INFLUENCE OF MONITORING AND EVALUATION ON DELIVERY OF QUALITY HIV/AIDS CARE SERVICES IN COUNTY HOSPITALS: A CASE STUDY OF ISIOLO COUNTY REFERRAL HOSPITAL

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ABSTRACT

Monitoring and evaluation is a critical component in operationalizing activities to ensure transparency as well as in promoting accountability and delivery of quality HIV care service. These are also significant reasons why health services must be routinely monitored and evaluated. The purpose of this study was to establish the influence of monitoring and evaluation on delivery of quality HIV care services in county hospitals. The study was guided by the following research objectives; To determine the influence of processes analysis on delivery of quality HIV care services, to assess the influence of continuous monitoring on delivery of quality HIV care services, to determine the influence of proper documentation and data reporting on delivery of quality HIV care services and to ascertain the utilization of quality technology on delivery of quality HIV care services. The study was anchored on the theory of change and program theory. The study targeted 25 respondents, comprising multi-disciplinary health care workers providing the HIV care services at different service delivery point. The data collection tools included; Questionnaire, Observations and interviews. Descriptive research design was used in the study. Qualitative data was analyzed using descriptive statistic while qualitative data using content analysis, the content of the open finished inquiries is considered and partitioned into topics guided by the destinations of the examination. The data collected was analyzed using tables, bar graphs and pie charts. Monitoring and Evaluation parameters are crucial in providing quality HIV care services. Improving quality necessitates the application of the appropriate methods and processes to close the gap between current and expected levels as defined by the HIV quality standards. The fundamental QI activity integrates quality management tools, processes, and approaches. Monitoring and Evaluation is an important component of any program or activity that aspires to enhance and provide better health outputs and outcome. Strengthening, utilizing, and empowering M&E systems is critical for effective and efficient HIV and Health related programming. Enhanced monitoring should be integrated into quality improvement processes, and evaluation efforts for long-term sustainability of HIV care services and programming.

Key Words: Evaluation, HIV Care and services, Monitoring

I. INTRODUCTION

Monitoring and Evaluation is a cornerstone of HIV care services, guiding and strengthening the delivery of quality HIV care services. Monitoring and Evaluation is a

cornerstone of HIV care services, guiding and strengthening the delivery of quality HIV care services. Monitoring and evaluation have been depicted as a collection of interconnected pieces inside a design that fulfill a common purpose for tracking a project's execution and outcomes (Abalang, 2016). According to Pasanen and Shaxson (2016), Monitoring and Evaluation is a set of indicators, tools, processes, and people required to determine whether a program has been implemented according to plan (monitoring) and is achieving the expected outcomes (evaluation). Monitoring and evaluation have been shown to support judicious use of resources and best practices in the health sector, as well as providing early checks and balances and ensuring that a program is implemented efficiently and effectively and reaches the desired target groups (WHO, 2008).

In the health sector, M&E has been reported to facilitate the recognizable proof of center pointers along each connection in the outcomes chain, associate markers to information sources and information assortment techniques, provide devices and direction for the examination of information from various sources, and demonstrate how information can be conveyed and used to illuminate dynamic at various levels in the health system, thereby addressing the M&E needs of various stakeholders (WHO, 2009). Various authors have reported on the components that determine success in producing desired or intended results as determinants of effective monitoring and assessment. Monitoring and Evaluation are necessary at all levels and are often beneficial when carried out in a systematic manner: first, reviewing information, interaction, and yield; secondly, analyzing behavior or prompt results; and finally, surveying sickness and societal consequences.

Globally, the growth of monitoring and evaluation has been influenced by the American tradition of adopting and using monitoring and evaluation in the public and the private sectors (Basheka and Byamugisha, 2015). The American habit of accepting and using observation and assessment in people in general and in private places has had an impact on the development of M&E all over the world. As a result of this history, the American Evaluation Association (AEA) was founded, and it is now regarded as the world's mother of evaluations, with over 7300 members in the United States and over 80 countries recognizing it.

