STRENGTHENING THE MONITORING AND EVALUATION SYSTEM OF HIV AND AIDS PROJECTS IN CHILDFUND UGANDA

BY

MICHAEL EDIAU

BEH, MPH

(MAK-SPH-CDC HIV and AIDS FELLOW)

MARCH 2012
Declaration
I hereby declare that, to the best of my knowledge, this programmatic activity report titled ‘Strengthening the Monitoring and Evaluation System of HIV and AIDS Projects in ChildFund Uganda’ is my original work and has never been submitted to Makerere University School of Public Health HIV and AIDS Fellowship Program or any other institution of learning for any academic/ and fellowship award or publication. Therefore I hereby submit it in partial fulfilment of the requirement of completion of the long term fellowship training of Makerere University School of Public Health-CDC HIV and AIDS Fellowship Program

Signed…………………………...  Date…………………………………

Michael Ediau
Fellow

Signed…………………………...  Date…………………………………

Mr. George Otim
Host Institution Mentor

Signed…………………………...  Date…………………………………

Dr. Nazarius Mbona Tumwesigye
Academic Mentor
Table of contents

Declaration .......................................................................................................................... i
Acknowledgement ........................................................................................................... iv
List of acronyms ............................................................................................................... v
Definition of key terms ................................................................................................. vi
Executive summary ......................................................................................................... viii

CHAPTER ONE .............................................................................................................. 1
  1.0 Introduction ............................................................................................................. 1
    1.1 General Background ......................................................................................... 1
    1.2 Background to ChildFund Uganda HIV/AIDS response in Uganda .............. 2
    1.3 HIV/AIDS Projects’ Description ..................................................................... 3
    1.4 The monitoring and evaluation system in ChildFund .................................... 3

CHAPTER TWO ............................................................................................................. 5
  2.0 Literature review ................................................................................................... 5

CHAPTER THREE ......................................................................................................... 7
  3.0 Problem statement and Justification .................................................................... 7
    3.1 Problem statement ......................................................................................... 7
    3.2 Justification ................................................................................................... 9
    3.3 Conceptual model for strengthening of the M&E system for HIV and AIDS projects in ChildFund Uganda ......................................................... 10
    3.4 Description of conceptual model .................................................................. 11

CHAPTER FOUR .......................................................................................................... 14
  4.0 Objectives of programmatic activity ................................................................. 14
    4.1 General objective ......................................................................................... 14
    4.2 Specific objectives ....................................................................................... 14

CHAPTER FIVE ............................................................................................................ 15
  5.0 Methodology ....................................................................................................... 15
    5.1 Introduction .................................................................................................. 15
    5.2 Target population (stakeholders) for programmatic activity ...................... 15
    5.3 Approaches for achievement of programmatic activity objectives ............ 16
    5.3.1 Objective One: To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects ............. 16
5.3.2 Objective Two: To strengthen routine data collection for M&E of HIV/AIDS projects in ChildFund Uganda ................................................................. 17

5.3.3 Objective Three: To establish a web-based computerized M&E data base to aid data management and analysis for HIV/AIDS projects ........................................ 17

5.3.4 Objective Four: To design a framework to enable project teams consistently track project impact through routine documentation of case studies/ or success stories as well as best practices ........................................ 19

5.3.5 Objective Five: To promote dissemination and sharing of project progress reports among different stakeholders ............................................................ 20

5.4 Sustainability of strengthening of monitoring and evaluation system for HIV and AIDS projects ........................................................................................................ 22

5.5 Relationship between of the M&E system of HIV and AIDS projects overall M&E system for ChildFund ........................................................................................................ 23

5.6 Quality control ................................................................................................................................................................................................. 23

5.7 Ethical considerations ......................................................................................................................................................................................... 24

5.8 Dissemination of findings ................................................................................................................................................................................... 24

5.9 Limitations .............................................................................................................................................................................................................. 24

CHAPTER SIX ........................................................................................................................................................................................................... 26

6.0 Results ....................................................................................................................................................................................................................... 26

6.1 Objective One: To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects ........................................ 26

6.2 Objective Two: To strengthen routine data collection for M&E of HIV and AIDS projects in ChildFund Uganda ............................................................... 28

6.3 Objective Three: To establish a web-based computerized M&E data base to aid data management and analysis for HIV/AIDS projects ........................................ 29

6.4 Objective Four: To design a framework to enable project teams consistently track project impact through routine documentation of case studies/ or success stories as well as best practices ........................................ 31

6.5 Objective Five: To promote dissemination and sharing of project progress reports among different stakeholders ............................................................ 32

CHAPTER SEVEN ........................................................................................................................................................................................................... 33

7.1 Challenges ................................................................................................................................................................................................................. 33

7.2 Lessons Learnt ...................................................................................................................................................................................................... 33

7.3 Way forward ........................................................................................................................................................................................................ 34

References ................................................................................................................................................................................................................. 35

APPENDICES ......................................................................................................................................................................................................... 36
Acknowledgement

I would like to acknowledge my host mentors namely; Mr Simba Machingaidze, Mr George Otim and Mrs Penninah T. Kyoyagala for the support and guidance that they gave me in carrying out this programmatic activity. In the same way, I would also like to extend my special thanks to Dr. Nazarius Mbona Tumwesigye (academic mentor) for the valuable efforts and time he spent in guiding and supporting me in designing and executing this programmatic activity. My mentors (both academic and host mentors) have read this programmatic activity report and cleared it for submission. I thank them for that. Special thanks also go to my roving mentors, Dr Olico Okui for the time he committed in guiding me.

In a very special way, I would like to thank CDC for the support provided to me in different ways including financial.

I also would like to extend my sincere thanks to the management and entire staff of the MakSPH-CDC HIV and AIDS Fellowship program for the support of every kind that was rendered to me during the development and implementation of this programmatic activity.

My special gratitude also goes to the entire staff team including senior management of ChildFund Uganda for support which they have given me in one way or the other. I would like to convey my sincere thanks to my Fellow-Fellows for the words of encouragement that we have shared in this period of proposal development as well as implementation of the programmatic activity.

I would like to thank the almighty god for the blessings that enabled to complete the fellowship program. Lastly but not least, my special appreciation goes to my family (parent, brothers and sisters) for the words of encouragement and prayers that they gave me during the entire two years of the fellowship.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CSP</td>
<td>Country Strategic Plan</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KOICA</td>
<td>Korean International Corporation Agency</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MakSPH-CDC</td>
<td>Makerere University School of Public Health – Centre for Disease Control and Prevention</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health (Uganda)</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission of HIV</td>
</tr>
<tr>
<td>UAC</td>
<td>Uganda AIDS Commission</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>VHT</td>
<td>Village Health Team</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Definition of key terms

Effectiveness: A measure of the extent to which a project attains its objectives at the goal or purpose level; i.e. the extent to which a development intervention has attained, or is expected to attain its relevant objectives efficiently and in a sustainable way.

Efficiency: A measure of how economically inputs (funds, expertise, time, etc.) are converted into outputs.

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

Evaluation: A systematic (and as objective as possible) examination of a planned, ongoing or completed project. It aims to answer specific management questions and to judge the overall value of an endeavour and supply lessons learned to improve future actions, planning and decision-making. Evaluations commonly seek to determine the efficiency, effectiveness, impact, sustainability and the relevance of the project or organisation’s objectives.

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

Impact: The changes in the lives of rural people, as perceived by them and their partners at the time of evaluation, plus sustainability-enhancing change in their environment to which the project has contributed. Changes can be positive or negative, intended or unintended.
**Indicator:** Quantitative or qualitative factor or variable that provides a simple and reliable basis for assessing achievement, change or performance. A unit of information measured over time that can help show changes in a specific condition.

**Input:** The financial, human and material resources necessary to produce the intended outputs of a project.

**Outputs:** The tangible (easily measurable, practical), immediate and intended results to be produced through sound management of the agreed inputs.
Executive summary

Introduction: A strong and functional HIV M&E system is essential in providing data for monitoring and evaluation as well as improving decision making in the HIV and AIDS epidemic response. Following the expansion of ChildFund Uganda HIV and AIDS interventions, there has been an increasing need to ensure effective and efficient services delivery and accountability of these interventions and resources.

This report therefore shows the gaps in the M&E system of HIV and AIDS projects in ChildFund Uganda, conceptualization of proposed interventions, and processes that were undertaken to address the identified gaps. It also shows the achievements registered, challenges encountered, lessons learnt and the way forward as registered in the implementation of the programmatic activity: “Strengthening the Monitoring and Evaluation System for HIV/AIDS Projects in ChildFund International”

Problem statement and Justification: The monitoring and evaluation system for HIV/AIDS projects in ChildFund Uganda was weak and needed strengthening. Most notably; some set project indicators were not standardized or in line with ministry of health indicators, ChildFund Uganda also had inadequate tools for collecting some health facility data, as well as community generated project data. Data was not routinely collected, compiled, stored, analyzed with project stakeholders. These gaps were highlighted in different M&E performance review meetings as well as in the ChildFund Uganda HIV and AIDS strategic plan. As a result such data was not effectively utilized to track and measure performance as well as inform program improvement, learning and decision making. All these gaps were despite efforts put in place by ChildFund Uganda to improve the M&E system. This programmatic activity therefore focused on strengthening the M&E system for HIV/AIDS projects in ChildFund Uganda by addressing the identified gaps.

Objectives: The specific objectives which guided the programmatic activity included:
1) To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects, 2) To strengthen routine data (quantitative) collection for M&E of HIV and AIDS projects in ChildFund Uganda, 3) To establish a
web-based computerized M&E data base to aid data management and analysis for HIV/AIDS projects, 4) To design a framework to enable project teams consistently track project impact through routine documentation of case studies/ or success stories as well as best practices and 5) To promote dissemination and sharing of project information reports and other M&E related data among different stakeholders.

Methodology: The programmatic activity was implemented at ChildFund Uganda. The MakSPH-CDC HIV/AIDS Fellow led in the management and day to day running of this programmatic activity implementation.

To achieve the specific objectives, a series of tasks were held which included: stakeholder consultative and performance review meetings, documents review, standardization of program outputs, outcomes and indicators, designing and setting up a web-linked data base, data collection and entry, stakeholders training, routine data collection entry (into a web-based data base) as well as analysis.

Achievements/ Results: The achievements registered in the implementation of the programmatic activity included: harmonization of intervention logic like: outputs, outcomes, indicators, targets, tools and as well as the entire M&E framework. A structured query language (SQL) web-linked computerized data-base was designed and set up, this is now functioning. The server for the data base is based at ChildFund Uganda national office but is accessed by field staff by use of user names and passwords. Each Project Officer (field based) is able to login, enter, edit and analyze their respective data. A field officer can however only view data from a different project sight. At national level however, the M&E Coordinator and the Fellow who is also the Project Coordinator has full access to all the data (from all field areas). Stakeholders/ staff were trained on different aspects of M&E system like use of tools and data base management. Routine data collection, entry, analysis and presentation was performed. Project review and dissemination meetings were conducted with stakeholders and used to improve project performance.

Challenges: Other competing demands, among some stakeholders limited their participation and involvement in the programmatic activity. This was however addressed by involving all relevant stakeholders right from the design of the programmatic activity proposal to implementation. The funding for the programmatic
activity was limited and therefore could not cater for some of activities. This was however addressed sourcing for supplementary funding specifically in the project budgets.

**Lessons Learnt:** Involving different stakeholders from the design stage to implementation ensured full participation, ownership and sustainability of the programmatic activity. Making the M&E system more user friendly system motivates project staff and other stakeholder to use it. Flexibility by project stakeholders like: project management team and the donors was significant in ensuring that results of the project M&E were utilized to improve program performance given that this required revising some project plans to take care of new changes based on the M&E results.

**Way forward:** As a way forward, ChildFund Uganda should continue to ensure sustainability of these programmatic activity interventions. This can be done by continued allocation of sufficient resources to support these activities as well as identifying an M&E focal person in each of the Area. This programmatic activity should be reviewed by ChildFund Uganda and best practices replicated in other projects as well.
CHAPTER ONE

1.0 Introduction

1.1 General Background

There are constant and growing pressures on organizations around the world to be more responsive to demands from internal and external stakeholders for good accountability and transparency, greater development effectiveness and delivery of tangible results (Görgens and Kusek, 2010). Non-Governmental organizations, civil society, international organizations and donors are all stakeholders interested in better performance. As demands for greater accountability and results have grown, there is an accompanying need for useful and usable results-based monitoring and evaluation systems to support the management of programs and policies (Görgens and Kusek, 2010).

