STRENGTHENING THE PMTCT M&E SYSTEM OF KISORO DISTRICT HOSPITAL TO IMPROVE PERFORMACE TRACKING

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Declaration

We, the undersigned fellows, hereby declare that, to the best of our knowledge, that this project report titled ‘Strengthening the PMTCT M&E system of Kisoro district hospital to improve performance tracking’ is our original work and has never been submitted to any other institution of learning for any academic award or publication.

We therefore hereby submit it in partial fulfillment of the requirements for a completion of the medium term fellowship training of Makerere University School of Public Health-CDC HIV and AIDS Fellowship Program

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List of acronyms and abbreviations

AIDS: Acquired Immune Deficiency Syndrome

ANC: Antenatal clinic

ARV: Antiretroviral drug

CDC: Centre for Disease Control and Prevention

EMTCT: Elimination of Mother to Child Transmission of HIV

HIV: Human Immunodeficiency Virus

HMIS: Health Management Information System

MDGS: Millennium Development Goals

M&E: Monitoring and Evaluation

MSH: Management science for Health

MOH: Ministry of Health.

OPD: Out Patient Department

PLHIV: People living with HIV

PMTCT: Prevention of Mother to Child Transmission

SPH: School of Public Health (Makerere University)

VCT: Voluntary Counseling and Testing

UNAIDS: The Joint United Nations programme on HIV/AIDS

WHO: World Health Organization
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Lastly but of equal importance, special appreciation goes to the institution, Kisoro hospital staff for being such a wonderful team.
Operational definitions

Client: In this context is HIV infected and affected persons receiving care, treatment and Support from Kisoro hospital.

System: A collection of components that work together to achieve a common objective.

Health Information System: A system that integrates data collection, processing, reporting and use of the information necessary for improving health service effectiveness and efficiency through better management at all levels of health services.

Monitoring: The regular collection and analysis of information to assist timely decision making, ensure accountability and provide the basis for evaluation and learning. It is a continuing function that uses methodical collection of data to provide management and the main stakeholders of an ongoing project or program with early indications of progress and achievement of objectives.

Evaluation: A systematic examination of a planned, ongoing or completed project. It aims to answer specific management questions and to judge the overall value of an endeavor and supply lessons learned to improve future actions, planning and decision-making.

Monitoring and Evaluation System: The set of planning, information gathering, synthesis, reflection and reporting processes, along with the necessary supporting conditions and capacities required for the M&E outputs to make a valuable contribution to project decision-making and learning.
Executive summary

An earlier assessment done prior showed Kisoro hospital’s PMTCT program had a weak M&E system, especially in areas of data collection, storage and reporting despite the presence of national data collection tools and a centralized data base, data was incomplete and poorly stored, As a result such data is not effectively used to measure and track performance to inform program management, this project was designed to strengthen the system in these areas in order to improve the outcomes.

This project set out to improve data capture, storage and reports for the PMTCT program in the hospital through building capacity of eight (9) health workers in the PMTCT cascade in basic concepts in M&E, streamlined routine data collection processes for M&E of the Program and established an effective M&E reports sharing and dissemination mechanism within the different departments and stakeholders by the end of August 2013.

The project trained and empowered health workers in the PMTCT cascade to understand the key indicators related to tracking performance of PMTCT services, to appreciate the importance of quality data, to learn how to analyze and present data on PMTCT services and ways in which data can be used for decision making, data completeness improved from 70%-90%.

The project supported the records office with a UPS unit and a modem thus improving reporting and sharing, and provided support to the ANC and maternity departments with folders and storage cabins to secure data storage, which secured and organized data retrieval in that department.

Using capacity building and support to the departments in PMTCT cascade, the M&E system of Kisoro district hospital was strengthened and performance tracking improved. Regular mentoring and supportive supervision to the health workers can improve M&E results.
CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

Globally there are approximately 34 million people currently living with HIV and nearly 30 million people have died of AIDS-related causes since the beginning of the epidemic. While cases have been reported in all regions of the world, almost all those living with HIV (97%) reside in low- and middle-income countries, particularly in sub-Saharan Africa. Most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure. (UNAIDS, 2012)

Adult HIV prevalence (ages 15-49) in Uganda, estimated at 7.3% in 2011, has increased over the last 5 years (UDHS, 2011). In 2011, there were approximately 96,700 HIV-infected pregnant women and, in 2010, 7% of under-5 mortality was due to HIV (Liu, et al 2012). Between 2009 and 2011, Uganda experienced a 25% decline in the number of new paediatric HIV infections – from 27,300 to 20,600 (UNAIDS, 2012).

