

Swaziland

Swaziland Project Proposal to improve
the quality of PMTCT/option B+ services
at Luyengo Clinic.

Learning Session II:

Project M&E Processes

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Date

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?
<p>Scaling up comprehensive PMTCT / Option B+ services</p>	<p>AIM Statement</p> <p>to increase the number of HIV positive women receiving individual pre- test counseling from 0% to 70% by June 2017</p> <p>Metric</p> <p>Numerator: Number of HIV positive women receiving pre-test individual counseling</p> <p>Denominator :</p> <p>Total number of pregnant women coming for the first Antenatal(ANC) visit</p>	<p>Introduction:</p> <p>Process mapping was conducted to identify gaps one of which was pre- counselling.</p> <p>Activities to change the status quo:</p> <ol style="list-style-type: none"> 1. Refresher training of nurse managers conducted on importance of individual pre- test counseling for pregnant women attending ANC for

Materials to Bring to March 2017 Learning Session

Tools for this project were developed and presented in the first learning session

S.M.A.R.T. Indicators



- 70% of HIV positive pregnant women receive individual counseling on PMTCT/ Option B+ from nurses by June 2017
- All nurses trained on provision of PMTCT/Option B+ services by June 2017
- Comprehensive PMTCT/Option B+ services are provided to all pregnant HIV Positive women by November 2017

ARC Project M&E Plan

- For each “Indicator” and “Tool” listed in the M&E Plan on pages 6-8, identify whether it is an input, process, output or outcome indicator.
- List each “indicator” or “tool” in the appropriate subsequent slide – input, process, output, outcome.
- Ensure indicators are S.M.A.R.T., and measure project success.
 - specific, measurable, achievable, relevant, time-bound

M&E Plan

Objective 1 (1 objective per slide)	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
To improve comprehensive, integrated quality PMTCT/Option B+ services at Luyengo clinic	1. Conduct a survey on quality of nurse midwife led PMTCT/Option B+, collate, analyse, interpret data and write report	Survey conducted	Number of questionnaires completed by nurses on the quality of nurse midwife led PMTCT/option B+ services by May 2016	Questionnaire
	2..Present findings and report to quad members	Findings presented to quad	Number of QUAD Members present At the meeting	List of attendance
	3. Present findings to Luyengo clinic staff	Findings presented to Luyengo clinic staff	Number of clinic staff present at the meeting	List of attendance
	4. Present findings to stakeholders	Findings presented to stakeholders	Number of stakeholders present at the meeting	List of attendance

M&E Plan

Objective 1 (1 objective per slide)	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
To improve comprehensive, integrated quality PMTCT/Option B+ services at Luyengo clinic	5.. Build capacity for 10 nurses and midwives in the provision of PMTCT/Option B+	nurses capacitated	Numbers of nurses trained on PMTCT/Option B+ by 30 th September 2016	List of Attendance
	6. Build capacity for 3 managers for supportive supervision on PMTCT/ Option B	Nurse mangers capacitated on supportive supervision	Numbers of nurse mangers trained On supportive supervision by 28 th September 2016	list of attendance

M&E Plan

Objective 2 To strengthen Universal access to PMTCT option B+ services including expanded delivery of services to achieve elimination of MTCT by November 2017	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
	1. identify from register all pregnant women on PMTCT	pregnant women on PMTCT registered	Number of women on PMTCT/ Option B+ identified from the register by 8 th September 2016	list of attendance
	2. Convene a meeting with Community Health Workers (CHWs) and explain the concept	Meeting convened	Number of community workers present in the meeting on the 22 nd September 2016	list of attendance
	3. Purchase 5 cell phones to be used by community health workers to trace defaulters and remind women about their appointment	Cell phoned procured	Number of cell phones purchased on 19 th September 2016	Receipt
	4. Train CHWs on defaulter tracing	Training conducted	Number of CHW trained on defaulter tracing on the 27 th October 2016.	List of attendance

M&E Plan

Objective 2 (Cont.)	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
To strengthen Universal access to PMTCT option B+ services including expanded delivery of services to achieve elimination of MTCT by November 2017	5. Procure essential equipment for monitoring pregnant women	Equipment procured	Number of essential equipment procured on 20 th September 2016	List of items procured
	6. Scaling up comprehensive PMTCT / Option B+ services by 20%	PMTCT / Option B+ services scaled up by 20%	Scaling up of comprehensive PMTCT / Option B+ Increased by March 2017%	Registers

M&E Plan

Objective 3	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
To improve Comprehensive, integrated quality PMTCT Option B+ at Luyengo Clinic	1. Support Community Mobilization activities (education, dialogues) on PMTCT Option B+	Community mobilized	Number of community members mobilized by June 2017	Attendance Register

Input Indicators

Input indicators measure resources, both human and financial, devoted to a particular program or Intervention (i.e., # of mentors identified, guidelines/training materials).

Input indicators can also include measures of characteristics of target populations (i.e., # of mentees eligible for a program). List the most

relevant input indicators. They do not have to total 6 ●

Human/ infrastructure	Resources	Financials
1.Number of QUAD Members plus present at the meeting x 8 by March 2017	Venue, laptops, projector, stationery, pens, flip chart, stickers, and refreshments	\$580.00
2. Number of clinic staff present at the meeting x 25 people x 3 days by March 2017	Venue, laptops, projector, stationery, pens, flip chart, stickers, and refreshments	\$700.00
3.Number of stakeholders present at the meeting x 30 people x 1 dayby March 2017	Venue, laptops, projector, stationery, pens, flip chart, stickers, and refreshments	\$750.00

Input Indicators (Cont)

Input indicators measure resources, both human and financial, devoted to a particular program or Intervention (i.e., # of mentors identified, guidelines/training materials).

