## M&E System for Tracking Caribbean Laboratory Network Performance

### Wendy Kitson-Piggott Caribbean Med Labs Foundation CCAS





## Making the Case for M&E It's Really Not Only for Donors!





# M&E must Always have a PURPOSE



## We will discuss

• A brief context for M&E in the Caribbean

• Why we conduct M&E

 Examples of how we used M&E data to develop interventions for improving laboratory operations



# Defining M&E

- In essence M&E is about :
  - KNOWING how your operations are going
  - DOING something to correct or improve operations before significant damage has been done.
  - **PROVING** that operations are having the desired impact
- In essence effective M&E must be <u>focused</u>, <u>evidence-based</u> and <u>ongoing</u> in order to effectively assess IMPACT
- M&E <u>must</u> have a purpose







## M&E – our 21<sup>st</sup> century reality



Without a **business strategy** lab networks will continue to be inefficient, underfunded, undervalued & overlooked





In the Caribbean the <u>Evidence</u> is that M&E is often *Misunderstood, Undervalued* and *Underused*. It is generally the *last thing* to be considered if at all



## These are <u>Our</u> Lab Networks...So

- What do we <u>want</u> to Know?
- What do we <u>want</u> to Monitor &/or Evaluate?
- Why do we <u>need</u> to Monitor &/or Evaluate?
- What happens if we Don't Monitor &/or Evaluate?
- What happens when we DO Monitor &/or Evaluate?
- How do we Monitor?



## What do we want to Know?

#### **Ultimately:**

#### If our Lab Networks are efficient, effective & are having the desired impact

#### So

#### A lot more than 'How many tests" and "What type of tests"







## We want to know...



#### If Caribbean lab network operations are applying standard business practices e.g *effectively* using policies and plans



#### We want to know...



• If there are **laws & regulations** that *effectively* govern our Caribbean Lab network operations



## We also want to know ...



# If labs in the Caribbean network are **compliant** with established **standards** & are operating with high quality



## And also ....



• How effectively our labs are collecting, analysing & using data to ask the right questions, find the right solutions & support effective HEALTH ACTION.



## We want to know...

 How effectively our Regional and National lab networks are **impacting** the **delivery** of effective health services









#### Most importantly we want to know...





• Whether our lab networks are making decisions that are evidence-based!



## Why do we NEED to know?

• To determine if our Lab Networks are having an **IMPACT** 

whether desired or unintended!



- To improve lab operations
- To improve national & regional health service delivery



## What happens when we don't Monitor?



 Unintended consequences may occur & are often undetected until it is too late



## What happens if we do monitor?



- We improve the chance of achieving successful project & programme outcomes
- We save lives





## CMLF – GFR9 Project

# Using an M&E Approach to adress Project Goals?



## CMLF's M&E Strategies

- *Establishing* goals & priority indicators
- Ensuring that indicators linked to service provision (e.g access, reliability, timeliness)
- Collecting data through targeted studies, surveys & assessments
- Analysing data & identifying gaps
- *Transforming* data into information for action
- **Developing** remedial strategies & interventions
- *Repeating* the cycle.



## **GFR9** Project Goals

#### **CARIBBEAN - REGIONAL LEVEL**

A regional lab network supporting HIV/AIDS treatment and care programmes - access to lab services that are timely, reliable & client friendly

#### **CARIBBEAN – NATIONAL LEVEL**

Functional national lab networks structured and operating to effectively support HIV/AIDS treatment and care programmes - quality-assured services at every level of the national health system & extending beyond HIV to support NCD programmes



## M&E Process – Step 1

- Defining Desired Network Outcomes
  - Structured, Regulated, Resourced & Sustainable
  - Technically sound
  - Standardised & Quality Assured
  - Relevant & Reliable
  - Data driven & Monitored
  - Participative involving stakeholders in decisionmaking
  - Responsive, client-focused & customer-driven





