







FOR NURSES AND MIDWIVES

DATA MEASUREMENT & PROJECT INDICATORS

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Session Overview

- Recap on the elements of a logic pathway/model
- Logic pathway concepts & definitions
- Approach to Indicator development
- Joint review of M&E matrix (plan)
- Group work country pairings









Session Overview

- At the end of this session, participants will be able to:
 - ☐ Have a good understanding of the logic pathway
 - ☐ Understand conceptual elements that are part of the logic model used to inform program monitoring
 - ☐ Gain skills in M&E Planning specifically indicator development based on well-articulated objectives, outcomes, activities and outputs









Logic Pathway

 A linear approach to help clarify your goal & objectives towards achieving desired short and long-term results

Goal (desired impact)

Objectives (intermediate outcomes)

Outputs (immediate results)



FOR NURSES AND MIDWIVES









Recap of Key Concepts & Definitions

Concept	Definition	Example
Objectives (desired long- term outcome)	The <u>changes that the project would</u> <u>like to make</u> in order to achieve the overarching goal	To improve retention rate of pregnant and breastfeeding mothers on ART
Output (immediate anticipated outcome)	Statements <u>articulating the direct</u> results that the project would like to achieve in the short-term which directly contribute to the objective	Increase in the number of pregnant and breast feeding mothers enrolled on ART
Activities	Processes and activities done by the project to achieve desired outputs	Monitoring and follow up of pregnant and breast feeding mothers and HEIs on ART
Inputs	Resources (human, financial, technical, organizational or social) used in planned activities	Front-line health providers, mentoring staff, mentoring guideline, ART











What is an indicator?

A specific piece of information that allows you to track the changes you want to achieve.

Step 1.

Expected

change

Step 2.

Data

required

Step 3.

Tracking

process

Step 4.

Precision

- State <u>how</u> you think the change will happen by articulating the change assumption
- Identify <u>what</u> information (data) you will need to know how the change happened
- Specify <u>how</u> information will be collected and tracked to demonstrate change
- Apply <u>S.M.A.R.T principles</u> to indicator development











A good indicator must also be...

✓ Valid: as accurate as possible

✓ Reliable: can be measured consistently the same way by different people

✓ Comparable: can be used in different settings (countries) – for standardization and comparability











What types of indicators are there?

QUANTITATIVE

- Tackles the "what?"; "how many?"; and "when?"
- Numerical
 - ☐ Numbers (count)
 - ☐ Ratios (%)
 - ☐ Rates

EXAMPLE

- Percent (%) of pregnant
 women attending antenatal
 who received an HIV test and
 know their status
- Number of Infants born to HIVinfected women who receive an HIV test within the first two months post-birth











Operationalizing quantitative indicators

Step 1

What is being measured?

• Give precise definition and metric

Step 2

How is the indicator being calculated?

- What is the intervention/ service/ activity of interest?
- Who/what qualifies to be counted?

Step 3

Determine the **numerator** and **denominator**

- Numerator: actual count of individual/ institution that meets requirements in Step 1 & Step 2
- Denominator: Total count of population/institution surveyed









Operationalizing Indicators - EXAMPLE

INDICATOR – Testing & Counseling

Percentage of women and men aged 15 to 49 years who received an HIV test in the last 12 months and who know their results

CALCULATION INPUTS

Numerator:

Number of respondents aged
 15 to 49 who have been
 tested for HIV in the last 12
 months who know their
 results

Denominator:

Total number of all respondents aged 15 to 49 surveyed









Operationalizing Indicators - EXAMPLE

INDICATOR – Testing & Counseling

 Percentage of health facilities offering PMTCT services in location X

CALCULATION INPUTS

- Numerator:
 - Number of health facilities offering PMTCT services in location X
- Denominator:
 - Total number of health facilities surveyed









What types of indicators are there?

QUALITATIVE

- Tackles the "what", "why?," and "how?"
- Data is descriptive prose to document individual or community:
 - ☐ Attitudes
 - Perceptions
 - Beliefs
 - Behaviors
 - Motivations

EXAMPLE

- Evidence of pregnant women and nursing mothers expressing satisfaction with PMTCT services
- Task sharing policy launched and disseminated nationwide
- Views of nurse & midwife mentees on quality of training in Option B+ received in the past 12 months









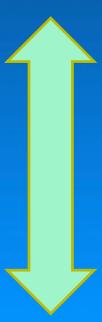
Indicator Pyramid

National

Sub-national

County/District/Project

Less indicators needed



More indicators needed











M&E Plan

Objective 1	Activities	Anticipated	Indicator	Tools
(1 objective	(Please put already	Outcome		
per slide)	completed activities			
	from Action Periods 1&			
	2 in BLUE)			
	1. 2.			
	3.			
	1. 2.			
	3.			
	1.			
	2. 3.			
	3.			
	1.			
	2. 3.			