The African Evaluation Association (AFREA) is the most widely used M&E organization in Africa. It was founded in 1999 as a result of domestic and international forces arising from the rapid growth of expert assessment organizations and the widespread usage of M&E frameworks (Basheka & Byamugisha, 2015). Sector-wide approaches (SWAPs) were first implemented in the health sector of African countries in the early 1990s to satisfy the growing need for better healthcare service delivery. SWAPs were tasked with creating policy frameworks that would allow the health sector to focus on its objectives. Donors failed to follow the SWAPs principles of using recipients' M&E systems and instead employed their own planning and M&E systems several years afterwards. Many SWAP countries' M&E systems were weakened as a result of this. Global health agencies committed to reengineering M&E in 2010 by sponsoring and supporting the development of coherent M&E plans (Chan et al., 2010).

The goal of the National HIV/AIDS M&E framework is to aid in the collection, analysis, information sharing and utilization that allows routine tracking of progress in response to HIV/AIDS pandemic and improves decision making avenues. Monitoring and evaluation are integral to global HIV programming and interventions and has been a cornerstone of the President's Emergency Plan for AIDS Relief (PEPFAR). The cornerstone of a country’s response to HIV/AIDS epidemic and program is the development and utilization of effective, efficient, and appropriate M&E system. A system which is essential to make optimal utilization of resources

integrated with lessons learnt with the responses needed for scaling up of HIV/AIDS programs to achieve the desired global and national sustainable effects. (Chan Kam, Goodridge and Moodie, 2001).

Quality is among the main drivers of enhanced health results and more noteworthy productivity in health care services provision. (World Health Organization's, 2007). QI is a key and important element of the provision of HIV prevention, care and treatment services that aim to give proper monitoring and evaluation of services and a pathway for improvement. An increased demand and need for provision of quality service provision of patient care has led a number of health care to monitor and evaluate their performance and provision of services with an aim of ensuring effective delivery of HIV care services that focuses primarily and more on patient demands, needs and absolute satisfaction.

In Kenya, more emphasis has been placed on improving monitoring and assessment. Kenya developed a Monitoring and Evaluation Department (MED) in the Ministry of Devolution and Planning in 2003 to implement a government-wide monitoring and evaluation system. The MED was tasked with putting NIMES into action in order to ensure that different stakeholders are held accountable for their contributions to the Economic Recovery Strategy (ERS). Most government sectors lacked central monitoring and evaluation (M&E) systems for their programs and projects, therefore this was put in place (Republic of Kenya, 2003). The health sector has made a deliberate effort to strengthen its M&E approach, which is backed up by Kenya's 2010 constitution and subsequent devolution laws. The Kenyan constitution of 2010 establishes M&E as a critical component in operationalizing activities to ensure transparency, trustworthiness, and data accessibility, as well as in promoting accountability standards at all levels of medical care administration delivery. The Constitution also establishes monitoring and evaluation (M&E) as a key component in operationalizing activities to ensure transparency, integrity and access to information, and in promoting accountability principles at all levels of health care service delivery. These are also significant reasons why health services must be monitored and evaluated, according to the health sector M&E framework from 2014. Transparency, accountability, and public engagement are also highlighted in Articles 10 and 201 of the constitution (Republic of Kenya, 2010).

II. METHODOLOGY

The study focused on the relationship between the variables and will use descriptive research designs guided by research objectives. The descriptive research method assisted in probing certain elements of study variables by gathering information on a set of parameters for which data was desired. Descriptive research identifies and reports how things are, as well as data and features regarding the phenomenon and population under investigation. The qualitative approach was utilized to aid the researcher in translating the relationship between the inquiry components, while the quantitative approach was used to broaden the scope of proof on the subject under consideration. Inspecting the influence of monitoring and evaluation on delivery of excellent HIV treatment quality improvement programs in county hospitals: a case study of Isiolo county referral hospital, the study design is appropriate, taking into account the use of both summary statistics and bivariate correlation.

The target population for the study were HIV care multidisciplinary QI teams at the health facility drawn from the departments of Management (3), Comprehensive care clinic (13), PMTCT

HIV clinic (7), Pharmacy (1) and Laboratory (1), comprise 25 personnel in health care services delivery departments. This is on the grounds that the respondents are all in HIV care services and providing technical expertise and hands-on in-service delivery points and are important to the phenomenon under examination. The study utilized purposive testing techniques. Purposive examining includes choosing certain number of respondents dependent on the idea of their occupation. This technique was proper on the grounds in that the determination test contained educated and informed people who had fundamental information and can provide an in depth and detailed information about the phenomenon under investigation and that was complete enough to give a superior understanding into the issue.

