

Primary Health Care Provider – Training Documentation

Provider details

During the course of the study, each PHC provider should be followed up with regard to participation in training sessions. Further, potential drop-outs should be documented here. Please fill in this sheet **for each provider in Arm 2-4 and for each training session**.

Provider ID	<p>_____</p> <p><u>1st digit</u>: country (1 = Colombia, 2 = Mexico, 3 = Peru) <u>2nd digit</u>: group (1 = Intervention, 2 = Control) <u>3rd digit</u>: PHCC number <u>4th and 5th digit</u>: Provider number</p>	<i>prov.id</i>
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Participation in training sessions

Training session	<input type="checkbox"/> (1) Pre-implementation Training 1 <input type="checkbox"/> (2) Pre-implementation Training 2 <input type="checkbox"/> (3) Booster 1 <input type="checkbox"/> (4) Booster 2	<i>training</i>
Date of training	___ / ___ / ___ (DD / MM / YY)	<i>train.day/ train.month/ train.year</i>
Training participation	<input type="checkbox"/> (1) Participated in training <input type="checkbox"/> (2) Absent in training	<i>train.participation</i>
If absent at training, could training be repeated?	<input type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	<i>train.repeat</i>