

# Democratic Republique of the Congo

## SUPPORT TO NURSES AND MIDWIVES IN THE IMPROVEMENT OF THE QUALITY OF SERVICE DELIVERY AND MANAGEMENT OF HEALTH DATA ON OPTION B+ AND PEDIATRIC HIV

« Stand Up Nurses and Midwives for Quality Care »

Summative Congress: Final project results  
QUAD/RDC

Yaoundé, 11-12 juillet 2017

# Members of Quad

## Dr Théodore ASSANI SALUBEZYA

Directeur National Adjoint PNLs/ Ministère de la sante  
[drtheodoreassani@yahoo.fr](mailto:drtheodoreassani@yahoo.fr) +243997757616 A68, IREBU, Commune de Kalamu, Kinshasa

## Infirmier Louis André KOMBA DJEKO

Président National Association nationale des infirmiers du Congo  
[kombadjeko2@yahoo.fr](mailto:kombadjeko2@yahoo.fr) 243815024290 , 25, avenue Makanza Commune Ngiri-Ngiri

## Mr. Jean –René MUNGANGA NDAYI

Inspecteur provincial de l'enseignement des sciences de santé Kinshasa  
Division provinciale de la santé , [Ajr\\_munganga@yahoo.fr](mailto:Ajr_munganga@yahoo.fr), +243999997530, 8,avenue Manianga, commune de Selembao

## Mr. Albert DJONGA OSANGO

Chef des services du Nursing à la Cellule SNIS, Hôpital Provincial Général de Référence de Kinshasa , [albertdjonga@hotmail.fr](mailto:albertdjonga@hotmail.fr), +243991256550,  
69, avenue Ebeya QuartierIII,Commune de Masina

## Mr. Ambrocckha KABEYA wa NTSHIMBA

Président National, Société Congolaise de la Pratique Sage Femmes ,  
[Ambrocckhakabeya1972@gmail.com](mailto:Ambrocckhakabeya1972@gmail.com) , +243998208472,  
12bis, avenue Révolution Quartier Minkonga II Commune de la Nsele



