African HEALTH PROFESSIONS Regional Collaborative
FOR NURSES AND MIDWIVES

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EMORY NELL HODGSON WOODRUFF SCHOOL OF NURSING

CNMF Commonwealth Nurses and Midwives Federation

An Initiative to Enhance Competencies in Nurse and midwife-led HIV care & Management to Adolescents In 2 sites in Kenya

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KENYAN QUAD TEAM

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ARC Project Team

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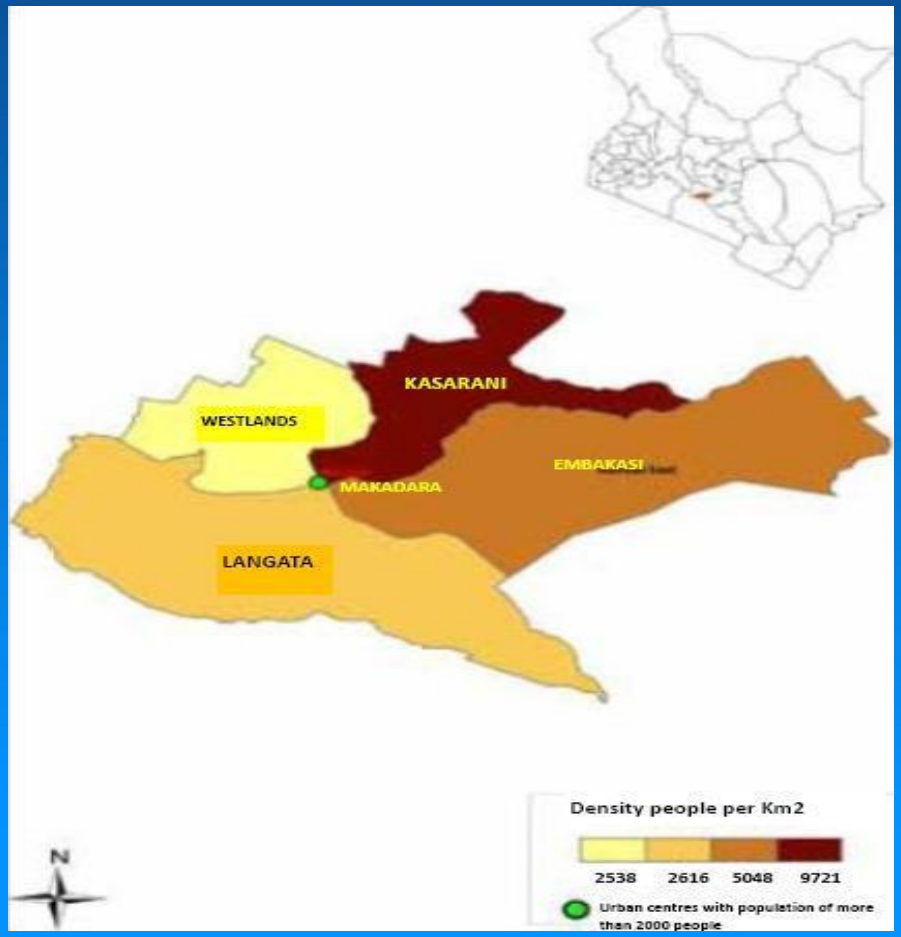
- Alfred Obengo (Chairman, NNAK)
- Winnie Shena-(QUAD Plus Member)

ARC Project Context – Nairobi County



ARC Project - Health facility:
Riruta Health Center
(*University of Maryland*)

- ✓ **National HIV prevalence est:** 5.9%
- ✓ **National ART coverage:** 66%
- ✓ **County population est.:** 4.2 million
- ✓ **County HIV prevalence est.:** 6.1%
- ✓ **County contribution to national HIV est:** 11.3%.

ARC Project Context – Homa Bay County

ARC project - Health facility: Homa Bay Referral & Teaching Hosp. (*IRDO; EGPAF; MSF)*

- ✓ **National HIV prevalence est**: 5.9%
- ✓ **National ART coverage:** 66%
- ✓ **County population**: 1.1 million
- ✓ **County HIV prevalence est.:** 26%
- ✓ **County contribution to national HIV est**: 10.4%

ARC Project Summary

Overarching Goal	AIM Statement	Project Intervention
To deliver quality nurse-led HIV care and management to children and adolescents	**AIM (goal):** Increase self confidence score from 53.6 to 75 by June 2017. Increase self competence from 28.3 to 75 by June 2017. **Metric (list 1-2 project indicators):** • Number of nurses trained • Establish clinical mentorship program • Functional quality improvement team established **ACHIEVEMENT (actual):** • Capacity building for 35 nurses done. • Clinical mentorship programme established • QI system at target facilities established	❖ 35 Nurses trained in comprehensive HIV care and management ❖ Clinical Mentorship Program established ❖ Continuous Quality Improvement Systems established - QIT formed and Inducted - Clinical metrics and Checklists for QI Audit developed

