

Virtual Monitoring, Evaluation, and Learning on HIV Service Accessibility during Covid 19: Learnings & Best Practices



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BACKGROUND

The **Ready, Resourceful, Risk-Aware (Triple-R)** project is supporting the government of Eswatini to prevent new HIV infections and reducing the HIV vulnerability for orphans and vulnerable children, adolescent girls and young women. At the heart of this implementation is robust practices of **Monitoring Evaluation and Learning** to measure the success and performance of projects, identify lessons and promising practices for scale up. COVID 19 lockdowns and movement restrictions however presented challenges in the traditional ways of conducting data collection and program monitoring through site visits and physical interactions. This called for new strategies to ensure that people continue receiving quality services and documentation is done properly. The purpose of the study is to measure service delivery with the new incorporated **MEL systems** during the COVID 19.

LESSONS LEARNED

MEL changes strengthened staff skills in mobile application use and remote working tools like power App, skype and teams. With the automated processes in place, results production became quicker than usual and data quality greatly improved.

The use of virtual platforms has also proven an invaluable component of program monitoring and planning, not only because of the benefits for health service delivery, but also the potential for advances in efficiency.

MEL changes further improved partner collaborations. The renewed strength of these partnerships will be a cornerstone of future public health interventions in Eswatini.

Remote data quality assurance approaches have the potential to optimize value for money and impact. All costs related to transport and in person meeting were cut during covid era.

CONCLUSIONS

The COVID-19 pandemic and more specifically its impact on health systems required service delivery adaptations and innovations to maintain a continuity of health services, including in relation to HIV. Strengthened technological capacities and innovative skills for M&E staff bolster effective response mechanisms and real time monitoring of HIV programs resulting in improved data outcomes.

DESCRIPTION: CHALLENGES IN IMPLEMENTING MEL DURING THE PANDEMIC

Due to COVID 19 pandemic lockdowns and movement restrictions, M&E teams were unable to support data collection and conduct routine program monitoring. The service documentation was also affected because of limitations in paper handling. This resulted in poor follow-up of service completion as there was no means of validation of client's access to services. The situation also led to data loss as paper source documents could not be collected from the communities and gathering referral completion data became impossible. The project thus had to retrospectively collect referral data from health facilities and implement rapid systems changes to enable remote monitoring and service continuity.

ADAPTED MEL PRACTICES DURING THE PANDEMIC

Data management systems were digitized and expanded to virtual platforms like CommCare, Power Apps. Electronic data collection referral mechanism between Pact and DREAMS clinical services provider was enabled where client's referral was captured via mobile App and sent directly to clinical service provider's database. Upon service completion, clinical service providers were also able to provide electronic feedback to the project. This enabled timely follow-up of clients who did not attend to their clinical appointments. Data verification was also moved to electronic platform where M&E team sampled from data submitted via CommCare Case Management and made follow-ups through phone calls to validate reporting services. Documentation of the verification was done through Power App and stored on secure, locally hosted SQL servers for analysis and validation.

With the threat of COVID-19 in Eswatini, all in-person HIV program activities such as meetings, trainings, orientations, partner coordination meetings and technical support, moved to virtual and digital platforms to ensure continuity of services. These included WhatsApp group chats and calls, skype and Ms. Teams. So these changes meant that all staff and volunteers need to have sufficient internet connectivity and mobile phones or computers. Officers had monitored WhatsApp groups where they share educational and service points for health service referrals and conduct video conferencing for technical assistance and maintaining outreach activities.

