**Methodology for performance monitoring using routine Indicators in the QI project for integrated HIV, Malaria and Tuberculosis in ANC and PNC in Kenya, Nigeria, and Tanzania**

Uzochukwu Egere1, Chris Murray1, Rael Mutai2, Irene Nyaoke2, Hauwa Muhammed3, Leonard Katalambula4, Salma Mahmoud5, Charles Ameh1

*1Emergency Obstetric & Quality of Care Unit, Liverpool School of Tropical Medicine, Liverpool, UK*

*2Emergency Obstetric & Quality of Care Unit, Liverpool School of Tropical Medicine, Nairobi Kenya*

*3Emergency Obstetric & Quality of Care Unit, Liverpool School of Tropical Medicine, Nigeria*

*4Department of Public Health, University of Dodoma, Tanzania*

*5Department of Obstetrics and Gynaecology, School of Health and Medical Sciences, State University of Zanzibar*

**Background**

Monitoring and evaluation (M&E) provides programme implementers and decision makers with timely information about the progress, or lack of it, in the delivery of outputs and the achievement of outcomes. This serves as a basis for decision-making to improve the performance of the programme or project and feeds into the learning processes. Monitoring and evaluation data therefore provides an important source of information about the intervention being monitored and/or evaluated. We carried out M&E of the project to improve quality of integrated HIV, TB and Malaria services in ANC and PNC in Kenya, Nigeria and Tanzania, to provide insight into the performance of key indicators in response to the programme implementation as a proxy for assessing impact of the programme interventions over time.

**Methods**

The monitoring and evaluation (M&E) was carried out using a before-after comparison of baseline health facility assessment findings with quarterly routine ANC and PNC data collected from participating health facilities after implementation of programme interventions. Baseline data were collected from all health facilities using a cross-sectional survey. Quantitative indicators were selected from the baseline findings for M&E following review of existing documents and published studies. Selected indicators were refined and agreed on after discussions with in-country colleagues and the Unit lead. Data were collected from health facility records using survey CTO electronic forms on mobile phone / tablet platforms and processed in accordance with GDPR principles. Descriptive analysis of the data was performed using percentages and proportions to describe observations and characterize changes in performance of selected indicators over the M&E period.

**Results**

Results of analysis will be presented by country, with focus on key indicators relevant to the country context.

**Conclusion**

Monitoring and evaluation is important in implementing reproductive, maternal, newborn and child health programs, and will remain a key ongoing activity in the project for quality improvement of integrated HIV, Malaria and Tuberculosis in ANC and PNC in Kenya, Nigeria and Tanzania. Learnings will strengthen programme implementation and inform policy and decision making for improved quality of ANC and PNC services in these countries.