International Fund for Agricultural Development (IFAD), (2007) defined a monitoring and evaluation system as the set of planning, information gathering, synthesis, reflection and reporting processes, along with the necessary supporting conditions and capacities required for the M&E outputs to make a valuable contribution to project decision-making and learning (IFAD, 2007).

According to UNAIDS a complete and functional HIV and AIDS program monitoring and evaluation system consists of 12 components which include; 1) Organisational structures with HIV M&E Unit 2) Human capacity for HIV M&E 3) HIV M&E partnerships 4) HIV M&E plan 5) Costed HIV M&E work plan 6) Advocacy, communications and culture for HIV M&E 7) Surveys and surveillance 8) Routine programme monitoring data 9) Supportive supervision and data auditing 10) HIV database 11) HIV evaluation, research and learning and 12) Using data for decision making (UNAIDS, 2009).

According to the Uganda AIDS Commission (UAC), the current status and trends of the HIV/AIDS epidemic pose significant challenges to the country (Uganda), particularly for designing, implementing and supporting an appropriate response to the disease (UAC, 2006). To effectively address the identified challenges in
HIV/AIDS epidemic response UAC identified monitoring and evaluation (M&E) system strengthening as a core component of strengthening systems for the delivery of HIV and AIDS services (UAC, 2008).

WHO states that accurately measuring the success of HIV/AIDS initiatives and improving program performance is predicated on functional and strong M&E systems that produce quality data (WHO, 2007). The Joint United Nations Program on HIV/AIDS (UNAIDS) also states that a functional HIV M&E system is important for it provides essential data for monitoring and evaluating the epidemic and improving the response. Specifically, M&E data in this case are vital for: guiding the planning, coordination, and implementation of the HIV response, assessing the effectiveness of HIV programmes and identifying areas for programme improvement, ensuring accountability to those infected or affected by HIV and AIDS, as well as to those providing resources (UNAIDS, 2009).

1.2 Background to ChildFund Uganda HIV/AIDS response in Uganda
ChildFund Uganda is part of ChildFund international that focuses on child development and has been operating in Uganda for the past 32 years. ChildFund is currently operating in over 36 districts distributed in Eastern, North Eastern, Northern, Mid Western and Central Uganda. It implements both development and humanitarian programs which include among others; maternal and child health, HIV and AIDS, livelihood and food security, nutrition, early childhood care and development, supporting education of vulnerable children and youth development programs.

ChildFund Uganda recognizes that children are among the groups most affected by HIV and AIDS. ChildFund also recognizes that children are often the most overlooked with regard to interventions aimed at preventing HIV and mitigating its impact (ChildFund Uganda, 2008). In an endeavour to ensure that children are adequately reached with HIV and AIDS interventions, ChildFund Uganda embarked on the process of strategic planning which among others includes clearly assessing the different departments/functions and indicating gaps that need to be addressed. M&E was specifically identified as one of the areas which needed improvement (ChildFund Uganda, 2008).
1.3 HIV/AIDS Projects’ Description

ChildFund Uganda in partnership with Baylor Uganda is currently implementing two HIV/AIDS projects which cover five districts of Kaberamaido, Busia, Masindi, Agago and Kitgum. The projects are funded by the Korean Government through her development agency, Korean International Corporation Agency (KOICA), and Elton John AIDS Foundation (EJAF). The projects for which implementation commenced in 2010 focus on improving the care of children infected and affected by HIV/AIDS in the target districts.

The projects were in response to the situational assessment findings which revealed inadequate access to paediatric HIV/AIDS services in those target districts. The key intervention areas of the two HIV/AIDS projects are promoting Prevention of Mother to Child Transmission of HIV (PMTCT) and improving access to paediatric HIV/AIDS treatment and care. These are delivered through the existing health system which includes both health facility and community structures. In this particular case services delivery is done through (public) health facilities which range from health centre III (HC III) to district referral hospital. Community structures include mainly village health teams (VHTs).

1.4 The monitoring and evaluation system in ChildFund

ChildFund Uganda made some efforts to establish a monitoring and evaluation system for overall programs. Monitoring and evaluation is a function of management at ChildFund Uganda. It is a direct responsibility of a Monitoring and Evaluation Coordinator. The monitoring and evaluation system however required strengthening in order to bridge the identified gaps.

In the recent past ChildFund Uganda expanded its HIV and AIDS programming. As a result, the organization was facing a challenge of ensuring an effective and comprehensive M&E system to strengthen its response to HIV and AIDS pandemic. For example project facility based data was generated/collected at supported health facilities but not routinely captured, stored and analyzed by ChildFund Uganda to inform project performance measurement and decision making.

These weaknesses in the M&E system therefore meant lack of data needed to guide programming, coordination, and implementation of the program interventions. It also
affected assessment of effectiveness of programs and accountability to stakeholders. This implied that ChildFund was not able to ascertain the weaker areas that needed improvement, track program effectiveness and efficiency as well as impact. As a response therefore, ChildFund Uganda decided that the focus of this programmatic activity was to strengthen the M&E system of the HIV/AIDS projects which eventually contributed to strengthening of the entire M&E system.
CHAPTER TWO

2.0 Literature review
Programmes for the prevention of HIV infection in infants and young children are gaining increased commitment and support (WHO, 2004). Many countries are expanding their programmes in response to the growing HIV/AIDS pandemic. Such programmes are expensive and represent a major commitment of funds and energy in the countries concerned. It is clearly necessary to set standards for monitoring and evaluating these programmes at the national level and for assuring that the investments are yielding the greatest possible benefit (WHO, 2005).

According to WHO (2009) a recent substantial increase in international funding for health has been accompanied by increased demand for statistics to accurately track health progress and performance, evaluate impact, and ensure accountability at country and global levels. The use of results-based financing mechanisms by major global donors has created further demand for timely and reliable data for decision-making (WHO, 2009). The purpose of measuring program success is to help determine which service areas are working well and should be continued and which operations need to be improved (Judice, 2007).

With the dramatic expansion of HIV programs in resource-limited settings, the need for monitoring and evaluation initiatives has also increased (Nash, et al, 2009). A monitoring and evaluation system has been as a set of planning, information gathering, synthesis, reflection and reporting processes, along with the necessary supporting conditions and capacities required for the M&E outputs to make a valuable contribution to project decision-making and learning (IFAD, 2007). M&E systems are ideally a cornerstone of HIV and AIDS services, providing aggregate data to inform national programs and priorities while guiding the delivery of high-quality prevention, care, and treatment (Nash, et al, 2009).

WHO states that an increasing number of stakeholders, including global health partnerships, bilateral donors, UN agencies, and academic institutions are involved in health-related monitoring and evaluation (M&E). Activities include the financing of monitoring and evaluation systems strengthening, and the development of frameworks, standards, tools and methods for data generation, collection,
compilation, analysis and dissemination. Data are used to enable monitoring of progress towards targets, results-based funding, and evaluation of large-scale programmes (WHO, 2009).

In its strategic planning process, ChildFund Uganda identified M&E and documentation as some of the weak areas in its HIV/AIDS programming (ChildFund Uganda, 2008). There have been common challenges to M&E systems used in the rapid scale-up of HIV services as well as innovations that may have relevance to systems used to monitor, evaluate, and inform health systems strengthening. These challenges include; web-based applications with decentralized data entry and real-time access to summary reporting; timely feedback of information to site and district staff; site-level integration of traditionally program area indicators; longitudinal tracking of program and site characteristics; geographic information systems; and use of routinely collected aggregate data for epidemiologic analysis and operations research (Nash et al, 2009).

Study findings by Nash et al (2009) further revealed that the common weak link of M&E systems is their failure to provide timely and useful feedback to site-level staff, district managers, program implementers, and other stakeholders in the form of information that enables the continuous improvement of quality, scale, access, equity, and impact. They further stated that with HIV programmatic scale-up still in its early stages, it is especially important for routinely collected M&E data to be used for epidemiologic analysis and operations research aimed at improving programs. Rapid analyses are particularly useful to ensure that program design and service delivery are evidence informed (Nash et al, 2009). There are major gaps in data availability and quality. Many developing countries face challenges in producing data of sufficient quality to permit the regular tracking of progress in scaling-up health interventions and strengthening health systems. Data gaps span the range of input, process, output, outcome and impact indicators (WHO, 2009). WHO on the other hand notes that harmonizing indicators and methods for M&E programmes as much as possible, duplicated reporting can be avoided and more time can therefore be spent on the delivery of vital services (WHO, 2005).
CHAPTER THREE

3.0 Problem statement and Justification

3.1 Problem statement
In the year 2008, ChildFund Uganda recognized monitoring and evaluation as one of the key areas in HIV and AIDS programming that need to be improved. As the HIV and AIDS epidemic evolves, ChildFund Uganda’s response is also evolving to match the emerging challenges and complexities of the epidemic. This therefore demands a sound monitoring and evaluation system to track performance of its programs and assess their effectiveness, ensure accountability for resources, enhance cohesion and inform programming (ChildFund Uganda, 2008).

The monitoring and evaluation system for HIV and AIDS projects in ChildFund Uganda was inadequate. Although in the HIV and AIDS projects, supported district health facilities use Ministry of Health (MoH) approved tools for capturing and storage of projects’ facility based data, some project indicators were not harmonized with such MoH tools. ChildFund also lacked tools for collecting some facility and community based data. Data was not routinely collected, compiled, stored, analyzed and shared by ChildFund Uganda and project stakeholders. As a result such data was not effectively utilized to track and measure performance as well as inform program improvement and learning.

ChildFund Uganda has made some efforts to improve its monitoring and evaluation system. A monitoring and evaluation unit was established, one M&E staff recruited, M&E incorporated in the projects budgets, some few staff were also trained in project monitoring and evaluation, some HIV and AIDS project data was collected and compiled although not regularly/ routinely. A monitoring and evaluation framework for one HIV and AIDS project was developed. This M&E plan however was not implemented and did not take care of other HIV and AIDS projects. Efforts were also put in to sharing project results with some stakeholders although not regularly. Despite these attempts by ChildFund Uganda to improve its project monitoring and evaluation system there were however some gaps which continue to compromise effectiveness of the M&E system.
As implementation of the HIV and AIDS projects gained momentum in different districts, it was becoming increasingly important for management which was responsible for coordination and implementation of the project interventions at different levels to be able to report accurate, timely, and comparable data to relevant stakeholders to meet the increasing demand for this project information and for decision making. There was also a need to be more accountable and streamline roles and responsibilities of different stakeholders in the project implementation. This called for a well coordinated, interlinked (with a web-linked data-base for data storage) functional and sound M&E system that allows them to effectively assess how well project interventions are contributing to achieving the set goals and objectives in the target population in a more coordinated manner.

This programmatic activity therefore focused on strengthening the M&E system of HIV and AIDS projects so as to address the identified gaps. The programmatic activity specifically focused on; reviewing the existing M&E framework to incorporate other HIV and AIDS project, strengthening routine quantitative data collection, management and analysis. The programmatic activity strengthened tracking of project impact through routine documentation of project related case-studies; success stories as well as lessons learnt and best practices. It served to strengthen dissemination of project related information and evidence based decision making.
3.2 Justification
ChildFund Uganda is expanding its programming to significantly contribute to the fight against HIV and AIDS and its effects in the target communities/populations. This makes the need to establish whether set outcomes and other targets are being realised as well as ensuring accountability for funding and results reported increasingly important.

These projects have set goals and objectives as well as targets. However, how well these project objectives and targets are being achieved requires measurement through a sound monitoring and evaluation system. More to these, over the past years, there has been increasing internal and external demand for ChildFund to demonstrate impact of programme interventions.