Key Activities/Intervention

1. **Trained 35 nurses in comprehensive HIV management and care.**
   - ✓ To collate and harmonise training package for HIV care and management.
   - ✓ Identification of Trainees and Trainers
   - ✓ Undertake the training for the 35 Nurse-Midwives
2. **Established a clinical mentorship programme**
   - ✓ Identify the clinical mentors and mentees
   - ✓ Induct the mentors and mentees
   - ✓ Roll out the mentorship program.
3. **Develop Quality Improvement System**
   - ✓ Developed clinical metrics & QI checklist
   - ✓ Establish QI teams and Identified champions to support QI activities at target facilities
   - ✓ Oriented staff on QI basics/ principles ; QI tools Clinical metrics in line with KHQIF standards.

Output Indicator Matrix

Output Indicator	Freq of monitoring	Comments – How was the experience?
1.Number of Nurses trained	Once in	35 nurses trained in comprehensive HIV care and management
2.clinical mentorship programme established	weekly	Clinical mentorship programme was established based on NASCOP mentorship training guidelines
3.Clinical metrics for Adolescent HIV care and treatment developed and approved for use	once	The team developed the clinical metrics based on the national HIV policy & guidelines as well as WHO guidance. Clinical metrics were shared with HIV clinical mentors and QI teams (QIT) who gave inputs that were incorporated in the final metrics. These will be used in clinical audits.
4.Quality improvement checklist developed and approved for use	once	The draft QI checklist was developed and disseminated to HIV mentors and QIT who gave inputs. Final copy were disseminated for use in the intervention sites by the facility team for quality monitoring

Output Indicator Matrix

Output Indicator	Freq of monitoring	Comments – How was the experience?
5.Quality improvement team (QIT) established at target facilities	once	Quality Improvement team where identified and inducted into QI. They represented various departments(MCH, PSC, Maternity, newborn/pediatric units and OPD)They included nurses, clinical officers, nutrition and psychosocial counsellors.
6.Orientation of QITs on Quality Improvement & on the Clinical metrics and QI checklist tool	once	QITs were oriented on the KHQIF-2014.Champions to lead the QITs were also appointed. They all developed a QI activity schedule for implementation of the QI activities in the respective facilities
7.Number of CME on Quality improvement conducted at target facilities	Once a month	The QITs conducted a CME session with the facility team on QI and disseminated the KHQIF