In 2010, PMTCT services were available in 81% of ANC facilities in Uganda (WHO, 2011). Although HIV testing coverage among pregnant women increased from 18% in 2005 to 63% in 2010 (WHO, 2012) it is still low. In 2011, only 50% of pregnant women living with HIV (PWLHIV) in Uganda received efficacious ARV regimens for preventing mother-to-child transmission of HIV (UNAIDS, 2012) and only 22% children born to PWLHIV received ARVs for PMTCT in 2010.

Uganda has developed a costed PMTCT scale up plan (2010-2015) and has adopted WHO Option B+ regimen in a bid to eliminate mother to child transmission of HIV. WHO states
that accurately measuring the success of HIV/AIDS initiatives and improving program performance is predicated on functional and strong M&E systems that produce quality data (WHO, 2007) Specifically, M&E data in this case are vital for: guiding the planning, coordination and implementation of the HIV response, assessing the effectiveness of HIV programmes and identifying areas for programme improvement, ensuring accountability to those infected or affected by HIV and AIDS, as well as to those providing resources. (UNAIDS, 2009)
1.2 Background to Kisoro hospital

Kisoro hospital is a district government hospital found in south western Uganda. The hospital serves an estimated population of 219,400, with an annual population growth rate of 2.8%. In 2009 the population was estimated at 273,700 with a population density of 406.7 people per km² (1,053.3 people per square mile) according to the 2010 population estimates. (MSH report, 2011)

PMTCT is one of the government supported program run by Kisoro hospital aimed at contributing to the elimination of mother to child transmission of HIV (MTCT) which still remains the second major mode of transmission of HIV in Uganda accounting for up to 18% of new infections and the main source of HIV infection (95%) to children less than 5yrs (MOH, 2011). Strengthening the PMTCT M&E System will contribute to the other efforts available in elimination of mother to child transmission (EMTCT) of HIV in children in Kisoro, through improved performance tracking.

1.3 Statement of the Problem.

Kisoro hospital has been running a PMTCT program since 2000, data is collected using national tools and reported to MOH, the monitoring and evaluation system for the PMTCT project in the hospital was weak especially in areas of data collection, storage and reporting despite the presence of national data collection tools and a centralized data base, the data collected was inadequate, incomplete, poorly stored, As a result such data would not be effectively utilized to track and measure performance as well as inform program improvement, learning and decision making .This project therefore was focused on
strengthening the M&E system for the PMTCT program in Kisoro Hospital by addressing these identified gaps.

1.4 Justification of the project.

According to the latest data, significant progress has been made in delivering PMTCT services in low- and middle-income countries. However, much work remains to be done, this makes the need to establish whether set outcomes and other targets are being realized at every level, ensuring accountability for funding and results reported. Inaccurate data collection, storage and reporting makes tracking of set objectives difficult and cumbersome, the PMTCT project has set goals, objectives and targets; however, how well these project objectives and targets are achieved requires measurement through an accurate, well stored and streamlined reporting system.

Accurately measuring the success of improving Project performance is predicated on a strong M&E system that produces quality information. The focus of this project was therefore to strengthen data collection, storage, analysis and dissemination as a means of strengthening the entire M&E system of PMTCT of the hospital.
CHAPTER TWO

2.0 Literature review

Monitoring and evaluation is a critical component of effective management of prevention of mother-to-child transmission (PMTCT) programs. In the context of PMTCT, monitoring and evaluation (M&E) plays the following significant roles: it identifies gaps for the integration of PMTCT services into antenatal care and maternal and child health services; identifies weaknesses in the management information system (MIS) and tracking system of PMTCT services; provides guidance on ways to provide and maintain high-quality services; and supports implementation by providing ways to learn from experience, improve health activities, and promote better planning. [http://www.k4health.org accessed on 20.10.2013]

According to Nash et al, (2009) M&E systems are the cornerstone of HIV and AIDS services, providing aggregate data to inform national programs and priorities while guiding the delivery of high-quality prevention, care, and treatment.