Accurately measuring the success of these initiatives and improving Program performance is predicated on a strong M&E system that produces quality information. The focus of this programmatic activity was therefore to strengthen data collection, management including storage, analysis and dissemination as means of strengthening the M&E system for the HIV and AIDS projects in ChildFund Uganda.
3.3 Conceptual model for strengthening of the M&E system for HIV and AIDS projects in ChildFund Uganda

<table>
<thead>
<tr>
<th>Intervention areas of the programmatic activity</th>
<th>Immediate results of programmatic activity</th>
<th>Expected results of programmatic activity (also influenced by external factors as well)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ares of control</td>
<td>Immediate Outcomes (Direct)</td>
<td>Immediate Outcome (Indirect)</td>
</tr>
<tr>
<td>Inputs</td>
<td>10 Staff trained/ orient</td>
<td>Improved results tracking</td>
</tr>
<tr>
<td>Activities/ Processes</td>
<td>Web-based data base set up</td>
<td>Improved HIV and AIDS programming</td>
</tr>
<tr>
<td>Outputs</td>
<td>Project impact documentation guidelines developed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine HIV and AIDS project data collection strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strengthened M&amp;E system for HIV and AIDS projects</td>
<td></td>
</tr>
<tr>
<td>Human</td>
<td>Standardized M&amp;E framework</td>
<td></td>
</tr>
<tr>
<td>Materials</td>
<td>Standardized project activities, targets (outputs &amp; outcomes) &amp; indicators</td>
<td></td>
</tr>
<tr>
<td>Funds</td>
<td>Standardized data collection tools</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Train/ orient staff</td>
<td></td>
</tr>
<tr>
<td>Information</td>
<td>Setting up web-based data base</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Development of project impact documentation guidelines</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hold project information dissemination workshops</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>Standardized M&amp;E framework</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standardized project activities, targets (outputs &amp; outcomes) &amp; indicators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standardized data collection tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 Staff trained/ orient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Web-based data base set up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project impact documentation guidelines developed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 project information dissemination workshops</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4 Description of conceptual model

The M&E system strengthening took place at various stages in order to achieve the intended results. At input and activity level the programmatic activity had a direct control leading to the achievement of outputs. Efficient utilization of resources in implementing these activities led to high achievement at output level. While the programmatic activity significantly contributed to the achievement of set outcomes, this was influenced by other factors. The various areas on M&E system strengthening are explained below;

Inputs
In order to achieve set targets, the programmatic activity required inputs which include but not necessarily limited to;

**Human resources:** these included the web-linked data base developer, staff trainers as well as staff involved in various activities of M&E system strengthening.

**Materials:** these included items like computer, hard and software, revised/standardized data collection tools, standardized M&E plan, cameras as well as stationary and vehicles. ChildFund Uganda provided vehicles and other resources to support this programmatic activity.

**Time:** This was very important for the accomplishment of the programmatic activity. Time was set aside for implementation of this programmatic activity

**Finances:** Finances was required for all the inputs necessary for the accomplishment of programmatic activity. Financial support was obtained from MakSPH-CDC HIV and AIDS Fellowship program.

**Information:** This was specifically included information about the current HIV and AIDS projects. This was more specifically on activities, outputs, objectives, outcomes, goals as well as indicators. This was obtained from the available project
documents as well as other national HIV/AIDS documents through literature/document review.

**Programmatic activity outputs**

This programmatic activity delivered outputs which include but are not limited to the following:

- **Standardized M&E framework**: The developed M&E framework for one HIV and AIDS project was reviewed and standardized to incorporate other HIV and AIDS projects. The outputs of this process therefore was the standardized M&E plan for all HIV and AIDS projects.
- **Standardized project activities, targets and indicators**: review and align/standardise activities and targets like outputs and outcomes. Indicators were also standardized on the basis project targets like goals, objectives, outputs and outcomes.
- **Standardized data collection tools**: to be able to collect the needed data.
- **Web-based data base set up**: to strengthen data management and analysis.
- **Staff were trained/oriented**: on how to operationalize and manage the M&E system.
- **Project impact documentation guidelines developed**: to strengthen reporting on project impact.

**Programmatic Activity Outcomes**

This programmatic activity set to achieve the following outcomes;

- **Immediate outcomes**

The immediate outcomes of the programmatic activity included: strengthened routine HIV and AIDS project data collection, M&E data management and analysis strengthened. Tracking of project impact strengthened and hence improved reporting.
of project impact to stakeholders. Dissemination and sharing of project information with various stakeholders promoted.

- **Intermediate outcome**
  The intermediate outcome of the programmatic activity is a strengthened M&E system for HIV and AIDS projects.

- **Final outcomes of programmatic activity**
  These include; Improved results tracking and utilization and improved HIV and AIDS programming.
CHAPTER FOUR

4.0 Objectives of programmatic activity

4.1 General objective
To strengthen the Monitoring and Evaluation System of HIV and AIDS Projects in ChildFund Uganda.

4.2 Specific objectives
1. To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects in ChildFund Uganda

2. To strengthen routine data (quantitative) collection for M&E of HIV and AIDS projects in ChildFund Uganda

3. To establish a web-based computerized M&E data base to aid data management and analysis for HIV and AIDS projects in ChildFund Uganda

4. To design a framework to enable project teams consistently track project impact through routine documentation of case studies/ or success stories as well as best practices in ChildFund Uganda HIV and AIDS projects

5. To promote dissemination and sharing of project information reports and other M&E related data among different stakeholders
CHAPTER FIVE

5.0 Methodology

5.1 Introduction
This chapter describes the methods which were used and the key steps taken to implement and hence achieve objectives of the programmatic activity. This chapter has been presented according to objectives of the programmatic activity and other relevant sub-sections.

The programmatic activity was implemented in ChildFund Uganda. ChildFund Uganda operates in 30 districts in Uganda. This programmatic activity was however implemented in five districts (Busia, Kitgum, Agago, Kiryandongo and Kaberamaido) where HIV and AIDS projects are implemented. The coordination of the programmatic activity was at ChildFund Uganda national office (Kampala).

5.2 Target population (stakeholders) for programmatic activity
The following stakeholders were targeted or involved at various stages and activities of this programmatic activity;

- ChildFund Uganda management and staff
- District health officials (Busia, Kitgum, Agago, Kiryandongo and Kaberamaido)
- ChildFund Uganda affiliates' (Federations) staff and executives
- Health facility workers (for supported health facilities)
- Village Health Team members working with the projects
- Donors
- Other HIV and AIDS stakeholders operating in the target districts
5.3 Approaches for achievement of programmatic activity objectives

5.3.1 Objective One: To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects

In close consultation with ChildFund Uganda HIV and AIDS project staff as well M&E unit and other stakeholders the M&E framework was reviewed to incorporate other projects. More specifically, project activities, outputs, outcomes and indicators as well as data to be collected were reviewed and standardized. Some data collection tools were developed while the MoH PMTCT and EID data (monthly) reporting tool was reviewed and adopted for capturing health facility based project data. The tools were revised/developed or adopted based on the data to be collected. In order to achieve the above, stakeholder consultative meetings were held. This enabled the Fellow to generate input from various stakeholders. It also served to ensure ownership of entire process. The developed documents were then refined by the Fellow and M&E Coordinator but mainly to take care of formatting and the logical flow. This still involved some level of consultation with the project team members.

Participants during one of the review sessions
5.3.2 Objective Two: To strengthen routine data collection for M&E of HIV and AIDS projects in ChildFund Uganda

Following the successful development of the M&E data collection tools, the project team (specifically Project Officers), were oriented on the data capture tools. This mainly focused on ensuring that all Project Officers who are charged with the responsibility of collecting this data understand these tools. The Project Officers who were oriented on data capture tools were those who manage the project in the respective project districts. The orientation covered understanding the data to be collected as well as how to fill the data collection tools. An orientation meeting was held to achieve this. Following orientation of Project Officers, they (Project Officer) in turn oriented health workers on the health facility based data collection tool.

5.3.3 Objective Three: To establish a web-based computerized M&E data base to aid data management and analysis for HIV and AIDS projects

A structured query language (SQL) web based data management system was developed. This is hosted at ChildFund Uganda National Office (Kampala). This was based on the standardized data to be collected and the data collection tools. The data management system developed aimed at having an electronic system for capturing, storing and analyzing data in place. Technically qualified consultants (programmers) were hired to support in designing this web based M&E system. These were identified through ChildFund Uganda bidding/procurement procedures. Therefore to ensure that the right technically qualified consultants were hired, the Fellow worked very closely with the Information Technology (IT) Officer and the procurement committee of ChildFund Uganda.

The entire process of designing the data management system involved the Fellow working very closely with the consultants. It involved a series of meetings as well as exchanging a number of emails with the consultants. The IT Officer of ChildFund Uganda closely supported this process. To ensure that the developed data base is more appropriate to the users in the field (Project Officers), they (Project Officers) were also consulted on the appropriateness of the data base and their comments were taking into account when designing the data base.
IT Officer - ChildFund Uganda (in a green T-Shirt), data base programmer (consultant) and the Fellow in one of the data base design sessions.

Project staff were trained on how to manage the newly developed M&E web-based data base. This involved how to log on and off, data entry, and editing / cleaning, analysis and report generation.
The project team then embarked on collecting project data. In this case all health facility based data from the time project implementation started (September, 2009) up to February 2012 was collected. Date entry was performed at district level by the Project Officers who are based at the respective project districts. At national level (ChildFund National Office – Kampala), this process was closely monitored online by the Fellow, Monitoring and Evaluation Coordinator, and the Information Technology (IT) Officer. The Fellow provided support supervision to the project officers at district level to ensure a smooth flow of the exercise. After this, future data will then be collected on routine (monthly) basis. After the first round of data entry, data was analyzed to inform reporting. The project team will continue performing data analysis on routine basis as it is entered into the system.

5.3.4 Objective Four: To design a framework to enable project teams consistently track project impact through routine documentation of case studies/or success stories as well as best practices

In a consultative process, a guide for documenting project success stories, case studies and case studies was developed. Project staff were also oriented on the newly developed tool. The tool captures the demographic details of the project
beneficiaries. It also captures the state/condition of the beneficiaries before project intervention(s), what intervention were put in place by the project clearly highlighting the beneficiaries benefited. Then the changes experienced by the beneficiaries as a result of project interventions. The project teams were oriented on how to use the tool to capture the required information from beneficiaries. This was rolled out and used to routinely collect/document success stories in the project. These success stories, best practices and case studies were stored and used to inform program performance interventions as well as reporting to various stakeholders.

5.3.5 Objective Five: To promote dissemination and sharing of project progress reports among different stakeholders

Two program review meetings were held at district level. These were in Busia and Agago districts. The review meetings were attended by various project stakeholders including: Staff of ChildFund Uganda and implementing partners, donor representatives, health workers in the district, both political and administrative leaders, other HIV and AIDS actors in the districts as well as other civil society organizations, among others. In these meetings, findings from the evaluation of the KOICA project were presented/disseminated to stakeholders. The presentations comprised the project areas that worked well including key achievements and key lessons learnt and based practices, challenges, conclusions and recommendations. These were then openly discussed by all participants. Conclusions and recommendations to improve project performance were drawn and are now being implemented.
One project performance review meeting was held at national level. This involved mainly ChildFund Uganda staff both at national level and Area (Regional) level as well as the Federations (local partners) working with ChildFund Uganda. These were both program and finance staff. This meeting focused on reviewing the financial performance (expenditure) of the KOICA funded HIV and AIDS project. This was achieved by reviewing the project financial progress report. The project’s performance was compared with the donors’ expectations.
5.4 Sustainability of strengthening of monitoring and evaluation system for HIV and AIDS projects

- Implementation of this project (programmatic activity) contributes to the strengthening of ChildFund Uganda main M&E system. Therefore efforts were undertaken to ensure that it is integrated into the main M&E system. This ensures continuity (sustainability) of this HIV and AIDS M&E system strengthening.

- ChildFund Uganda staff were trained to build their capacity on different aspects relating to the M&E system strengthening. This also included areas like managing the web based M&E system data base. In this way the staff will be able to continue with the activities in this M&E system strengthening for the HIV and AIDS projects.

- ChildFund Uganda staff (including the M&E Unit) were directly involved in the development and implementation of this programmatic activity. This ensured that they are well versed with the system strengthening. It also ensured ownership of this segment of M&E system. This has been very vital for continuity of the M&E system strengthening activities hence sustainability.
The developed/ designed web-based M&E system data base is part of ChildFund Uganda information/ M&E system. It was developed with the full support of the ChildFund Uganda IT Unit. This will therefore stay even after the Fellowship attachment of the Fellow. One ChildFund Uganda staff has been identified and assigned the responsibility of continuing with the management of M&E system strengthening. Through these measures, the M&E system strengthening for the HIV and AIDS projects will be sustainable enough.

Activities in this M&E system strengthening have been incorporated in the KOICA funded HIV and AIDS project annual plans and budgets. This therefore ensures financial sustainability of this programmatic activity.

5.5 Relationship between the M&E system of HIV and AIDS projects overall M&E system for ChildFund

The HIV and AIDS projects for which the M&E system this programmatic activity seeks to strengthen were developed based on the ChildFund Uganda Country Strategic plan. The projects seek to contribute to the attainment of ChildFund Uganda strategic objectives. Similarly the M&E system for the HIV and AIDS projects feeds into the broader ChildFund Uganda M&E system. Therefore strengthening the M&E system for the HIV and AIDS projects contributes to strengthening the ChildFund Uganda capacity to achieve project and also strategic objectives.