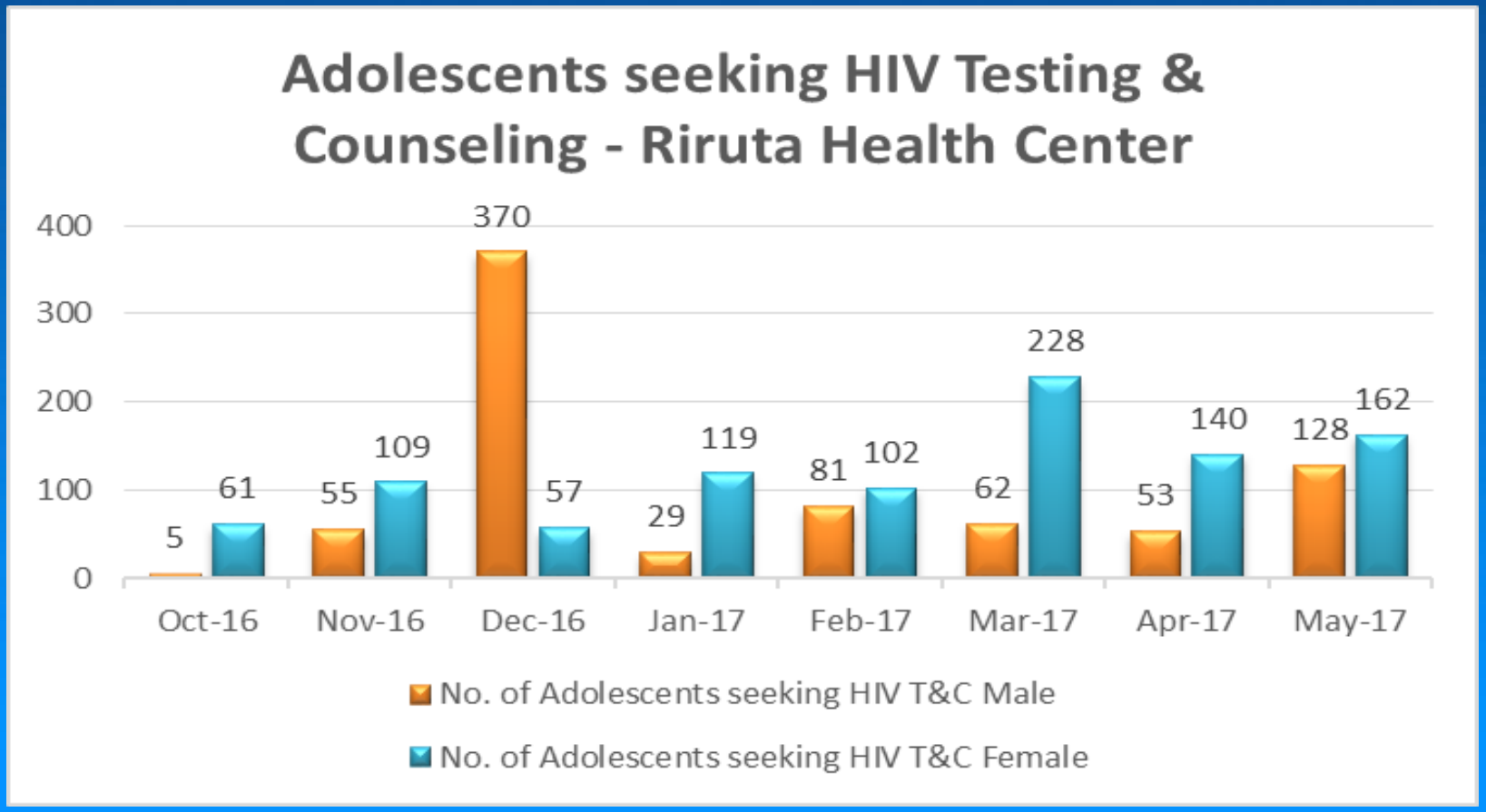
Output Indicator Matrix

Output Indicator	Freq of monitoring	Comments – How was the experience?
7. QIT meeting held at target sites	Once a month	One planning and review meeting held by the QIT to develop the activity schedule and plan for the CME sessions
8. Progress monitoring through use of QI checklist	Continuous	The QUAD team and the QIT to continuously monitor the quality of services at target facilities
9. Performance tracking using Clinical metrics sheet (KPIs)	Once a month	Data collected on key performance Indicators

Outcome Indicator Matrix

Outcome Indicator	Impact
1. Improved documentation of new adolescent HIV cases at target facilities	• Database established and data being used for planning and decision making • Improved referrals ,follow up and tracking for HIV care and treatment services
2. Number of HIV positive adolescent enrolled into HIV care and treatment services at target facilities	• Better access to service and quality of care by improved nurse competency on HIV care and treatment. • Increased number of adolescents in catchment areas accessing treatment(ART) by improved nurse competency on HIV care and treatment.
3. Improvement adherence to ART to support patient adherence to ART at target facilities	Potential for: • Improved defaulter tracking • Reduction in the total number defaulters • Improved adherence to treatment thus better treatment outcomes