# Context of the ARC Projet

## Project Health Facilities

1. Hopital pédiatrique de Kalembelembe (EGPAF)
2. Centre Hospitalier Liziba (ICAP)
3. Centre de santé Bomoi (EGPAF)

Population RDC: **85.026.000 habitants**

## Prevalence HIV

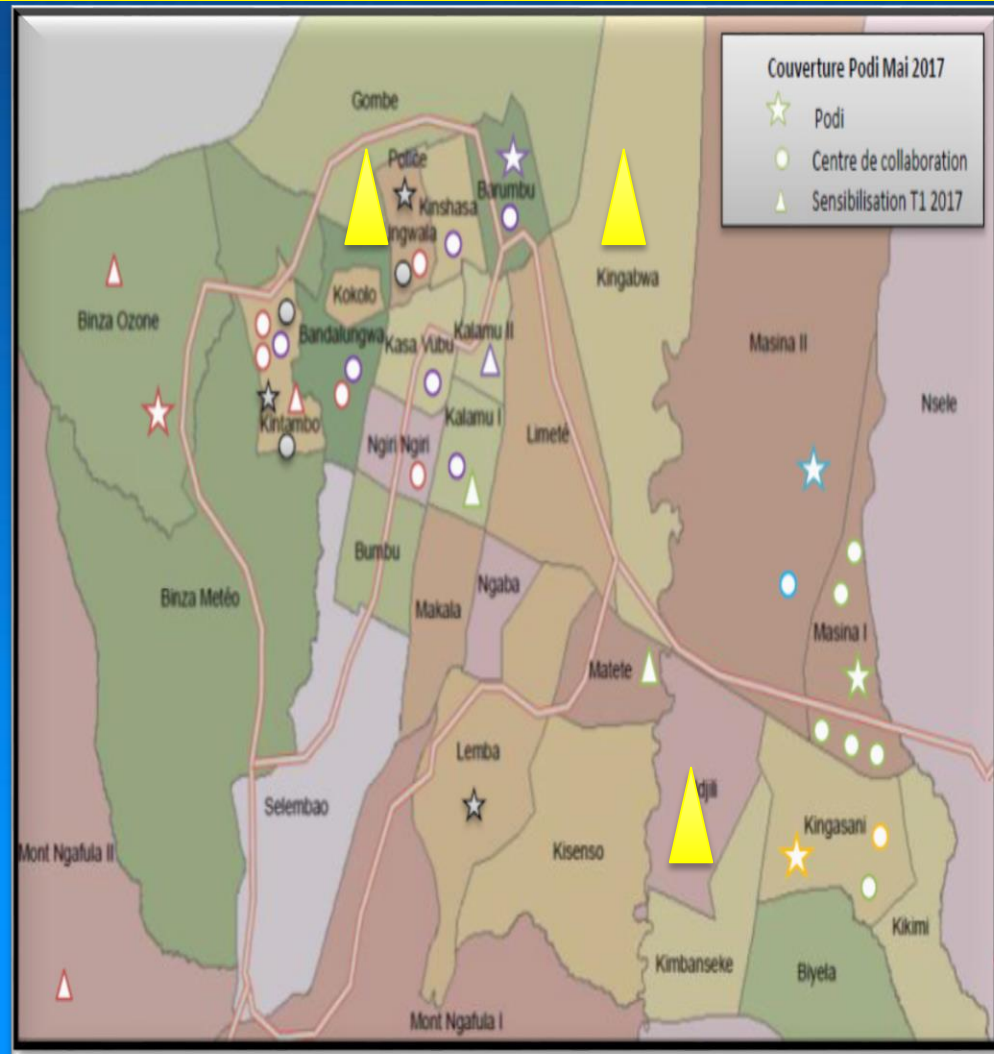
- Adult (15-49 ans): **1.2 %**
- Pregnant women : **2.1 %**

Patients on ART: **157072** (end 2016)

- Kinshasa: **46204**
- Children: **14333/40160**
- Women option B+: **15413/22667**

## Ratio Nurse/Doctor

- 49% (72270/123880) et 4,3% (6341/123880) = **11/1**



# ARC Project Summary (1/3)

Overall Aim	Objectives	Project Intervention
<p>Provide support to nurses and midwives at 3 high-volume facilities to implement quality improvement systems to improve service provision and management of health data for Option B+ and pediatric HIV.</p>	<p><i>1. Improve the coordination of project activities for the Quad project in DRC by end July</i></p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> <li>- 12 meetings held</li> </ul> <p><i>2. Contribute to the improvement of documentation and data storage in 3 structures by July 2017</i></p> <p><i>Indicators:</i></p> <ul style="list-style-type: none"> <li>- improvement of documentation and data storage from 50% to 95% of the health data of pregnant and breastfeeding women, exposed infants and positive adolescents</li> <li>- Improvement of the rate of completion from an average of 61.6 to 100% and accuracy from an average of 75 to 100% of reports.</li> </ul>	<ul style="list-style-type: none"> <li>-1.1. Organize monthly meetings of Quad Plus members</li> <li>-1.2. Organize monthly meetings of stakeholders</li> </ul> <ul style="list-style-type: none"> <li>2.1. Organize a capacity building workshop of personnel of the three health zone administration on data management.</li> <li>2.2 Support supervision visits to health providers in the facilities</li> <li>2.3 Hold quarterly meetings to validate data</li> </ul>

# ARC Project Summary (2/3)

Overall Aim	Objectives	Project Interventions
<p>Support three high-volume facilities in the implementation of a quality improvement system for service delivery and data management for Option B+ and pediatric HIV.</p>	<p>3. Organize 3 pilot quality Assurance committees in the target facilities by July 2017</p> <p><b>Indicators:</b></p> <p>- 90% of providers are selected to pilot the quality assurance committees at the sites</p>	<p>3.1 Identify members of the quality teams of the 3 facilities</p> <p>3.2 Train 30 members of quality teams of the 3 structures</p> <p>3.3 Support the follow-up visits to the trained teams at the sites.</p> <p>3.4 Organize meetings to exchange experiences on best practices</p>