5.6 Quality control

The data capture tools used were standardized and made applicable to all project areas. This helped in checking for consistency of data gathered from the project areas. A technical person in data-base designing was hired to support the Fellow in designing a computerized data-base for management and analysis of project data. This helped to ensure that the developed data-base is of the required quality. As a quality control measure, ChildFund Uganda staff and other stakeholders were trained in the use of data collection tools and management of data including use of data-base. The training was conducted by the IT consultant who designed the data base. The collected and entered data was checked for consistency. By doing this any identified errors were corrected. This therefore ensured clean and consistent data. Support supervision was conducted to the project Area team involved in data capturing and any related activities.
5.7 Ethical considerations
Ethical clearance to carry out this programmatic activity was sought from Makerere University School of Public Health Higher Degrees Research and Ethics Committee as well as Uganda National Council of Science and Technology (UNCST). No evasive procedures were involved in the implementation of this programmatic activity. The purpose of this programmatic activity was also explained to all relevant stakeholders including health authorities of the project areas. Confidentiality of the data compiled was and will continue to be ensured. Data was only used only for programmatic activity purposes.

5.8 Dissemination of findings
The programmatic activity findings (report) will be presented to Makerere University School of Public Health-CDC HIV and AIDS Fellowship Program in partial fulfilment of the requirement for the award of a certificate of completion of the Long Term Fellowship training. The findings (report) will also be presented to ChildFund International and her other stakeholders like donors and district health offices (project areas). The findings will also be presented both local (national) and international conferences. A manuscript will also be written out of these findings and published in a peer reviewed journal as means of disseminating to the wider audience.

5.9 Limitations
- Given that implementation of these projects has been going on for some time before implementation of this programmatic activity, some data had been collected. This is mainly in reports. Some of this data was not very consistent with the standardized tools and the developed data-base which made it difficult to capture/ enter such data in a computerized data-base. In this case only data which was consistent with the data tools and computerized data base that was entered for purpose of the programmatic activity.

- Limited interest by some stakeholders in M&E system strengthening and hence this programmatic activity was noted at some point. This was mainly due to other competing priorities. This was however countered by clearly explaining the rationale of the programmatic activity to all key stakeholder as well as involving them in various stages of the programmatic activity.
The time for implementation of the programmatic activity by the Fellow was inadequate given that the Fellowship had to end in March 2012. Competing demands from other terms of reference also affected the implementation process. The Fellow however addressed this by developing and adhering to proper plans with clear timelines. The Fellow also involved other stakeholders especially ChildFund Uganda staff to support the implementation process. That gave the Fellow some time to accomplish other terms of reference as well.
CHAPTER SIX

6.0 Results
This chapter presents achievements of the programmatic activity which focused on strengthening the M&E system of HIV and AIDS projects in ChildFund Uganda. The results of this programmatic activity are presented according to the objectives. They are therefore presented in the chronological order of the objectives.

6.1 Objective One: To review and standardize the monitoring and evaluation framework in order to incorporate more HIV and AIDS projects
The process of standardizing the monitoring and evaluation plan was conducted in a more participatory manner. This involved teams from both ChildFund Uganda headquarters (National level) and Area (Regional or district) programs working closely together. The persons involved at ChildFund Uganda national office level included: the Fellow, M&E Coordinator and Program Coordinators while at Area Office; the Area Managers and Project Officers were involved. This whole process comprised four meetings which brought on board different stakeholders including the above mentioned persons. In these meetings, the existing M&E plan was reviewed in order to incorporate other HIV and AIDS related projects. Project activities, outputs, outcomes as well as indicators were also reviewed and standardized. Based on the set indicators, the data to be collected was standardized. The tools for collecting the set project data were also developed/ reviewed and standardized. The key output of this process were a final version of the standardized M&E plan, standardized projects activities, outputs, outcomes, indicators, data to be collected as well as data collection tools. These were achieved. See below
The monitoring and evaluation framework

### ChildFund Uganda HIV/AIDS Projects’ Health Facility Data Collection Tool

(To be completed monthly)

<table>
<thead>
<tr>
<th>Section A: HIV Counselling &amp; Testing at ANC</th>
<th>Section D: Care and Testing for HIV-Exposed Infants (&lt;18 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of New ANC clients</td>
<td>1.</td>
</tr>
<tr>
<td>2. Number of pregnant women, counselled, tested, and received their HIV test results</td>
<td>1. a) Number of HIV-exposed infants (&lt;18 months) tested for HIV using DNA PCR</td>
</tr>
<tr>
<td></td>
<td>1. b) Number of HIV-exposed infants (&lt; 18 months) tested by DNA PCR within 2 months of birth</td>
</tr>
<tr>
<td>3. Number of women with known HIV (+) status before 1st ANC visit (did not test at facility that month)</td>
<td>2. a) Number of HIV-exposed infants initiated on Cotrimoxazole prophylaxis</td>
</tr>
<tr>
<td>4. Number of partners counselled, tested, and received their HIV results</td>
<td>2. b) Number of HIV-exposed infants initiated on Cotrimoxazole within 2 months of birth</td>
</tr>
<tr>
<td></td>
<td>Total HIV (+)</td>
</tr>
<tr>
<td></td>
<td>Total HIV (+)</td>
</tr>
</tbody>
</table>

The above is a sample of one of the developed data collection tools.
6.2 Objective Two: To strengthen routine data collection for M&E of HIV and AIDS projects in ChildFund Uganda

To streamline routine project data collection, a ‘data mapping plan’ was developed and shared with project stakeholders, especially Project Officers. The data mapping plan was developed based on the data to be collected.

Up to five project staff were trained on the use of data capture/ collection tools. This was done by the Fellow. Those trained were mainly Project Officers who then oriented other project stakeholders especially health workers on the use of specific tools used for collecting data from health facilities.

The above shows data collected from Lumino HC III in Busia district using the developed tool.
6.3 **Objective 3: To establish a web-based computerized M&E data base to aid data management and analysis for HIV/AIDS projects**

The structured query language (SQL) web-based data management system was developed in a more consultative manner. The developed system web-based data base system can be accessed using several computers in different locations (districts) at the same time. This therefore enables district based teams (Project Officers) to access it, enter and analyse data concurrently.

The system is protected by a username and password assigned to each Project Officer at district level. Each Project Officer (user) is able to login, enter, view, edit/ delete, manipulate and analyse data it at that level. The Project Officers can only do that for their district specific data. For data in other districts, the Project Officers other Project Officers can only view it after logging in.

At national level, the Monitoring and Evaluation Coordinator, Fellow and IT Officer have full access and rights to entire data base system. They can access the data, edit/ delete and analyse it just like the Project Officers do. They can also change the security details (usernames and passwords).

All data entered and submitted into the system is automatically saved into the server hosted at ChildFund Uganda national office in Kampala. This also has a back-up system whereby submitted/ entered data is automatically backed-up.

The data management system is in two main levels and is centrally managed. The first level is data entry (in-putting level). At this level data on various project
performance indicators/ variables is entered into the data base system. Two data entry screens have been designed. Based on the data to be entered, the user selects a specific screen.

The second level is report generation level. At this level the users are able to generate two types of reports depending on the need. These reports include: 1) standard report which shows all the data according to the respective variables and 2) the advance report that shows only the variables/ data that the user queries or analyses.

A Project Officer entering M&E data in Kiryandongo district
6.4 Objective Four: To design a framework to enable project teams consistently track project impact through routine documentation of case studies/ or success stories as well as best practices

The tool which provides guidance for documentation of project related outcomes/ impact was developed. This information is collected in form of success stories/ or case studies. The tool contains the key areas which should be focused on when documenting project related success stories/ case studies. The key areas contained in the tool include: Title of Case Study, beneficiary name and demographic characteristics, state of the beneficiary before the project intervention and how the beneficiary benefited from the project and detailed accounts of changes that occurred in the lives of project beneficiaries as a result of project interventions. Verbatim quotes from the beneficiary as well as pictures are also included. Project Officers were oriented on the tool before it was rolled out.
6.5 **Objective Five: To promote dissemination and sharing of project progress reports among different stakeholders**

Two dissemination meeting were conducted in two different districts. The districts were Busia and Agago. The meetings were attended by different project stakeholders who included: ChildFund Uganda staff, district health officials and other health workers, other NGOs operating in the districts but focusing on HIV and AIDS, and local leaders both at district and sub county levels. In these meetings, project evaluation findings were shared and discussed with stakeholders. The meetings were made more participatory which enabled the project team obtain a good feedback from various stakeholders. Feedback from stakeholders was used to re-design some components of the project including monitoring and evaluation.
CHAPTER SEVEN

7.0 Challenges, Lessons Learnt and Way Forward

7.1 Challenges

- Other competing demands, little interest in M&E as well as varying levels of understanding of M&E among some stakeholders affected their level of participation and involvement in the programmatic activity. This was however addressed by involving all relevant stakeholders right from the design of the programmatic activity proposal to implementation. Through this, they were able to appreciate the gaps in the M&E system and therefore the need to address them. This hence helped improve their interest, participation and finally ownership of the entire M&E system strengthening interventions (Programmatic Activity).

- The funding for the programmatic activity was limited and therefore could not cater for some of activities. However after clearly explaining the gaps in the M&E system different stakeholders like ChildFund Uganda management, project management teams and the donors, supplementary funding was secured in the project budgets. This on the other hand has significantly contributed to the sustainability of these programmatic activity interventions. This is because these interventions can now continue without funding from the MakSPH-CDC HIV and AIDS Fellowship program since they are included in the projects plans.

7.2 Lessons Learnt

- Involving different stakeholders right from the design stage to implementation ensured full participation, ownership and most importantly the sustainability of the programmatic activity. It also ensured adequate understanding of M & E system, application of the knowledge, appreciation of M&E function and utilization of data generated for programme quality improvement and management decision making.

- Making the M&E system more user friendly system motivates project staff and other stakeholders to use it.
• Flexibility (to changes) by project management team and the donors was vital in ensuring that results of the project M&E were utilized to improve program performance for this required revising some project plans to take care of new changes based on the M&E results.

7.3 Way forward
• ChildFund Uganda needs to continue ensuring sustainability of these programmatic activity interventions. This can be done by among other measures, continued allocation of sufficient resources to support these activities. M & E focal point person at area office level will be useful resources for replication and scale up.

• This programmatic activity should be reviewed by ChildFund Uganda and best practices replicated in other projects as well.

• Continuous mentoring of staff in M&E should be put in place in order to ensure that they are all at the required minimum level of understanding of the M&E system strengthening
References


APPENDICES

Monitoring and Evaluation Framework

Data Collection Tools
CHILD FUND UGANDA

MONITORING AND EVALUATION FRAMEWORK FOR HIV/AIDS PROJECTS

Compiled by
Michael Ediau
MakSPH-CDC HIV and AIDS Fellow

2012
# Table of Contents

List of Acronyms .................................................................................................................. 1

1.0 Background ....................................................................................................................... 2

1.1 Overview of ChildFund International HIV/AIDS response .............................................. 2

1.2 ChildFund Uganda HIV/AIDS strategic plan ................................................................. 2

1.3 Project Goal and Objectives ............................................................................................ 3

2.0 The Monitoring and Evaluation Framework .................................................................... 5

2.1 The Purpose of Monitoring and Evaluation Framework ................................................. 4

2.2 Target Audience for the M&E Framework ..................................................................... 4

2.2.1 At national level .......................................................................................................... 4

2.2.2 At district level ........................................................................................................... 5

2.2.3 At health facility level ............................................................................................... 5

2.2.4 At community level .................................................................................................... 5

2.3 Justification for the Project Monitoring and Evaluation Framework .......................... 5

2.4 Strategy for Monitoring and Evaluation Framework ..................................................... 6

2.4.1 Goal of the M&E framework ....................................................................................... 6

2.4.2 Objectives of the monitoring and evaluation framework .......................................... 6

2.4.3 Methodology of framework development .................................................................. 7

2.4.4 Coordination of monitoring and evaluation activities of the project ....................... 7

2.4.4.1 National level coordination of project monitoring and evaluation activities .......... 8

2.4.4.2 District level Coordination ..................................................................................... 8

2.4.4.3 Coordination at Health Facility and Community level .......................................... 8

2.4.4.4 Coordination of project data dissemination ............................................................ 9

2.4.5 Criteria and procedure for selecting indicators ......................................................... 9

3.0 Results framework .......................................................................................................... 11
List of Acronyms

AIDS  Acquired Immunodeficiency Syndrome
ANC  Antenatal Care
ART  Antiretroviral Therapy
CORPs  Community own Resource Persons
CYEC  Children and Youth Executive Committee
DHO  District Health Officer
DNA  Deoxyribonucleic Acid
ECCD  Early Childhood Care and Development
HCT  HIV Counselling and Testing
HIV  Human Immune Deficiency Virus
HMIS  Health Management Information System
IEC  Information Education and Communication
IGA  Income Generating Activity
KOICA  Korea International Cooperation Agency
M&E  Monitoring and Evaluation
MCH  Maternal and Child Health
MDD  Music Dance and Drama
PCR  Polymerase Chain Reaction
PEC  Parent Executive Committee
PMTCT  Prevention of Mother to Child Transmission of HIV
UNAIDS  United Nations Joint Program on AIDS
VCT  Voluntary Counselling and Testing
VHT  Village Health Team
1.0 **Background**

1.1 **Overview of ChildFund International HIV/AIDS response**
ChildFund Uganda is an International child focused development agency which has been operating in Uganda for the past 30 years. ChildFund Uganda is currently operating in over 30 districts in Uganda implementing various programs. ChildFund’s core development programs include: health (including HIV/AIDS, maternal and child health), promoting education access for needy children, livelihood improvement.