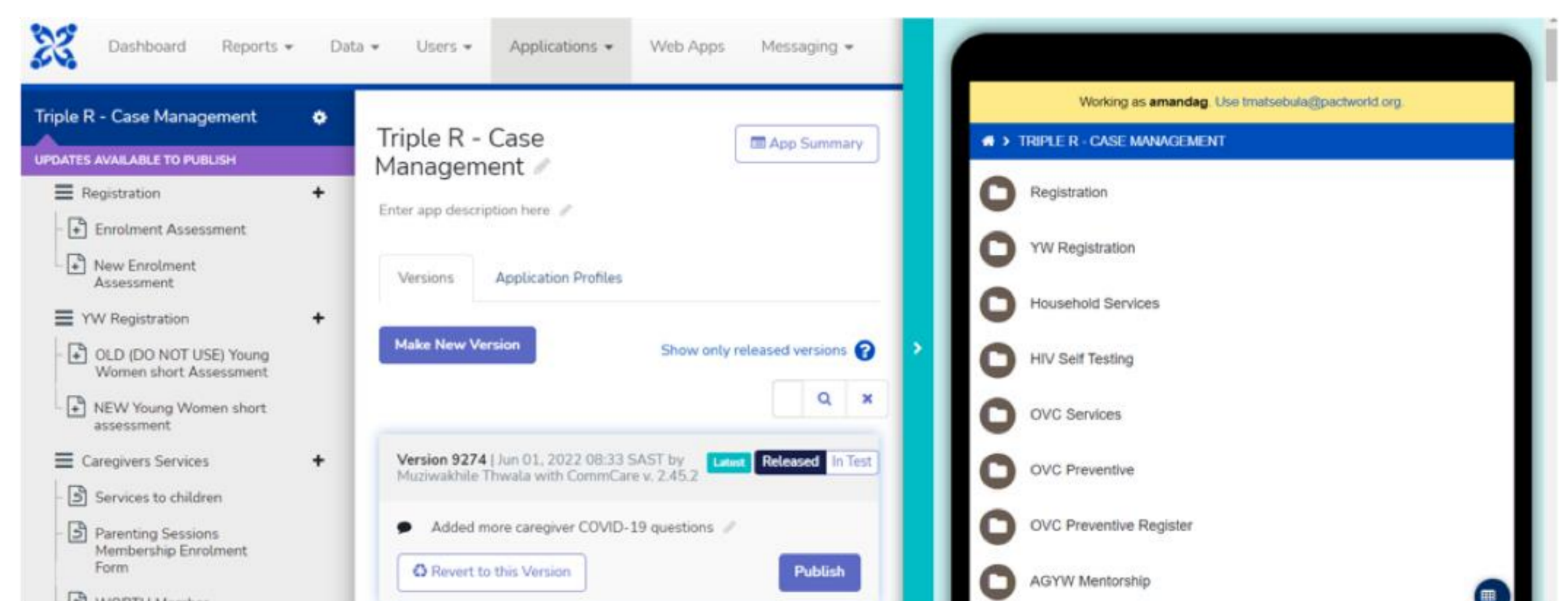
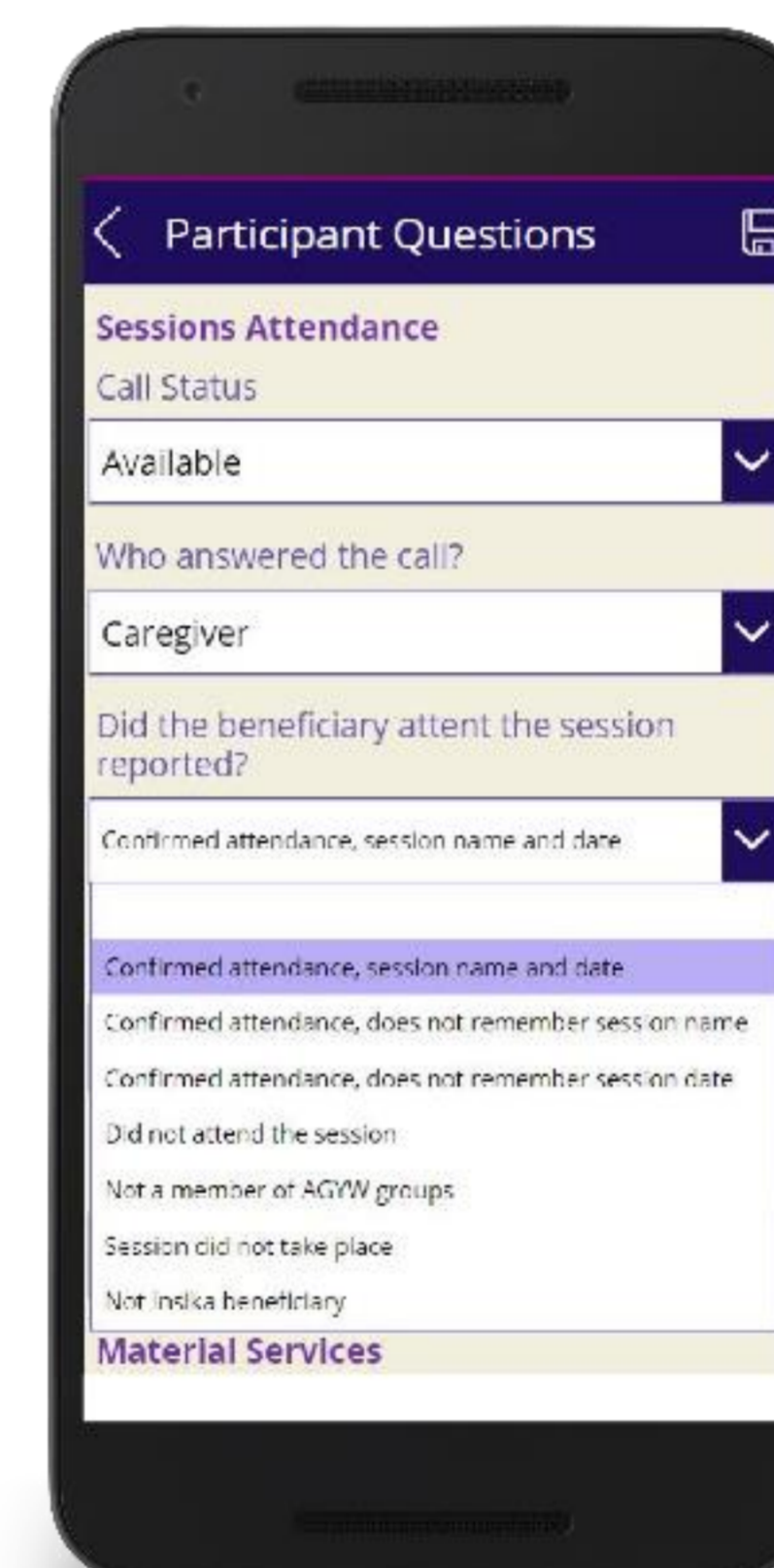
Group sessions tools for mentoring adolescent girls and young women were revised to form for one on one and small groups virtual session tools.

RESULTS

On average **97%** of verified clients indicated to have received services in year 2021. About **20,765** referrals issued in 2020 where completion rate was **86%** and in 2021, a total of **14,448** referrals were issued with a **93%** completion rate.



Database Application for Verifications Capturing, Feedback and Management. Themba Matsebula, Power App.



Triple R Case Management Mobile Application Platform, Themba Matsebula, and Commcare:

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