

M&E Program Summary – FY07 (FY08 for Kenya Mission) PY04 (ACCESS)

PMTCT

General Information:

Program / Component name:	<u>PMTCT</u> (Prevention of Mother to Child Transmission)	Program Contact: <u>Teresia Mutuku</u>
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Funding source: ACCESS (PEPFAR)

Funding amount: US\$ 1,082,740

IR (if relevant): USAID Kenya IR 3.1: Improved enabling environment for the provision of health services
3.13 Quality of health services in health facilities improved

Dates of Current Workplan: **Start date:** March 2008 **End date:** December 2008
(Month) (Year) (Month) (Year)

Goal: Improve delivery of high quality and comprehensive PMTCT

Objectives and Major Activities

Objective 1: Strengthen PMTCT supervision through SBM-R approach

Target sites: Four provincial hospitals (later expanded to eight)

- Activity 1. Facilitate creation of PMTCT national standards
- Activity 2. Pilot test SBM-R in four provincial hospitals

Objective 2: Expand PMTCT care through inclusion of PMTCT-Plus into ANC

Sites: not applicable

- Activity 1. Train TOT's in PMTCT-Plus using IMAI curriculum
- Activity 2. Advocacy meeting with APHIA's (for APHIA roll out of PMTCT-Plus)

Objective 3: Provide TA and logistical support to DRH

Sites: not applicable

- Activity 1. Reproduce PMTCT Supervision Trainee and Trainer manuals
- Activity 2. Reproduce Maternity, ANC, PNC and FP registers
- Activity 3. Support DRH supervision visits to provinces

Indicator Description Table: * means that the indicator is reported to PEPFAR

Indicator	Definitions & Clarifications	Data Collection			Data Processing	
		Source of data (include tools)	Process (describe how data gets from source thru to JHPIEGO)	Responsible person (in field and in house)	Frequency of submission to JHPIEGO	Responsible Persons
PMTCT1.1 Number of health workers trained in SBM-R for PMTCT *	Trained individuals are hospital service providers and supervisors. Training uses Jhpiego curriculum and has three modules. Only those who complete a training event satisfactorily according to the criteria established for each course are counted.	Self administered training participant registration forms (TIMS Participant Registration Form)	Participants receive instruction, complete registration forms, and submit them on first day of training; Lead trainer reviews the forms before training ends; Lead trainer submits the forms to the Program Officer at JHPIEGO.	Field and Nairobi: Lead trainer	Once – returned within two weeks after training	Reviewer: TM Data entry: Program Assistant
PMTCT1.2 Number of health workers orientated in SBM-R on-site (Cascadees) by trained fellow colleagues (Cascaders)	Some hospitals provide orientation to colleagues in order to expand the personnel available to perform SBM-R. The on-site cascade orientation will follow the same curriculum. Only those colleagues who complete the orientation satisfactorily will be counted.	Trip report of Follow-up meeting where presentations of results occur	Each site presents results of the SBM-R and consequent responses at trainings in Module 2 and 3. The cascade information is reported and collected at that time	Field: Person in charge of SBM-R at site Nairobi: TM	Once – at follow-up presentations by sites	Reviewer: TM Data entry: n/a
PMTCT1.3 Number of health workers trained to be trainers in IMAI within ANC *	Trained individuals are service providers. Training uses nationally accepted IMAI curriculum. Only those who complete a training event satisfactorily according to the criteria established for each course are counted.	Self administered training participant registration forms (TIMS Participant Registration Form)	Participants receive instruction, complete registration forms, and submit them on first day of training; Lead trainer reviews the forms before training ends; Lead trainer submits the forms to the Program Officer at JHPIEGO.	Field and Nairobi: Lead trainer	Once – returned within two weeks after training	Reviewer: TM Data entry: Program Assistant

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PMTCT1.4 Increase in PMTCT performance using the SBM-R process *	At least SBM-R scores will be obtained from each pilot site - a baseline and three further assessments. There are seven areas measured for PMTCT services in each assessment. Total scores and area scores will be monitored	Site reports / presentations at feedback meetings	Jhpiego Program Officer will receive / record the SBM-R scores at the feedback meetings	Field: Site SBM-R team leader Nairobi: Project Officer	At SBM-R feedback meetings	Reviewer: TM Data entry: TM

Indicator / Deliverables Targets Table:

Indicator / Deliverable	Target Values				
	Annual total	Q1 Jan-Mar 08	Q2 Apr-Jun 08	Q3 Jul-Sep 08	Q4 Oct-Dec 08
PMTCT1.1 Number of health workers trained in SBM-R for PMTCT	No target		4 sites – Mod 1	4 sites – Mod 2	4 sites – Mod 3
PMTCT1.2 Number of health workers orientated in SBM-R on-site (Cascadees) by trained fellow colleagues (Cascaders)	No target		4 sites – Mod 1	4 sites – Mod 2	4 sites – Mod 3
PMTCT1.3 Number of health workers trained to be trainers in IMAI within ANC	60			45	15
PMTCT1.4 Increase in PMTCT performance using the SBM-R process	No target		Monitor	Monitor	Monitor
PMTCT D1 – 200 sets of PMTCT collection and supervision tools produced and disseminated	200	200			
PMTCT D2 – 400 sets of Maternity registers	400		400		
PMTCT D3 – 400 sets of ANC registers	400		400		
PMTCT D4 – 400 sets of PNC registers	400		400		
PMTCT D5 – 400 sets of FP registers	400			400	
PMTCT D6 – National set of standards for PMTCT	1	1			
PMTCT D7 – 10,000 Mother & Child Health Booklets	10,000			2,000	8,000

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Planned M&E Activities and Support:

Ref No.	Purpose / Description	Specific Notes to remember	Timing (planned months)	Type of support needed from M&E
1	PMTCT – Plus baseline		June 2008	- Assist with tool formatting & fieldwork - - Lead in training and analysis
2	Compiling Indicator data for quarterly reports		July 2008 September 2008 January 2009	- entry of training data into TIMS if requested
3	Documentation of lessons learned, best practices	-Review of records, reports, data with program staff	July 2008 January 2009	Assist in analyzing information if program manager requests
4	Finalization of the PMTCT SBM-R tool	- Standards and content done by MOH with PMTCT assistance - addition of tools to facilitate self assessment summaries and presentation	Aug-Oct	- take draft and develop final in consultation with PMTCT staff
5	End of year assessment – SBM-R pilot	-need attendance data for PMTCT throughout year -need plans and interventions done	Nov 2008 – Jan 2009	- Possible help in creating tool for collecting facility SBM-R responses - Processing and Analysis