ChildFund Uganda is currently implementing two HIV/AIDS projects in different districts. One project is being implemented in partnership with Baylor Uganda. This is a four year HIV/AIDS project which is in the four districts of Busia, Masindi, Agago and Kitgum districts. The project is funded by the Korean Government through her development agency, Korean International Corporation Agency (KOICA). It focuses on improving the care of HIV/AIDS affected children in the target districts.

The other project is being implemented in Kitgum and Gulu districts and it focuses on promoting access to and utilization of maternal and child health (MCH) integrated with HIV/AIDS services. The projects are in response to the situational assessment findings which revealed inadequacy of access to paediatric HIV/AIDS and MCH services in those target districts.

The project primarily targets reaching women (both pregnant and not pregnant), children and adolescents with HIV/AIDS and MCH services. Secondary beneficiaries of the project include; Family members: i.e. parents of supported Children and other affected children in the household, local government Health Care providers, community resource persons/ village health teams (VHTs) and local leaders.

The projects which have the care, prevention and social support components of HIV/AIDS intervention as well as other components of MCH operate through the district health services delivery structures like health facilities and community own resources persons among others to deliver services to the target populations.

1.2 **ChildFund Uganda HIV/AIDS strategic plan**
ChildFund Uganda is operationalizing her current national 5 year HIV/AIDS strategic plan which runs from 2008 to 2012. This is in line with and therefore contributes to the attainment of national target set out in the Uganda national HIV/AIDS strategic
plan. The HIV/AIDS strategic plan for ChildFund Uganda sets out the following priority areas for interventions;

- Prevention
- Social support to orphans and vulnerable children
- Care and treatment
- HIV/AIDS at workplace
- Monitoring and Evaluation
- Capacity building

The objectives of the ChildFund Uganda national HIV/AIDS strategic plan include;

1. To contribute to a reduction in new incidence rate of HIV by 25% among children and youth
2. To mitigate the psychosocial and economic effects of HIV and AIDS among children and their care givers
3. To improve quality of life among AIDS-affected households through supporting livelihoods, promoting psychosocial support and promoting access to appropriate AIDS related health services and education.
4. To empower ChildFund Uganda to be a caring community that is committed to improving the quality of life for its own workforce, regardless of their HIV sero-status.
5. To provide workers with access to HIV/AIDS information and services to enable them take appropriate action to protect and care for themselves
6. To improve the quality of HIV related information collected from ChildFund project areas
7. To improve the capacity of ChildFund supported communities to design effective; and efficiently manage HIV and AIDS related interventions

1.3 Project Goal and Objectives

1.3.1 KOICA HIV/AIDS project:

Goal

The project goal is to reduce pediatric AIDS related morbidity and mortality in the target four districts (Busia, Kiryandongo, Kitgum and Agago)
Objectives

The project sets to achieve the following objectives in the four target district of Busia, Agago, Kitgum and Masindi/ Kiryandongo;

1. To increase to 100% the uptake of PMTCT services by pregnant women in need to 100% in the project areas by 2013

2. To increase to 49% the number of children enrolling into HIV care and Treatment by 2013

3. To strengthen infrastructural, logistics and human resource capacity to provide comprehensive HIV/AIDS prevention, care, treatment and support services in each of the four above stated districts.

1.3.2 MCH Project

Goal

To improve maternal & child well-being through reducing maternal and child mortality and morbidity, in the two districts of Gulu and Kitgum by 2014

1. Increase access to quality MCH-related services to marginalized groups by building the capacity of government service providers, households and community

2. Increased communities’ demand for MCH-related services through building their ability to advance their rights and advocate with key stakeholders and partner for improved MCH services

3. Promote integration of physical health, psychological and social wellbeing of mothers, adolescents and children.

The two projects seek to enhance the attainment of ChildFund Uganda national HIV/AIDS as well as other strategic plan objectives. This monitoring and evaluation framework therefore will play a vital role in the attainment of ChildFund national HIV/AIDS and other strategic plan objectives.

2.0 The Monitoring and Evaluation Framework

2.1 The Purpose of Monitoring and Evaluation Framework

The M&E framework outlines how ChildFund will track the performance of the two projects. This framework therefore provides an overview of the project’s Performance Measurement.

2.2 Target Audience for the M&E Framework

The target audience of the framework includes the following:

2.2.1 At national level

- ChildFund Uganda project team at national level like Project Coordinators (Managers), M&E Coordinator, Program Director and other ChildFund staff.
• Baylor Uganda national project team like the project Coordinator and M&E Manager among others

2.2.2 At district level
• ChildFund Area teams in the target districts like Project Officers, Area Managers and Federation Executive committees
• Baylor Uganda Officers who are directly or indirectly involved in management of this project at district level like Data Assistants
• District HIV/AIDS Focal Persons in the four districts
• DHO’s of the four target district
• District HMIS/ Biostatisticians of the four districts
• In Charges of all the supported health facilities under the project
• Other HIV/AIDS stakeholders operating in each of the four districts

2.2.3 At health facility level
Health workers in the project supported health facilities will be targeted but more specifically the;
• In Charges of Health facilities,
• HIMS Focal Persons/ Records Assistants,
• Maternity Unit In Charges
• And HIV/AIDS clinic In Charges (where applicable) among others.

2.2.4 At community level
• Village Health Team (VHT) members/ community volunteers
• Parent Executive Committees (PECs)
• Children and Youth Executive Committees (CYECs)
• Community leaders

2.3 Justification for the Project Monitoring and Evaluation Framework
As the implementation of the HIV/AIDS projects gains momentum, it is becoming increasingly important for different stakeholders responsible for coordination of the project interventions at different levels to be able to report accurate, timely, and comparable data to relevant stakeholders and for decision making. There is also a need to be more accountable and streamline roles and responsibilities of different stakeholders in the project implementation. Such information is therefore useful to understand the scale and outcome of implementation.

This M&E Framework therefore provides different stakeholders with a tool for well coordinated, interlinked and functional M&E system that that allows them to efficiently assess how well project interventions are contributing to achieving the set goal and objectives in the target districts in a more coordinated manner.
Beyond providing information for tracking and evaluating progress and impact of ChildFund response through the project, there are still a number of reasons and hence expected results that justify having a monitoring and evaluation framework for the project. These include a need for a:

- The need for a coherent and all encompassing framework to collect, collate and interpret data to monitor and evaluate the effects of project interventions
- The need for a well-coordinated framework with standardized tools and indicators to measure efforts towards attainment of project goals and objectives in areas of prevention, care/treatment and social support, and organizational capacity thereby enhancing the coordination role at national level (ChildFund and Baylor)
- The need for the national monitoring and evaluation framework to enhance the sharing and utilization of information at various levels for effective project implementation
- To enable the project generate reports (e.g. annual report) on the status of project and the organizational HIV/AIDS strategic plans and clearly identify gaps in the project interventions. This therefore enables partners to agree on strategic priorities and actions for the next year
- And therefore in general, the need to strengthen the M&E system for the project linking the two key implementing partner organizations (ChildFund and Baylor Uganda) and the funding partner, KOICA

### 2.4 Strategy for Monitoring and Evaluation Framework

This section of the framework highlights the goal, objectives of the framework and the methods of its development. It also highlights the institutional framework and structure for monitoring of project implementation, reporting levels, responsibilities and reporting channels and linkages between different stakeholders in monitoring and evaluation of the project. The strategy section also shows the coordination of monitoring and evaluation activities of the project at national, district, facility and community levels and data collection, analysis and dissemination

#### 2.4.1 Goal of the M&E framework

The goal of the M&E framework is to provide information that will enable tracking of project progress and hence informed decision making in the implementation of the project in line with approved plans and organizational (ChildFund and Baylor) strategic HIV/AIDS plans at all levels.

#### 2.4.2 Objectives of the monitoring and evaluation framework

1. To strengthen the capacity of ChildFund Uganda and target districts to collect and use data on project implementation
2. To promote equity and balance in service provision, access and utilization in the project areas

3. To identify gaps and therefore make appropriate corrective in the project intervention areas

4. To track and assess progress of the project interventions in the target area in the target districts of projects.

5. To promote utilization of monitoring and evaluation data in further explaining and guiding project interventions in the four districts

6. To promote result based monitoring and evaluation system with a strong component of community based monitoring

7. To monitor the success of the project intervention/ responses as well as identify specific successful interventions (best practices)

8. To track the implementation of project activities and therefore establish whether project objectives have been achieved in the four districts

2.4.3 Methodology of framework development
The development of the framework will be highly participatory involving different stakeholders to ensure ownership and successful implementation of the framework and its relevance to the project. The following methods will be used

- Relevant documents such as organizational HIV/AIDS strategic plan, project proposal the Uganda national strategic plan for HIV/AIDS, project baseline survey report, UNAIDS M&E indicator guide and National Performance Measurement and Management Plan for the National Strategic Plan for HIV/AIDS in Uganda, 2007/8 – 2011/2012 among others will be reviewed.

- Consultative meetings will be held with staff of ChildFund International, Baylor Uganda and other key stakeholders like health workers in the project target districts.

2.4.4 Coordination of monitoring and evaluation activities of the project
Coordination of the projects response to paediatric HIV/AIDS as well as MCH challenges in the target areas is a responsibility of ChildFund Uganda and its key partners. This will be done at different levels ranging from national to health facility and community levels. Equally, the efficient implementation of the M&E framework will also require well established coordination mechanisms at all levels of project monitoring and evaluation. It’s important to note that the effective implementation of the plan will go a long way in enhancing the overall and national level coordination role of ChildFund and Baylor Uganda. The coordination mechanisms at different levels are described below;
2.4.4.1 National level coordination of project monitoring and evaluation activities

In consultation with different stakeholders, ChildFund International and Baylor Uganda national offices will develop an M&E framework for the HIV/AIDS project. A capacity building training will be conducted for all stakeholders who will be involved in monitoring and evaluation of the project at all levels and districts. At national level the two partner organizations will also roll out the M&E framework to all the four project districts and also ensure that the framework is implemented alongside the annual project plans. This will serve to bring closely the two documents together. The direct project implementers at different levels will then be able to link the M&E framework with the project implementation plans and supervised at national level. This will promote buy-in and adherence to the two documents by all stakeholders.

ChildFund and Baylor Uganda national level teams will conduct periodic support supervision for monitoring and evaluation of the project at different lower level areas. At national level teams from the two organizations will also meet periodically (quarterly) to review the progress of project plan and M&E framework implementation.

2.4.4.2 District level Coordination

At district level, the District Health Office together with ChildFund Uganda project offices will organize and conduct district level project coordination, review meetings involving various stakeholders on quarterly basis. This will be to review project implementation progress and use lessons learnt to plan for next quarter. Quarterly monitoring plan will also be developed in such meetings.

The Project Officers with support from DHO’s office specifically district HMIS focal person (Biostatistician) in each district will be responsible for compiling data at that level. This process will be supported by Baylor Uganda regional office where the respective districts fall. In this regard the HIV/AIDS data generated in this project will be part and parcel of district health information system and the district will therefore base on it to make decisions and for planning.

2.4.4.3 Coordination at Health Facility and Community level

Health facility workers, VHTs, PEC and CYEC representatives will hold joint monthly and quarterly review meetings to track progress of the project implementation and hence achievement of results. In these meetings subsequent periodic (monthly and quarterly) community monitoring plans will be developed. Health workers will also utilize such meetings to provide support supervision to the VHTs.

Project related data generated at the respective supported health facilities will be compiled by the records/ HMIS focal persons or In Charges of the respective health facilities. These will be supported by the respective district HMIS focal persons and Baylor Uganda Data Assistants. Community health workers under the project will
also be involved in data collection at community level. The lead CHWs in the respective community levels will be responsible for coordinating this. These will be supported and supervised by the health workers in the respective supported health facilities under which catchment area community falls.