## M&E Process – Step 2

- Selecting Specific Network Indicators
  - Supportive Structures at National Level for Lab Sector
  - Access to basic package of lab services
  - QMS compliance across Lab Network
  - PT/EQA performance
  - TAT (client-focus)
  - Surveillance reporting



#### **M&E Process – Step 3** Committing to Data–driven Decisions





#### Tracking Performance at every level

Policy Standards Legislation Advocacy

Minimally or not ActiveSomewhat ActiveVery Active

Regional

**National** 

Laboratory



Policy and legislation (National Level)
National Strategic plans
Plant & infrastructure support
Operational Planning for Implementation
Monitoring & Evaluation

Quality Management Systems Information Management Plant and infrastructure

Logistics

Specialist Networks (Communities of Practice) Operationalising National & Regional Networks Communication

Monitoring & Evaluation

#### M&E Process – Step 4

- Gathering data on...
  - Governance structures (policies, processes, procedures & regulation)
  - Operational structures (network structure and infrastructural needs, functions, roles, responsibilities)
  - Communication structures (info mgt, reporting, authorisations and accountability)



#### M&E Process – Step 4

- Gathering data on...
  - Diagnostic structures (levels of services offered within the health system
  - Quality structures (QMS, licensing &/or accreditation)
  - Monitoring and Evaluation structures



## Data-driven decision-making

# What did we find & What did we do!



## The Reality

- If we look back down the years a LOT of good progress has been made
- M&E however deals with the GAPS so my following comments will highlight many of these gaps



## Tracking National Infrastructures (2013)

RESPONSES	NLAG		POLICY		STRATEGIC PLAN		NETWORK PLAN	
YES	6	(40%)	0	(0%)	4	(27%)	1	(7%)
NO	7	(47%)	8	(53%)	2	(13%)	4	(27%)
PARTIAL or DRAFT	0	(0%)	0	(0%)	9	(60%)	10	(66%)
Discussion Initiated	2	(13%)	7	(47%)	0	(0%)	0	(0%)

NLAG: National Laboratory Advisory Group



## Using Data for Action

- Continued National Lab Policy Development
- Continued Lab network planning & implementation encouraging wide stakeholder involvement
- Continued advocacy & support for establishment of National Lab Advisory Committees



#### SUSTAINING COMMITTEES, POLICIES & PLANS





#### Tracking Access To HIV/AIDS Treatment & Care Services in Countries (2013)












## Using Data for Action

 Conducted a regional workshop for OIs & STIs in 2014

• Prepared 36 generic SOPs for distribution to laboratories to support test standardisation



#### Increasing Reports of Stockouts & Suspension of Critical Lab Tests





## Tracking Test Reliability (2013)





## Participation in PT/EQA 2014 Online Survey (n=17)

TEST	ALWAYS	SOMETIMES	NEVER	Test not done
HIV Viral Load	3			14
HIV PCR	3			14
CD4	11			
ТВ	11			
Syphilis	14			3
GC	8	1	4	3
Gm Stain	12	1	2	2
Wet Preps	7	2	5	2
Urine Dipsticks	10	1	2	4



#### Tracking Test Reliability 2014

QMS Question 18: What was the feedback on your lab's performance in the two most recent EQA or inter-laboratory programmes for the following tests?



Prior to Most Recent Satisfactory
Most Recent Satisfactory



#### EQA/PT 2014

CHEMISTRY	% UNACCEPTABLE	% UNACCEPTABLE	
ANALYTES	RUN 1 – April 2014	RUN 2 – July 2014	
	(7 labs)	(7 labs)	
ALT	20%	10%	
AST	3%	17%	
Bilirubin Direct	43%	3%	
Bilirubin Total	46%	10%	
Cholesterol HDL	52%	16%	
Cholesterol LDL	90%	0%	
Cholesterol Total	54%	15%	
Triglycerides	43%	11%	
Creatinine	49%	47%	
Glucose	51%	30%	
TSH	0%	0%	
BUN	69%	67%	
AVERAGE %	43% (153/355 tests)	<mark>23%</mark> (84/363)	
Caribbean Med Labs Foundation			

