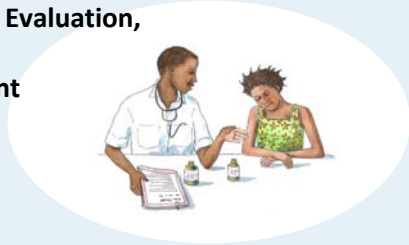


## Adolescent HIV Care and Treatment

### Module 14:

### Monitoring, Evaluation, and Quality Improvement



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## Module 14 Learning Objectives

After completing this module, participants will be able to:

- Discuss the importance of routinely monitoring adolescent HIV care and treatment activities
- Discuss how information from monitoring and evaluation (M&E) can be used to support program improvement
- Describe the purpose of quality improvement (QI)
- Define and describe supportive supervision

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## Session 14.1

### Monitoring, Evaluation, and Data Collection

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## Session 4.1 Objective

After completing this module, participants will be able to:

- Discuss the importance of routinely monitoring adolescent HIV care and treatment activities
- Discuss how information from monitoring and evaluation (M&E) can be used to support program improvement

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## Discussion Questions

- *Why do you think it is important to keep records and to monitor our work with adolescents?*
- *Do you know how the data you record is used at the facility level? At the district and national levels?*
- *Have you ever received feedback on the data you submit?*



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## Monitoring

- Is the routine process of data collection and measurement of progress toward program objectives
- Involves COUNTING what we are doing and routinely checking the quality of services
- Is a process that helps to identify problems early so that they can be corrected quickly
- Requires that data be collected, compiled, and analyzed on a routine basis

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## Monitoring (Continued)

- Health workers play a vital role in the monitoring process by regularly recording, compiling, and reporting data to determine, for example:
  - # of adolescents enrolled in HIV care
  - # of adolescents receiving ART
  - # of adolescents retained in care over time
  - Types of clinical and support services offered to adolescents

Remember that facility-level reports are aggregated up to district and national levels, and that they also form part of international progress reports.

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## Monitoring (Continued)

- M&E of adolescent HIV care and treatment programs can help to:**
  - Assess whether a program is meeting its targets
  - Identify and improve problem areas in the implementation of adolescent services
- Routing M&E are necessary to gather information on care and treatment program outcomes, such as:**
  - Is the program retaining adolescent clients in care?*
  - Are all eligible adolescents receiving ART?*
  - Are routine lab tests and clinical follow-up visits being conducted on schedule?*

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## Remember:



- Program outcomes are usually the cumulative tally of individual outcomes.
- M&E data can be used to monitor progress in the implementation of adolescent care and treatment services at the facility, district, and national level.

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## Discussion Questions

- What is the age breakdown of data at your facility (e.g. often, it is <15 years and >15 years for HIV care and treatment programs)?*
- What does it mean to disaggregate data, specifically thinking about HIV services?*
- How could further disaggregating our clinic data help us? What age groups would you use?*

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## Disaggregating Data

- Often, programs separate data into only 2 age groups: under 15 and over 15 years.
- If possible, program data should be collected and analyzed using the following age groups:
  - Ages **10-15** (early adolescence)
  - Ages **16-19** (late adolescence)
  - Ages **20-25** (early adulthood)
- This gives us more detailed information and allows for more meaningful interpretation of program outcomes.

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## Discussion Questions

- What are "indicators?" Can you give an example of an adolescent care and treatment indicator?*
- What are "targets?" Can you give an example of an adolescent care and treatment target?*

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## Indicators

**Indicators are summary measures used to help indicate the status of a program's activities** (see Table 14.1 for examples).

- Pediatric and adult HIV care and treatment indicators are established at the national level.
- Generally cover service delivery to PLHIV, quality of care, and management-related info
- Indicators can be calculated at the facility, district, or national level, depending on need and how these data will be used.

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## Indicators (Continued)

- Some facilities have their own indicators, in addition to those established nationally.
  - Can identify progress, problems, challenges, and solutions in service delivery at specific facilities (e.g., the # of ALHIV who miss clinic appointments)
- Indicators may need to be revised periodically.
- Indicators reflect a certain timeframe (e.g., month, quarter).
- It is important to measure changes in indicators over time.

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## Indicators (Continued)

It is also good to calculate **proportions**, which give more useful and comparative info than raw numbers alone.

- Because measuring proportions is often difficult to do, programs may wish to select a small number of priority proportions to measure.
- For examples, see *Appendix 14A: ICAP's Adolescent Standards of Care*.

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## Targets

**Targets are specific goals established before a new program or service is implemented and on a regular basis thereafter.**

- For example, a target may be, *"To ensure that 95% of eligible adolescent clients initiate ART."*
- See Table 14.2 for examples of priority targets for adolescent HIV care and treatment programs.