# ARC Project Summary (3/3)

Overall Aim	Objectives	Project Intervention
<p>Support three high-volume facilities in the implementation of a quality improvement system for service delivery and data management for Option B+ and pediatric HIV.</p>	<p>4. Evaluate project activities</p> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>- <i>At least 85% of positive infants and adolescents are retained in treatment 12 months after initiation</i></li> <li>- <i>90% of counseled women are tested</i></li> <li>- <i>100% of HIV positive women receive ARV for their lifetime.</i></li> </ul>	<p>4.1 Elaborate the Terms of référence for the project evaluation</p> <p>4.2 Organize data collection at the facilities</p> <p>4.3 Analyze the data and produce the report</p>

# Key Activities /Interventions

Train 25 providers (nurses and midwives) on improvement of quality of service delivery and health data management

Install the pilot quality assurance committees

Support the follow-up and supervision visits to the trained teams at the sites.

**3 priority high-volume sites**

Organize the collect and validation of health data

Organize 2 meetings of stakeholders and one meeting to share best practices between the 3 facilities

# Equipe qualité Liziba



# Equipe Qualité de Kalembelembe



# Equipe qualité Bomoi





# Output Indicator Matrix

## Describe your monitoring activities

Output Indicator (change immediate)	Fréquency of monitoring	Comments – Please describe your experience
<b>A. 25/ 30 of health providers at 3 sites are trained on quality improvement of service delivery and health data management</b>	Twice	The participants are chosen in collaboration with their facilities. The training modules are adapted based on assessed needs.
<b>Nbre total of QUAD meetings held</b>	monthly	10 meetings out of the 12 took place (6 for the Quad, 1 Quad+, 2 for stakeholders and 1 working group). Reports are produced and shared even with absent members
<b>C. Nbre of health providers installed at the 3 sites.</b>	One time	At least 8 members per site of the quality improvement committees are in place at the 3 sites A description of the roles of the committees was developed.
<b>Nombre of supervision and support visits</b>	2 times	1 supervision visit undertaken by the QUAD team, which is considered the overseer of the project 1 support visit

