Improving Performance Monitoring for HIV&AIDS Clinical Outreach Programme at Fort Portal Regional Centre of Excellence, Joint Clinical Research Centre.

By

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MEDIUM-TERM FELLOWS

MUSPH-CDC HIV&AIDS Fellowship Program

[September 2010]
Table of Contents

DECLARATION........................................................................................................................................ iii

FELLOWS ROLE IN PROJECT IMPLEMENTATION.......................................................................... iv

ACKNOWLEDGEMENTS ................................................................................................................. v

ACRONYMS ........................................................................................................................................ vi

LIST OF TABLES .......................................................................................................................... vii

LIST OF FIGURES ........................................................................................................................ viii

DEFINITION OF TERMS ................................................................................................................ ix

EXECUTIVE SUMMARY .................................................................................................................. x

1.0 INTRODUCTION AND BACKGROUND .................................................................................... 1

1.1 INTRODUCTION ....................................................................................................................... 1

1.2 HIV&AIDS Outreach Clinical Programme ............................................................................. 1

1.3 BACKGROUND ........................................................................................................................ 2

1.3.1 Joint Clinical Research Centre ......................................................................................... 2

1.3.2 Fort Portal Regional Centre of Excellence ......................................................................... 2

1.3.3 Joint Clinical Research Centre HIV&AIDS Clinical Outreach programme ........ 4

1.3.4 SPH-CDC HIV&AIDS Fellowship programme ............................................................... 4

2.0 STATEMENT OF THE PROBLEM ............................................................................................ 5

2.1 Problem Identification Process ............................................................................................. 5

2.2 Problem Statement ................................................................................................................ 5

2.3 Problem justification ............................................................................................................. 6

2.4 Project Team Composition ................................................................................................... 6

3.0 PROJECT OBJECTIVES ........................................................................................................... 7

3.1 General Objective. ................................................................................................................ 7

3.2 Specific Objectives. .............................................................................................................. 7

3.3 Expected Results. ................................................................................................................ 7
4.0 METHODOLOGY & PROJECT DESCRIPTION ................................................................. 8
5.0 PROJECT RESULTS & OUTCOMES ........................................................................ 14
6.0 LESSONS LEARNED ............................................................................................. 25
7.0 CHALLENGES EXPERIENCED AND SOLUTIONS .................................................. 26
8.0 CONCLUSIONS AND RECOMMENDATIONS ....................................................... 27
   8.1 Conclusions ......................................................................................................... 27
   8.2 Recommendations to (Institution, MUSPH-CDC Fellowship program) .............. 29
9.0 Next Steps (Dissemination Plan, Follow-up & Scale Up Strategy) ......................... 30
   9.1 Next steps & Way forward .................................................................................. 30
   9.2 Sustainability plan ............................................................................................. 30
   9.3 Dissemination plan ............................................................................................ 31

REFERENCES .................................................................................................................. 32
APPENDICES .................................................................................................................. 34
   Appendix 1: List of Outreach sites ............................................................................ 34
   Appendix 2: Attendance list of the meeting held on 10th March 2010 ..................... 35
   Appendix 3: Log frame ............................................................................................ 36
   Appendix 4: PPT Slides used at Disseminations ...................................................... 40
DECLARATION

I, Michael OWOR ODOI and James DITAI do hereby declare that this end-of-project report entitled Improving Performance Monitoring for HIV&AIDS Clinical outreach programme at Fort Portal Regional Centre of Excellence, Joint Clinical Research Centre has been prepared and submitted in fulfillment of the requirements of the Medium-term HIV&AIDS Fellowship Program at Makerere University School of Public Health and has never been submitted for any other academic or non-academic qualifications.

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FELLOWS ROLE IN THE PROJECT IMPLEMENTATION

The two fellows, James and Michael moderated the team members at the Fort Portal Regional Centre of Excellence in the Problem identification process, Problem Prioritization and then formulation of the Problem Tree used in this project.

James played the role of project leader through out the project cycle as agreed. He mobilized the data collection tools, National HIV&AIDS indicators Guidelines, and HIV-QUAL Indicators for review at the project team meetings.

Michael chaired review of HIV Performance Monitoring indicators at the beginning of the project and James mobilized the Performance monitoring data that was used in the evaluation of the project.
ACKNOWLEDGEMENT

We greatly forward our appreciation to the funding agency of the SPH-CDC HIV&AIDS Fellowship programme; CDC& PEPFAR for advancing the funds to us to undertake the project, gain excellent hands-on experience and skills through the Medium-term work based HIV&AIDS fellowship, and building the capacity of JCRC- Fort Portal in management and leadership of her outreach programmes. But it was also fun to receive a maintenance package while in Kampala studying this course.

We wish to express our most sincere appreciation to Training Manager Joseph Matovu at Makerere University School of Public Health for the valuable guidance he offered throughout proposal development of this project.

Our heart felt gratitude to the Host Mentor at the Joint Clinical Research Centre Fort Portal Regional Centre of Excellence, Dr Mary Kiconco and, indeed, the entire staff of this centre.

We acknowledge the tireless efforts of our Academic Mentor Dr Hizaamu Ramadhan and the Fellowship facilitators of Makerere University School of Public Health for their guidance throughout the project and course period.

We wish to recognize the core project members including Dr Beda Senkware, Edmond Kabarira, Juliet Acen, Monic Namanya, Edith Birikwija, and Job Achidri for their exemplary cooperation and work. Special thanks go to Grace who designed the outreach database.

To the fellow fellows, we can never forget you especially while formulating Problem Trees with Dr Onama Virgil. Our families, we know we always cheated you in terms of the extra working hours sacrificed, and you need more than words, May be a promise of more Bread coming to the table is fair enough. Our almighty Lord, thank you for leading us into the right Path.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Antiretroviral therapy Adherence</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Diseases Control and Prevention</td>
</tr>
<tr>
<td>CoC</td>
<td>Continuity of Care</td>
</tr>
<tr>
<td>CPT</td>
<td>Cotrimoxazole Prophylaxis</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
</tr>
<tr>
<td>JCRC</td>
<td>Joint Clinical Research Centre</td>
</tr>
<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MUSPH</td>
<td>Makerere University School of Public Health</td>
</tr>
<tr>
<td>PE</td>
<td>Prevention Education</td>
</tr>
<tr>
<td>RCE</td>
<td>Regional Centre of Excellence</td>
</tr>
<tr>
<td>SUSTAIN</td>
<td>Strengthening Uganda’s Systems for Treatment of AIDS Nationally</td>
</tr>
<tr>
<td>TB-A</td>
<td>Tuberculosis Assessment</td>
</tr>
<tr>
<td>TB-S</td>
<td>Tuberculosis Screening</td>
</tr>
<tr>
<td>TLC</td>
<td>Total Lymphocyte Count</td>
</tr>
<tr>
<td>TREAT</td>
<td>Timetable for Regional Expansion of Antiretroviral Therapy</td>
</tr>
<tr>
<td>VL</td>
<td>Viral Load</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: A list of performance monitoring indicators for HIV&AIDS outreach activities............ 15
Table 2: Performance monitoring and reporting form for HIV&AIDS outreach activities............ 17
LIST OF FIGURES