2.4.4.4 Coordination of project data dissemination

ChildFund Uganda will on quarterly and annual basis compile data on the project status using indicators outlined in this M&E framework. The quarterly and annual reports on project implementation will therefore be generated using the compiled data. These reports will then be used to improve project response and also submitted to or shared with KOICA which is funding partner of the project. The reports will also be disseminated to other project stakeholders during project reviews at district level. The reports will also be shared between ChildFund and Baylor Uganda at national level and the district health offices. The purpose of this project information dissemination to the monitoring and evaluation strategy in the project will therefore be to;

- To share data and information on the project for planning processes with different stakeholders
- To give feedback on the efforts and resources committed to the project response in the four districts and highlight key issues that still require interventions
- To increase stakeholders commitment to and involvement in the project in the respective areas/ levels
- To provide and ensure performance and transparency in the use of project funds

2.4.5 Criteria and procedure for selecting indicators

The indicators contained in this framework were carefully selected using several criteria. Baseline and target for the project are also provided in this document where necessary. The indicator selection criteria included;

- **Relevance** – in this case the indicator must be relevant to the project interventions
- **Sensitivity** – here the indicator must have the ability to easily detect change in the given outputs and outcomes of project interventions at different levels
- **Availability and inexpensiveness** – the data used to construct the indicators has to be currently available or will at least be available during project implementation i.e. when needed or necessary. The data should also be relatively inexpensive to collect and therefore fit within the project financial ability. In most cases (indicators), this data is generated during project implementation.
- **Usefulness** – the indicator should be useful measuring project achievements in the form of outputs, outcomes, objectives etc.

- **Ethical concerns** – the indicators should not require data that will involve unethical methods of collection; for example in this case methods should not lead to stigmatization of children and mothers living with HIV/AIDS. Methods should also not intrude into people’s privacy or collect information without consent of respondents.

- **Measureable and easiness of collection and analysis** – Qualitative indicators will be preferred because they are easier to collect and analyse.

- **Repeatability** – indicators should be comparable across all levels of monitoring and evaluation and overtime.

- **Validity** – the indicator must be valid i.e. measure exactly what it is intended to measure. It should measure the current project achievements and not past HIV/AIDS issues in project area.
### 3.0 Results framework

#### HIV/AIDS Project results framework

<table>
<thead>
<tr>
<th>Purpose/ Objectives</th>
<th>Activities</th>
<th>Monitoring Plan and Result Measurement Index</th>
<th>Indicator definition. Numerator/Denominator</th>
<th>Data to be collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1: To increase by 15% the uptake of PMTCT services by pregnant women in the project areas by 2013</td>
<td>Plan dissemination workshop (in each of the 4 districts)</td>
<td>Number of dissemination workshops held</td>
<td>N/A</td>
<td>• Number of dissemination workshops conducted</td>
</tr>
<tr>
<td></td>
<td>Facilitate HIV testing for all mothers attending ANC and PNC (and their infants) both during the outreaches and at health facilities.</td>
<td>Number of pregnant women counselled, tested and given results on HIV</td>
<td>N/A</td>
<td>• Number of Pregnant women tested and given results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of pregnant women who were tested for HIV and who know their results during ANC increased</td>
<td>Numerator: Number of pregnant women, counselled, tested and received their HIV test results Denominator: Total number of new Antenatal clients during that month</td>
<td>• Total number of new Antenatal clients during that month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of mothers</td>
<td>Numerator: Number of pregnant women tested HIV Positive Denominator: Total number of new Antenatal clients during that month</td>
<td>• Number of pregnant women, counseled, tested and received their HIV test results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Number of women tested and received results during PNC</td>
</tr>
</tbody>
</table>
| Procure mama-kits to be given to mothers who deliver at health facilities. This attract mothers to come for skilled attended deliveries | Number of children tested and given results on HIV | N/A | • Number of children tested and given results on HIV

- Total Number of HIV-exposed infants whose DNA PCR results were given to caregiver
- Number of exposed children whose DNA PCR results were found HIV+ |
| --- | --- | --- | --- |
| Number of mothers provided with mama-kits | Number of mothers provided with mama-kits | N/A | • Number of Mama kits delivered to the Health facilities

- Number of Mothers provided with mama kits |
| Percentage increase in mothers returning to deliver in health facilities (skilled attended deliveries) | Numerator
Number of mothers counselling, testing and given results on HIV during PNC.
Denominator
Number of mothers attending PNC | Total number of mothers delivering in Health facilities

- Total number of expected deliveries in a health facility |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Outcome Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procure and supply laboratory supplies and reagents for testing of mothers (for times of stock outs)</td>
<td>Number of health facilities supported with lab supplies</td>
<td>N/A</td>
<td>• Number of health facilities supported with lab supplies</td>
</tr>
<tr>
<td>Facilitate health workers to follow up mothers and children on/for treatment</td>
<td>Number of HIV+ children and mothers followed up</td>
<td>N/A</td>
<td>• Number of exposed children followed up</td>
</tr>
<tr>
<td>Facilitate transportation of samples for CD4 analysis (twice a month)</td>
<td>Proportion of HIV clients tested for CD4 count</td>
<td>Numerator # of HIV clients tested for CD4 and received results</td>
<td>Denominator # of HIV clients whose CD4 count was taken</td>
</tr>
<tr>
<td>Facilitate local radio talk shows on PMTCT, treatment and care for children living with HIV</td>
<td>Number of radio talk shows held</td>
<td>N/A</td>
<td>• Number of planned radio talk shows</td>
</tr>
<tr>
<td>Facilitate parents’ and children health fairs in</td>
<td>Number of parents health fairs held</td>
<td>N/A</td>
<td>• Number of planned Parent’s and children’s Health Fairs</td>
</tr>
<tr>
<td>Activity Description</td>
<td>Outcome/Target</td>
<td>Number Reached/Supported/Developed</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Support the MDD groups to develop HIV related massages packages</td>
<td>Number of MDD groups supported</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Facilitate community music, dance and drama groups to disseminate key information on HIV through MDD in the communities.</td>
<td>Number of community awareness shows staged by MDD groups</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Support the commemoration of important HIV related days like world AIDS day, national conferences on children and AIDS at both district</td>
<td>Number of HIV and AIDS important days commemorated</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

- Number of Children in the age bracket (0-18yrs) reached through Health fairs
- Number of Adults (18yrs – above) reached through Health Fairs
- Number of drama groups supported and have the capacity to develop HIV related message packages.
- Number of HIV related messages developed by the drama groups
- Number of drama groups facilitated to disseminate key information on HIV in communities
- Number of community shows staged by MDD groups
- Number of important HIV and AIDS days commemorated.
and national level.

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Indicator</th>
<th>Data</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train 30 health workers at health centers on comprehensive PMTCT including EID and Family Planning Integration.</td>
<td>Number of health workers trained on comprehensive PMTCT including EID and Family Planning Integration</td>
<td>N/A</td>
<td>• Number of the health workers planned to be trained on comprehensive PMTCT including EID and family planning integration.</td>
</tr>
<tr>
<td>Train local and religious leaders on their roles in promoting PMTCT and paediatric HIV/AIDS services uptake</td>
<td>Number of local and religious leaders trained on their roles in promoting PMTCT and paediatric HIV/AIDS services uptake</td>
<td>N/A</td>
<td>• Number of Local leaders trained on their roles in prompting PMTCT and pediatric</td>
</tr>
<tr>
<td>Facilitate health workers and local leaders to conduct community health education to promote PMTCT (Including male partner involvement)</td>
<td>Number of community health education session facilitated/ held</td>
<td>N/A</td>
<td>• Number of community health education session facilitated</td>
</tr>
<tr>
<td></td>
<td>Number of people sensitized</td>
<td>N/A</td>
<td>• Number of people sensitized</td>
</tr>
<tr>
<td></td>
<td>Proportion of male partners participating in ANC</td>
<td>Numerator</td>
<td>• Number of Partners counseled, tested and</td>
</tr>
<tr>
<td>Objective 2: To increase to 49% the number of children enrolling into HIV care and Treatment by 2013</td>
<td>Number of male partners participating in ANC/PMTCT with their pregnant wives</td>
<td>Number of male partners reached with PMTCT messages on male involvement</td>
<td>received their HIV results.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Bi-annual review meeting for local leaders, opinion leaders and health workers (in the four districts)</td>
<td>Number of review meetings held (in the four districts)</td>
<td>N/A</td>
<td>Number of review meetings held in the four districts.</td>
</tr>
<tr>
<td>Hold refresher training for 160 VHTs at sub county level</td>
<td>Number of VHT members trained</td>
<td>N/A</td>
<td>Number of VHT members trained</td>
</tr>
<tr>
<td>Facilitate transportation of samples for DNA PCR for Children below 18 months who need a specialized test to establish their HIV status</td>
<td>Number of samples tested and results returned</td>
<td>N/A</td>
<td>Number of exposed children</td>
</tr>
<tr>
<td>Number of KYCS campaigns held</td>
<td>Number of KYCS campaigns held</td>
<td>N/A</td>
<td>Number of KYCs campaigns held</td>
</tr>
<tr>
<td>Activity</td>
<td>Indicator</td>
<td>Measurement</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>&quot;campaign&quot; on bi-annual basis in all health facilities, to mobilize parents and caregivers to bring their children for HIV testing and subsequently care and treatment as appropriate.</td>
<td>Number of children tested for HIV</td>
<td>N/A</td>
<td>• Number of children tested for HIV</td>
</tr>
<tr>
<td></td>
<td>Number of mothers/caregivers who know the HIV status of their children</td>
<td>N/A</td>
<td>• Number of mothers/caregivers who know the HIV status of their children</td>
</tr>
<tr>
<td>Facilitate monthly meetings of Community Resource Persons/VHTs.</td>
<td>Number of monthly meetings held by VHTs</td>
<td>N/A</td>
<td>• Number of monthly meetings held by VHTs</td>
</tr>
<tr>
<td>Print and distribute referral tools</td>
<td>Number of health facilities supported with referral protocols</td>
<td>N/A</td>
<td>• Number of referral documents supplied to project supported health facilities</td>
</tr>
<tr>
<td>Referral of individuals testing positive for care and support services</td>
<td>Number of clients referred for care and treatment</td>
<td>N/A</td>
<td>• Number of clients referred for further clinical care and treatment</td>
</tr>
<tr>
<td>Train selected IGAs beneficiaries on IGAs selection and management</td>
<td>Number of IGA beneficiaries trained</td>
<td>N/A</td>
<td>• IGA beneficiaries' identification criteria defined.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number of IGA beneficiaries identified</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number of IGA beneficiaries trained on their selected enterprises</td>
</tr>
<tr>
<td>Action</td>
<td>Indicator</td>
<td>Data</td>
<td>Note</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Support very vulnerable families caring for children living with HIV with income generating activities (IGAs).</td>
<td>Number of vulnerable families supported with IGAs</td>
<td>N/A</td>
<td>• Number of vulnerable families supported with viable IGAs</td>
</tr>
<tr>
<td>Facilitate Extension Workers to make IGA follow up</td>
<td>Number of follow up/ monitoring visits made by extension workers to IGA beneficiaries</td>
<td>N/A</td>
<td>• Number of follow up visits to IGA beneficiaries made by the extension worker</td>
</tr>
<tr>
<td>Conduct HCT for infants during PNC</td>
<td>Number of infants tested during PNC of their mothers</td>
<td>N/A</td>
<td>• Number of infants and mothers mobilized, tested and received results during PNC</td>
</tr>
<tr>
<td>• Number of infants tested HIV + during PNC</td>
<td></td>
<td></td>
<td>• Number of infants tested HIV + during PNC</td>
</tr>
<tr>
<td>Strengthen follow up of HIV clients by VHTs</td>
<td>Number of meetings held by health workers and VHTs to strengthen follow up of HIV clients</td>
<td>N/A</td>
<td>• Number of meetings held by health workers and VHT to strengthen follow up of clients</td>
</tr>
<tr>
<td>Facilitate community groups (VHTs) to do follow up of HIV+ mothers and children in care</td>
<td>Number of HIV and AIDS clients followed up by CORPS/ expert clients</td>
<td>N/A</td>
<td>• Number of clients followed up by CORPS/ expert clients</td>
</tr>
<tr>
<td>Facilitate health workers to conduct integrated</td>
<td>Number of integrated immunization, HCT and EID</td>
<td>N/A</td>
<td>• Number of integrated outreaches planned and conducted</td>
</tr>
<tr>
<td>Objective 3: To strengthen infrastructural, logistics and human resource capacity to provide comprehensive care</td>
<td>Number of health facilities supported with data management materials</td>
<td>N/A</td>
<td>Number of data management materials supplied to supported health facilities</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Objective 3: To strengthen infrastructural, logistics and human resource capacity to provide comprehensive care</td>
<td>Number of mentorship visits made to health facilities</td>
<td>N/A</td>
<td>Number of mentorship visits made to supported health facilities</td>
</tr>
<tr>
<td>Objective 3: To strengthen infrastructural, logistics and human resource capacity to provide comprehensive care</td>
<td>Number of health workers</td>
<td>N/A</td>
<td>Number of health workers mentored on pediatric HIV/AIDS, care, logistics and records</td>
</tr>
<tr>
<td>Provision of nutrition supplements (Therapeutic food) to identified malnourished children in care</td>
<td>Number of malnourished children put on therapeutic feeding</td>
<td>N/A</td>
<td>Number of therapeutic feeding supplies made to health facilities</td>
</tr>
<tr>
<td>Training of health workers on infant and young child feeding</td>
<td>Number of health workers trained on provision of therapeutic feeding to malnourished children</td>
<td>N/A</td>
<td>Number of health workers identified and trained on therapeutic feeding</td>
</tr>
<tr>
<td>Immunization, HCT and EID outreaches for children</td>
<td>Number of children immunized during outreaches</td>
<td>N/A</td>
<td>Number of children immunized during outreaches</td>
</tr>
<tr>
<td>Immunization, HCT and EID outreaches for children</td>
<td>Number of children tested for HIV during outreaches</td>
<td>N/A</td>
<td>Number of children tested and received results during HIV outreaches</td>
</tr>
<tr>
<td><strong>HIV/AIDS prevention, care, treatment and support services</strong></td>
<td><strong>management</strong></td>
<td><strong>mentored</strong></td>
<td><strong>record management</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| Procure HIV and AIDS related drugs (including for opportunistic infections) | Percentage increase in the HIV clients put on care and treatment | Numerator  
Number of HIV client put on care and management.  
Denominator  
Number of clients who tested HIV positive | - Number of HIV client put on care and management.  
- Number of clients who tested HIV positive |
<p>| Support DHT to conduct support supervision to health facilities on project related areas | Number of support supervision visits conducted by each DHT | N/A | - Number of support supervision made by the District Health Team to the project health facilities |
| Construct and equip an ECCD centre in Kiryandongo District. | ECCD centre constructed and equipped | N/A | - Number of ECCD constructed and equipped with relevant child friendly play materials |
| Construct Drug store in Kitgum Matidi HC III | Drug store constructed in Kitgum Matidi HC III | N/A | - Number of drug store constructed |
| | Improved storage of drugs in Kitgum Matidi HC III | N/A | |</p>
<table>
<thead>
<tr>
<th>Conduct training in Logistics management for 30 health workers and District Health Team</th>
<th>Number of health workers trained in Logistics management</th>
<th>N/A</th>
<th>• Number of health workers trained in logistics management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate exchange learning visits for Project Officers</td>
<td>Number of exchange learning visits conducted by Project Officers</td>
<td>N/A</td>
<td>• Number of exchange learning visit planned.</td>
</tr>
<tr>
<td></td>
<td>Evidence of replication of lessons/ program approaches learned from exchange visits by Project Officers to improve project performance</td>
<td>N/A</td>
<td>• Number of exchange learning visit made</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Success stories from the project officers about replication approaches learnt.</td>
</tr>
</tbody>
</table>
## MCH project result framework

