**RBF DIGITALISATION TRAINING REPORT**

**REPORT COMPILED BY**

1. **MWESIGWA FRANK RBF TRAINER MOH**
2. **KYOBE ELIJAH BENON RBF TRAINER MOH**
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4. **DR. TABUSIBWA ERIC TEAM LEAD- RBF UNIT MOH**

## Basic Details on Trainings

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|  | Details on Training | | | |
| **Dates of Training** | |  | | --- | | **26TH OCTOBER TO 05TH NOVEMBER 2021** | | | | |
| **Location** | Koboko | | | |
| **Training Venue** | Rock Shadow Hotel, Koboko | | | |
| **Names and Phone Numbers Trainers** | | | | |
| **Name** | | **Phone Number** | **Designation/ Role** | **INSTTUTION** |
| Kyobe Elijah Benon | | 0782030841 | National RBF Trainer | MOH |
| Mwesigwa Frank | | 0779825056 | Systems administrator | MOH |
| Musabe Richard | | 0783901091 |  | Enabel |
| Dr. Tabusibwa Eric | | 0777612163 | Team lead- RBF Unit | MOH |

## Number of Participants for the Training.

**Session 1**

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| **Targeted number of participants** |  |

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|  | **Day 1** | **Day 2** | **Day 3** |
| **Number of actual participants** |  |  |  |

**Session 2**

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|  | **Day 1** | **Day 2** | **Day 3** |
| **Number of actual participants** |  |  |  |

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| A) Objectives of the Training |
| 1. **Over all**  * To Rollout the electronic RBF reporting system for verification of HF RBF outputs effective October – December FY 2021/2022. |
| **Specifically:**   * To equip trainees (EDHMT RBF verifiers) with knowledge on use of the electronic RBF reporting system for data collection, verification, invoice processing and submission. * To provide the trainees with hands-on support, during their testing of functionalities of the electronic RBF reporting system. * To support trainees electronically enter their district specific RBF data for FY 2021/2022 in the electronic RBF reporting system. * To get end user feedback on the configuration of the tools and usability of the system for reporting about RBF. |
| **Participants expectations**  Participants highlighted the following expectations:   * To know when to start using the digital platform for reporting for RBF. * To know the new changes guidelines for RBF * To improve on their skills for verification of RBF outputs * To understand the key indicator definitions for RBF outputs * To know the difference between the new digital platform and the Enabel platform for RBF reporting * To know whether MOH will supply new gadgets for use during digital BF reporting. * To know the rationale and impact of the digital RBF platform. * To know how health facilities will benefit from the digitalization of RBF reporting * To know the scope of the digital reporting method |
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| B) Summary of achievements |
| 1. A total of 08 national trainers were involved in the trainings for the 02 sessions. Training slides developed, reviewed and approved by the technical/ expert teams at the National RBF unit were used during the training 2. Participants were drawn from the districts implementing RBF and supported by Enabel in the western region, including Koboko, Nebbi, Maracha, Obongi, Adjumani, Yumbe and Moyo districts. Most invited participants (92%) were able to report timely on the first training day. An official opening communication of the training was done by the Regional coordinator for Enabel, Mr. Musabe Richard. Participants were able to give their expectations for the training which are indicated above.   Most of these were very well met. Norms were made to be adhered to by the participants during each of the three days’ training session.   1. A total of 120 EDHMT verifiers from the region were trained. Among these were biostatistician HMIS Focal persons, midwives, medical officers, nurses. Training methods used included brain storming, practical demonstrations by trainers, group work and return demonstration by the participants. However unlike in other trainings, Pre and Post tests were not done at the beginning and end of the training. Evaluation of learning among participants was basically done during their execution of practical tasks in form of return demos. Daily training evaluations were conducted to enable the facilitators determine areas for improvements and emphasis. All participants actively participated in the sessions, daily recaps were done at the beginning of each day’s sessions and daily and final training evaluations were done by the team to improve participants general well fare and offer improvement for future trainings. 2. Monitoring and coordination of the training was done alternatingly by the trainers who were fully available to support their lead trainer counterparts. 3. The training was officially closed on 05th November 2021 with remarks from the Participants course leader, central facilitator and regional Coordinator for Enabel.   Throughout the training the trainers were supporting each other to manage the participants and sessions effectively. |
| C) Summary of challenges and mitigation measures applied during the training |
| * Most challenges identified were in respect to system configurations that had not yet been addressed by the Blue square team in the ISO mobile application. The following challenges were identified and addressed as indicated by the trainers and the system developer (Blue square). * The skip logic for MPDSR was configured to automatically exempt HFs without maternal/ perinatal deaths from having MPDSR meetings. Blue square was contacted to change configurations such that holding MPDSR meetings remains applicable even when no maternal/ perinatal deaths were registered by a HF during the assessment period. * Some Health facilities in the system had no contracts and the system could not permit users to create them. For these configurations were modified to enable users create contracts for them. * In the system there was no provision for users to delete duplicate values effectively as deleting one would automatically delete the other. Blue square is yet to address this problem. * Some HF data was missing in the IASO web yet it had been entered by teams in the IASO app. It was noted that some teams forgot to push their data to IASO web and even after running analytics. Review was made and after the above discoveries teams were able to proceed. * There were major challenges in generating adjusted invoices for HC IV for most districts. This also requires blue square to first fix the snags in the HC IV quality assessment tool such that it conforms to the hard copy. * It was also observed that since there was instability in the strength of internet signals, some trainee gadgets could not process certain tasks in time as they continued to search for network for internet. This * The system also has not yet accommodated signature of the DHO and the CAO. Additionally, there was no option for development of the consolidated invoice in the system. Other reports such as the narrative reports, financial report, bank statements, summary of expenditure for funds received and the PIP have not yet been incorporated for uploading by the district teams. |