Figure 1: Patients’ clinic overload at JCRC Fort Portal RCE.......................................................... 3

Figure 2: Project team reviewing the Data collection tools and past performance reports .......... 8

Figure 3: The Outreach chairperson shows the Performance monitoring indicators to staff at stakeholders’ meeting ................................................................................................................. 9

Figure 4: Baseline Status of Performance Monitoring Indicators for outreach programmes ....10

Figure 5: Sample files Binders for outreach patients as opposed to File folders for Clinic .......11

Figure 6: The database architect displaying the final database ..................................................... 11

Figure 7: Data entrant on the Performance Monitoring Database entries ................................. 12

Figure 8: Staffs Training in Performance Monitoring by the M & E Medium - Term Fellow .... 13

Figure 9: Some Outreach staff being shown the Generation of Performance Monitoring Reports from the Database ........................................................................................................... 19

Figure 10: HIV Performance Monitoring Database .................................................................... 20

Figure 11: Specific outreach patients’ Database screen .............................................................. 21

Figure 12: Sample CD4 Performance Monitoring report from Database .................................. 22

Figure 13: Performance Monitoring Indicators for outreach activities before and after the Project ...................................................................................................................................... 23
DEFINITION OF TERMS

For the purpose of the project reporting, the following terms apply:-

**Project review period** refers to the time of project implementation from Jan 2010 to June 2010

**Pre-Project Review Period** refers to the Time before project implementation from July 2009 to December 2009

**Outreach Programme** refers to the community based outreach clinical services offered by the JCRC clinic team

**Report** refers to the percentage of performance Monitoring Indicators reported in the review periods

**Performance Monitoring** refers to the process of checking the performance of the project based on the project objectives
EXECUTIVE SUMMARY

Introduction

JCRC Fort Portal RCE initiated the HIV&AIDS Clinic outreach Programme in October 2007 with the main aim of taking HIV&AIDS- and HAART- services nearer the impoverished communities in rural villages. Offering support to clients who poorly adhere to ART, capacity building in HIV management among health workers in these low level Health centres, decongesting the clinic patient load and increasing the children in HIV Care is the other objectives.

The HIV&AIDS Clinical outreach programme was started without a clear strategic program direction. Hence, for the past three years, JCRC Fort Portal RCE operated the programme poorly monitoring performance and targets.

The project, aimed at improving the Performance monitoring and reporting for HIV&AIDS outreach activities. Improved Performance reporting system guarantees consistent reports, excellent data -decision making process and program Monitoring & Evaluation and improvement. The improved outreach programme performance help in the Planning of outreach activities at all the sites and resource mobilization.

Methodology

The project team conducted staff and Stakeholders’ review meetings on Performance monitoring. A list of agreed Performance Monitoring Indicators for the outreach activities was developed. The past six performance reports were reviewed and Baseline analyses conducted to establish the baseline situation of all Performance monitoring Indicators, of which only 2% was reported. Performance Monitoring and Reporting Form was developed as well as Databases to monitor the performance. Staffs were trained on Performance Monitoring and mentored the site specific outreach staff on various aspects of performance monitoring.

Results

The outreach staffs completed the reporting forms and made reports for performance monitoring of outreach HIV&AIDS clinical activities. Databases developed have guided easy and fast monitoring and reporting of performance of HIV&AIDS outreach activities.
There was an overall improvement in all areas of Performance Monitoring during the project review period. Almost, 100% of the performances monitoring Indicators were reported. All Performance Monitoring indicators were monitored in above 75% of all patients’ files selected in the project review period.

Conclusions

Performance monitoring indicators were not monitored in about 25% of all patients’ files selected in the project review period Jan to July 2010.

Outreach staffs had their capacity built and utilized the performance monitoring databases and reporting forms effectively. Outreach staffs ably plan for the outreach HIV&AIDS clinical activities and generate outreach activity reports with ease. The activity reports generated relieved the outreach leaders from the manual compilation of reports, and helped the management in proper planning for outreach activities and resource mobilization

JCRC’s TREAT Programme for HIV&AIDS care and treatment ended and the SUSTAIN project is under URC mandate. So the continuity of outreach services is uncertain.

Recommendations

The management of Joint Clinical Research Centre needs to continue with performance monitoring for the outreach HIV&AIDS clinical activities programme. This would help to ensure that the performance indicators less than 100% are monitored and reported based on the experience of MUSPH-CDC Fellowship project.

JCRC management needs to discuss with SUSTAIN Project implementer, URC during the transition period about the continuity of the performance monitoring project for the outreach HIV&AIDS clinical services.
1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction.

The current HIV prevalence in Uganda is estimated at 6.5 percent among adults\textsuperscript{2} and 0.7 percent among children\textsuperscript{3}. HIV prevalence is higher in urban areas (10 percent) than rural areas (6 percent).\textsuperscript{4} An estimated 43 percent of new infections occur among people engaged in mutually monogamous heterosexual relationships.\textsuperscript{5}

In Uganda, previous studies have shown a tremendous decline in HIV prevalence over the past two decades due to changes in sexual behavior with a greater awareness of the risks involved. However, studies in Fort-Portal municipality, a rural town in Western Uganda, continued to show a persistent high HIV prevalence of 16.1\% despite the various interventions in place\textsuperscript{8}.

The number of new infections (an estimated 120,000 in 2009) exceeds the number of annual AIDS deaths (64,000 in 2009),\textsuperscript{2} and it is feared HIV prevalence in Uganda may be rising again. There are many theories as to why this may be happening, including the government’s shift towards abstinence-only prevention programmes, and a general complacency or ‘AIDS-fatigue’. It has been suggested that antiretroviral drugs have changed the perception of AIDS from a death sentence to a treatable, manageable disease; this may have reduced the fear surrounding HIV, and in turn have led to an increase in risky behaviour.\textsuperscript{6}

Recent evidence has shown that HIV programs where they have reached community-wide coverage--have been among the most effective interventions having impact well beyond the AIDS epidemic\textsuperscript{7}

1.2 HIV&AIDS Outreach programmes

Community HIV&AIDS outreach programme offers prevention, care and treatment services to people and families infected and affected by HIV&AIDS in underserved rural communities.
Many HIV&AIDS institutions have adapted the reach out to communities’ model of care and treatment in Uganda, such as Reach Out Mbuya HIV&AIDS Parish Initiative, Infectious Diseases Institute (IDI), and Joint Clinical research centre

1.3 Background

1.3.1 Joint Clinical Research Centre

The Joint Clinical Research Centre (JCRC) is a non-profit organization founded in 1991 to address the challenges of HIV&AIDS in Uganda. JCRC conducts quality medical research, training and provides equitable and sustainable HIV&AIDS care and other health care services in Uganda and all parts of Africa.