#### Tracking Test Reliability (PT 2014)

HAEMATOLOGY ANALYTES	UNACCEPTABLE % <i>RUN 1 - April 2014</i>	UNACCEPTABLE % <i>RUN 2 – July 2014</i>
	<b>(11 labs)</b>	(10 labs)
Hematocrit (HCT)	7%	2%
Haemoglobin (HGB)	20%	24%
МСНС	36%	58%
МСН	2%	2%
MCV	7%	2%
Platelets	4%	4%
RBC	9%	4%
WBC	7%	2%
AVERAGE %	<mark>12%</mark> (51/440)	<mark>13%</mark> (45/355)



### Tracking Test Reliability (PT 2014)

EXAMINATION	UNACCEPTABLE % <i>RUN 1 – April 2014</i>	UNACCEPTABLE % <i>RUN 2 – July 2014</i>
Wet Mount (14 labs)	<mark>49%</mark> (34/70)	<mark>25%</mark> (7/28)
Gram Stain (13 labs)	<mark>20% (13/65)</mark>	<mark>9% (6/70)</mark>



### PT: Tracking Corrective Actions (2011-2013) Laboratory A

	PT Run 1 6/2011 UNACCEP	PT Run 2 10/2011 UNACCEP	PT Run 3 3/2012 UNACCEP	Pt Run 4 4/2013 UNACCEP
Cholesterol HDL	4 of 5	2 of 5	4 of 5	5 of 5
Glucose	5 of 5	1 of 5	5 of 5	4 of 5

### **Comment: No Corrective actions taken**



# Using Data for Action

- Continuing support for PT participation
- Conduct of PT training sessions to encourage corrective action culture (SOPs & training planned)
- Support for strengthening of national reference services e.g national HIV PT programmes
  - We supported strengthening of national HIV QC & PT programmes in 2012-2013 in 2 countries



#### PT/EQA is now largely supported by external funds No firm plans for transitioning to Governments













#### TRACKING TAT TO IMPROVE CLIENT SATISFACTION



2013 Study



### Tracking Use of Data for Health Action (2014)





#### Tracking Use of Data for Health Action (2014)





## Using Data for Action

- Piloting of an electronic logbook to better manage lab data, TAT & reporting
- Ongoing Advocacy for LIS implementation



### Tensions (battles?) between HIS and LIS Implementation Initiatives





































# Using Data for Action

- QMS Training (re-training) with focus on
  - Development of QMS Plans
  - Document control
  - Development & tracking of quality indicators
- Advocacy for the establishment of Management Review Committees



#### SUSTAINABILITY Delayed Legislation & Regulations





#### TRACKING LAB OPERATIONAL EFFICIENCY



### Targeted Study 2013



## Using Data for Action

• Development of a Costing Framework to support forecasting and allocation of resources



## How did M&E help us to do our job?

 Allowed us to accurately identify the operational gaps in the regional and national networks & to <u>take informed action</u> (*training, onsite interventions, advocacy etc*)


# Challenges for Network labs

- Lack of a national M&E culture
- Limited use of data for health action at the national level
- Widespread resistance to data collection & analysis
- Limited understand of the importance of corrective actions
- Completing multiple surveys for regional & international partners
- Dependency on external resources for core functions
- CONSISTENCY & SUSTAINABILITY of Operations



### Important M&E Lessons

- Need for greater coordination among partners to avoid duplication of effort both for partners & labs
- Need for lab staff to provide accurate data to guide interventions
- Need for labs to 'Warm' to the M&E concept
- Need for monitoring, data analysis & corrective action to become as instinctive & automatic as conducting a test



## The Question really is....

In the absence of an M&E approach in your laboratory what evidence <u>*do you use*</u> to make your operational decisions?



#### **OUR** Vision







#### Thank-you