







FOR NURSES AND MIDWIVES

Strengthening HIV Exposed Infants follow-up, Diagnosis and Peadiatric Care

Learning Session II:

Project M&E Processes

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March 2017

ARC Project Summary

| What are we trying to accomplish? | How will we know if a change is an improvement? | What change will we make that will result in an improvement? |
|---------------------------------------|--|---|
| Overarching Goal To Improve retention | AIM Statement | Interventions |
| rate of Infants on EID program | Increase the number of infants retained along the EID cascade from 60% to 90% at Mitundu Community Hospital by June 2017. | (a) 90 % of exposed infants enrolled on peadiatric care (b) 90% of exposed |
| | Enrollment Metric :Nominator : Number of exposed infants enrolled in peadiatric | infants retained on peadiatric care. |
| | HIV care. Denominator: Number of PMTCT Mothers with live births in the Health Area. | Monitoring and evaluation indicators; • Started on NVP • Completed NVP |
| | Retention Metric: Nominator: Number of exposed infants retained in HEI care: Denominator Total Number of Exposed infants enrolled in HEI care. | Started CTX Completed DNA PCR at 6-9 weeks DBS samples taken DBS Results received DBS results |

Materials to Bring to March 2017 Learning Session

- Training Tools
 - EID training Manual
 - Expert Clients Guidelines
- M and E Tools
 - DNA/PCR Log book
 - Under Five ExposedChild Card(Pink Card)
 - EID Viral load requisition form
 - EID Monthly Reporting

- TORs
 - Mentors
 - Data collectors
- Other
 - EID mentorship supervision tool
 - EID Tally sheet.









M&E Plan

| Objective 1 To improve utilization of EID Services | Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE) | Anticipated Outcome | Indicator | Tools |
|---|---|---|--|--|
| | Meeting with the District Management Team | Awareness of project Improved collaboration with DHMT | Minutes of the meetings | Letter EID proposal Work plan Funding |
| | Identification of Mentors Briefing Meeting with Mentors Meeting with National EID Coordinators | On-going coaching for Health workers Awareness of project | Number of mentors Identified Number of Meetings conducted Minutes of the meetings | EID proposal Work plan Funding |
| | Development of TORs for Mentors | Contractual agreement | Availability of Signed Contractual agreement | Proposal EID Mentorship guideline |
| | Identification of EID Facilitators Training on EID for Nurses, Clinical officers and Medical Assistant/Health Surveillance Training of Health workers on Respectful care | Standardized EID training inline with National Guidelines Increase knowledge on EID among Health workers | Report of the Training Number off Health workers trained | EID Training Manual |











M&E Plan

| Objective 2 To improve follow- up of exposed infants on EID program | Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE) | Anticipated Outcome | Indicator | Tools |
|---|---|--|--|---|
| | Identification of Expert Clients | Improved referral system of EID clients from the Community | Number of Experts clients identified | Expert Clients Guideline |
| | Training of Expert Clients Training of HAS/HDAs Training Nurses and Clinical, officers' on EID | Awareness of their duties and roles in the project Increase knowledge on EID among Health workers | Number of Expert clients trained Number of Health workers trained | Expert Clients Guideline EID Training Manual |
| | Briefing Meetings with Client accompanytures Brief meetings with Mother to Mother peer educators | Project Awareness and collaboration | Number of Client acompanytures briefed Number of meetings Conducted | Expert Client Guide lines |











