

FOR NURSES AND MIDWIVES



[LESOTHO] RE INFORCEMENT OF CLINICAL MENTORSHIP PROGRAM IN LESOTHO Summative Congress: Final Project Results

> Flavia Moetsana-Poka, Lesotho Nursing Council Lusaka, Zambia 7th July 2017

ARC Project Team









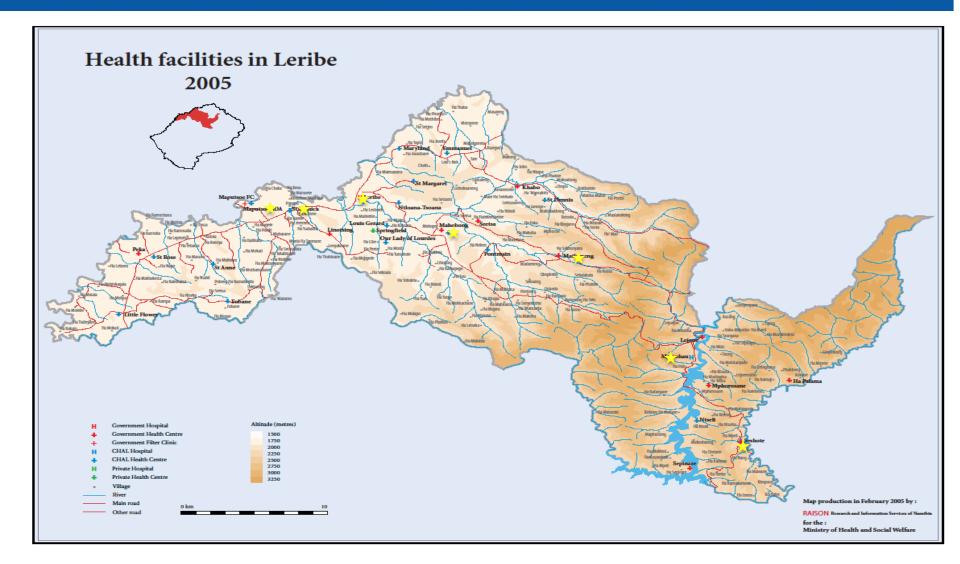




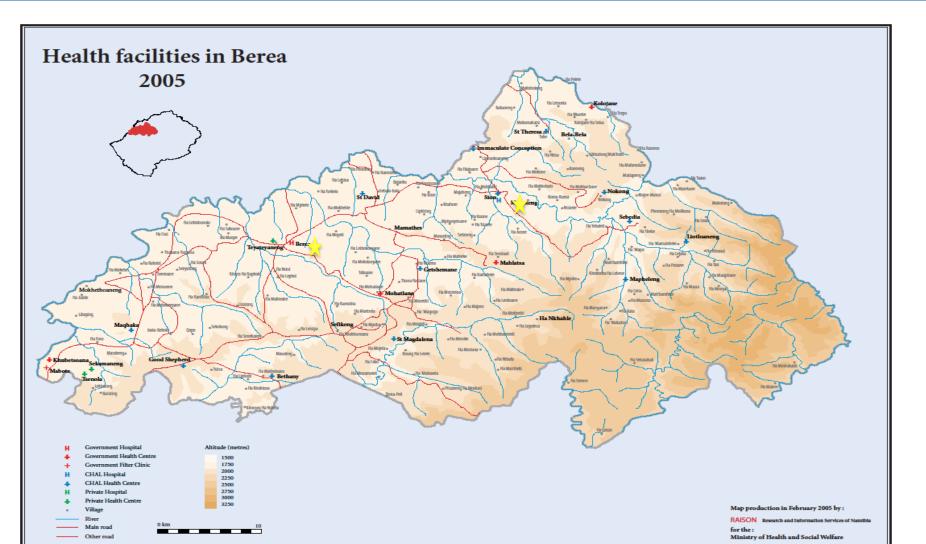
and Midwives Federation

2

Name of Facilities (map - + showing facility locations)



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- National HIV prevalence rate : Lesotho has a high prevalence rate of HIV infection estimated at 25% since 2009 (LDHS, 2014)
- National ART coverage : 54%
- # of nurses national: 4191
- # of midwives National: 3099





• Implementing partners active in your project site (ICAP, CHAI, etc.)

- 1. Ministry of Health (MOH)
- 2. Christian Health Association of Lesotho (CHAL)





ARC Project Summary

Overarching Goal	AIM Statement	Project Intervention
- To improve the provision of TB /HIV and AIDS (NIMART) services through the mentorship programme in the selected health facilities in Leribe and Berea Districts	 AIM (goal): Increase number of clients accessing TB/NIMART from 56% to 75% by July 2017. Metric (list 1-2 project indicators): Identify clinical mentors in Leribe and Berea districts Train clinical mentors in Leribe and Berea district ACHIEVEMENT (actual): 17 clinical mentors were identified and trained on TB, HIV and AIDS from 7% to 59% by July 2017.	 Describe your Intervention Clinical mentors identified Clinical mentors trained on Lesotho Preceptorship and Mentorship Framework and on TB, HIV and AIDS management (NIMART) Trained mentors competently provide supportive supervision and mentoring on TB/NIMART Plan is to increase

number of clients

Key Activities/Intervention

1. Identified 17 clinical mentors from all health facilities within Leribe and Berea districts

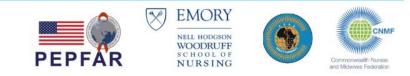
2. Engaged facilitators from MOH to conduct trainings on TB, HIV and AIDS.