III. RESULTS

1. Processes monitoring on delivery of quality HIV care services

About 90% of respondents agreed that there are clear guided and smart objectives guiding HIV Care quality improvement activities, with the smart objectives centered on ensuring monitoring, assessing, and improving the quality of HIV care service provision, as well as continuous and regular monitoring and evaluating the performance of systems and processes. In order to monitor and assess progress toward reaching intended goals and expected outcomes, good health care service delivery necessitates clearly specified and firm objectives. The smart objectives are used to guide the design and development of a working QI activity and aid in process analysis. A program with well-defined SMART objectives will be able to monitor progress, display outcomes, and identify opportunities and areas for improvement in a methodical, meaningful, and timely manner. They are based on the overall set of goals and the desired health outcome.
The other 10% indicated that though existing the objectives guiding the quality improvements is not clearly stated and the role of each department is not clearly defined. According to the respondents' objectives should be well-defined, and clear to the team members and to the key stakeholders and with clearly guiding roles assigned.

Table 1:
Quality Improvement Principles

Department	Focus on clients' needs and expectation	Focus on communication and feedback	Teamwork	Measurements (data)	Focus on systems and processes
Management	2	2	2	2	2
Comprehensive HIV care unit(ccc)	11	11	11	11	11
PMTCT HIV care Clinic	6	6	6	6	6
Pharmacy	1	1	1	1	1
Laboratory	1	1	1	1	1

From the table, the five quality improvement principles are applied significantly in all the departments. All the departments indicated that the QI principles are of paramount importance and applied in process analysis and monitoring and evaluation of service provision and ensuring client satisfaction. The quality improvement principles are key in ensuring the delivery of quality HIV Care and overall improving the quality and performance in health care environment.

Table 2:

The quality improvement principles are all interrelated and interlinked in ensuring quality health care outcome. All the quality improvement principles are the key enablers for effective process analysis.
The departments indicated that they apply the principles in varying ways in monitoring and evaluation of HIV care services, coordination of services and to improve quality of care and patient safety.
Application of Quality Improvement Principles

Department	Ways applied
Management	Providing leadership and governance, managing human resource for health, resource mobilization and monitoring services provision, promoting a culture of teamwork in workplace, Coordination, and harmonization of care with other parts of the larger health care, promoting a culture of communication and managing feedback mechanisms as well as monitoring the systems and processes
Comprehensive HIV care unit(ccc)	Ensuring clients satisfaction, monitoring service provision, process monitoring, teamwork in service delivery, Care provision that is evidence-based, patient tracking, patient follow up, management, communication, handling patient feedback documentation and reporting
PMTCT HIV care Clinic	Ensuring clients satisfaction, monitoring processes and service provision, patient management and reporting
Pharmacy	Patient satisfaction, Monitoring supplies, commodity management, documentation and reporting
Laboratory	Monitoring systems and processes, patient satisfaction, Patient safety, commodity management, documentation, and reporting.

2. Quality improvement teams and its helpfulness in monitoring delivery of quality HIV care services

The health facility has an active and vibrant quality improvement team. All the departments have a departmental quality improvement team who meet monthly and sometimes weekly on need basis. The multi-disciplinary QI teams are meeting on monthly basis The quality improvement team meets on a regular basis to assess process, data performance and service delivery, identify areas for improvement, and implement, monitor, and develop quality improvement programs. The respondents agreed that quality improvement had been key in delivery of continuous quality HIV care services. Some of the areas of improvement indicated includes: Service delivery, Patient management and outcomes, efficiency and increased patient satisfaction, process monitoring, commodity and supplies management, control, documentation and reporting.
The Quality Improvement (QI) team encompasses a diverse team of the health care workers working in HIV care service who have knowledge, skills and providing technical support and engaged in regular management of HIV Care services. QI is a team effort as indicated by the respondents. To produce long-term improvements, the QI team draws on the skills, knowledge, expertise, work experience, and viewpoints of various persons. Developing QI plan is paramount for the QI improvement team to help deliberate, foster and to define improvement plans, analyses the processes and efforts. This will ensure responsiveness to organizational needs as well as improving the population health and ultimate health care provision. Through the QI plans, the team can ensure continuous, regular, and ongoing effort to achieve measurable quality improvements in terms of efficiency or effectiveness.
According to 70% of respondents, both systems and processes are important in quality improvement and are necessary to improve and achieve ultimate HIV care goals. It is necessary to have a thorough understanding of the delivery systems and underlying processes in order to