M&E Plan

| | | IIGIII | | |
|--|--|---|--|--|
| Objective 3 To develop a better data tracking system | Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE) | Anticipated Outcome | Indicator | Tools |
| | Orientation of Nurses/Clinical officers, HAS and HAD on proper documentation of EID registers, Underfive Pink Card and Logbook | Improved documentation | Number of Health workers oriented Number of Orientation meetings | HCC Register EID Logbook Pink Card EID monthly reporting form Monthly data Collection form |
| | Identification of Data Collectors | Improved data management | Number of Data Collectors Identified | M and E Tools |
| | Briefing Data Collectors | Awareness of the project | Number of Data Collectors briefed | Data Collection Tools |
| | Development of TORs for Data Collectors | Contractual agreement | Availability of Signed Contractual agreement | TORs Data Collection |
| | Monthly data review meetings Identification of an EID Room at | Improved data management Increase Access to EID | Number of meetings | Tools |
| | Under-five Clinic Procurement of office furniture | services | conducted | |
| | | | Availability of Room at Under five | |

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Input Indicators

- Mentors Identified
- Experts clients identified
- Data Collectors identified
- TORs developed
- Data Collection tools developed
- Financial resource









Process Indicators

- 1. Awareness Meetings conducted with DHMT
- 2. Periodic data collection to monitor project progress
- 3. Monthly Data Review meetings conducted
- 4. Orientation of Expert clients
- 5. Trainings of Health workers conducted
- 6. Mentorship visits conducted in a month
- 7. Defaulter tracing
- 8. Procurement of Office Furniture









Output Indicators

- 1. Number of Health workers trained
- 2. Number of Expert clients trained
- 3. Number of Mentors oriented
- 4. Number of Mentorship visit
- 5. Number of DHMT meetings done

- 6. Number of Monthly Data review meeting held(refer Monthly reporting form)
- 7. Number of Exposed infants enrolled on EID
- 8. Number of defaulters traced.









Outcome Indicators

- 1. Increased utilization of EID services
- 2. Improved Documentation(data management)
- 3. Improved Collaboration among health care workers
- 4. Improved retention of exposed infants on EID program
- 5. Improved referral system
- 6. Improved competence/ confidence levels of health workers on EID









M&E Indicator Matrix

Combine the information from the previous 4 pages here.

| Input | Process | Output | Outcome |
|---|--|---|--|
| Mentors identified Experts clients identified Data collectors identified TORs developed data Collection tools developed Financial resource | Awareness Meetings with DHMT Periodic data collection Monthly Data Review meetings Trainings of Health workers Mentorship visits conducted in a month Follow-up visits Procurement of material resources | # of Health workers trained # of Expert clients trained # of Mentorship visits conducted # of Exposed infants enrolled on EID # of defaulters traced. # of Monthly Data review meeting held # of DHMT meetings done | Increased utilization of EID services Improved Documentation/d ata management Improved Collaboration among health care workers Improved competence/ confidence levels of health workers on EID Improved retention of |
| | resources | | Exposed infants on EID 6. Improved referral |

Output Indicator Matrix Provide details on the Output Indicators.

| Output Indicator | When/frequency | How/method | Who |
|---------------------------------------|---|---|---------------------------|
| | | [i.e., observation, chart review, questionnaire, interview, etc] | |
| Number off Health workers trained | 30 th January to 2 nd February 2017 | Observation, chart review, lecturing, group discusion.Question and Answer | National EID facilitators |
| Number of Expert clients trained | 12 th January 2017 | Lecturing, group discusion.Question and Answer | EID providers |
| Number of Mentorship visits conducted | 1st two months every week(February and March) April to June 2017 every Fortnight | Facilitative supervision, Observation, chart review, Question and Answer | Mentors |
| | | | |

Output Indicator Matrix

Provide details on the Output Indicators.

| Output Indicator | Whon /fragues: | How/mothed | Who |
|----------------------------|----------------|-----------------------------------|----------------|
| Output Indicator | When/frequency | How/method | WIIO |
| | | [i.e., observation, chart review, | |
| | | questionnaire, interview, etc] | |
| Number of Monthly Data | Every Month | Observation, chart | Mentors |
| review meeting held(refer | , | review, lecturing, group | |
| Monthly reporting form) | | , 3, 3 1 | |
| | | discusion.Question and | |
| | | Answer | |
| | Twice | Meeting | QUAD |
| Number of DHMT | | | · |
| meetings done | | | |
| | | | |
| | | | |
| Number of Exposed infants | Monthly | Review of all relevant | Service |
| enrolled on EID | , | documents | providers plus |
| | | documents | |
| Number of defaulters | | | QUAD |
| traced | Monthly | Review of all relevant | |
| | - | documents | |
| | | | |
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| | | | |