M&E Plan - EXAMPLE 1

Objective 5	Ac
(Zambia)	1. Mobilized
, ,	trainers in m
	invited nurse
Conduct one	1. Mobilized trainers in minvited nurse to be trained
mentorship	
training to	2.Conduct 1

Conduct one mentorship training to empower nurses and midwives who currently provide EMTCT services

	Activities	Anticipated Outcome	Indicator	Tools		
ıe	1. Mobilized and engage trainers in mentorship and invited nurses and midwives to be trained	4 national trainers mobilized	List of national trainers	Mentorship guideline		
p)	2.Conduct 1 mentorship training	13 Nurses & midwives trained in mentorship	Number of nurses and midwives trained to be mentors	Mentorship training manual & Tools		
d i	 Identify competent trainers at national level to provide mentorship to nurses & midwives Nursing association/ council to mobilize nurses and midwives for training 	 National trainers available to provide mentorship training Nurses and midwives mobilized to attend mentorship training 	 No. of national trainers tasked to provider mentorship training No. of nurses and midwives mobilized to receive mentorship training 	Mentorship Standards		
	1. Conduct at least 1 mentorship training	 Mentorship training workshop held Nurses and midwives empowered to provide mentorship in quality EMTCT services 	 No. of mentorship training workshops held No. of nurses and midwives trained to be mentors 	Mentorship guidelines and training manual		











M&E Plan – EXAMPLE 2

Objective 1	Activities	Anticipated Outcome	Indicator	Tools		
To have conducted a baseline survey on nurses/midwives	 Have reviewed survey protocol according to RNEC guidelines Submission and presentation of survey at RNEC and NHRC Conducting survey and reporting 	 Protocol approved by RNEC Approval by RNEC Findings available 	Available protocol Letters of approval Report of findings	RNEC guidelines, application letters, research protocoletc.		
knowledge and skills in PMTCT B+ and pediatric	1. Develop & finalize baseline survey protocol for submission to RNEC for approval	1. RNEC grants approval to conduct a baseline survey	1. Baseline survey protocol developed and approved	RNEC guidelines		
HIV by end of Dec 2016	2. Conduct baseline survey on nurse and midwives knowledge and skills in PMTCT B+ & pediatric HIV	2. A complete comprehensive report presenting findings on knowledge and skills of nurses in PMTCT B+ & pediatric HIV	1. Comprehensive report finalized and disseminated	Survey tools Analysis framework		











M&E Plan

Objective 1	Activities	Anticipated Outcome	Indicator	Tools
To improve utilization of EID	Identification of Mentors Briefing Meeting with Mentors Meeting with National EID Coordinators	Awareness of project	Number of mentors Identified Number of Meetings conducted	EID proposal Work plan Funding
	Identification of EID Facilitators Training on EID for Nurses, Clinical officers and Medical Assistant/Health Surveillance Training of Health workers on Respectful care	Increase knowledge on EID	Number off Health workers trained	EID Training Manual











Common M&E Tools (Data sources!)

- Quantitative indicators rely on presence of standardized tools:
 - Checklists
 - Questionnaire (survey)
 - Registration log books/ forms
 - Patient charts
- Qualitative indicators rely on use of the following tools:
 - Observation checklists
 - Interview guides
 - Discussion guides
 - Reports (validated)











BEGIN GROUP WORK

- 1. Get into country pairs
- 2. Open your M&E Plan on laptops
- 3. Check that all supporting tools / documentation are available

- 4. Upload tool handouts on external drive:
 - 1. Step 1: Teams review materials from Entebbe (log frames)
 - 2. Step 2: Teams work on completing Indicator Development Tool: 1hr + min









M&E PLAN FLOW CHART

State key objectives & for each objective – what is the **expected change**? (outcome)

List **indicator statements** for each objective If indicator is **quantitative** –

provide numerator &

denominator

For each desired outcome – what are the supporting activities?

For each activity – what immediate outputs can you expect?

If indicator is qualitative - provide definition of aspect being monitored

For each activity – who / what is being targeted?

For each activity – where is it taking place

African HEALTH PROFESSIONS
Regional
Collaborative