Effective PMTCT interventions have dramatically reduced the number of children born with HIV in wealthy and middle-income countries, yet significant financial and technical challenges remain to reduce these numbers in poor countries (Naomi et al, 2003)

Many countries have expanded their programmes in response to the growing HIV/AIDS pandemic. Such programmes are expensive and represent a major commitment of funds and energy in the countries concerned. It is therefore necessary to set standards for monitoring
and evaluating these programmes at both national and local levels for assuring that the investments are yielding the greatest possible benefit from the resources. (WHO, 2005)

A recent substantial increase in international funding for health has been accompanied by increased demand for statistics to accurately track health progress and performance, evaluate impact, and ensure accountability at country and global levels (WHO, 2009)

According to Marelize & Jody (2009) monitoring and evaluation is the powerful public management tool that can be used to improve the way organizations achieve results. Just as governments need financial, human resource, and accountability systems, they also need good performance feedback systems.

M&E helps answer the so what questions, credible answers to these questions address accountability concerns of stakeholders, give government managers information on progress towards achieving stated targets and goals, and provide substantial evidence on what is working and what is not.

According to Nicole (2007) a wide variety of data are collected about services provided and the resources needed to provide health services. For a variety of reasons, organizations and governments often make decisions without adequate consideration of these relevant and available data and information. As a result, many health systems fail to fully link evidence to decisions and suffer from a decreased ability to respond to priority needs at all levels of the health system.

There are still gaps in data availability and quality, many developing countries face challenges in producing data of sufficient quality to permit the regular tracking of progress in
scaling-up health interventions and strengthening health systems and these gaps span the range of input, process, output, outcome and impact indicators (WHO, 2009)
CHAPTER THREE

3.0 Project Objectives

3.1 General objective
To improve data capture, storage and reporting for PMTCT in Kisoro district hospital by end of September 2013.

3.2 Specific objectives
- To build capacity of hospital staff in M&E by June 2013
- To strengthen routine data collection processes for M&E of PMTCT by end of July 2013
- To promote an effective M&E reports sharing and dissemination mechanism within the different stakeholders by August 2013.
CHAPTER FOUR

4.0 Project Description

4.1 Introduction

This chapter describes the methodology which was used and the key steps taken to implement and be able to achieve objectives of the project. This chapter has been presented according to objectives of the project and other relevant sub-sections. The project was implemented in phases with reference to the objectives, time frame and the infrastructure at the facility. The project was implemented in Kisoro district hospital, the hospital has a bed capacity of 250 beds, it carries out curative, promotive and preventive services to the community. PMTCT is one the services offered by the hospital.

4.2 Target health workers (stakeholders)

The following constituted the team of staff who were involved at the different stages of the project; the records officer, staff members from the departments of Antenatal clinic, postnatal clinic, maternity department, HIV/VCT clinic and Young child clinic.

4.3 Methods used to achievement of project objectives

4.3.1 Objective one; To build capacity of hospital staff in M&E.

In close consultation with the different department in charges and other stakeholders most of the hospital health workers were invited to a learning session on basic concepts on
importance of data, importance of data in the health, use of data and how all this relates to M&E, the fellows shared with the staff about the project activities, outputs, outcomes and indicators.

All the hospital staffs were targeted since any of these can as well be transferred in the different PMTCT specific departments but also the fact that data collection is normally department specific.

With consultation with hospital managers a three day training for specific staff in the relevant departments involved in PMTCT was organised and conducted outside the hospital premises; The objectives of the training were for participants;

- To understand the key indicators related to tracking performance of PMTCT services.
- To appreciate the importance of data quality
- To learn how to analyze and present data on PMTCT services provided.
- To explore ways in which health facility PMTCT data can be used for decision making.

In each of the key departments enlisted above two health workers were trained in monitoring and evaluation concepts in relation to data collection, retrieval, processing and use.
Hospital staff being oriented on basic concepts of M&E at hospital

Hospital staff identified from specific departments focused on in the PMTCT cascade in training.
4.3.2 Objective Two;  To strengthen routine data collection processes for M&E of PMTCT.

After the training and orienting the staff in the hospital about M&E concepts, quality of data, use of data in M&E, data capture tools for PMTCT and their use in tracking performance with an overview of the project, the fellows proceeded on to strengthening routine processes with; provided storage cabins in the departments which did not have cabins, Antenatal clinic, the maternity and postnatal clinic, provided folders in these departments, monitoring of routine data capture processes and orienting staffs on completeness of data collection.

Supported the HIV/VCT department and the central records office with internet (a modem and airtime) to facilitate reports sharing and an uninterrupted power supply unit (UPS) to ease the capture of data during power fluctuations.

4.3.3 Objective Three;  To promote an effective M&E reports sharing and dissemination mechanism within the different departments.
Three review meetings were held with all the related departments for PMTCT represented, in which discussions about the progress of the various M&E concepts were being applied. The fellows used the existence of regular quality improvement meetings to discuss and promote regular reports sharing within the different departments and appreciate the importance of quality data capture and storage in tracking performance of any given interventions.