### Project Log Frame

<table>
<thead>
<tr>
<th>Project Objectives, Outputs, and Activities</th>
<th>Performance Indicators</th>
<th>Means or Sources of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To improve maternal &amp; child well-being through reducing maternal and child mortality and morbidity, in the two districts of Gulu and Kitgum by 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1:</strong> Increase access to quality MCH-related services to marginalized groups by building the capacity of government service providers, households and community</td>
<td>% increase in birth assisted by skilled health personnel</td>
<td>Bi-annual outcome monitoring reports</td>
</tr>
<tr>
<td></td>
<td>% Increase in immunization coverage (target will be set after the baseline)</td>
<td>Review of health centers’ records</td>
</tr>
<tr>
<td></td>
<td>80% of pregnant women attending at least 4 ANC visits (as recommended by ministry of health and WHO) (target will be reviewed after the baseline)</td>
<td>Mid-term and end of project evaluation</td>
</tr>
<tr>
<td></td>
<td>% increase in the number of severely sick children identified and referred within 24 hours by the VHTs</td>
<td>Baseline survey reports</td>
</tr>
<tr>
<td></td>
<td>60% of sample beneficiaries with knowledge of at least 2 danger signs in pregnancy and child birth</td>
<td>VHTs register</td>
</tr>
<tr>
<td><strong>Output 1.1</strong> Capacity of government (public) health care providers strengthened to provide quality MCH services</td>
<td>% increase in the number of respondents who report receiving quality services</td>
<td>Exit interview reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midterm and end term evaluation reports</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1 Hold project start-up workshops</td>
<td>Number of project start-up workshops held</td>
<td>Maternity/delivery registers</td>
</tr>
<tr>
<td>1.1.2 Provide necessary equipments for health facilities</td>
<td>Number of health centers provided with basic equipment</td>
<td>Immunization registers</td>
</tr>
<tr>
<td>1.1.3 Construct 2 maternity units in health centres (one in each of the two districts in Y1 and Y2)</td>
<td>Number of maternity units constructed</td>
<td>Support supervision reports</td>
</tr>
<tr>
<td></td>
<td>Number of incinerators constructed</td>
<td>Activity reports</td>
</tr>
<tr>
<td></td>
<td>Number of health workers trained on maternal</td>
<td>Community surveys</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Construct 2 incinerators in year 1 and 2</td>
<td></td>
</tr>
<tr>
<td>1.1.5</td>
<td>Hold training and refresher training of 20 health workers on maternal health in Y1 and 3</td>
<td></td>
</tr>
<tr>
<td>1.1.6</td>
<td>Training of 20 health workers on provision of child health care services</td>
<td></td>
</tr>
<tr>
<td>1.1.7</td>
<td>Training of 20 health workers on provision of youth/adolescent friendly health (including reproductive health) services with special focus on girls</td>
<td></td>
</tr>
<tr>
<td>1.1.8</td>
<td>Install 2 solar power system (lighting) in maternity wards in health facilities in Year 1 and 2</td>
<td></td>
</tr>
<tr>
<td>1.1.9</td>
<td>Facilitate health workers to carry out child immunization outreaches (Y1:58) (Y2:76) (Y3:72)</td>
<td></td>
</tr>
<tr>
<td>1.1.10</td>
<td>Support monthly MCH promotion meetings between VHTs and health workers</td>
<td></td>
</tr>
<tr>
<td>1.1.11</td>
<td>Support District health Office to conduct quarterly support supervision of health facilities on MCH</td>
<td></td>
</tr>
<tr>
<td>1.1.12</td>
<td>Train 20 health workers on PMTCT</td>
<td></td>
</tr>
<tr>
<td>1.1.13</td>
<td>Train 20 health workers on pediatric HIV and AIDS diagnosis and management</td>
<td></td>
</tr>
<tr>
<td>1.1.14</td>
<td>Set up and support Early Infant Diagnosis (EID) care points for HIV and AIDS in supported health center IIIs</td>
<td></td>
</tr>
<tr>
<td>1.1.15</td>
<td>Hold a refresher training for 20 health workers</td>
<td></td>
</tr>
<tr>
<td>1.1.16</td>
<td>Provide 2 water facilities to two health center</td>
<td></td>
</tr>
</tbody>
</table>

**Output 1.2**

Capacity of community health care providers strengthened to provide quality MCH services

| | % increase in VHTs with correct knowledge on management of childhood illnesses |
| | % of VHTs with correct knowledge on maternal related complications |
| | Number of health workers trained on provision of child health care services. |
| | Number of health workers provided on the provision of youth/adolescent friendly health services. |
| | Number of health centers provided with solar power systems |
| | Number of children vaccinated |
| | Number of monthly MCH promotion meetings held between VHTs and health workers. |
| | Number of support visits conducted by the DHOs office. |
| | Number of health workers trained on PMTCT |
| | Number of health workers trained on paediatric HIV and AIDS diagnosis and management |
| | Number of health centres with set up EID care points |
| | Number of pregnant mothers counselled, tested and given result on HIV status |
| | Number of health workers that attend a refresher training |
| | Number of health centers provided with water facilities. |

| (PMTCT) registers |
| Mama-kit distribution lists |
| Participants attendance lists |

23
<table>
<thead>
<tr>
<th>Activities</th>
<th>Proportion of mothers of newborns 1-2 weeks exclusively breast feeding.</th>
<th>of project evaluation reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.1 Identify and train 80 VHTs to sensitize communities and households on MCH practices</td>
<td>Number of VHTs identified and trained</td>
<td>Community survey</td>
</tr>
<tr>
<td>1.2.2 Facilitate identified and trained 80 VHTs with bicycles</td>
<td>Number of identified and trained VHT facilitated with bicycles</td>
<td>HMIS/ ANC registers</td>
</tr>
<tr>
<td>1.2.3 Provide mama-kits to attract mothers to deliver in health facilities</td>
<td>Number of mama kits distributed to targeted health centers</td>
<td>Health facility delivery register</td>
</tr>
<tr>
<td>1.2.4 Develop translate, print and disseminate IEC materials on MCH and conduct radio programmes</td>
<td>Number of IEC materials (posters) produced and disseminated.</td>
<td>Distribution list (signed) for bicycles</td>
</tr>
<tr>
<td>1.2.5 Facilitate Community and household mobilization and sensitization on MCH by VHTs</td>
<td>Number of community members sensitized on MCH (disaggregated by sex)</td>
<td>Activity reports</td>
</tr>
<tr>
<td>1.2.6 Facilitate health workers &amp; VHTs to conduct community mobilization, sensitization and review meetings with emphasis on male partner involvement</td>
<td>Number of VHTs provided with standard VHT kits</td>
<td>Payment/ facilitation lists for VHT</td>
</tr>
<tr>
<td>1.2.7 Procure standard VHT kits (bag, badge, VHT household register, IEC materials, defined essential drugs, mid arm accurate circumference measurement tape, respiratory timers for pneumonia)</td>
<td>Number of village meetings held by the VHTs</td>
<td>Copies of IEC materials</td>
</tr>
<tr>
<td>1.2.8 Facilitate 80 VHTs to conduct village meeting</td>
<td>Number of home visits conducted by VHTs</td>
<td></td>
</tr>
<tr>
<td>1.2.9 Facilitate VHTs to conduct home visit and follow-up visits</td>
<td>Number of staff trained as ToTs on MCH.</td>
<td></td>
</tr>
<tr>
<td>1.2.10 Conduct a ToT training for 10 staff</td>
<td>Number of staff houses constructed</td>
<td></td>
</tr>
<tr>
<td>1.2.11 Construct one health workers staff house in Gulu district.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Objective 2:** Increased communities’ demand for MCH-related services through building their ability to advance their rights and advocate with key stakeholders and partner for improved MCH services | % increase in access and utilization of post-natal care services (target will be set after the baseline) | Number of local community initiatives supported to advocate or lobby district duty-bearers for changes in service provision | Number of advocacy issues identified and addressed by the project | • Health center records  
• Health Management Committee reports  
• Project progress reports  
• Baseline, midterm and end of project evaluation reports |
| --- | --- | --- | --- | --- |
| **Output 2.1 Supported health centres record**  
80% reduction in absenteeism among the health workers | % reduction in absenteeism among the health workers | **Activities**  
2.1.1 Document lessons learnt, challenges and practices on MCH for advocacy  
2.1.2 Facilitate Health Management Unit Committee meetings  
2.1.3 Hold sensitization workshops for relevant local council/ community and youth leaders on advocacy  
2.1.4 Hold orientation meetings for health unit management committees on their roles on MCH  
2.1.5 Facilitate quarterly advocacy meetings with the district and sub county leadership | - Number of lessons learnt sharing forums organized.  
- Number of health unit management committee members sensitized on their roles in MCH  
- Number of local council leaders and youth leaders sensitized on MCH related advocacy issues.  
- Number of orientation meetings for health unit management committee held  
- Number of quarterly review and advocacy meetings held | • Activity reports  
• Minutes of review meetings |
| **Output 2.2 200 male partners accompany their spouses for ANC visits (the target will be set after the baseline)** | Number of male partners that accompany their spouses for ANC visits | • 48 MCH model couples identified and supported to promote/ advocate for MCH  
• Train 48 MCH model couples on MCH lobby and advocacy | • Number of MCH model couples identified and supported to promote/ advocate for MCH  
• Number of MCH model couples trained to promote/ advocate and lobby for MCH services | • Activity reports and attendance lists |
2.2.3 Support and participate in MCH related national conferences  
2.2.4 Organise joint VHT model review meetings  
2.2.5 Hold sensitization meetings for 40 community leaders on GBV