# Feedback meeting with the consultant After the visit to the 3 sites (April)

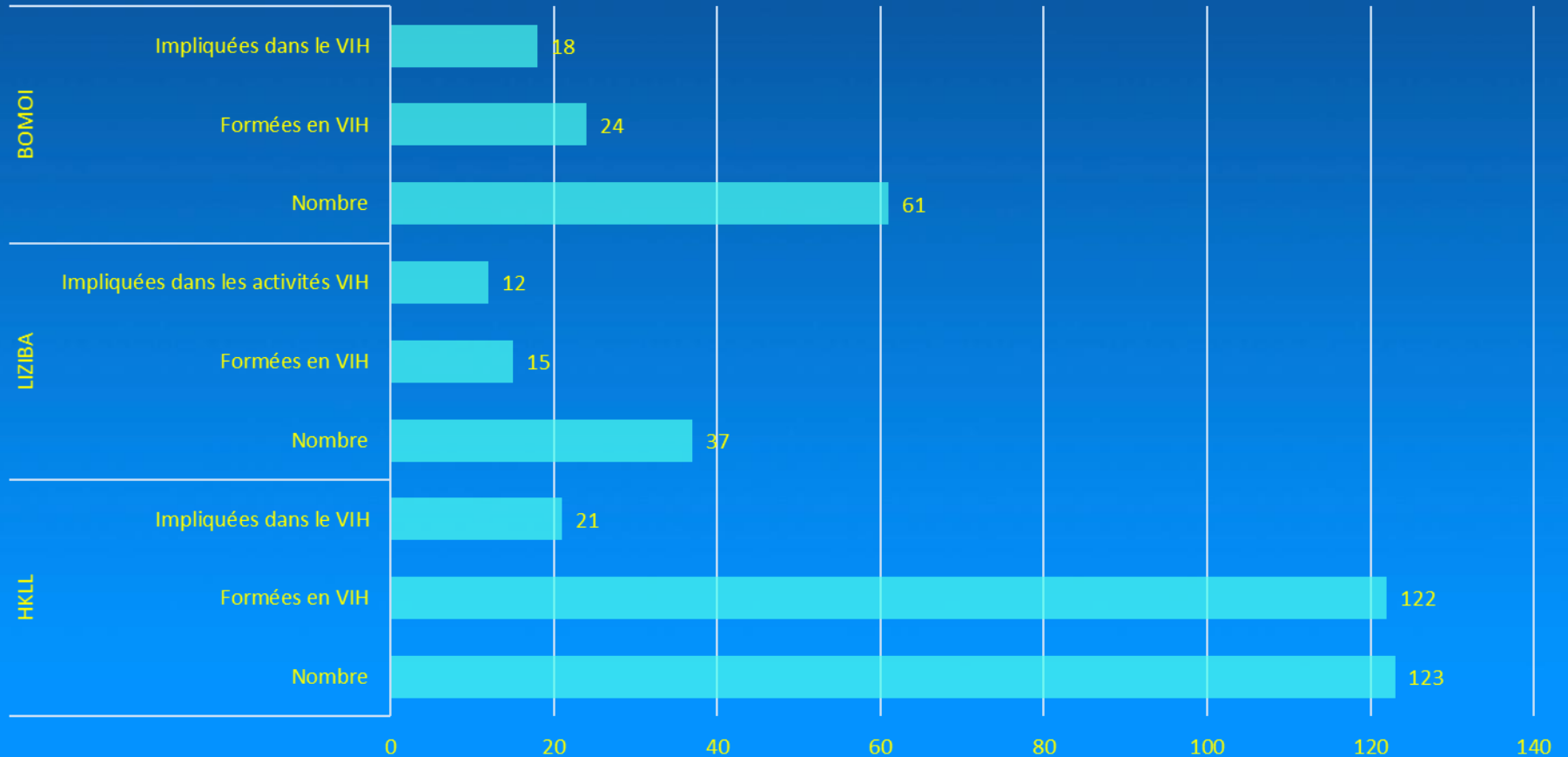


# Impact Indicator Matrix (Updated)

## Describe the impact of your activities

Long-term impact Indicator	Impact – what is the importance of these changes?
- Collaboration between the members of the Quad is effective	<ul style="list-style-type: none"> <li>-Regular meetings between the pillars of the quads.</li> <li>-Confidence in distribution of tasks among Quad member</li> <li>-Collaboration in preparation and execution of activities</li> <li>-Colleagues respect the quad representative at learning sessions</li> </ul>
Monthly or daily data collection at project sites The monitoring table for infants is posted on the wall at all 3 sites	B. The HIV status of all infants seen at the 3 sites is known 6 weeks after stopping breastfeeding. Health facility data is submitted to the provincial health office at the required timeframe.
Health providers in PMTCT and pediatric HIV services have job descriptions	Clarity of roles and expectations. Support to improve the HIV care cascade and patient management.
ALL 3 sites have written quarterly workplans and monitoring and evaluation plans of the quality of HIV services.	Innovations are documented, promising practices are explored more thoroughly for possible duplication.