Discussions comprised of areas that worked well including key achievements and key lessons learnt and based practices, challenges, conclusions and recommendations. These were discussed by all participants. Conclusions and recommendations to improve progress of the PMTCT program performance were drawn and are now being implemented.
CHAPTER FIVE

5.0 Results

This chapter presents results of the project which focused on strengthening the PMTCT M&E system of Kisoro district hospital to improve performance tracking; the results of this project are presented according to the objectives. They are therefore presented in the chronological order of the objectives;

5.1 Objective one; To build capacity of hospital staff in M&E.

A learning session with all the hospital staff, a direct training with specific staffs and orientation and mentorship sessions were held with different staffs in the various PMTCT departments, 70% of the health service providers were equipped with basic concepts of M&E, specifically importance of accurate data capture, storage, data use and data retrieval. 9/10 (90%) of the staffs targeted for training in the project implementation were trained on; the key indicators related to tracking performance of PMTCT services, staffs were able to appreciate the importance of data quality, participants were able to learn how to analyze and present data on PMTCT services provided as well as explore ways in which health facility PMTCT data can be used for decision making.

As one of the participants noted;

…this training has helped me understand the reason we need to record registers correctly…even graphs, I did not understand most of these graphs till today... (Participant-Kisoro)
The participants appreciated the interpretations and importance of quality data capture and use of data in decision making for their various departments.

5.2 **Objective Two;** To strengthen routine data collection processes for M&E of PMTCT

Data collection processes were supported by procuring an internet modem and an uninterrupted power supply unit for the central records office as well as supporting the storage of the records in folders and cabins which were provided, this helped to secure the records of mothers coming for option B+ and easing the retrieval of these folders in case needed.

As a staff noted;

..With internet we’re able to download report templates for reports, but mostly we’re able to send reports to most of our stakeholders like STAR-SW and many others...the UPS, we have unreliable power supply so it slows down data entry for client files, so with this unit we can relatively progress and move faster which quickens the process..We’re very grateful for this support... (Records officer- Kisoro)

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With this documents and folders stored in this way data retrieval for use is not secured, loss of some folders is most likely which is not safe for good tracking of clients in the program.
Data retrieval improved

With this storage it is easy to locate a client’s folder as fast as possible and client data is more secure.

Incomplete Data collection- Before capture of client phone numbers for easy follow up was not appreciated.

Completing data collected in the register to ease follow up with clients’ phone numbers.
Improving on loss of clients from the PMTCT programme due to proper data capture leads to improved tracking of the clients for better performance.

5.3 Objective Three; To promote an effective M&E reports sharing and dissemination mechanism within the different departments.

Using the existing quality improvement meetings, these meetings were made more participatory which enabled the team to obtain a good feedback from various teammates and departments. Feedback from different departments was used to analyse some components of the projects including monitoring and evaluations. The result was strengthening clinic linkages along the PMTCT cascade and reduced number of loss along the cascade.
CHAPTER SIX

6.0 Lessons Learnt, Challenges and Next Steps

6.1 Lessons learnt

- Involving different stakeholders and team members right from concept development, implementation ensured participation, ownership and most importantly the sustainability of this project’s activities, this has also ensured adequate understanding of M & E system, application of the knowledge, appreciation of M&E in routine work and utilization of data generated for tracking the programme.

- Monitoring & evaluation was an exciting concept for many health workers. Through understanding was registered when to discussing m&e concepts using practical day to day examples.

- Participatory methods work for staff or stake holders to feel genuine ownership of the process.

- Leadership is key and crucial in management of organizations to get every team member involved.

6.3 Next steps

There should be continuous mentoring and on job coaching of staff in M&E concepts such data capture, data completeness and use, should be put in place in order to ensure that they are all at the required minimum level of understanding of the M&E system.
Monitoring and evaluation concepts are being practiced but staff members are unaware of the use and importance of these for the bigger management and planning so we recommend regular orientation of all the stakeholders for improving performance tracking in health programs.

6.2 Challenges experienced and how they were handled

- Busy work schedules for both the team and the fellows hence making meeting with all the team very difficult this was handled by moving department by department and working with the team while they do routine work.

- The perception held by some staffs of the incentives in any project that is brought in the work setting especially in a public sector, makes most of the participants unable to follow the implementation process if not motivation is advanced. This was handled by allowing the health managers to explain the project to the rest of the staff members.
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