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| D) Summary of lessons learned |
| * It was a brilliant idea to start roll out of digital Reporting for RBF in the west Nile region give that teams in the region were already familiar with such a system under their implementation with Enabel in the previous years. Their vast experience in use of the system was utilised to quickly identify and fix challenges. * Quality assessment tool for HC III was noted to contain very minimal challenges and as such defined to be user friendly. However, it was noted that HC IV quality tool still has major concerns in respect to aligning standards to those defined in the hard copy tool. * All districts that were trained had some of their data entered in the system but with the previous indicator definitions for all indicators including ANC 1st visit, ANC 4th visit and completion of immunisation under 1 year. This indicated that the new changes for the above specified RBF indicators had not yet officially been communicated to the region. * Having constituted district teams with appropriate skills mix, it was noted that when there is a team member who is well conversant with navigating through DHIS2, teams’ capacity to utilise data from the rbf- Dhis2 instance is boosted as definition of dimensions gets easily done. * Time allocated for the training was actually adequate to take trainee teams through all the prepared slides and skills work that would enable them appropriately use the electronic platform for reporting verified outputs for health facilities. * The fact that all participants were facilitated with accommodation to reach the training venue in time, all of them were able to keep time for the training days and this enabled 100% coverage of training contend in the stipulated time. |

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| E) Recommendations |
| Based on challenges and lessons learnt during this training, the following recommendations are made for purposes of improvements in districts where this same training will be conducted.   * All challenges in the HC IV quality assessment tool should be fixed so that trainees find its use acceptable. * Provisions should be made as soon as possible for DHOs and CAOs to electronically approve necessary documents on the electronic RBF- Dhis2 instance before trainings in other districts are conducted. This will enable focal persons to work hand in hand with respective district officers to get the process of timely generation and submission of required documents achieved. * New indicator definitions should be communicated to districts so that they can be accommodated in their plans and emphasised during the RBF digitalization training. * All teams to be trained in other districts should ensure they bring on board some members who are already familiar with DHIS2 for easy support of their peers during and after the trainings. * Data bundles should be planned for use during the training as this would enhance swift internet connectivity for all participants’ mobile gadgets. * An ample facilitation of transport for participants whose routine daily work may not be based at the district should be thought of in order to improve chances of timely arrival and departure of participants on training days across the districts to be trained soon. |
| Conclusion We take the honour to appreciate the MOH, regional IP and DHT teams of the trained district for collectively making it possible for this training to take place, for without their immense commitment, the road towards RBF digitalisation may not have started at this level.  Special thanks go to the regional IP, Enabel through the coordinating officer for the financial and moral support accorded throughout the training |

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| **Name** | **Designation/ Role** | **INSTTUTION** | **SIGNATURE** |
| Kyobe Elijah Benon | National RBF Trainer | MOH |  |
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| Musabe Richard |  | Enabel |  |
| Dr. Tabusibwa Eric | Team lead- RBF Unit | MOH |  |

## PARTICIPANTS RECORD

| **NO.** | **PARTICIPANTS’ NAMES** | **DEIGNATION** | **INSTITUTION/ work station** | **TELEPHONE CONTACT** |
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