improve quality. Both resources allocated (inputs) and activities carried out (processes) are addressed simultaneously to ensure and/or improve overall quality of HIV care (outputs/outcomes). All six building blocks of health systems, including system and process, are heavily reliant on and incorporated, including health service delivery, health workforce, health information system, access to essential medical products (including laboratory supplies, drugs, and commodities), health systems financing, leadership, and governance. Quality, on the other hand, is reflected in the inputs and HIV care structure, as well as the service delivery processes and clinical outcomes and outputs that result. The most impact for a QI approach is when both process and systems are addressed at the same time and in a harmonized manner.

According to 20% of respondents, the process is crucial in providing effective HIV treatment because it aids in understanding the levels and methods of service delivery. Complementary parts of high-quality HIV therapy are the care processes, which comprise competent care and a favorable user experience. The complete HIV care continuum is considered, including HIV diagnosis, HIV care linkage, HIV medical care, retention in care, and viral load suppression accomplishment and maintenance. On a population/community level, the HIV care continuum approach is cited as critical for assessing HIV care services and monitoring outcomes on an individual level, as well as establishing and analyzing the proportion of HIV-positive people in a given community who are engaged in each successive step of HIV care. This would help health-care policymakers and providers more effectively identify possible service shortages and build plans to better support people living with HIV in reaching viral suppression, which is the ultimate treatment objective. Providing quality HIV care services, according to the respondents, involves constant process monitoring and assessment to ensure that all steps of the HIV care continuum are aimed toward providing quality HIV care services.

The other 10% believe that focusing on the system is important because timely surveillance of all aspects of HIV care service engagement is necessary to maximize the use of limited resources, guide the deployment of evidence-based interventions, monitor and respond appropriately to emerging issues, and effectively and efficiently optimize individual and population (community) level HIV health outcomes. To accurately identify involvement in HIV care difficulty regions and, ultimately, to drive health-care policy, more actionable and creative methods that gather real-time surveillance data and information are required. A high-quality health system regularly delivers care that improves or preserves health outcomes. A complex web of procedures and protocols underpins any health-care system. The extent to which this network performs, as well as how well the professionals who oversee and give care relate to one another and collaborate, is a crucial influence in the health system's overall quality of care. In order to improve the working environment and ensure the effectiveness of service delivery, health system strengthening is critical. Health systems must respond to ensure that HIV care and service delivery models that promote wellness and improve health, rather than simply survival and programming, are pioneered.

3. Quality Improvement activities support

The table below illustrates the QI support provided by different departments.

Table 3:

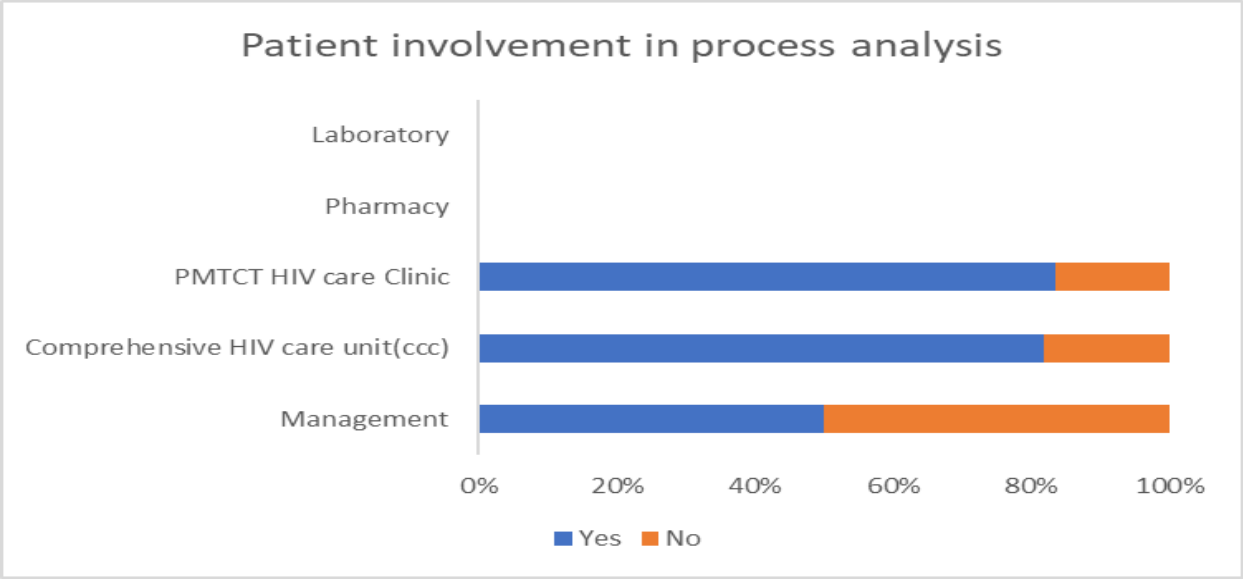
QI Support Provided by Different Departments

Department	Support provided
Management	Providing leadership and governance, Resource mobilization and management, build human resource capacity for quality improvement, build motivation for quality improvement, act as a medium for linking groups
Comprehensive HIV care unit(ccc)	Technical support to the teams, addressing patients' needs and expectations, progress update, identifying areas which need improvement, track changes, Support for patient engagement, patient status update, data management and reporting
PMTCT HIV care Clinic	Technical support to the teams, addressing patients' needs and expectations, progress update, identifying areas which need improvement, track changes, patient status update and data management and reporting
Pharmacy	Commodity consumption management and reporting, adherence counselling
Laboratory	Updating on patient testing outcomes, commodity consumption management and reporting

4. Patient involvement in process monitoring

The figure below shows the patient involvement in process monitoring. Involving patients in routine steps and procedures in provision of quality HIV Care services. This involves engaging the patients in key decision pertaining health care service provision.

Figure 1:
Patient involvement in process monitoring/analysis in different departments.



Patient monitoring in process monitoring and analysis

Respondents in PMTCT Care clinic and comprehensive HIV Care have shown involving patients in process analysis at 83% and 82% respectively, this is because of patient most interaction at this service delivery points. At management level the patient's involvement is at 50% and 0% at Laboratory and pharmacy departments respectively. Some of the reasons provided on ways of patient involvement are; Having morning health talks, patient feedback mechanism, psychosocial

support meetings, adherence counselling, process monitoring and patient monitoring and management and follow up.

5. Basic quality tools for process monitoring

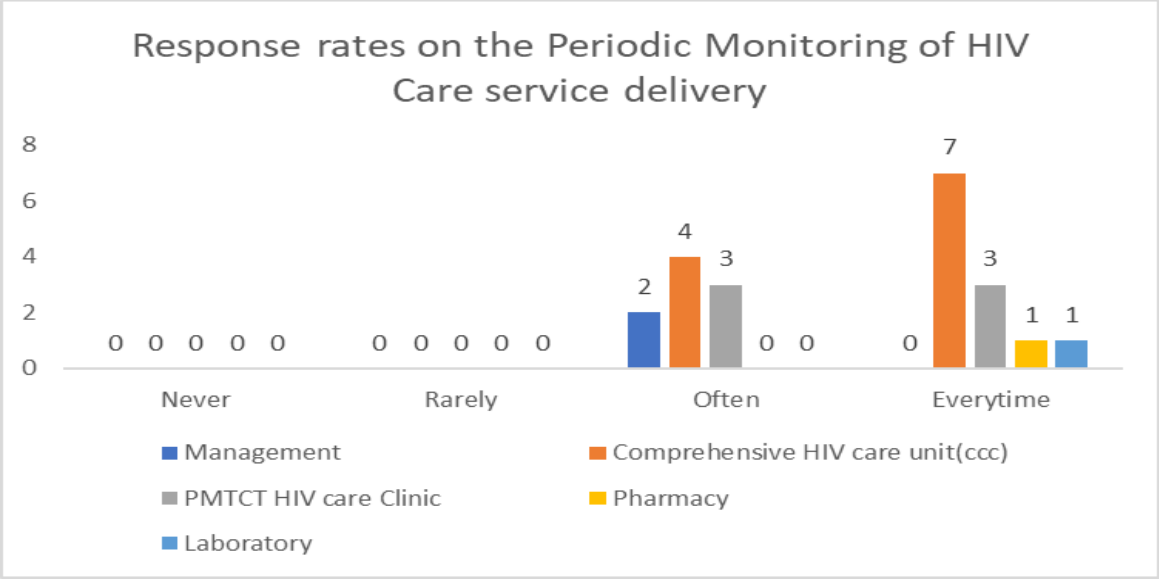
Different departments have indicated using different quality improvement tools in process and service monitoring. Some of these tools included: Control charts, performance Bar graph and monitoring chart, histogram, scatter diagrams, standard operating procedures, check lists, Tally sheet, Flow charts, Patient status tracking, performance dashboard, MOH data collection and reporting tools.