Contextual Data – Demand for HIV Services



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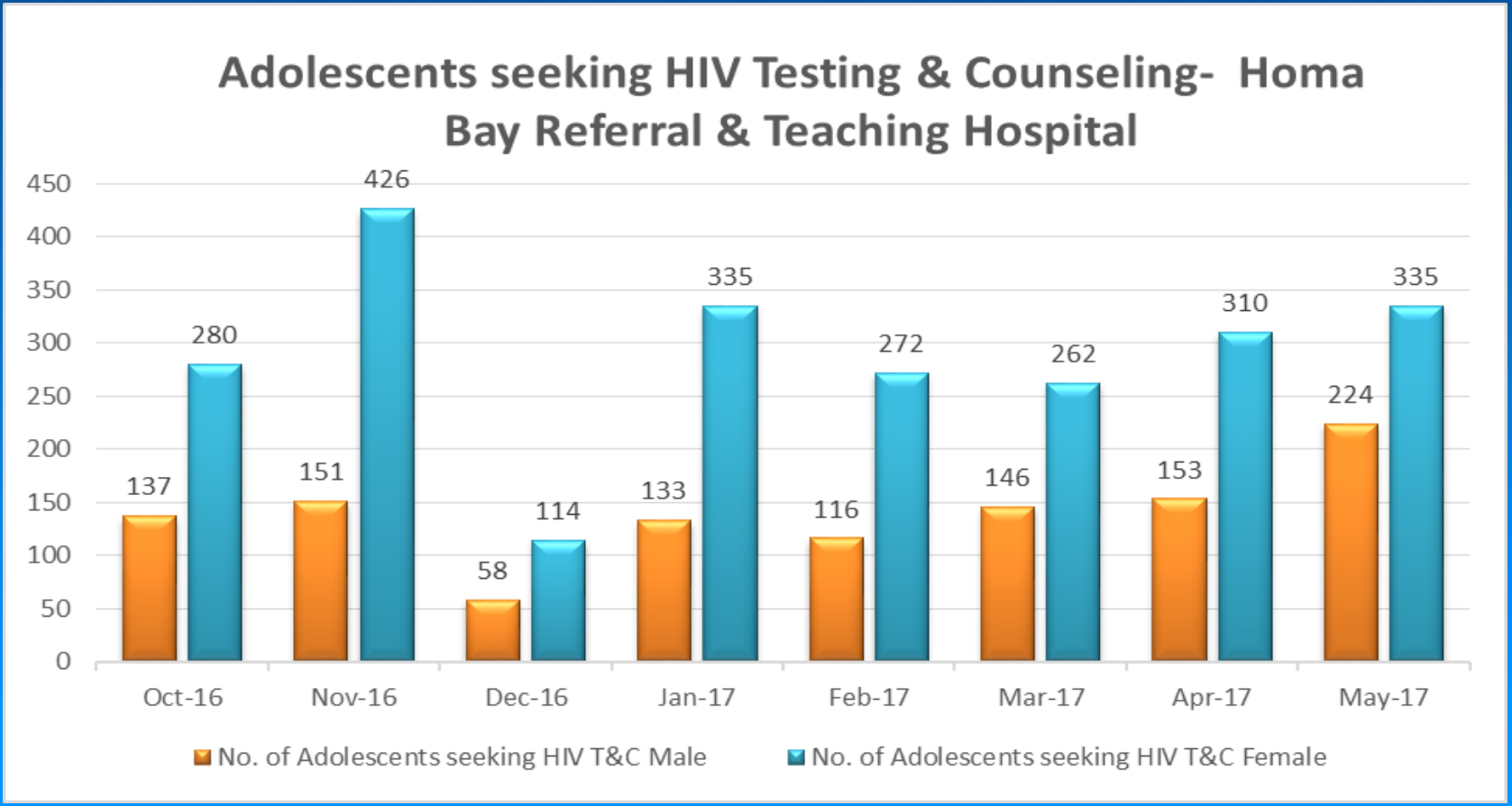

Intervention Results

- Trained 35 nurses/ health care workers in comprehensive HIV care and management
- Trained 10 nurses/clinicians in clinical mentorship
- Established a mentorship programme
- Held 2 trainings on Quality Improvement – Riruta & Homa Bay
  - Shared completed Clinical metrics performance tracking tool with target facilities
  - Shared QI checklist to support/ compliment the existing Adolescent Checklist for Follow Up for Adolescents at target facilities

Intervention Results

Indicator	Riruta	Homa Bay
Nurses Trained in comprehensive HIV care and management	10	25
Nurses trained in clinical mentorship	10	20
QIT membership	7	10
Nurses staffing	16	242
QIT cadre composition	Nurses (5), Clinical Officers (1), Lab Tech (1)	Nurses (9), Clinical officer (1)
No. of CMEs: *Jan from 2017 to May 2017***	19	15

Key service gaps noted in Riruta & Homa Bay

- **Poor HIV data management** – need for facilities to make use of existing tools to monitor adolescent patient data
- **Limited enrollment of known positives** – lost to follow up due to no-returns; missed clinical visits due to school attendance
- **Weak linkage & referral systems –** poor tracking of known positives who seek services elsewhere
- **Low adherence to ART** – high stigmatization among HIV positive adolescents; poor defaulter tracing

Lessons Learned

- **We are most proud** of is the establishment of the functional QITs at each facility to champion quality of care, ensuring that:
  - Psychosocial support for youth & care givers
  - Quality checks on record keeping are conducted
  - CMEs will be used as a platform to present HIV service delivery gaps
- The **top 2 lessons learned** in implementing your QI project:
  - Involvement of the adolescent and community in designing and planning for their care was crucial
  - Use of Team leaders (Champions)for the QIT is key for effective intervention

Lessons Learned

- The Kenya QUAD should have involved the QITs and the adolescents in the development of the QI metrics and monitoring tools in order to gain their perspective of quality

- What 2 capacities does your team feel it has developed this year?
  - Improved communication/coordination skills/team spirit
  - Improved advocacy and negotiation skills

Way Forward

- Continuous monitoring and supportive supervision/clinical audits for the facility teams to check for gaps and strengths
  - Kenya Quad to address lost to follow up adolescents by improvement of linkage to care
- Come up with SMART solutions to address the identified gaps and maintain the good practices
- Develop an intervention plan and costing
- Mobilizing additional local resources(both technical and financial)to increase and sustain the nurse Led HIV response

Way Forward

- Conduct endline facility assessment
- Share 2 dissemination targets to present your results
- Partners and key stakeholder at the hospital, sub county, county and national level
- Quad will establish an online platform
- Share ideas with ARC Faculty on how to improve future support
- Continue networking as a team to lobby for resources

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