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## Discussion Question

- *What is "evaluation?" What questions might an evaluation answer?*



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## Evaluation

Evaluation is the process of tracking changes in indicators that reflect service delivery and determining whether pre-established targets have been reached.

### Evaluations:

- Help us understand what indicators are really telling us
- Help us take a closer look at outcomes of interest and can help answer questions about what these outcomes mean
- Are typically conducted at specific time periods (e.g. at the end of a year), whereas monitoring happens on a more regular basis
- At their simplest, will demonstrate to what extent planned activities are actually realized, by comparing targets with indicator measurements (e.g., *What % of the target for ART initiation did the program reach last year?*)

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## Evaluation (Continued)

- Evaluation can also involve research methods to systematically investigate a program's effectiveness.
- One might use evaluation to answer the following program questions:
  - *Are adolescents enrolled in a peer support group more likely to return for scheduled appointments compared to adolescents who do not participate in peer support groups?*
  - *Are adolescents enrolled in the program experiencing a better quality of life?*
  - *Has the program reduced the number of adolescents hospitalized for HIV-related illnesses?*

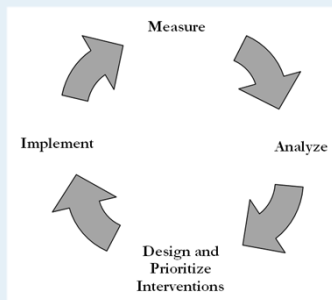
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## Evaluation (Continued)

- Evaluations should be conducted regularly to look at changes that occur as the adolescent HIV program is implemented and maintained.
- This will enable program staff to identify areas of program strength and weakness, and to respond to weaknesses by investigating and correcting problems.

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## Evaluation (Continued)



M&E is a **CONTINUOUS** process.

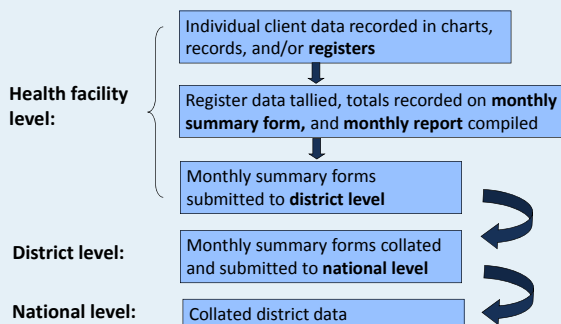
21

## Discussion Questions

- *At your clinic, how are the monthly summary forms and reports completed? To whom are they submitted?*
- *These reports are analyzed at the district — is there someone at your clinic who analyzes them as well?*
- *What is done with the information in these monthly reports? Is it ever used to improve/modify services?*

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## Reporting Steps/Flow



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## Remember:

- All staff must be aware of the importance of completing registers in an accurate way.
- Monthly summary forms and reports will only be accurate if registers are completed correctly and consistently!
- Key staff should review their facility's monthly report to ensure that activities will meet targets and goals.
- Program successes and weaknesses, along with a monthly data summary, should be reviewed at multidisciplinary team meetings.

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## Program Modification

- At every level of the system, monthly summary forms should lead to discussion on how the program can be modified to better meet targets.

Such program improvements will require discussion of the following:

- *What is the problem?*
- *How will we address the problem?*
- *What is our plan?*
- *How will we know if the plan is working?*

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## Adolescent HIV Care and Treatment Data Collection and Forms

- Standard data collection and accurate recording of activities and outcomes are essential.
- Data collection for adolescent HIV care and treatment is usually done through the existing national M&E system.
- There is not usually a separate system with adolescent-specific forms.
  - In most cases, adolescent data will be captured in the national forms for pediatric HIV.
  - This is why it is particularly important that data are appropriately disaggregated by age.
  - Note that facilities should use national forms for adult HIV care and treatment for ALHIV receiving care in adult HIV clinics.

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## Adolescent HIV Care and Treatment Data Collection and Forms (Continued)

- Effective M&E systems require record keeping that is:
  - **Accurate** – In other words, correct and true
  - **Reliable** – Completed the same way every time
  - **Standardized** – Recorded using the same tools in every clinic in the country
  - **Recorded** following established guidelines

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## Adolescent HIV Care and Treatment Data Collection and Forms (Continued)

- In facilities with established adolescent programs, adolescents may be “transferred out” of pediatric registers as they age and “transferred in” to adult registers.
  - If no national guidelines can be identified for this procedure, facilities should have their own consistent procedure for counting these ALHIV.