With the goal to expand HIV&AIDS Care services in the country, to provide the ART regional laboratories, and support other private and public ART sites, JCRC has established six Regional Centres of Excellence (RCEs) across Uganda; (i.e. Fort Portal, Kabale, Mbarara, Kakira, Mbale, and Gulu)¹

1.3.2 Fort Portal Regional Centre of Excellence

Fort Portal is one of the Regional Centres Excellence (RCE) of JCRC, located in the western rural Uganda.

The RCE was officially launched in September 2005 to meet the Timetable for Regional Expansion of Antiretroviral Therapy (TREAT) objectives in the Fort Portal region. The RCE serves patients from seven districts (Kabarole, Kyenjojo, Mubende, Hoima, Kasese, Bundibugyo and Kamwenge) and bordering DR Congo.

The RCE Houses the regional laboratory that meets all lab services needed to monitor ART both in a clinical and research settings. The RCE offers other services especially HIV counseling and testing, clinical services to people living with HIV&AIDS, Routine Laboratory, adherence and counselling, health education, community sensitization and networking, Prevention of Mother To Child Transmission of HIV, Antiretroviral therapy provision, research Projects, training site for students interested in AIDS care and counseling, and HIV Clinical Outreach services.
1.3.3 Joint Clinical Research Centre HIV&AIDS Clinical Outreach Programme

The JCRC Fort Portal Regional Centre of Excellence conducted ART adherence assessment survey and reported an average client adherence level of 84 % (Pill counts, self reports and pharmacy records September 2007). The major obstacles to the poor adherence to ART were distance to an accredited health centre offering ART and unaffordable transport, long waiting time at the clinic due to patient overload at the clinic as shown in Figure 1 below.

![Figure 1: Patients’ Clinic overload at JCRC Fort Portal RCE](image)

The HIV&AIDS Clinic outreach Programme was initiated in October 2007 with the main aim of taking HIV&AIDS- and HAART- services nearer the impoverished communities in rural villages. Offering support to clients who poorly adhere to ART, capacity building in HIV management among health workers in these low level Health centres, and increasing the children in HIV Care are the other objectives. Six outreach sites have been established in the Fort Portal Region namely; Kibatsi HCIII; Kicwamba HCIII, Rutete HCIII, Katojo Prisons, Kihura Bringing Hope (NGO), and Riwiimi HCIII.

The outreach HIV&AIDS clinic is implemented by a team of a Clinician, Nurse, Counselor, Laboratory Scientist & Phlebotomist, community liaison Volunteer, Data clerk and the Driver. On a particular Outreach day, the following activities are carried out; Community Health
Education talks, HCT (HIV Counselling and Testing), ongoing counselling for Positive living, Adherence counseling, Clinician’s assessment and diagnosis, ART initiation, HAART Refill, Phlebotomy, dispensing of Antiretroviral Drugs and treatments of opportunistic infections.

The HIV&AIDS Clinical outreach programme was started without a clear strategic direction. Hence, for the past three years, JCRC Fort Portal RCE has operated the programme without monitoring performance using clearly set targets.

1.3.4 SPH-CDC HIV&AIDS Fellowship programme

The IPH&CDC Fellowship programme is a collaboration between the US Centers for Disease Control and Prevention and Makerere University School of Public Health. It is a capacity building and training programme offered on a competitive basis to holders of postgraduate qualifications in the fields of Public health, Medicine, Statistics, Journalism, Social sciences or any other health-related field.

The fellowship trains individuals to gain expertise in various aspects of managing HIV&AIDS programmes. There are three different categories of fellowships; the long term two-year fellowship; the medium term fellowship and the technical placement. These programmes provide systematic public health training focused on increasing the number of professionals trained in management, monitoring, evaluation and communication needed to spearhead new HIV&AIDS programmes as well as strengthen and replicate successful programmes.

The selected medium term fellows stay attached to their host institution involved in HIV&AIDS service delivery, information dissemination or policy development in any part of Uganda. They are placed under the supervision of a designated mentor at the host institution and an academic mentor at MakSPH. In their effort to deliver services, Fellows of the IPH&CDC Fellowship Programme have reached out to the public through media publications and other communication, in addition to working with communities in need. (www.musphcdc.ac.ug). 9
2.0 STATEMENT OF THE PROBLEM

2.1 Problem identification process

The JCRC Fort Portal Team had identified a list of problems that needed to be addressed in General clinic meetings. These Included; backlog of unfiled results in patients’ files, Missing results, discrepancies in Pharmacy patients numbers from Monitoring and Evaluation data patient numbers in the clinic, and uncertain performance in outreach programmes. The discrepancies in patient numbers and missing results were already being addressed by JCRC through introduction of NAVISION database Programme. Hence, this left uncertain performance in outreach programmes by JCRC as the priority area of concern for the monitoring and evaluation Medium term Fellowship to address.

2.2 Problem Statement

JCRC Fort Portal RCE has operated the HIV&AIDS outreach clinical programme for the past three years. However, the outreach programme activities have not been monitored adequately. This was due to lack of clearly defined performance monitoring indicators and targets, and inadequate skills among staff in monitoring performance.

The Monitoring and Evaluation tools at JCRC to collect raw data are available and this applies to facility and outreach based services. The tools used include; HIV care&ART cards, pre-ART registers, ART registers, counseling forms, facility-based monthly reporting forms, patient referral and cohort analysis forms. However, the data collected is not processed to track performance of the outreach programme. A lot of work is done but less is reported about the outreach performance.

The non distinct tools for the Clinic from those for the outreach programmes have been there and Joint Clinical Research Centre has done nothing yet about this. This led to inconsistent and ambiguous reporting on the programme performance with no specific reporting format and making tracking very difficult.

Consequently, JCRC Fort Portal RCE planned to develop a performance based monitoring system for the HIV&AIDS Clinical outreach activities. This was agreed upon by the RCE Team
to clearly set and define the performance indicators and targets so as to improve routine performance monitoring and reporting for the outreach programme in the organization.

2.3 Problem Justification
The project, aimed at improving the performance monitoring and reporting for HIV&AIDS outreach activities. Improved performance reporting system will enhance data quality, consistent and accurate reports, improved program Monitoring & Evaluation to inform the decision making process. The improved outreach programme performance will further support planning of outreach activities at all the sites and resource mobilization.

