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We would need to collect baseline data now (2010) and assess change over course of intervention and post-intervention (2013).  - also, again, the indicator should be "density of health professionals" because you need to take population size into account because you may not need more health professionals if population declines, and you may need considerably more if population greatly increases. Also, by measuring, for example, number of health professionals per 100,000 you can compare across rural and urban areas with varying populations. - Jen H. | | 4. **Is this an Annual Report indicator**? | | 5. **Precise definitions of terms included in the indicator**:  Health professionals- doctors, nurses, extension workers -health educators? -Jen H. | | 6. **Unit of measure**: | | 7. **Disaggregated by**: (in what ways will be get a fuller picture, what SUB POPULATIONS are you going to analyze to get a global indicator, ex; by province and what the rational is it)  **Health professionals whose expertise is in HIV/AIDS**  -how would expertise be defined? - Jen H.  **Health professionals in rural and urban areas where HIV/AIDS is most prevalent** | | 8. **Indicator Justification and Management Utility**:  **More health professionals means more access to all people who need services** - and managing the consideration of the sub populations e.g.  if the increase in health profession numbers are only in urban areas, some people may not experience increased access to services. - Jen H. | | 9. **Data collection method**: | | 10. **Data source**: | | 11. **Data analysis**: | | 12. **Presentation of Data**: | | 13. **Review of data** (how and by whom will data quality be safeguarded?): | | 14. **Reporting of data** (how, by whom and to whom will data be reported?): |                   **Performance Management Plan Indicator Worksheet**  (one worksheet per proposed indicator)     |  | | --- | | 1. **Name and number of Strategic Objective**:  SO #3 Increased use of primary health services for HIV/AIDS prevention/mitigation practices | | 2. **Name and number of Intermediate Result**:  IR 3.2 Increased demand for HIV/AIDS, STI, and TB prevention and mitigation services and practices | | 3. **Indicator** (state in QQTP terms):  Percentage change in use of latex condoms among adult populations in South Africa between 2006-09.  - again why 2006-9?  Jen H | | 4. **Is this an Annual Report indicator**? | | 5. **Precise definitions of terms included in the indicator**:  Adult population is over age 15 | | 6. **Unit of measure**: | | 7. **Disaggregated by**:  15-24 is most at risk group  25-40  40+ | | 8. **Indicator Justification and Management Utility**:  Latex condoms are the most effective form of preventing transmission of HIV/AIDS  Increase in condom use implies an increase demand | | 9. **Data collection method**: | | 10. **Data source**: | | 11. **Data analysis**: | | 12. **Presentation of Data**: | | 13. **Review of data** (how and by whom will data quality be safeguarded?): | | 14. **Reporting of data** (how, by whom and to whom will data be reported?): |       **INTERVENTION STRATEGY** NGO: 500k a year over 3 years  **Intervention Strategy for SO3**:  Increased use of primary health services for HIV/AIDS prevention/mitigation practices  Implementation Strategies:   IR #3.1 Increased access to integrated PHC and HIV/AIDS, STD and TB prevention and mitigation services and practices  **Intervention: Mobilization Strategy**  -with community organization/stronger outreach- use media in urban areas and extension workers for those in rural areas  -partnering with local NGOs to help provide awareness of HIV/AIDS prevention measures   IR #3.2 Increased demand for HIV/AIDS, STI, and TB prevention and mitigation services and practices  **Intervention: Supply and Demand Enhancement**  - demand generation for products and services (condoms, free check-ups, clinics)  - create HIV/AIDS prevention culture within the mainstream through a campaign (to raise demand)  IR#3.3 Improved quality of integrated PHC, HIV/AIDS, STI and TB services and practices  **Intervention: Supply and Demand Enhancement**  - Improved quality health care through investments into health care  - Organizational Capacity Development systems development to establish standard processes and procedures  IR#3.4 Improved sustainability of district PHC system by adoption of lessons learned  **Intervention: Organizational  Capacity Development**  - Organizational  Capacity Development through training, planning and process  IR#3.5 Improved enabling environment for mitigation strategies for HIV/AIDS, STI and TB programs and services  **Intervention: Mobilization; Organizational Capacity Development**  -Mobilization - participatory decision-making to determine what strategies/activities would work.  - Organizational Capacity Development systems development to establish standard processes and procedures  -----------  Clare Richardson-Barlow, comments & Suggestions: -The first worksheet's indicator is only measuring HIV/AIDS decrease, is there a reason the others (TB and STD) are not mentioned or measured? (Will continue this evening) ------ Angel Escbedo  Comments & suggestions:  ***Indicators***  *1st worksheet*  I agree with Clare that your indicator accounts only for HIV/AIDS but leaves out TB and STD. These other two should be reflected in your indicator. Also, I would have liked to have seen your indicator measure equitable access of services between women/girls/boys/men living with HIV/Aids and TB and STDs.  My rationale was that a programme of this nature should contribute to equitable access to and use of appropriate health care and treatment care and support needs for women/girls/boy/men living with HIV/Aids.  **Intervention Design**  Overall your intervention design is good, I believe you selected appropriate interventions and corresponding activities. I wanted to see more detail but I guess that level of detail would appear on a specific plan. My only suggestion is I think you could include in some of the IRs more interventions. For example, in IR# 3.4 you only include organizational capacity development and I think including individual capacity development would strengthen this intervention. You should review them closely because I thought there were several where you could include other interventions.  \*\* Regarding your indicators: While intuitively it seems that having more health professionals providing services would expand access, this isn't necessarily the case (because of poor allocation and related inefficiences). Therefore, it would probably be better to measure percentage change in coverage over a 5-year period. In general, we don't use a timeframe in the past. Rather, we talk about the target year ("by 2013…).   Regarding your intervention strategy: Media are generally good for creating awareness, but are not very effective in promoting behavioral change. Therefore, a strategy based solely on media (for urban areas) is not likely to yield changes in the risky behaviors that lead to HIV/AIDS, STDs, and TB. You talk about investments to improve health care quality, but don't identify what those investments include. Perhaps you could be more specific here. Similarly, you talk about organizational capacity development systems, but don't describe what these are. You also suggest that the aim of this work is to establish standard processes and procedures. Standardization is useful only when everyone adopts practices that lead to quality improvements. So, what we really want to standardize are those practices and procedures that have the greatest influence on quality.  All in all, even though there's room for improvement, you've done a very fine job in crafting an intervention strategy and creating an indicator set to track the strategy's impact. Congratulations!  ~Beryl  Bottom of Form | |  | |  | |  |  |  | |  |