Input indicators can also include measures of characteristics of target populations (i.e., # of mentees eligible for a program). List the most

relevant input indicators. They do not have to total 6 ●

Infrastructure	Financial
Cell-phones and simcards x 5 by March 2017	\$650.00
Equipment by March 2017	\$7 245.20
Total	\$ 7 895.20
Grand Total	\$10,045.20\$\$

Process Indicators

Process indicators measure ways in which program services are provided (i.e., number of refresher trainings held).

List the most relevant process indicators. They do not have to total 6.

Scaling up of comprehensive PMTCT / Option B+
Increased by March 2017

Output Indicators

Output indicators measure the quantity of services produced and the efficiency of production (i.e., number of mentees trained, number of chart reviews conducted).

List the most relevant output indicators. They do not have to total 6.

1. Numbers of nurses trained on PMTCT/Option B+ by 30th September 2016
2. Number of questionnaires completed by nurses on the quality of nurse midwife led PMTCT/option B+ services by May 2016
3. Numbers of nurse managers trained On supportive supervision by 28th September 2016
4. Number of women on PMTCT/ Option B+ identified from the register by 8th September 2016
5. Number of cell phones purchased on 19th September 2016
6. Number of CHW trained on defaulter tracing on the 27th October 2016.

M&E Indicator Matrix

Combine the information from the previous 4 pages here.

Input	Process	Output	Outcome
<ol style="list-style-type: none"> 1. . Number of QUAD Members present at the meeting 2. Number of clinic staff present at the meeting 3. Number of stakeholders present at the meeting 4. Number of community workers present in the meeting on the 22nd September 2016 	<ol style="list-style-type: none"> 1. Scaling up of comprehensive PMTCT / Option B+ Increased by March 2017 	<ol style="list-style-type: none"> 1. Numbers of nurses trained on PMTCT/Option B+ by 30th September 2016 2. Number of questionnaires completed by nurses on the quality of nurse midwife led PMTCT/option B+ services by May 2016 3. Numbers of nurse mangers trained On supportive supervision by 28th September 2016 4. Number of women on PMTCT/ Option B+ identified from the register by 8th September 2016 5. Number of cell phones purchased on 19th September 2016 6. Number of CHW trained 	

Output Indicator Matrix

Provide details on the Output Indicators.

Output Indicator	When/frequency	How/method [i.e., observation, chart review, questionnaire, interview, etc]	Who
Numbers of nurses trained on PMTCT/Option B+	September 2016	Lecture and discussion	EGPAF trainers
Number of questionnaires completed by nurses on the quality of nurse midwife led PMTCT/option B+ services	May 2016	Self administered questionnaire	Consultant and QUAD Members
Numbers of nurse managers trained On supportive supervision	September 2016	Lecture discussion	EGPAF trainers
. Number of women on PMTCT/ Option B+ identified from the register			
Number of cell phones purchased on	September 2016	Cash	CNO
Number of CHW trained on defaulter tracing	October 2016.	lecture discussion	Clinic supervisor

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 service delivery on PMTCT Option B+ at Luyengo clinic	November 2017 going forward	Observation, chart review	Nurse manager

Project Baseline M&E Processes

- The total number of pregnant women attended at first booking between April and September 2016 are 310, out of these 107 were reactive , 52 came with a known status and already on ART and the other 52 were initiated on PMTCT Option B+

TEST RESULTS FOR NURSES

NUMBER OF NURSES	PRE-TEST RESULTS IN %	POST -TEST RESULTS IN %
1	90	100
2.	65	75
3.	85	85
4.	70	90
5.	90	90
6.	70	70
7.	65	Did not write post test
8.	70	Did not write post test

ANALYSIS OF PRE & POST TEST RESULTS FOR NURSES

Participants were taken through a pre and post test to measure their level of understanding of PMTCT. In Luyengo clinic, two student nurses wrote the pretest but had to leave before the end of the training session. One of the nurses attended late and left earlier as she had to attend to clients and thus did not write the tests. Three of the six participants that wrote both tests showed relative improvement following the training. Overall basic knowledge was good as indicated by average mark of 75% in the pretest

TEST RESULTS FOR NURSE MANAGERS

NUMBER OF NURSES	PRE-TEST RESULTS IN %	POST -TEST RESULTS IN %
1.	65	85
2.	55	90
3.	70	70
4.	55	70
5.	60	85
6.	40	Did not write post test

ANALYSIS OF PRE & POST TEST RESULTS FOR NURSE MANAGERS

The Nurse Managers' pre and post test results showed much improved understanding following the training as four of the five managers had significantly improved marks in the post test. One participant achieved less than 50% in the pretest and unfortunately could not attend the whole session and thus did not participate in writing of the post test.

LESSONS LEARNED

- What is said by the staff is different from what is on the ground
- The team was able to identify strengths and weaknesses of the staff hence we were able to identify the coordinator for the project
- Collaboration and teamwork yields positive results

Way Forward (April-July 2017)

- a. To develop IEC materials to be used for community mobilisation
- b. Conduct meeting with clinic staff and health committee to plan for community mobilisation
- c. Conduct meeting with community health workers to sensitise them on community mobilisation
- d. To conduct community mobilisation

ACKNOWLEDGEMENTS

- ARC TEAM
- CDC COUNTRY OFFICE
- MINISTRY OF HEALTH
- SWAZILAND NURSING COUNCIL
- UNIVERSITY OF SWAZILAND
- SWAZILAND NURSES'S ASSOCIATION
- EGPAF
- LUYENGO CLINC STAFF
- COMMUNITY HEALTH WORKERS

- THANK YOU – SIYABONGA



COMMENTS AND QUESTIONS

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