2.4 Project Team Formation and its Composition
Fort Portal RCE identified a team for the M & E fellowship project of six lead persons from five departments, namely; pharmacy (Monic Namanya), adherence (Edith Birikwija), clinic (Dr Senkware Beda), data (Juliet Acen, Edmond Kabarira) and laboratory (Job Achidri). This multidisciplinary team ensured that all outreach activities are maximally handled in regards to this project. The SPH- CDC M & E Fellows were James Ditai & Dr Michael Owor. The Host Supervisor was Dr Mary Kiconco and the Academic Supervisor was Dr Hizaamu Ramadhan. The SPH-CDC fellows worked hand in hand with the supervisors and the centre staff towards the success of the monitoring and evaluation SPH-CDC Fellowship project.
3.0 PROJECT OBJECTIVES

3.1 General Objective
To improve performance monitoring for HIV&AIDS Clinical Outreach activities at Fort Portal Regional Centre of Excellence, Joint Clinical Research Centre

3.2 Specific Objectives:
1. To determine performance reporting needs for the JCRC outreach activities at Fort Portal RCE per HIV&AIDs care and treatment area by December 2009
2. To improve reporting of HIV&AIDS outreach performance indicators for the JCRC Outreach programme at Fort Portal RCE by April 2010
3. To build the capacity of the JCRC outreach team in planning and performance monitoring for outreach activities by April 2010

3.3 Expected results
The expected results of the project included the following below (please refer to log frame in appendix 3):

- 30 Outreach staffs oriented in Performance Monitoring for outreach HIV&AIDS activities
- 2 Staffs at each of the 6 outreach site at lower Health facilities supported to monitor performance of the HIV&AIDS outreach services
- Outreach staff completing and utilizing the performance monitoring reporting form correctly
- Outreach staffs utilizing database developed for performance monitoring of outreach HIV&AIDS activities.
- Capacity of at least 10 outreach site specific staffs built to monitor and report performance indicators for the HIV&AIDS outreach activities
4.0 METHODOLOGY/ PROJECT DESCRIPTION

This section describes the methods and resources that were used during project implementation. It presents project activities implemented during the project phase.

4.1 Project Activities

Objective 1: To determine performance reporting needs for the JCRC outreach activities at Fort Portal RCE per HIV&AIDS care and treatment area by December 2009

Activities

1.1 Conduct meetings to review outreach performance indicators

Four review meetings were conducted with clinic staff to review the existing HIV&AIDS outreach performance indicators. This review helped the team to establish baseline reporting situation related to performance monitoring for outreach HIV&AID activities. The fellows led the project team at the site in these meetings and reviewed the past six performance reports written in 2009. The team reviewed existing JCRC data collection tools and HIV-Qual performance monitoring Indicators.

1.2. Stakeholders’ orientation workshops

The project team conducted stakeholders’ orientation workshop to share and agree on performance monitoring indicators and reporting formats. Figure 2 below shows one of the activities at the workshop.

Figure 2: The Outreach chair shows the Performance monitoring indicators to the staff at a stakeholders’ meeting.
1.3. Conduct of baseline situation

The agreed on performance monitoring indicators (Table 1) were then used to establish baseline situation. The Baseline situation was established from the review of past six performance reports and analysis of performance monitoring indicators from the patients’ records from July to Dec 2009. The findings from the past performance reports revealed that only 2% of Performance Monitoring Indicators were monitored and reported for the outreach programmes. See the figure 3 below.

![Figure 3: Baseline Status of Performance Monitoring Indicators for outreach programmes Data July-Dec 2009.](image)

Figure 3 above show that the key indicators for monitoring patients’ HIV- drug response were under monitored. Patients neither had the Viral Load (VL) results nor received a Tuberculosis Screening (TB-S) in the pre-project review period, July to December 2009. The patients who were monitored either immunologically or haematologically were below 10%; only 3% and 1% of patients had the CD4 and Total Lymphocyte Count (TLC) results in the review period. Meanwhile, 50% of patients received no WHO clinical staging assessments, a reflection that continuity of Care (CoC) was average in the outreach activities and programmes.
Objective 2: To improve reporting of HIV&AIDS outreach performance indicators for the JCRC Outreach programme at Fort Portal RCE by April 2010

2.1 Provide easy and unique identifiers for outreach data collection tools

File Binders were acquired as specific identification for Outreach patients’ data collection tools & Files as opposed to general clinic patients’ file folders (figure 4). This helped the data entrants to easily identify files for outreach programme from the general clinic files. This minimised data entry backlogs.

Figure 4: Sample files binders (left) for outreach patients as opposed to file folders for Clinic

2.2 Develop Data base for performance monitoring

The project team with the help of Database architect (Figure 5) developed a Microsoft access database for outreach HIV&AIDS performance monitoring. The electronic database was installed on the project computer. The data entrant and the M & E medium term fellows were trained in the use of the database.
2.3 Develop performance monitoring reporting forms

The Medium term Fellows developed performance monitoring reporting forms (see Table 2) based on the indicators. They also guided the Data entrant in data coding and conducted data entry and analyses. Performance monitoring reports in the past two months for the outreach activities were made (Figure 6).
Objective 3: To build the capacity of the JCRC outreach team in planning and performance monitoring for outreach activities by April 2010

Activities

3.1 Train staff in performance monitoring and report writing

The project team organized and conducted a 3-days training for outreach and general staffs in report writing, performance monitoring for outreach programme, see figure 7 below.

Figure 7: Staffs Training in performance monitoring by the M & E Medium- Term Fellow

At least 85 health workers were trained in performance monitoring and reporting for HIV&AIDS activities
3.2 Advocate for use of performance monitoring indicators and database

Monitoring & evaluation sessions have been incorporated in the continuing professional developments (CPDs) to the staff at the JCRC and Fort Portal regional referral hospital.

The project team advocated for the use of the performance monitoring Indicators, reporting format for planning, Implementation and monitoring of performance for HIV&AIDS outreach clinical activities and use of database; see figure 8 below.

Figure 8: Some Outreach staff being shown the Generation of Performance Monitoring Reports from the Database
5.0 PROJECT RESULTS/ OUTCOMES

This section describes the outputs and outcomes that occurred during and after the implementation of the project activities and project objectives.

Objective 1: To determine performance reporting needs for the JCRC outreach activities at Fort Portal RCE per HIV&AIDs care and treatment area by December 2009

1.1 10 clearly defined performance monitoring indicators identified

A list of 10 clearly defined performance Monitoring Indicators for the HIV&AIDS Outreach activities was developed as shown in Table 1 below.

