates, DD: Ph Ss			
08h30 - 08h40	Introduction and announcements	Emmanuel Ugburo			
08h40 - 09h15	Pre assessment of skills and knowledge	Victor Sumbi			
09h15 - 09h45	1. Training Starts: Getting Started	Abraham Blom			
09h45 – 10h45	 2. Entering Patients Into the System New Patients (incl. PMTCT Option B+) Continuing Patients (Transfer In) Continuing Patients (In Transit) 	Victor Sumbi			
10h45 - 11h00	Tea break				
11h00 - 11h45	 3. Stopping Patient Management on the EDT - Deceased - Transfer out - Stopped by Physician Re-starting Patients on the EDT 	Victor Sumbi			
11h45 - 13h00	 4. Managing Patient Details on the EDT Updating the patient's regimen Updating other details of the patient Transferring patients to an outreach/IMAI site 5. Dispensing to patients Dispensing to patients other than Intransit patients Dispensing to In-transit patients 	Samson Mwinga			
13h00 - 1400	Lunch break				
14h00 - 16h00	6. Reversing a dispensing transaction (correcting a script) Determining patient adherence (exclusions: Starters, Transfer-in, In-transit)	Samson Mwinga			
16h00 - 16h15	Tea break				
16h15 - 17h00	7. Receiving and Issuing of stock from the EDT Recording stock take details	Emmanuel Ugburo			
	Wednesday				
08h00 - 09h30	8. Using the quantification module	Emmanuel Ugburo			
09h30 - 10h30	9. Dispensing at Outreach sites10. Using the EDT Mobile	Abraham Blom			

Program for EDT Training Date: 14-16 Aug 2012							
Venue: Safari Hotel Windhoek							
Time	Session/Activity	Facilitator					
10h30 - 11h00	Tea break						
11h00 - 13h00	Using the EDT Mobile – Practical Session	Abraham Blom					
13h00 - 14h00	Lunch break						
14h00 - 16h00	11. Presentation on HIVDR EWIs & Adherence Data abstraction process from the EDT	Victor Sumbi					
16h00-16h15	Tea break						
16h15 - 17h00	12. Manual data transfer from outreach site to main site	Samson Mwinga					
	Thursday						
08h00 - 10h15	13. Using EDT Reports	Emmanuel Ugburo					
		Samson Mwinga					
10h15 - 10h30	Tea break						
10h30 - 13h00	14. Data Quality Audit with ePMS data	Victor Sumbi					
	- Presentation by RM&E	Anna Jonas					
	- Review of DQA forms						
13h00 - 1400	Lunch break						
14h00 - 15h30	15. Manual dispensing at IMAI sites	Emmanuel Ugburo					
15h30 - 16h00	Post assessment of skills and knowledge	Abraham Blom					
16h00 - 16h15	Tea break						
16h15 - 16h45	The process to follow for new regimens that need to be added to the EDT AOB	Emmanuel Ugburo					
16h45 - 17h00	Closing remarks	Kennedy Kambyambya					

Annex E: Pre & Post - Test Scores

Comparison of Pre- and Post-Test Scores



Annex F: Workshop Evaluation

1.		Score				
(a)	(a) Organisation of the training					
1	Communication of information to the participants before training	81%				
2	Running of the training	79%				
3	Transport to & from the training	79%				
4	Materials and visual aids	83%				
(b	(b) Hotel and Conference Facilities					
1	1 Accommodation at the hotel					
2	Meals	68%				
3	Conference facility	85%				
3.	3. To what extent did the training meet your expectations?					
	Average	80%				

Selected comments from training participants:

- "I'm newly employed; training was really useful, I was struggling before with reports but now I'm going to take charge of this. Almost all my expectations were met"
- "I enjoyed the training, gained a lot of knowledge (and weight!). Thanks a million!"
- "It was a good training; the EDT is becoming easier to use"
- "The workshop was conducted well and was lively and interactive"
- "Decision-making like changing the format of reporting, setting the agenda for the training etc. should involve stakeholders from outside Windhoek"