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## Remember:



- Systems for documenting care and treatment activities must **maintain client confidentiality**.
- It is the responsibility of all staff members who complete registers or summary forms to **ensure that data are accurate and complete and that data collection protocols are followed**.

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## Adolescent HIV Care and Treatment Data Collection and Forms (Continued)

Some of the key registers and forms facilities use to monitor activities in their adolescent programs:

- Ward or clinic register
- General HIV counseling and testing register
- Patient care card
- HIV care summary sheet
- Pediatric clinical follow-up form
- Pediatric ART eligibility form
- Pediatric adherence form
- Pharmacy logbook/register
- Patient status form
- TB diagnostic worksheet and TB screening tool
- Pediatric patient locator form

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## Registers and Forms Used in Our Setting

- Now, let's review the national registers and forms used to provide data on HIV care and treatment for adolescents.
- Remember that you will have a chance to practice filling in these forms during the practicum session.

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## Discussion Questions

- *What appointment and tracking systems exist in your facility?*
- *Why are appointment and tracking systems important for adolescent care and treatment?*
- *How might you improve these systems the future?*



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## Tracking Missed Appointments

- Health facilities should use an appointment book to track upcoming and missed appointments.
- Health facilities should also develop a follow-up system to contact clients and caregivers when an appointment has been missed.
- **A follow-up system requires:**
  - A working appointment system
  - A means of contacting clients (via cell phone or home visits)
  - The consent of adolescent clients and/or their caregivers to follow up via phone or home visit (should be documented in the clinic record)

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## Exercise 1

### Using Data for Decision-Making: Small group work and large group discussion

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## Exercise 1: Small Group Work (Part 1)

- Review the data in Table 14.3.
- Calculate the “% of Target” in the last column, based on the data provided.
- Discuss the following questions:
  - *For which indicators is Clinic Make Believe doing well and meeting its targets? How do you know?*
  - *For which indicators is Clinic Make Believe NOT meeting its targets? How do you know?*
  - *If the number of adolescents enrolled in care in Q4 (the 4th quarter) of 2009 was 450 and the number of adolescents receiving ART was 290, would you say the clinic is doing better or worse enrolling clients in ART in 2010?*
  - *Which areas should the staff of Clinic Make Believe focus on improving?*

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## Exercise 1: Small Group Work (Part 2)

- Identify one of the areas that needs improvement at Clinic Make Believe and discuss:
  - *What is the problem?*
  - *How should we (assuming we are the managers at Clinic Make Believe) address the problem?*

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## Exercise 1: Small Group Presentations and Large Group Discussion

- Report back on Part 1 of small group work and discussion.
- Report back on Part 2 of small group work and discussion.
  - *Did any group choose a different indicator for Part 2?*

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## Exercise 1: Debriefing

- *What did we learn?*
- **Key points:**
  - A close review of the data in routine summary reports can provide much information about the strengths and weaknesses of a program.
  - It is important to compare the current period's data with data from the previous period (or against targets). Otherwise, you won't know if the data represent an improvement or a decline.
  - When comparing raw data against targets, calculate percentages to get a better sense of progress or to compare with earlier periods.

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Questions or comments on this session?

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## Session 14.2

### Quality Improvement and Supportive Supervision

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## Session 14.2 Objective

After completing this session, participants will be able to:

- Describe the purpose of quality improvement (QI)
- Define and describe supportive supervision

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## Discussion Questions

- *What does "quality" mean to you when thinking about adolescent HIV care and treatment services?*
- *How do you think facility managers would define quality? What about adolescent clients?*
- *How do you think monitoring and evaluation and QI are related?*



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## Quality Improvement (QI)

- The means by which activities are routinely evaluated to check whether services are following established guidelines and standard operating procedures (SOPs)
- May also be referred to as quality assurance (QA)
- Different from M&E
- Should be a routine, ongoing part of the normal functioning of health facilities
- Should incorporate procedures in which all staff, at all levels, are involved

**The purpose of QI is to identify problems** (in service delivery, in data, or in both) **so they can be corrected**, thereby improving services for adolescent clients and their families.

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## Methods to Assess Quality

- It is often necessary to use a variety of methods to assess program quality.
- Standard monitoring tools capture only a fraction of the services provided to adolescents and they provide no information on the quality of those services.
  - For example, forms and registers do not give us information on the youth-friendliness of services or the quality of psychosocial support, adherence, or counseling sessions.