Performance monitoring indicators are measures of project impacts, outcomes, outputs and inputs that are monitored during the project implementation to assess progress toward project objectives. They are also used later to evaluate a project’s success. Indicators organize information in a way that clarifies the relationship between a project’s impacts, outcomes, outputs, and inputs and help to identify problems along the way that can impede the achievement of project objectives.\textsuperscript{10}

This list in Table 1 shows the performance indicators that the project team and outreach staffs agreed on as the indicators to help them monitor the progress of outreach HIV&AIDS clinical activities.
### OUTREACH PERFORMANCE MONITORING INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>Percentage of patients who had CD4 Count Results in the review period [CD4]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Percentage of patients who had total lymphocyte count in the review period [TLC]</td>
</tr>
<tr>
<td>3</td>
<td>Percentage of patients who had complete blood count in the review period [CBC]</td>
</tr>
<tr>
<td>4</td>
<td>Percentage of patients who had Viral Load results in the review period [VL]</td>
</tr>
<tr>
<td>5</td>
<td>Percentage of patients who received at least one clinical staging assessment in the review period [CoC]</td>
</tr>
<tr>
<td>6</td>
<td>Percentage of patients who had prevention education discussed to in the review period [PE]</td>
</tr>
<tr>
<td>7</td>
<td>Percentage of patient who have had Cotrimoxazole/dapsone prophylaxis dispensed/ prescribed to in review period [CPT]</td>
</tr>
<tr>
<td>8</td>
<td>Percentage of eligible patients receiving ARVs in the review period [ART]</td>
</tr>
<tr>
<td>9</td>
<td>Percentage of patients who had ARV adherence assessment in the review period [AA]</td>
</tr>
<tr>
<td>10</td>
<td>Percentage of patients assessed for TB clinical symptoms and risk factors [TB-A]</td>
</tr>
<tr>
<td>11</td>
<td>Number of patients screened for active TB using either sputum or x-ray [TB-S]</td>
</tr>
</tbody>
</table>

*Table 1: A List of Performance monitoring Indicators for the HIV outreach programmes*
Objective 2: To improve reporting of HIV&AIDS outreach performance indicators for the JCRC Outreach programme at Fort Portal RCE by April 2010

2.1 Outreach staff completed and utilized the performance monitoring reporting forms

Performance monitoring reporting form was developed containing performance monitoring indicators for the HIV outreach programme as shown in Table 2

The outreach staffs completed the reporting forms and made reports for performance monitoring of outreach HIV&AIDS clinical activities

The reporting form helps the staff to segregate all the data needed for monitoring the performance of outreach HIV&AIDS clinical activities
### OUTREACH PERFORMANCE MONITORING

**Reporting Form**

**Outreach site** .......................................................... **Review Period** ..........................................................

<table>
<thead>
<tr>
<th>1a</th>
<th>Number of patients who had CD4 results in the review period compared to the total number sampled</th>
<th>Qn 1a.1 = Yes</th>
<th>B</th>
<th>CD4 Monitoring</th>
<th>___%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of patients who had CD4 results in the review period compared to the total number sampled</td>
<td>Qn 1a.1 = No</td>
<td>C</td>
<td>A – B</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of patients without CD4 results</td>
<td>Qn 1a.1.2 = Yes</td>
<td>D</td>
<td>TLC Monitoring</td>
<td>___%</td>
</tr>
<tr>
<td></td>
<td>Number of patients who had VL results in the review period</td>
<td>Qn 1b.1 = Yes</td>
<td>X</td>
<td>VL Monitoring</td>
<td>___%</td>
</tr>
<tr>
<td></td>
<td>Number of patients who had VL results in the review period</td>
<td>Qn 1b.1 = No</td>
<td>Y</td>
<td>A – X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of patients who visited the clinic for medical care in the last 3 months of the review period</td>
<td>Qn 1.2 = Yes</td>
<td>E</td>
<td>Continuity of Care</td>
<td>___%</td>
</tr>
<tr>
<td></td>
<td>Number of patient who had Prevention education discussed to in the last three months of the review period</td>
<td>Qn 2.1 = Yes</td>
<td>F</td>
<td>Prevention Education</td>
<td>___%</td>
</tr>
<tr>
<td></td>
<td>Number of patient who had Cotrim/ dapson prophylaxis dispensed/ prescribed to in the last three months of the review period</td>
<td>Qn 2.2 = Yes</td>
<td>G</td>
<td>Cotrim. Prophylaxis</td>
<td>___%</td>
</tr>
<tr>
<td></td>
<td>Number of patients with CD4 results less or equal to 250 or WHO clinical stage III or IV during the review period</td>
<td>Qn 1.1 = Yes or Qn 1.2.1 = Yes</td>
<td>H</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients who were on ARVs in the review period, out of those with CD4 less or Equal to 250 or WHO stage III or IV</td>
<td>Qn 3.1 = Yes</td>
<td>I</td>
<td>ART Access</td>
<td><strong>I</strong></td>
<td>____%</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Number of patients who were on ART during the review period</td>
<td>Qn 3.1 = Yes</td>
<td>J</td>
<td>ART Access</td>
<td><strong>I</strong></td>
<td>____%</td>
</tr>
<tr>
<td>Number of patients who had adherence to ART assessed out of those who were on ART</td>
<td>Qn 3.2 = Yes</td>
<td>K</td>
<td>ART Adherence Assessment</td>
<td><strong>K</strong></td>
<td>____%</td>
</tr>
<tr>
<td>Number of patients who had TB Assessment carried out in the review period</td>
<td>Qn 4.1 = Yes</td>
<td>L</td>
<td>TB Assessment</td>
<td><strong>L</strong></td>
<td>____%</td>
</tr>
<tr>
<td>Number of patients who had signs and symptoms for active TB of those assessed for TB</td>
<td>Qn 4.1.1 = Yes</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients screened for active TB using either sputum or x-ray of those with signs and symptoms to active TB</td>
<td>Qn 4.1.1= Yes Or Qn 4.1.2= Yes</td>
<td>N</td>
<td>TB Screening</td>
<td><strong>N</strong></td>
<td>____%</td>
</tr>
</tbody>
</table>

*Table 2: Performance monitoring and Reporting Form HIV outreach programmes*
2.2 Outreach staffs utilize database developed for performance monitoring of outreach HIV&AIDS activities.

Databases developed have guided easy and fast monitoring and reporting of performance of HIV&AIDS outreach activities. Some screens of the database taken are shown below in Figures 9 and 11

![Database Screen](image)

*Figure 9: HIV Performance Monitoring Database*

Figure 9 shows the database screen, where all indicators from the completed reporting form for performance monitoring of HIV&AIDS outreach activities are entered. Descriptive statistics and graphs are generated automatically and the performance Monitoring reports effectively generated at any review period.
Figure 10, below shows the screen generated for the performance monitoring report on percentage of patient who had CD4 results in the review period.