Outcome Indicator Matrix

Provide details on the Outcome indicators.

| Outcome Indicator | When/frequency | How/method [i.e., observation, chart review, questionnaire, interview, etc] | Who |
|--|----------------|---|--|
| Increased utilization of EID services | Every quarter | observation, chart review, questionnaire, interview, | QUAD,EID providers,Mentors, Datacollector |
| Improved Documentation | Every quarter | observation, chart review, questionnaire, interview | |
| Improved Collaboration among health care workers | Every quarter | Observations and interviews | QUAD,EID providers,Mentors, Data collector |











Outcome Indicator Matrix

Provide details on the Outcome indicators.

| Outcome Indicator | When/frequency | How/method [i.e., observation, chart review, questionnaire, interview, etc] | Who |
|---|----------------|---|--|
| Improved competence/ confidence levels of health workers on EID | Every quarter | observation, chart review, questionnaire, interview | Mentors, QUAD |
| Improved retention of Exposed Infants on i EID program | Monthly | Observations and interviews | QUAD,EID providers,Mentors, Data collector |
| Improved referral system | Monthly | Review of all relevant documents and communication | |











Project Baseline M&E Processes

| NO | INDICATOR | NOVEMBER, 2016 |
|----|--|----------------|
| | ANC (ANC Register) | |
| 1 | Total number of pregnant women registered | 988 |
| 2 | Total number of pregnant women tested for HIV | 917 |
| 33 | Total number of pregnant women HIV positive | 14 |
| 44 | Total number of pregnant women initiated on ART | 13 |
| | Labour and Delivery (Delivery Register) | |
| 5 | Total number of women registered | 694 |
| 6 | Total number of women tested for HIV | 664 |
| 7 | Total number of women tested HIV positive with live births | 15* |
| 8 | Total no of women on ART | 14 |
| 9 | Total number of exposed Infants initiated on NVP | 15* |











Project Baseline M&E Processes

| NO | INDICATOR | NOVEMBER, 2016 |
|----|---|-----------------------|
| | EID (HCC, EID Logbook, Pink card) | |
| 10 | Total number of exposed infants registered at 2 months | 16(1 transferred in) |
| 11 | Total number of exposed infants on CPT | 16 |
| 12 | Total number of exposed infants tested with results (DNA/PCR) | 13 |
| 13 | Total number of exposed infants communicated results | 11 |
| 14 | Total number of exposed infants tested HIV positive | 0 |
| 15 | Total number of initiated on ART | 0 |
| | EID Outcome | |
| 16 | Total number on continued follow up | 15* |
| 17 | Total number discharged uninfected | 0 |
| 18 | Total number transferred out | 0 |

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Project Baseline M&E Processes

| NO | INDICATOR | NOVEMBER, 2016 |
|----|------------------------|----------------|
| | EID Outcome | |
| 19 | Total number defaulted | 7 |
| 20 | Total number died | 0 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |











Lessons learnt from Baseline data

- Confusion on data source when collecting data
- Confusion on reporting months; which cohort to report
- Lack of team work
- Poor linkages among satellite clinics
- HIV testing not done over the weekend
- Lack of counselors in some satellite clinics
- Late enrollment in the HIV Care Clinic









Lessons learnt from Baseline data

- Results not attached to pink-cards
- No confirmatory test when initiating babies on ART
- Incomplete data
 - no filling of ART number
 - Results not entered on pink-car
- Time limitation to evaluate other project outcomes











THANK YOU

FOR LISTENING