| Objective 3: Promote integration of physical health, psychological and social wellbeing of mothers, adolescents and children. |
| % reduction in teenage pregnancies in the targeted communities  
% of children 0-5 years who express joy at seeing their primary caregiver |
| Activities 3.1 | 2000 adolescents reached with information on teenage pregnancies and Adolescent Sexual Reproductive Health. |
| % of people reached with information on GBV |
| | Output 3.1 | 2000 adolescents reached with information on teenage pregnancies and Adolescent Sexual Reproductive Health. |
| | Percentage of young people reached with information on teenage pregnancies and ASRH. |
| Activities 3.1.1 Training of 40 youths/adolescent peer educators on reproductive health  
3.1.2 Facilitate peer educators to conduct peer education activities  
3.1.3 Facilitate peer educators to organise community youth health fares  
3.1.4 Establish youth community question boxes  
3.1.5 Procure 2 TV sets, deck and educative tapes to support community sensitization on RH and GBV |
| Number of youths trained  
Number of peer educators supported to conduct peer education  
Number of people reached by peer educators |
| Activity reports  
Training reports |
| Output 3.2 At least 200 high risk children provided psychosocial support (such as children born to child mothers, children leaving with elderly caregivers, children living with HIV/AIDS, Children born with special needs, children born to parents living with HIV/AIDS).  
3.2.1 Train 80 VHTs in psychosocial support |
| Number of children provided with psychosocial support  
Number of VHTs trained |
| Activity reports  
Training reports/attendance lists |
<table>
<thead>
<tr>
<th>3.2.2 Provide counselling to mothers with children 0-5 years born with special needs</th>
<th>• Number of people reached by the trained VHTs</th>
<th>• Number of mothers with children with special needs counseled</th>
<th>• Activity reports/case forms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M &amp; E Activities</strong></td>
<td><strong>Number of project reviews conducted with different stakeholders</strong></td>
<td><strong>Number of community reviews conducted</strong></td>
<td><strong>Number of child and youth reviews</strong></td>
</tr>
<tr>
<td>4.1.1 Conduct project baseline survey in Y1</td>
<td>• Baseline conducted, Midterm and end of project evaluation Conducted.</td>
<td>• Number of project reviews conducted with different stakeholders</td>
<td>• Number of joint quarterly monitoring visits conducted</td>
</tr>
<tr>
<td>4.1.2 Conduct operational research in Y2</td>
<td></td>
<td>• Number of community reviews conducted</td>
<td></td>
</tr>
<tr>
<td>4.1.3 Conduct quarterly project reviews with stakeholders like community, children and youths</td>
<td></td>
<td>• Number of child and youth reviews</td>
<td></td>
</tr>
<tr>
<td>4.1.4 Conduct project midterm evaluation in Y2</td>
<td></td>
<td>• Number of joint quarterly monitoring visits conducted</td>
<td></td>
</tr>
<tr>
<td>4.1.5 Conduct End of project review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.6 End of project dissemination workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1.7 Joint quarterly monitoring visits with district officials and other stakeholders.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline report</td>
<td>Operational research reports</td>
<td>Participants’ attendance lists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quarterly review reports</td>
<td>Mid-term and end evaluation report</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>End of project reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Joint monitoring visits reports</td>
</tr>
</tbody>
</table>
ChildFund Uganda HIV/AIDS Projects’ Health Facility Data Collection Tool

(To be completed monthly)

Instructions for completing the tool

Section A: HIV Counselling and Testing during Antenatal

Information in this section is obtained from the Antenatal (ANC) register.

A1. ‘New ANC Clients’ refers to all pregnant women coming to the health facility for Antenatal Care (ANC), for the first time during that pregnancy.

A2. Upper box refers to all pregnant women counselled, tested and given their HIV results at their first ANC visit that month. Lower box refers to number testing HIV-positive.

A3. Refers to all pregnant women tested for HIV (positives and negatives) before the 1st ANC visit—there should be documented evidence. Note that if pregnant woman previously tested HIV-negative more than 3 months earlier, then she should be re-tested.

A4. Upper box refers to all partners/spouses to pregnant women attending Antenatal Clinic (ANC) who were counselled, tested and given their HIV results at the health facility, irrespective of whether they are counselled as a couple or the male spouse was counselled alone during that month.

   Lower box refers to the partners/spouses to pregnant women who tested HIV-positive in that month.

A6. Upper box refers to all HIV-positive pregnant women assessed for ART eligibility by use of CD4 count at the health facility during that month. Lower box refers to the number of HIV-positive pregnant women who were staged clinically but not had a CD4 test.

Section B: Antiretroviral Drug Administration during antenatal period

This information is obtained from the ANC register.

B1. Refers to all HIV-positive pregnant women given AZT (Zidovudine) and given single dose Nevirapine to swallow during labour for PMTCT.

B2. Refers to all HIV positive pregnant women given AZT+3TC (combivir) and single dose Nevirapine tab (given during ANC) to be swallowed at onset of labour.

B3. Refers to all HIV positive pregnant women receiving Highly Active Antiretroviral Therapy (HAART), which is a combination of three drugs. Upper box refers to the number of positive pregnant women receiving ART as prophylaxis (CD4> 350, and stage I or II). The lower box refers to the number of positive pregnant women receiving ART as treatment for their own health (CD4< 350, or stage III or IV). Include all HIV positive pregnant women receiving ART even if they are not receiving it from that particular health facility.

B4. Refers to all HIV positive mothers receiving septrin in PMTCT setting.
Section C: Labour and Delivery Care

This information is obtained from the Maternity Register.

C1. Upper box refers to all women who have delivered. Include women received at the health facility after delivery outside the health facility [Commonly referred to as ‘BBA’ (Born Before Arrival)].

Lower box refers to all HIV-positive women who have delivered during that month.

C2. Upper box refers to all women (new clients) tested for HIV for the first time during labour and delivery at the health facility during that month. Lower box refers to all new clients testing HIV-positive during labor and delivery.

C3 a) Refers to HIV positive women delivered during that month and swallowed NVP at onset of labor, while also receiving AZT/3TC

b) Refers to all HIV positive women delivered during that month and swallowed NVP only at onset of labour during that month.

C4. Refers to all HIV positive women who have delivered and the mother has started Exclusive breastfeeding within 1 hour after delivery in the health facility during that month.

C5. Refers to all babies given NVP suspension at birth.

Section D: Testing & Care for HIV-Exposed Infants (<18 months)

All data can be obtained from either the “DBS dispatch book” or “Exposed Infant Register”

D1 Obtain this data from the “DBS Dispatch Book”

a) Refers to all children aged from 6 weeks to 18 months born to HIV-positive mothers who were tested for HIV using DNA PCR at the health facility in that month. If it’s the 1st PCR, indicate in row of 1st PCR. If it’s the 2nd PCR, indicate in row of 2nd PCR.

b) Refers to all children born to HIV-Positive mothers tested using DNA PCR at 2 month of age or below.

D2 Obtain this data from the “Exposed Infant Register”(or Postnatal register where the infant register is not available)

a) Refers to all children aged 6 weeks to 18 months born to HIV-positive mothers initiated on Cotrimoxazole prophylaxis in that month. Include even the children initiated on Cotrimoxazole during the outreaches.

b) Refers to all children born to HIV positive women initiated on cotrimoxazole prophylaxis at 2 months of age or below.

D3 Obtain this data from the “Exposed Infant Register”/Postnatal register: Refers to all HIV-exposed infants initiated or refilled NVP prophylaxis after 6 weeks of age

D4 Obtain this data from the “DBS Dispatch Book” if results documented on yellow copy, or from the “Exposed Infant Register”: Refers to the DNA PCR results received at the facility in that month from the reference lab (includes 1st and 2nd PCR results). Indicate the total results received in the upper box, and how many were positive in the lower box.

D5 Obtain this data from the “Exposed Infant Register/Postnatal register”: Refers to numbers of PCR results that were given to caretakers of the HIV-exposed infants in that month. Indicate
the total number of results given to caretakers in the upper box, and the total number of positive results given in the lower box.

D6 Obtain this data from the Pre-ART Register and verify from patient: Refers to number of HIV positive infants who were referred to the ART clinic and were enrolled into the clinic in that month

D7 Obtain this data from Exposed Infant Register/Postnatal register: Refers to HIV exposed infants having been previously tested with PCR who had a rapid test done at above 18 months of age

Section E: Post-natal Care for Mothers

All data can be obtained from the Postnatal Register

E1 a) Refers to all women newly tested and given their HIV results during PNC

b) Refers to all women newly tested during PNC who were HIV positive

E2 a) Refers to all women receiving any method of FP from the health facility. Also include those women already on FP

b) Refers to all HIV positive women receiving any method of family planning in the health facility.

Section F: Community Linkages

F1 a) Refers to number of pregnant women referred for ANC services from the community

b) Refers to number of pregnant women who were referred for ANC from community and subsequently attended ANC at the health facility

F2 Refers to number of HIV-positive mothers followed up in the community after delivery
### Section A: HIV Counselling & Testing at ANC

1. Number of New ANC clients

2. Number of pregnant women, counselled, tested, and received their HIV test results
   - **Total**
   - **HIV (+)**

3. Number of women with known HIV (+) status before 1\textsuperscript{st} ANC visit (did not test at facility that month)

4. Number of partners counselled, tested, and received their HIV results
   - **Total**
   - **HIV (+)**

5. Number of HIV (+) women assessed for ART eligibility
   - **CD4**
   - **WHO Clinical staging only**

### Section B: Antiretroviral and OI Drug Administration during ANC

1. Number of HIV (+) pregnant women given AZT and single dose NVP for PMTCT during antenatal

2. Number of HIV (+) pregnant women given AZT/3TC and single dose Nevirapine (sd NVP) only for PMTCT during antenatal

3. Number of HIV (+) pregnant women receiving HAART (Triple Therapy)
   - a) Prophylaxis, CD4 >350 (and stage I or II)
   - b) Treatment, CD4 ≤ 350 or Stage III or IV

4. Number of HIV (+) pregnant women given Cotrimoxazole prophylaxis

### Section C: Labour and Delivery Care

1. Total number of deliveries
   - **Total**
   - **HIV (+)**

2. Number of women (new clients) tested during labour and delivery
   - **Total**
   - **HIV (+)**

3. a) Number of HIV (+) deliveries received AZT/3TC and swallowed NVP during labour
   b) Number of HIV (+) deliveries swallowed NVP only during labour

4. Number of HIV (+) mothers initiating exclusive breast feeding within 1 hour after delivery

5. Number of HIV-exposed infants given NVP suspension at birth

### Section D: Care and Testing for HIV-Exposed Infants (<18 months)

1. a) Number of HIV-exposed infants (<18 months) tested for HIV using DNA PCR
   - **1\textsuperscript{st} PCR**
   - **2\textsuperscript{nd} PCR**

2. b) Number of HIV-exposed infants (< 18 months) tested by DNA PCR within 2 months of birth

3. a) Number of HIV-exposed infants initiated on Cotrimoxazole prophylaxis
   b) Number of HIV-exposed infants initiated on Cotrimoxazole within 2 months of birth

4. Number of HIV-exposed infants given or refilled NVP suspension after 6 weeks of age

### Section E: Post-natal Care for Mothers

1. a) Number of women tested and received results during PNC (new clients)
   - **Total**
   - **HIV+**

2. a) Total number of women who received any method of family planning post partum
   b) Number of HIV (+) women who received any method of family planning post partum period

### Section F: Community Linkages

1. a) Number of pregnant women identified in the community and referred for ANC

2. Number of HIV (+) lactating mothers followed up in community for infant feeding, early infant diagnosis services, or linkage into chronic HIV care

Name of reporting officer

Phone number

Date

Adopted From MoH PMTCT and EID Monthly Reporting Form
<table>
<thead>
<tr>
<th>Title of Case Study</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of the beneficiary (May not be real name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe the demographic characteristics of the beneficiary (Sex, Age, Location, etc)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe the state of the beneficiary before the project intervention. (This should be related to the project intervention or the newly registered change as a result of intervention)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe how the beneficiary came to join the project.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe the type of benefit that the beneficiary received from the project. This may be tangible benefits/ interventions like IGA's, mama kits or any other service like HIV Counseling and Testing, Health education and others</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe in detail the changes that occurred in the life of beneficiary as a result of project intervention observed above. Please ensure to quote some statements from the beneficiaries.</th>
</tr>
</thead>
</table>