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## Methods to Assess Quality (Continued)

### QI Activities Might Examine/Evaluate:

- The quality and youth-friendliness of services
- Compliance with national guidelines, SOPs, and protocols for HIV care and treatment
- The adequacy of space and the attention to privacy and confidentiality
- Linkages to ongoing support and community-based services

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## QI Activities Might Include:

- Periodic reviews of records followed by staff feedback
- Defining and regularly measuring adolescent SOC (see *Appendix 14A*)
- Direct observation of clinical procedures and counseling sessions
- Periodic assessments of the youth-friendliness of services
- Interviews with staff to obtain feedback on specific indicators
- Individual interviews or focus groups with ALHIV
- Individual interviews or focus groups with caregivers of ALHIV
- Exit interviews or surveys completed anonymously by clients
- Evaluation of physical space, client flow, and time concerns
- Meeting with representatives of services where ALHIV and caregivers are referred

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## How Often Should QI be Conducted?

- **During initial implementation:** daily or weekly
- **As services become established:** reviews should become a formal part of overall program monitoring activities at designated intervals (monthly progressing to quarterly reviews)

It is important to set up an established time for multidisciplinary teams and managers to discuss QI findings and issues, and to plan the way forward (for example, through monthly or quarterly meetings).

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## Discussion Questions:

*What possible solutions/interventions to the following problems might be identified through QI activities?*

- Older adolescents often miss their clinic appointments.
- There has been an increase in the number of adolescent clients presenting with STIs.
- Many younger adolescent clients have not been fully disclosed to and therefore do not understand why they need to take medicines every day.
- Regular attendance of the support group is low and adolescent clients think it is a “waste of time.”

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## Discussion Questions:

- Have you received or provided “supportive supervision” in your work? Please explain.
- What are the qualities associated with “supportive supervision?” For example, if you were expanding adolescent HIV care and treatment services within your facility, what could your supervisor do to help and support you to set up these services?

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## Supportive Supervision

- QI activities include assessing results of each QI review and planning a response.
- Often, identified weaknesses require supervisors to work directly with staff to address underlying problems.
- QI activities are not only the responsibility of supervisors – all staff should be part of the continuous QI process.

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## Supportive Supervision (Continued)

- Supportive supervision is an important component of responding effectively to QI findings.
- Supportive supervision is an approach in which supervisors work with staff to:
  - Establish goals
  - Monitor performance
  - Identify and correct problems
  - Proactively improve the quality of services
- QI is most effective when the focus is on providing guidance and mentorship and using group problem solving to help health workers correct problems and overcome barriers.

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## Supportive Supervision Aims To:

- Obtain information on program functioning and quality
- Improve HW performance by providing one-to-one support
- Acknowledge good practices by providing positive feedback
- Involve supervisors, HWs, and volunteers to improve service provision
- Facilitate on-site, participatory problem-solving
- Involve youth in giving feedback and improving service provision
- Assure that the program is successful in meeting the needs of ALHIV/caregivers
- Motivate staff and volunteers

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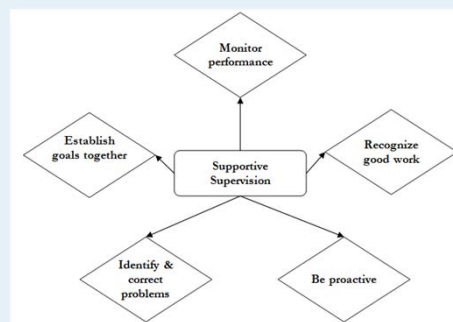
## Remember:



Once a deficiency in service provision is identified, supportive supervision must be established as quickly as possible to prevent poor practices from becoming routine.

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## Supportive Supervision Process



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## Questions or comments on this session?

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## Module 14: Key Points

- Monitoring and evaluation (M&E) is the standardized process by which data related to the delivery of services are collected and evaluated.
- M&E is a continuous process that informs the planning and implementation of adolescent HIV care and treatment services.
- Indicators are calculated using routinely collected data. They can be calculated at the facility, district, or national level.
- Targets are specific goals established before a new program or service is implemented or at other specific times.

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## Module 14: Key Points (Continued)

- Standard national forms and registers are used to collect key data on adolescent HIV care and treatment services.
- If possible, program data should be collected, disaggregated (or separated), and analyzed by the following groups: ages 10-15; ages 16-19; and ages 20-25.
- Key staff should review their facility's monthly forms/reports to ensure that activities will meet targets and goals. Program successes and weaknesses should be reviewed at multidisciplinary team meetings.
- Patient confidentiality must be always be maintained.

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## Module 14: Key Points (Continued)

- Quality Improvement (QI) is the means by which activities are routinely evaluated to check whether services offered are following established guidelines and SOPs.
- QI should be a routine, ongoing part of the normal functioning of health facilities.
- A variety of methods may be used to conduct QI.
- An important component of responding effectively to QI findings is to provide supportive supervision.
- Supportive supervision requires collaboration between the supervisor and staff to establish goals, monitor performance, and identify and correct problems.

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