3. Trained 17 clinical mentors from all health facilities in Leribe and Berea districts on TB, HIV and AIDS and Clinical mentorship.

 Developed the M&E tool for providing guidance and evaluating performance.

5. Monitoring of trained clinical mentors in Leribe and Berea districts on mentoring other nurses and midwives within their facilities.

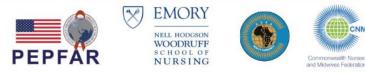




CLINICAL MENTORS' WORKSHOP







CLINICAL MENTORS' WORKSHOP







Output Indicator Matrix Describe your monitoring activities

Output Indicator	Frequency of monitoring	Comments – How was the experience?
No. of Clinical mentors identified for NIMART training in Leribe and Berea districts	Once at the end of the project (July 2017)	The task was completed in time, without any challenges.
No. of clinical mentors trained and proficient to mentor others on TB/NIMART services	At the end of each training	There was a delay due to the change in selected areas, which had to focus on Leribe and Berea districts due to time constraints. The clinical mentors acknowledged the trainings offered, and indicated that they need more trainings and follow ups.
M&E tool developed	Once during project implementation (Feb – July 2017)	Due to competing roles, it took longer time than expected to develop the M&E tool
No. of nurses and midwives mentored by each of the trained TB/HIV and AIDS mentors	Ongoing throughout the life of the project and beyond	Work in progress

Outcome Indicator Matrix Describe the impact of activities

Outcome Indicator	Impact – What is the significance of the change?	
2 clinical mentors trained in each health facility within Leribe and Berea districts	Lesotho QUAD project has assisted the country in facilitating implementation of the newly developed Lesotho Clinical Mentorship framework.	
17 clinical mentors proficient on TB/NIMART to mentor others	Identification and training of the clinical mentors within the Leribe and Berea districts was a great initiative as the health facilities did not have clinical mentors before the project, and there were knowledge and skills gaps.	
12 nurses and midwives mentored by trained clinical mentors	There is improvement confidence in mentoring others on TB/NIMART services	
African HEALTH PROFESSIONS Regional		



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Commonwealth Nurses

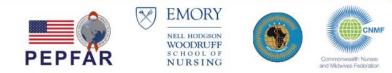
and Midwives Federation

Intervention Graphic

Training of 17 TB/HIV mentors Trained mentor more competent & confident to mentor others

Identification of TB/HIV nursesmidwives to be trained as mentors





Results Chart

INDICATOR	BASELINE	TARGET
2 clinical mentors trained in each hospital within Leribe and Berea districts	50%	100%
1 clinical mentor trained in each health centre within Leribe and Berea districts	0%	59%
17 clinical mentors proficienton TB/NIMART to mentorothers(Using pre and post testresults)	78%	90%
12 nurses and midwives mentored by trained clinical mentors	0%	60%
Regional Collaborative	P	PEPFAR NURSING









Commonwealth Nurses and Midwives Federation

Lessons Learned

What 1 thing are you most proud of? >QUAD supporting the MOH in initiating the operationalization of the Lesotho **Preceptorship and Mentorship Framework** which has to be rolled out in other districts. Clinical Mentorship program has formalized identification of clinical mentors within the country. This activity was implemented in a haphazard manner and was not properly monitored.

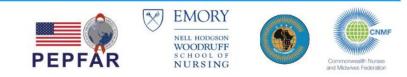




Lessons Learned

- What were the top 2 lessons learned in implementing your QI project?
- That nurses do not express their short comings related to the provision of services they offer.
- There is need to create platforms to get their views regarding their services and work environments.
- ARC Proposal writing, project management etc.





Lessons Learned

- What 1 thing do you think you should have done differently?
- Extended the project as the project life was too short.
- What 2 capacities does your team feel it has developed this year?
- Training of TB/NIMART clinical mentors
- Development of the M&E tool to be used while implementing the clinical mentorship programme





 How will you build on what you've learned this year?

 Seek support from MOH partners to roll out the Clinical Mentorship program
 Compile a list of partners who work on clinical mentorship program, and collaborate in the implementation and monitoring of the program.

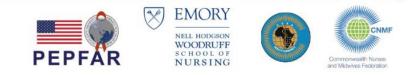




Share 2 dissemination targets to present your results.

Trained and proficient clinical mentors
 Nurses and midwives mentored on provision of TB/NIMART services

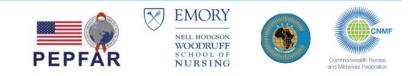




How will the quad remain in contact?

Quad will remain in contact and collaborating because of the various activities in nursing and midwifery that link them together. One pillar cannot function in isolation of the others.





- Share 1 advice to ARC Faculty on how to improve future support.
- > Lesotho QUAD appreciates and congratulates the ARC Faculty for the entire support offered technically and financially throughout the 4 phases of ARC life; their commitment and dedication in guiding all the Quad members in writing proposals and reports, and implementing their projects for improvement of nursing and midwifery regulation and services within their respective countries.





ACKNOWLEDGEMENTS

ARC faculty
 Ministry of Health
 Christian Health Association of Lesotho





KEA LEBOHA THANK YOU VERY MUCH



