







FOR NURSES AND MIDWIVES

Mozambique Enhance Adolescents Clinical Services

Learning Session II: Project M&E Processes

Norgia Elsa Machava, RN Quad/Mozambique March 2017













ARC Project Summary

What are we trying to accomplish?

How will we know if a change is an improvement?

What change will we make that will result in an improvement?

The goals of this project is to develop and improve clinical services that focus on adolescents sexual and reproductive health (SAAJ) to enhance youth engagement and retention to health services, including education, family planning and ARV treatment and care.

AIM Statement

- 1. Increase from 17 to 29 the # of Nurses trained on HIV for children and adolescents by June 2017
- 2. Reduce from 6 to 0 the # of Health Providers that cited barrier on training at this facility to prepare with the knowledge and skills needed to provide care effectively to adolescents by June 2017
- 3. Increase from 34% to 44% (Bagamoio) from 27% to 37% (Boane) and from 24% to 34% (Ressano Garcia) the # of Health Providers reporting having confidence in providing HIV services to Children and Adolescent by June 2017

- 1. HIV training for nurses and midwifes to provide HIV services to children and adolescents;
- 2. On job training for nurses and midwifes providing HIV services to children and adolescents on viral load and TB
- 3. On Job training for nurses and midwifes to boost confidence in providing HIV services to children and adolescents



ARC Project Summary

What are we trying to accomplish?

How will we know if a change is an improvement?

What change will we make that will result in an improvement?

The goals of this project is to develop and improve clinical services that focus on adolescents sexual and reproductive health (SAAJ) to enhance youth engagement and retention to health services, including education, family planning and ARV treatment and care.

AIM Statement

4. Increase from 57 to 67 and from 248 to 263 the # of adolescents aged (10-14) and (15-19) respectively receiving HIV Testing and Canceling (HTC) services for HIV and receiving their test results during the PEPFAR reporting period

5. Increase from 3 to 8 and from 13 to 18 the Number of adults children aged 10-14 & 15-19 respectively, newly enrolled on antiretroviral therapy (ART)

5. Enhancement of testing and counseling services (HTC) for girls and boys at SAAJ sites

6. Advocate and/or provide supplies and equipment for SAAJ sites











ARC Project Summary

What are we trying to accomplish?

How will we know if a change is an improvement?

What change will we make that will result in an improvement?

The goals of this project is to develop and improve clinical services that focus on adolescents sexual and reproductive health (SAAJ) to enhance youth engagement and retention to health services, including education, family planning and ARV treatment and care.

AIM Statement

- 6. Increase from 0 to 2 the # of health facilities basically equipped providing services targeting adolescents (ages 10-19) living with HIV
- 7. a) Increase from 0- to 3 the # of health facilities having and using a written policy for disclosure of HIV status to adolescents (<16 yrs); youths (>16 yrs)
- b) Increase from 0 to 3 the # of health facilities with a written Policy for consent for HIV testing and treatment for adolescents (<16 yrs) youths (>16 y

6. Advocate and/or provide supplies and equipment for SAAJ sites

7. Advocacy/reproduction of policies on HIV for adolescents and job AIDS











Materials to Bring to March 2017 Learning Session

- Attached MOH Training Material
- Attached ARIEL Training Material (used recently to train staff)
- TORs created for trained health personnel
 - -N/A
 - M&E framework attached
 - Data collection/Check list attached
 - Adapted Informed Consent Term Policy attached
 - All Materials sent to Emory









S.M.A.R.T. Indicators

Agreed Specification of the National Agreement of the National A









ARC PROJECT M&E Plan

| Objective 1 (1 objective per slide) | Activities (Please put already completed activities from Action Periods 1& 2 in BLUE) | Anticipated Outcome | Indicator | Tools |
|---|--|---|--|------------------------|
| Work with Health Facilities and Partners to Improve implementation and utilization of SAAJ's at Health Facilities | 1. Coordination meetings | 1. All members to participate and collaborate | Five visits to assess Health Facilities (HF) Readiness and advocate for implementation of SAAJ. | Monthly |
| | 2. meetings with PEPFAR partners and Health facility leaders, stakeholders and SAAJ focal point to coordinate activities | 2. All tools were harmonize d | 1-Five meetings with Health Facilities, to discuss activity plans for SAAJ and coordination 2. Two meetings with ARIEL to discuss activity plans for SAAJ and coordination at Boane and Ressano Garcia 3. Two meeting s with CCS to discuss activity plans for SAAJ and coordination at Bagamoio | meetings check list |

M&E Plan

| Objective 2 | Activities | Anticipated | Indicator | Tools |
|---------------------|-------------------------------|-------------|------------------------|-----------------|
| (1 objective per | (Please put already | Outcome | | |
| slide) | completed activities from | | | |
| Silaci | Action Periods 1& 2 in | | | |
| | | | | |
| To build the skills | BLUE) | | | |
| of service | | | | |
| providers | | | | |
| adolescents to | | | | |
| | 1.Trained of Nurses on HIV | 38 Nurses | 15 nurses trained on | Data collection |
| promote and | for adolescents | received | HIV for adolescents, | form |
| participate in | Tor adorescents | | · · | 101111 |
| providing | | training on | but were trained only | |
| expanded | | HIV for | 4 nurses at the Helath | |
| - | 2. HIV on job training for | adolescents | facilities selected. | |
| opportunities for | Nurses | | | |
| improved | | NOT DONE | | |
| adolescent health | 2.17 | NOT DONE | | |
| and development | 3. Viral load and TB training | | | |
| and development | for nurses and midwifes | NOT DONE | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |











M&E Plan

| Objective 3 (1 objective per slide) To increase access and utilization of | Activities (Please put already completed activities from Action Periods 1& 2 in BLUE) | Anticipated Outcome | Indicator | Tools | | | | | |
|---|---|------------------------------------|---|----------------------------------|--|--|--|--|--|
| adolescent friendly health care services in order to reduce unwanted child bearing, STIs | 1. Equipped one HF SAAJ | Equipped three HF with TV and DVD) | Equippement for each HF | Monthly meetings checklist | | | | | |
| including HIV/AIDS, and other health problems | 2. Informed Consent Term Policy developed | Developed | Informe Consent to distribuite for each HF | | | | | | |











African HEALTH PROFESSIONS
Regional
Collaborative









Project Baseline M&E Processes

- What baseline data have been gathered in Action Periods I and II?
 - —We trained 38 nurses for HIV for adolescents at Maputo Province in coordination of the partners.

Have baseline results been analyzed? YES.
 Are showed in a previous slides









Lesson Learned

 Monitored activities help to ensure compliance and commitment to work.

 We think that we would have difficulties to carry out the activities but, fortunately we have had a lot of support from the partners in particular the CDC









Way Forward (April-July 2017)

- Although it is a great challenge for quad, we believe that we will conclude with the activities of the project
- We will continue monitoring and evaluation visits
- To continue nurses training in service.













African HEALTH PROFESSIONS Regional Collaborative









• OBRIGADO

THANK YOU

KHANIMAMBO

ASSANTE SANA









