

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Knowledge for success: Better services through better information</b>
Country	Rwanda
Host Name/Title:	Dr Veronicah N. Mugisha, MBChB, DPH, Mmed (Senior Monitoring and Evaluation Advisor)
Session Goal:	To discuss approaches and models to use health information, M&E and other data to make improved program planning and decisions
Learning Objectives:	<ol style="list-style-type: none"> <li>1. Describe how to share data/information effectively to promote service delivery</li> <li>2. Determine the causes/origin of data gaps in PMTCT and pediatric C&amp;T programs</li> <li>3. Share best practices in the utilization of data/information for improvement of patient care and program performance (e.g. SOC tools)</li> <li>4. Identify strategies for improving quality of data and its utilization for improving service provision and program performance</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>• Large group brainstorming</li> <li>• Small group discussion</li> <li>• Case presentations/studies (one per group) of best practices</li> <li>• Summarization</li> </ul>
Session Description :	<p><b>0-10 minutes: Introduction and short presentation</b></p> <ul style="list-style-type: none"> <li>• The participants will select an overall rapporteur for the group.</li> <li>• The host will describe the continuum of care for HIV infected pregnant women and for HIV infected pediatric patients, from as early as pre-diagnosis, to diagnosis (as HIV+), to enrollment into care, ART and subsequent follow up.</li> </ul> <p><b>10-30 minutes: Large group brainstorm</b></p> <ul style="list-style-type: none"> <li>• The Host will facilitate participants to describe how correct information and its proper utilization will impact on service delivery to the individual and the program. In addition host will focus on how and where data collection intersects with the continuum of care. More importantly, host will emphasize on data organization and visual presentation, and how it can be used for program evaluation.</li> <li>• Participants will be asked to provide concrete examples of how information (wrong, lack, non utilization) may affect the proper care and survival of the individual.</li> </ul> <p><b>30-75 minutes: Small group discussion</b></p> <ul style="list-style-type: none"> <li>• Participants will break out into 2 small groups of 5-6 people to have a more in-depth discussion about information and its impact on patient care and programs. Each small group will choose a chair and a secretary/rapporteur and will be assigned on of the following topics:</li> <li>• <b>Group 1:</b> Discuss how to use data for improving PMTCT service delivery and program performance</li> <li>• <b>Group 2:</b> Discuss how to use data for improving pediatric HIV C&amp;T service delivery and program performance.</li> </ul> <p>To structure the discussion, each group should answers the following questions:</p> <ul style="list-style-type: none"> <li>• How can data/information be used to inform service delivery?</li> <li>• What are some common information gaps and what are their causes/origins</li> <li>• Are the ICAP and/or MOH indicators enough to understand what is going well/poorly in service delivery? Do sites need additional pieces of information to interpret the results of the indicators? If yes, how can this be done?</li> <li>• What experiences/best practices do we have in the utilization of data/information for</li> </ul>

	<p>improvement of patient care and program performance in the particular area</p> <ul style="list-style-type: none"> <li>• What strategies can be used to improve quality of information/data and its utilization for improving service provision and program performance</li> <li>• What are the techniques and tools used to share data in a way that inform program?</li> <li>• What are the effective ways to foster collaboration at the central/regional level between M&amp;E and program staff.</li> </ul> <p>Each group will present at least one country experience as a model/case study of what information can do.</p> <p><b>75-90 minutes:</b></p> <ul style="list-style-type: none"> <li>• Presentation and feedback to the larger group</li> </ul>
Pre-session Activities:	<p>Participants will be given a discussion outline with the following questions that they will fill out before the session:</p> <ol style="list-style-type: none"> <li>1. At the sites supported by your program: <ol style="list-style-type: none"> <li>a. Who generates information</li> <li>b. Who handles it (manages, summarizes, stores) and how (paper tools, individual patient dossiers/cards/charts, registers, electronic databases, etc)</li> <li>c. Who uses it and for what purposes</li> </ol> </li> <li>2. What challenges have you identified in the utilization of program/patient information to improve care for the patients and or program performance</li> <li>3. What measures have you undertaken to address these challenges and what has been the impact</li> </ol> <p>Participants will be expected to come to the meeting with analyzed data on their programs (VCT/PIT, PMTCT and C&amp;T) covering several years; with additional information on actions/activities that have been implemented at particular points in time to enable the sharing of these activities on program performance. For example: if an active lost to follow up program started at point X in time, present what the situation was before and after point X.</p>

### Session Notes and Summary

**Session name:** Knowledge for success: Better services through better information

**Note taker name:** Nancy Briggs

**Major Discussion Points and/or Conclusions:**

1. M&E data should be available to programs to guide programmatic activities
2. Indicators are not enough to evaluate program and/or care quality and they should be expanded. (Indicators currently collected is not enough to monitor quality care and services. Data should be used to inform and direct National, local and program activities and policies. Data should be used to advocate for harmonization and streamlining of partner support Use identified gaps as tools to advocate for adoption of tools nationally.
3. Indicators are useful in demonstrating a programs ability to meet targets

4. M&E needs to organize and present data to facility staff regularly to help guide and inform program activities
5. Data must be accurately documented (completeness and quality of data)

**Agreed Upon Next Steps:**

- M & E needs to develop complete data tools to link mother/baby pairs
- Care and treatment services need to be linked
- Advocate to have only one partner at a site and the partner should provide both PMTCT and comprehensive services.
- Present data by thematic areas and be site specific
- Use data to identify and evaluate trends
- Institute data quality assurance at all levels (facility, Regional, National)
- Improve skills of staff in data collection
- Include M&E staff as part of MDT; site visits, regular meetings and clinical meetings

**Other Comments:**

Despite the challenges, we must remember that we are working with government who must be accommodated.