A. *Periodic Monitoring of HIV service delivery*

The figure below illustrates the response rates on the periodic monitoring of HIV Care service delivery. From the response provided, monitoring of HIV care service delivery is in most cases done Often and Every time. Responses from the Laboratory and Pharmacy have indicated that the periodic monitoring of HIV care services is done every time, while in Comprehensive HIV care unit, 7 respondents (Representing 64%) and in PMTCT HIV Care clinic 3 Responses (Representing 50%) have indicated that Monitoring of HIV care service delivery is done Every time. Other respondents have indicated that Monitoring of HIV care service delivery is done often. The Management respondents indicated Often monitoring on daily and weekly basis guided and informed by the need. The other 4 respondents from Comprehensive HIV care unit (representing 36%) and PMTCT HIV Care clinic, 3 respondents (representing 50%). Have indicated that monitoring of HIV care services are done Often; on daily, weekly, monthly, and quarterly depending on the different parameters monitored.

Figure 2:

Response rate on Periodic Monitoring of HIV Care service delivery



Periodic Monitoring of HIV service delivery

6. Quality improvement plan

The availability of a quality improvement strategy was mentioned by 100% of the respondents. According to the respondents, the objective measures to monitor and assess the quality of clinical and operational HIV Care services offered to patients demand the development of a quality improvement strategy. The requirement for a systematic approach to identifying and pursuing opportunities to improve services and handle problems that result. Another reason for the necessity for a QI plan is to effectively and efficiently manage resources, both human and financial.
The team have indicated, they are monitoring their QI activities monthly this is done through multi-disciplinary monthly meeting where the departments representatives meet to discuss on the service provisions and monitor QI activities. At Comprehensive HIV care unit and PMTCT HIV Care clinic departments the monitoring of QI activities is done weekly at departments level.

A. How the Measure and Monitoring of quality of care has been useful

Monitoring/Measuring the quality of HIV Care has been useful in: Quality Measures to inform how the health care system is performing the tasks, Assists in finding and prioritizing existing opportunities, as well as identifying and measuring what works and does not work well for improvement, Ensuring that healthcare services and other resources are used effectively, Make sure the patient is safe and that their rights are respected, Identify actions that may improve treatment - Determine how and where service improvements should be made - Involve patients in making more informed decisions about their care, Provide objective statistics for policymaking and information use about healthcare programs and investment, Serve as a test to determine which healthcare methods and techniques are the most effective, resulting in continual quality improvements and Identifying inequalities in service levels provided by different providers and departments.

B. Patient Monitoring

HIV patient monitoring is essential to ensure the quality and continuity of HIV care. Patient monitoring serves two main functions: first, it enables effective clinical management.
of patients, and second, it generates data used for programme monitoring and management,
contributing to standardized indicators at the district, national and international levels for in country and global reporting and planning.
Patient monitoring is a critical process that is done by all departments and at different levels depending on the functions and the supported provided by the departments.
The patient monitoring responses provided are analyzed per departments in the table below

Table 4:

Patient monitoring at different departments

Department	Support provided
Management	Programme monitoring and management, performance monitoring, Process monitoring and Evaluation
Comprehensive HIV care unit(ccc)	Drug toxicity monitoring, Monitoring Adherence, Proper documentations, reporting and tracking appointments, Patient regular status update Ensuring availability of data collection and reporting tools, Monitoring service delivery, Effective clinical management of patients, Utilization of patient monitoring systems, psychosocial support group meetings, Patient appointment management
PMTCT HIV care Clinic	Routine patient monitoring, Service integration, Clinical management, Appointment management, Regular patient status update, Adherence counselling, Ensuring availability and proper utilization of data collection and reporting tools, Monitoring

	and Evaluating Clinical Care Programs, Strengthening community-facility referrals and linkages, Proper documentation, and reporting
Pharmacy	Tracking the commodity dispensing tool, Monitoring the appointment diary, documentations and reporting, drug therapy monitoring, regularly assess patients' drug therapy, Commodity management and drug supply forecasting
Laboratory	Monitoring the schedule dates for patient viral load, tracking the viral load uptake, proper documentations, and reporting

7. M&E data documentation and data reporting on HIV Care services

A. Challenges in data quality

According to 100% of the respondent's, data quality is a big challenge, though in varying degree and depending on the departments. The data quality challenges indicated includes; Late reporting of data, Incompleteness of data, Inconsistency of data, poor data capture, infrastructural challenges, knowledge gap in Indicator definition, documentation and reporting, inconsistent policies and practices for using secondary data as a source of quality, stock outs of data collection and reporting tools, Data sharing and monitoring. Those who mentioned that the reports are sometimes not submitted on time gave various reasons including errors that occur that may need rectification, hence taking time. The other reasons include heavy workloads, data errors which that may need verification with some form of back and forth which may take time. Systems failure or network errors and delays were also seen as affecting reporting timelines from time to time. The reasons for not meeting the deadlines seem reasonable and the institution can address this to ensure both parties meet their obligations.

B. Addressing data quality challenges

Some of the ways to address quality challenges are; Ensure timely reporting of data, Provide a clear role on data management and reporting, Ensure that data collecting, and reporting tools are available and that they are used properly, Utilizing data review meetings, Capacity building, On the Job training and mentorship to improve on the knowledge on indicator definitions, Routine data quality improvement exercise, Data demand and information use, Regular updating of patient's documentations and data collection tool and Using the electronic medical records

C. Availability of data collection and reporting tools

Overall, HMIS data collection and reporting tools, such as summaries, registers, and monthly reporting tools, are in insufficient supply at various service delivery locations and/or departments. The facility's inventory of Ministry of Health data gathering, and reporting tools is done quarterly, but the departments do it on a regular basis.

D. Documentation of delivery of services

According to 100% of respondents, the duty for documenting the delivery of services on source documents is clearly assigned to the necessary people in different service delivery locations and departments. All departments are responsible for making sure that the service delivery documentations are fully filled out and current, including updating the page summaries. The data gathering and reporting tools have been provided with clear instructions and guidance on how to perform them. All the relevant tools have a clear instruction indicated on the cover page to guide in documenting and act as an indicator reference.

Data is reported daily, weekly and monthly depending on the service delivery points and data need. Most data are reported monthly through monthly summaries and reporting tools, to the health records officers who uploads the data in the Demographic health information system. The respondents provided various reasons for timely submission which included reports are submitted on time so that planning & implementation of shortages can be acted upon. One of the respondents stated that they have a deadline of 2nd of every month that every department must have submitted reports in order to get commodities and it always came with penalties if you fail thus, it was a tradition to always submit reports on time always. The institution ensures there is submission of reports to the management and subsequently to the county government and there are set timelines for report submissions.

Some respondents observed that occasionally there may be delays but it's in accordance with national guidelines that MoH reports have to be reported. The fact that the system is electronic and enables the various departments to generate daily reports which are compiled weekly and shared with the HRIO facilitates faster compilation of the reports. This was noted by a respondent who stated that reports are computerized and by the end of the day they are compiled and sent to the HRIO focal person. The respondents felt that reports are submitted on time since everyday a report is done then compiled weekly. Some of the health workers said that the fact that the reports are needed at the national level for administrative purposes propelled them to submit the reports on time.