Figure 10: Sample CD4 Performance Monitoring report from Database

Reports for specific indicator and a summary report on all indicators is generated. This quickly guides the project team and clinicians on the level of performance of monitoring the HIV&AIDS clinical activities at the outreach site.

For example, a low CD4 percentage would caution the clinicians to get back to review patients’ files and those missing CD4 marked to ensure that on their date of next visit, they have CD4 requested.
2.3 Outreach staff utilize the database to plan for activities and resource allocation

Outreach staffs were able to plan for the outreach HIV&AIDS clinical activities and generate outreach activity reports with ease. See figure 11 below of the database used.

![Database Screen](image)

**Figure 11: Specific outreach patients’ Database screen**

Figure 11 shows the database screen that the Project team use to generate daily outreach activity reports, schedules, weekly and monthly plans for resource allocation and planning.

The activity reports generated relieved the outreach leaders from the manual compilation of reports, and helped the management in proper planning for outreach activities and resource mobilization.
2.4 Improved performance monitoring and reporting of outreach activities

There was significant improvement in all indicators of performance monitoring for HIV&AIDS outreach activities for the project review period January to June 2010 as reflected in the summary figure 12 below.

**Figure 12: Performance Monitoring Indicators for outreach activities before and after Project**

Figure 12 above reveals that almost 100% of all the agreed on performance monitoring indicators were reported during the project review period. All the clinical, immunological (CD4), and virological (VL) indicators for monitoring patients’ clinical status rose above 60%. The percentage of patients who had CD4 count results and Total Lymphocyte count (TLC) results in the project review period, January to June 2010 rose to 86.3% and 78.6% respectively. At least a half, (62.4%) of the patients had their Viral Load (VL) results in the project review period as opposed to none before the project.

Patients who had received at least one WHO clinical staging assessment in the last 3 months of project review period shot to 97.1% from 50%. This showed that the continuity of care (CoC) improved drastically in the outreach services operated by the Fort Portal RCE.
The percentage of patients who had HIV prevention education (PE) in the project review period rose to about 90% from 73%. Patients who had Cotrimoxazole Prophylaxis (CPT) prescribed in the project review period rose to 100%.

The percentage of eligible patients based on current WHO guidelines and receiving antiretroviral therapy (ART) in the project review period rose to about 98% from 69% before project. All (100%) patients had their antiretroviral therapy Adherence (AA) assessed in the project review period.

About 90% of patients received TB assessments (TB- A) based on TB clinical symptoms and risk factors in the project period. The percentage of patients who received Tuberculosis Screening (TB-S) significantly improved from none before to 76% in the project period.

**Objective 3: To build the capacity of the JCRC outreach team in planning and performance monitoring for outreach activities by April 2010**

**3.1 Built capacity of 10 outreach site specific staffs to monitor and report performance indicators for the HIV&AIDS outreach activities**

Five outreach site teams were mentored and coached on performance monitoring and the agreed on indicators for monitoring performance of outreach HIV&AIDS clinical activities, see figure 13

*Fig 13: M & E fellow mentoring the Health centre In-charge at the outreach site*
The outreach site-specific staffs currently ensure that the indicators are captured per specific patients reviewed. This reflects their improved skill in performance monitoring and reporting

3.2 Built capacity of clinic staffs to monitor performance of clinical HIV&AIDS activities

The clinic team of 30 staffs at Fort Portal RCE was mentored and coached on performance monitoring and reporting of HIV&AIDS clinical activities. Their skills has been reflected in the increase in percentages of patients who had CD4s, Viral loads etc done in the review period, Jan to June 2010

3.3 Evidence based interventions and expansion of the project

The regional centre of excellence utilizes performance Monitoring and reporting system to inform planning and evidence based interventions for both outreach and clinic programmes in the region. Recently, the senior management used this model to respond to a call for proposals and we expect winning the grant.

Fort Portal RCE now serves as Centre of reference for other RCES in performance monitoring of outreach programme. Other Regional Centres of Excellence of JCRC have invited the Fort Portal team to build their capacity in using this Performance Monitoring for outreach activities.
6.0 LESSONS LEARNED

For the purpose of this project, lessons learnt are the best practices achieved due to implementation of the performance monitoring project for the outreach HIV&AIDS programme in Fort Portal.

The project team learnt that performance monitoring goes beyond numbers. After establishing outreaches, performance monitoring is ensures quality of HIV&AIDS care and treatment.

Quality Performance Monitoring indicators help to ensure that the outreach programme and budget/ activity decisions both at the outreach sites and at JCRC Fort portal are as well informed as practically possible

The performance monitoring supports efficient use of organization resources; including those dedicated to performance measurement itself

The performance monitoring indicators address the information needs of the JCRC stakeholders, especially internal staffs and those at implementing outreach sites in low health facilities.

The performance Monitoring data can be used for monitoring and evaluating progress of outreach programmes to inform policy and further planning

Team work was critical in problem identification and prioritization and the achievement of project specific objectives.
7.0 CHALLENGES EXPERIENCED AND SOLUTIONS

This section describes the challenges that the project team faced during implementation and how they were overcome.

The Fellowship project was implemented amidst very busy and competing clinic and research programmes at the JCRC Fort Portal RCE. However, there was a very committed team and selfless sacrifice towards the project.

Meanwhile, there were limited financial resources towards the project. The outreach team had more expectations from us and saw the project as a solution to the decaying monitoring and reporting systems. The management of JCRC Fort Portal RCE contributed financial support to certain project activities especially, Food, transport, airtime and printing for the dissemination workshop to stakeholders in Fort Portal.

Transitioning from TREAT (Timetable for Regional Expansion of Antiretroviral Therapy) to SUSTAIN (Strengthening Uganda’s Systems for Treating AIDS Nationally) slowed the progress of some project activities. Joint Clinical Research Centre lost SUSTAIN grant to University Research Co. Ltd (URC). URC’s mandate then includes taking over the current TREAT patients and sites including outreach sites under JCRC. So this meant that we needed to transition the project to SUSTAIN team whose activities had never kicked. However the project team ensured the project was implemented before the beginning of transition period.
8.0 CONCLUSIONS, AND RECOMMENDATIONS

This section presents summary of project results as indicated above and the recommendations

8.1. CONCLUSIONS

The project, aimed at improving the performance monitoring and reporting for HIV&AIDS outreach activities. Improved performance reporting system guarantees consistent reports, excellent data -decision making process and program Monitoring & Evaluation and improvement. The improved outreach programme performance help in the Planning of outreach activities at all the sites and resource mobilization.