# Human Resources by Facility

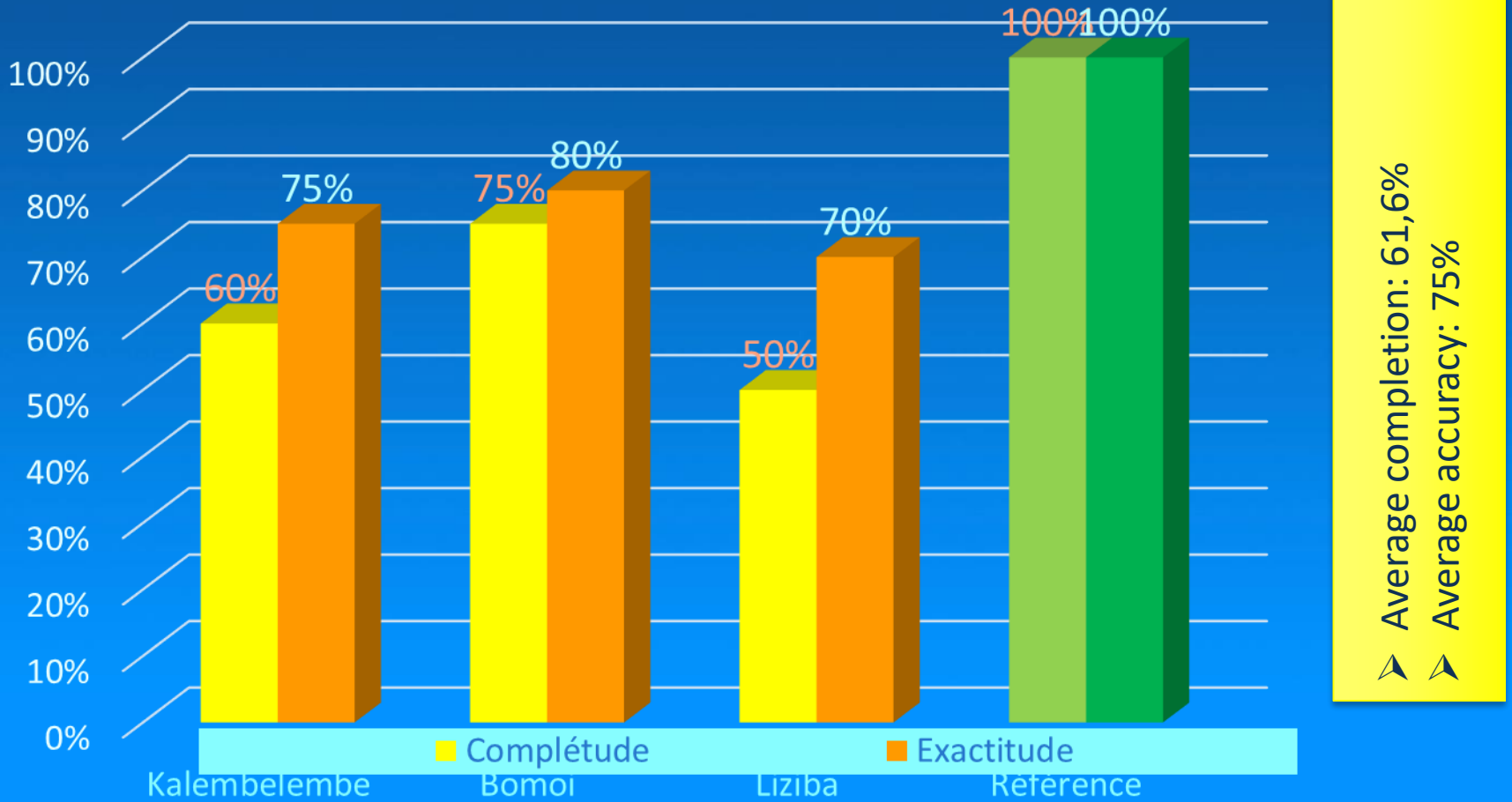


# Felt needs for the 5S



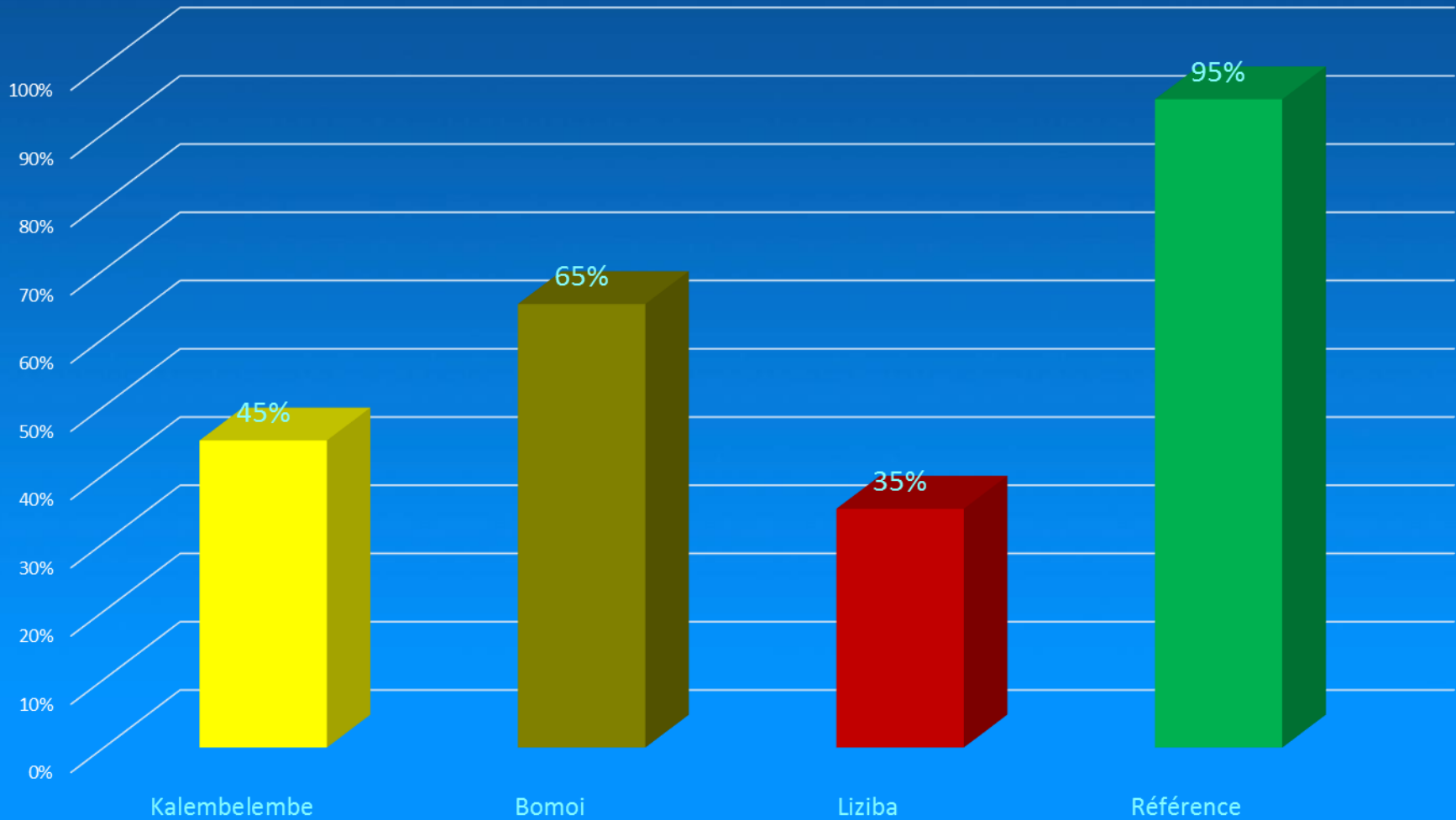
# Results Table

## Rate of completion and accuracy of data



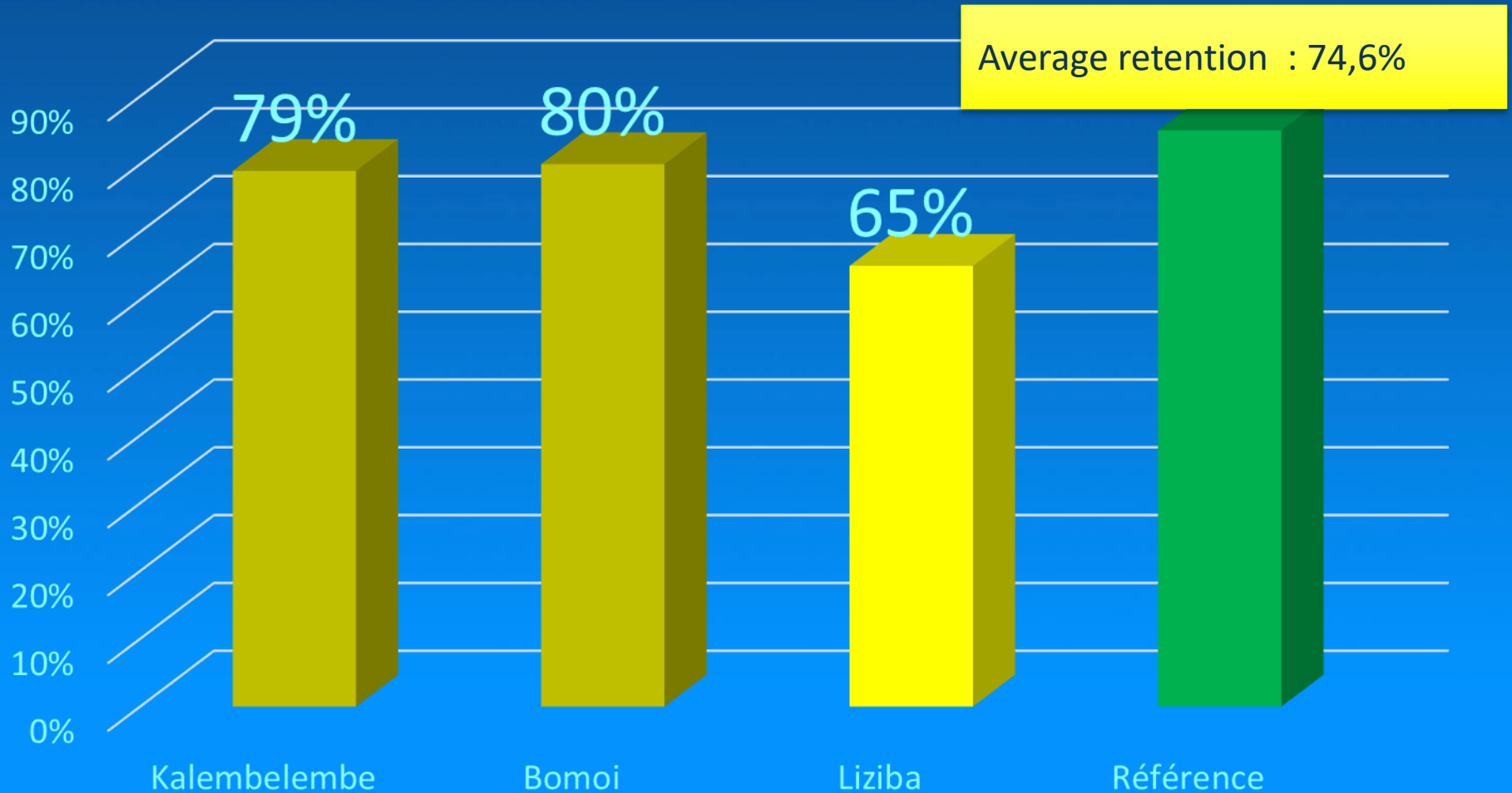
# Results Table

Rate of testing of exposed infants at 6 weeks



# Results Table

## Retention rate at 12 months for positive infants





# Lessons Learned (1/2)

**What is the 1 thing of which you are most proud?**

- *The installation quality improvement committees in the 3 high-volume sites*

**What are the two key lessons learned in the implementation of your project?**

- The importance of collaboration among various levels of health professionals serving on the quality assurance committees in each high-volume facility
- Peer learning and cross-fertilization of the three quality assurance committees that stems from the meetings to share best-practices

# Lessons Learned (2/2)

**What is the one thing which you would have done differently?**

- *Monitoring of the uptake mechanisms by the quality improvement teams and also strategies to motivate participants*

**What were two of the skills that your team believes to have developed this year?**

- *The collaborative approach between the Quad members and the communication between stakeholders*

# The Way Forward (1/2)

**How will you build on what you learned this year to move forward? For example, new partners?**

- *Multiply the number of supervisions of health providers and support to members of the quality committees at the three sites by having them participate in the meetings of exchange of experiences.*

**Please introduce two dissemination targets to present your findings:**

- *Nursing leaders (directors of nursing) et mid-wifery leaders (head of Maternity services)*

# The Way Forward (2/2)

**How will the Quad members stay in touch?**

- *Via monthly Quad meetings and via telephone and email communications*

**Please share one suggestion with the ARC Faculty to enable it to improve its support in the future.**

- *There is a need for technical assistance and strengthened confidence between the members of the Quad and ARC*

# THANK YOU

Closing of the first Congress of the Nursing Council in DRC



Process of the creation of the Council of Midwives in DRC (In March)



NEWS

NEWS