7. Quality technology on delivery of HIV care services

A. Quality improvement tools and technique

Process mapping, check sheets, Pareto diagrams, flowcharts, control charts, histograms, cause-and-effect diagrams, and scatter diagrams are some of the quality improvement tools and techniques utilized by the Facility QI teams. According to the responders, the QI tools will aid in identifying gaps and opportunities for improvement, as well as guiding QI actions and interventions to improve patient care.

B. Methods of measuring quality

The methods of measuring the quality of HIV Care services provided are; safety of care, Effectiveness and efficient of care, Transparency, and accountability, Timeliness of care, Proper utilization of resources, Patient experience and satisfaction, patient perception and Data transparency. According to the respondents, quality is measured through the quality of service provided shown by the patient retention in care, quality data, patient adherence to the scheduled appointment and utilization of resources, patient satisfaction and patient management.

The sources of data for measuring are: Service delivery documentations, patient medical records, patient feedback, desk reviews, reported data and surveys, clinical data.

C. Data management processes and tools

Standard operating procedures for data quality assurance are in place in all departments.

On the data management methods and tools, all relevant staff has received sufficient training and frequent capacity building activities; mentorship program and regular CME's.

IV. CONCLUSION

Monitoring and evaluation are paramount in all health care service delivery points and most importantly if carried out in a logical sequence: first assessing the activities and data on input, processes and output; then examining the immediate health outcome; and finally assessing disease

and social impacts. Regular and consistent tracking of essential parts of an ongoing program across time through distinct phases of inputs, process, outputs, and outcome builds on effective monitoring and evaluation. Monitoring usually seeks to answer the following questions: "How well are planned actions carried out?" What about the quality of these services?" Monitoring is a method of determining whether or not a program is being carried out in accordance with its desired design or implementation plan. At the program level, monitoring and evaluation are used to track program implementation and outcomes in a systematic manner and to assess program effectiveness. It aids in establishing whether or not a program is on track and whether or not adjustments are required.

Improving quality of services entails putting in place the right strategies and routine monitoring of services to bridge the gap between present and expected quality levels as defined by standards. To analyze and fix system flaws, strengthen, and improve healthcare procedures, the fundamental QI activity employs quality management tools, techniques, and principles. Primary care practices must be involved in quality improvement activities if the triple goal of enhancing population health, improving patient experiences and outcomes, lowering healthcare costs, and increasing provider satisfaction is to be met. We must increase care quality and patient safety if we want to see more rapid reductions in maternal and neonatal mortality. The right to health, as well as the route to equality and dignity for women and children, are all dependent on the quality of care given. Creating quality measurements in health-care service delivery is the process of using data to assess hospital and health-care system performance against different quality improvement criteria.

V. RECOMMENDATIONS

Monitoring and evaluation can assist the hospital administrators and health care providers in determining whether or not a program is on track and when changes are necessary and achievable. It allows the county health authorities, service providers and their partners to assess and evaluate the degree to which activities are being implemented and are achieving the desired objectives and outcome. The basis for fine-tuning interventions and assessing the quality of work being done are through routine monitoring and evaluation. Monitoring and evaluation assist in establishing what is most important in order to make the informed decision and best use of available resources both human resources for health and financial. M&E of HIV-related services in resource-constrained settings has the potential to be a cornerstone of health-care system strengthening and evidence-informed implementation and scale-up.

Monitoring and Evaluation aspects should be adopted at all service delivery levels from patient enrollment to the care (Involving patient in process analysis), service delivery, process monitoring to documentation, reporting and utilization of data, in order to assess and measure the quality of service provided. An effective M&E plan should be developed for HIV care service delivery. Enhanced monitoring should be integrated into routine monitoring, quality improvement, and evaluation efforts for long-term sustainability of HIV care services and programming. There is a need to develop patient level monitoring and evaluation, to assess whether quality care service has been provided and program level monitoring and evaluation to assess the systems providing the services. There is need for Integrating HIV M&E with the entire health system M&E functions for optimal utilization of resources and data. Capacity building in HIV M&E is recommended in order to improve the overall performance of HIV M&E system in areas of Human capacity for HIV M&E, routine monitoring of HIV care services, collecting, verifying, data analysis and using

data for decision making. The capacity building encompasses both individual, institution and systems.

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