- The project team conducted staff and Stakeholders’ review meetings on performance monitoring and stakeholders’ workshop. A list of agreed performance monitoring indicators for the outreach activities was developed. The past six performance reports were reviewed and baseline analyses conducted to establish the baseline situation of all Performance monitoring Indicators, of which only 2% was reported, and both immunological and virological indicators for monitoring patients’ clinical status were under-monitored and reported.

- Performance monitoring and reporting form was developed as well as databases to monitor the performance. The outreach staffs completed the reporting forms and made reports for performance monitoring of outreach HIV&AIDS clinical activities.

- Databases developed have guided easy and fast monitoring and reporting of performance of HIV&AIDS outreach activities. Outreach staffs ably plan for the outreach HIV&AIDS clinical activities and generate outreach activity reports from the database with ease. The activity reports generated relieved the outreach leaders from the manual compilation of reports, and helped the management in proper planning for outreach activities and resource mobilization.

- There was significant improvement in all indicators of performance monitoring for HIV&AIDS outreach activities for the project review period January to June 2010. Almost, 100% of the performance monitoring Indicators was reported. Meanwhile, all Performance Monitoring indicators were monitored in above 75% of all patients’ files.
selected in the project review period. All the clinical, immunological (CD4), and virological (VL) indicators for monitoring patients’ clinical status rose above 60%.

- Five outreach site teams were mentored and coached on performance monitoring and the agreed on indicators for monitoring performance of outreach HIV&AIDS clinical activities. The outreach site-specific staffs currently ensure that the indicators are captured per specific patients reviewed. This reflects their improved skill in performance monitoring and reporting.

- The clinic team of 30 staffs at Fort Portal RCE was mentored and coached on performance monitoring and reporting of HIV&AIDS clinical activities. Their skills has been reflected in the increase in percentages of patients who had CD4s, Viral loads etc done in the review period, Jan to June 2010.

- The staffs gained skills and are utilizing the databases and reporting forms to monitor the performance of their HIV&AIDS clinical activities both at the RCE and at outreach sites in lower health facilities.
8.2 RECOMMENDATIONS TO (INSTITUTION, MUSPH-CDC FELLOWSHIP)

The management of Joint Clinical Research Centre needs to continue with performance monitoring for the outreach HIV&AIDS clinical activities programme. This would help to ensure that the performance indicators less than 100% are monitored and reported based on the experiences of the MUSPH-CDC Fellowship project.

JCRC management needs to actively engage in discussions with URC team, the SUSTAIN Project implementer during the transition period, towards the continuity of the performance monitoring project for the outreach HIV&AIDS clinical services.

Other JCRC centres planning to adopt this performance monitoring project for their outreach HIV&AIDS clinical activities need to consider availability of resources and committed staffs at those centres.

MUSPH-CDC Fellowship programme should consider organizing a dissemination workshop together with the fellows for the project team at the implementing site and offer certificates of attendance to the project team and other stakeholders as well.
9.0 NEXT STEPS, DISSEMINATION AND SUSTAINABILITY PLAN

9.1 Next Steps/ Way Forward

The Monitoring and Evaluation fellows will continue to actively engage the outreach sites specific staff to supporting themselves. This will be ongoing on each outreach visit day.

The Project team will continue to expand the Performance monitoring activities beyond HIV&AIDS care services to other health service delivery at these outreach sites and lower Health centres providing HIV&ART Care

The M & E fellows are currently rolling out the performance monitoring activities for outreach programmes to other four Regional Centres of Excellence of Joint Clinical Research Centre

The project team will work under the mandate of Joint Clinical Research Centre and as of July 2010, transition the HIV&AIDS care and Treatment activities to University Research Company (URC) and her partners that won the grant of Strengthening Uganda’s Systems for Treating AIDS Nationally (SUSTAIN). The project team will transition the Performance Monitoring of outreach HIV&AIDS activities to the URC once their staff are on ground.

9.2 Sustainability Plan

The structure, knowledge and skills acquired by the Fellows and the project team are a strong resource for the sustainability after the 6 months project phase. The reporting system created shall continue being in operation even after the end of the Fellowship project until any further review.

JCRC Fort Portal RCE and project team involved all its outreach site specific staff from the inception of the project to its end; a positive sign of community sustainability. Staffs have been mentored in HIV&AIDS performance Monitoring. See figure 13 above
JCRC Fort Portal RCE has a designated staff to Monitoring and Evaluation Unit, who was part of the M&E Project team. The Outreach performance monitoring process will continue as a routine within our RCE programmes. Periodic M&E review meetings will be held under the stewardship of the centre head and informed by the M&E team to scale up to other programmes of JCRC Fort Portal RCE. This team will too establish a 5% allocation of quarterly clinic budget to Performance monitoring and M&E in general.

The management of Joint Clinical Research Centre strongly supports this Performance Monitoring Project. Hence, JCRC Fort Portal RCE management is currently rolling out the project to other JCRC Regional centres of Excellence. This is great support for sustainability of the project.

**9.3 Dissemination Plan**

The results of the project were given to the SPH-CDC HIV&AIDS Fellowship Programme, Makerere University School of Public Health, Joint Clinical Research Centre Head Quarters, and the Fort Portal RCE project team remained with a copy of the project report. The findings were presented at the main dissemination workshop on August 20, 2010 organized by the SPH-CDC Fellowship programme. Then these findings were presented to JCRC Fort Portal outreach team and other Regional Centres of Excellence and the Joint Clinical Centre staff as well as the other stakeholders in Fort Portal Region. Efforts will be made to publish the project results in an appropriate Medical or Public Health journal.
References

1. Joint Clinical Research Centre, annual report 2008


APPENDICES

Appendix 1: A list of Outreach sites

1. Rutete HCIII
2. Bringing Hope Kaihura
3. Rwiiimi HCIII
4. Kibiito HCIV
5. Kicwamba HCIII
6. Kibasi HCIII
7. Katojo Prisons
## Appendix 2: Attendance list of the meeting held on 10th March 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. owor Michael</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>James Ditai</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Kaita Naome</td>
<td>Virika Hospital</td>
</tr>
<tr>
<td>Boonabaana Aisha</td>
<td>Buhinga RRH</td>
</tr>
<tr>
<td>Baguma Lillian</td>
<td>Katojo Prisons</td>
</tr>
<tr>
<td>Katto A. Sempa</td>
<td>Bukuku HCIV</td>
</tr>
<tr>
<td>Baguma Stephen</td>
<td>Buhinga RRH</td>
</tr>
<tr>
<td>Carol Turyahebwa</td>
<td>Bukuku HCIV</td>
</tr>
<tr>
<td>Sr Bena Kamara</td>
<td>Kibiito HCIV</td>
</tr>
<tr>
<td>Atuhaire Dianah</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Mable Kemigisa</td>
<td>Rwiimi HC</td>
</tr>
<tr>
<td>Kangah Mary Gorreti</td>
<td>Buhinga RRH</td>
</tr>
<tr>
<td>Agnes Rwamuhumbu</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Mugumya Richard</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Agaba Ruhweza</td>
<td>Rutete HCIII</td>
</tr>
<tr>
<td>Namanya Monic</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Sr. Rweyora Angela</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Martin Chamai</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Nicholas Kyaligonza</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Mary Kiconco</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Dr Olaro Charles</td>
<td>Buhinga RRH</td>
</tr>
<tr>
<td>Edith Birikwija</td>
<td>JCRC Fort Portal</td>
</tr>
<tr>
<td>Brenda Kirungi</td>
<td>Kijura HCIII</td>
</tr>
<tr>
<td>Deo Asiimwe</td>
<td>Kijura HCIII</td>
</tr>
<tr>
<td>Asinga Clare</td>
<td>Rwiimi HCIII</td>
</tr>
<tr>
<td>Silvester Kisembo</td>
<td>Rwiimi HCIII</td>
</tr>
</tbody>
</table>
Appendix 3: Project Log frame

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>ACTIVITIES</th>
<th>OVIs</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>MOVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Review any performance reports for the past two years from 2007 to 2008.</td>
<td># Performance Review meetings. # Performance reports</td>
<td>Average of Performance Indicators reported identified.</td>
<td>% of Performance indicators reported.</td>
<td>Review Report A list of performance indicators reported.</td>
</tr>
<tr>
<td></td>
<td>Conduct one day M&amp;E orientation workshop to review the existing HIV&amp;AIDS outreach performance indicators &amp; reported.</td>
<td>#staffs oriented in M&amp;E. #Performance indicators reviewed and reported</td>
<td>Staffs oriented in M &amp; E and Performance monitoring.</td>
<td>Improved skills and knowledge in Performance monitoring &amp; reporting</td>
<td>Workshop report</td>
</tr>
<tr>
<td></td>
<td>Conduct stakeholders meeting at any three outreach sites to share the reporting needs.</td>
<td>#of performance indicators shared with stakeholders</td>
<td>Performance indicators &amp; Reporting needs shared with stakeholders</td>
<td>Agreed on performance indicators and reporting needs</td>
<td>Minutes of meetings Attendance list</td>
</tr>
<tr>
<td>OBJECTIVE 1.2</td>
<td>ACTIVITIES</td>
<td>OVIs</td>
<td>OUTPUTS</td>
<td>OUTCOMES</td>
<td>MOVs</td>
</tr>
<tr>
<td>--------------</td>
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<td>------</td>
</tr>
<tr>
<td></td>
<td>Design specific identification Prints for Outreach programme data collection tools</td>
<td># of unique identifiers for outreach programme data collection tools printed</td>
<td>Unique identifiers for outreach programme data collection tools printed</td>
<td>Clear identity of data collection tools for Outreach programme</td>
<td>Print outs of unique identifiers.</td>
</tr>
<tr>
<td></td>
<td>Develop a simple database for outreach programme performance monitoring</td>
<td># database designed</td>
<td>Data entry screen or database developed</td>
<td>% data entered in database</td>
<td>Database/ data entry screen.</td>
</tr>
<tr>
<td>OBJECTIVE 1.2</td>
<td>ACTIVITIES</td>
<td>OVIs</td>
<td>OUTPUTS</td>
<td>OUTCOMES</td>
<td>MOVs</td>
</tr>
<tr>
<td>--------------</td>
<td>------------</td>
<td>------</td>
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<td>----------</td>
<td>------</td>
</tr>
<tr>
<td>To improve reporting of HIV &amp; AIDS outreach indicators for Outreach programme by April 2010.</td>
<td>Design reporting format</td>
<td>#of reporting formats</td>
<td>Report formats made and contents</td>
<td>Clear and complete reporting</td>
<td>A Report format</td>
</tr>
<tr>
<td></td>
<td>Develop reporting Standard Operating procedures (SOPs)</td>
<td>#of SOPs developed</td>
<td>SOPs available</td>
<td>Improved guiding system to performance reporting at the RCE</td>
<td>Hard copy of SOPs</td>
</tr>
<tr>
<td></td>
<td>Develop Reporting schedules</td>
<td>#of reporting schedules</td>
<td>Reporting schedules developed</td>
<td>Increase in performance reporting from one annual to monthly</td>
<td>Reporting schedules</td>
</tr>
<tr>
<td></td>
<td>Conduct data entry &amp; analyses and Make performance reports for the past two months</td>
<td>% performance indicator reports made</td>
<td>Data entered, cleaned and analysed for reporting</td>
<td>Improved performance reporting</td>
<td>Monthly performance reports</td>
</tr>
<tr>
<td>OBJECTIVE 1.3</td>
<td>ACTIVITIES</td>
<td>OVIs</td>
<td>OUTPUTS</td>
<td>OUTCOMES</td>
<td>MOVs</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>To build the capacity of outreach team in planning and performance monitoring for outreach activities by April 2010</td>
<td>Adopt Training Manual</td>
<td>#training manual localized for the RCE</td>
<td>Training manuals adopted by the RCE</td>
<td>M &amp; E Knowledge and skills increased among staff</td>
<td>Training manuals</td>
</tr>
<tr>
<td></td>
<td>Conduct a 3 days training for outreach staffs in report writing, Outreach Programme Performance monitoring</td>
<td>#of staffs trained</td>
<td>Outreach staffs trained in report writing, and performance monitoring</td>
<td>Increase in knowledge and skills acquired in report writing, Performance monitoring and reporting</td>
<td>Workshop &amp; activity report, Attendance list</td>
</tr>
<tr>
<td></td>
<td>Incorporate M &amp; E sessions in Continuing Medical Educations (CMEs).</td>
<td>#of M&amp;E sessions in CMEs</td>
<td>M &amp; E session conducted as CME</td>
<td>Increase in knowledge and skills among staffs in M &amp; E functions</td>
<td>CMEs list, Attendance list</td>
</tr>
<tr>
<td></td>
<td>Advocate for the use of the reporting system for planning, Implementation and reporting of performance for HIV &amp; AIDS outreach clinical activities.</td>
<td>% of staffs and stakeholders willing to use the reporting system for planning and Performance reporting</td>
<td>Dissemination stakeholders meetings held</td>
<td>Increase in the use of Performance reporting systems developed.</td>
<td>Activity reports, Performance reports</td>
</tr>
</tbody>
</table>
Appendix 4: Slides used at Dissemination workshop