

RWANDA

Scaling up nurses and midwives competencies to address pediatric HIV management

Summative Congress:

Final Project Results

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National Council of Nurses and Midwives
Lusaka, Zambia
6th July 2017

Quad after training workshop

- Andre Gitembagara
- Madeleine Mukeshimana
- Mary Murebwayire
- Julie Kimonyo



TRAINING SESSION



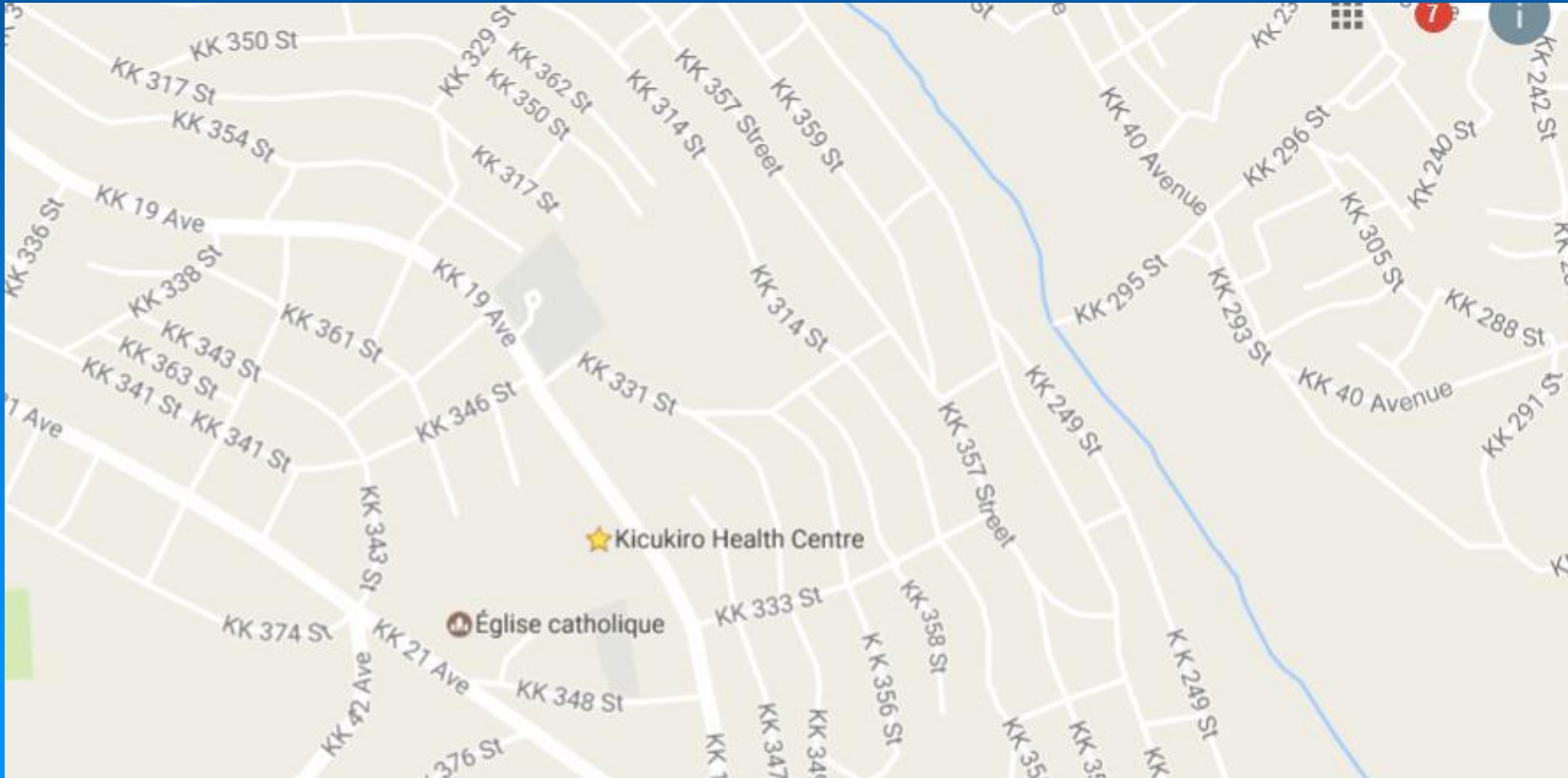
Quad Plus members

- Mukandoli Daphrose (RN) National trainer
- Ndayire Jean Claude (RN) National trainer
- Mukeshimana Olive (MD) National trainer
- Byiringiro Vianney (MD) RBC
- Nsabimana Sabin (MD) RBC
- Kankindi Ida (MD) CDC, Rwanda

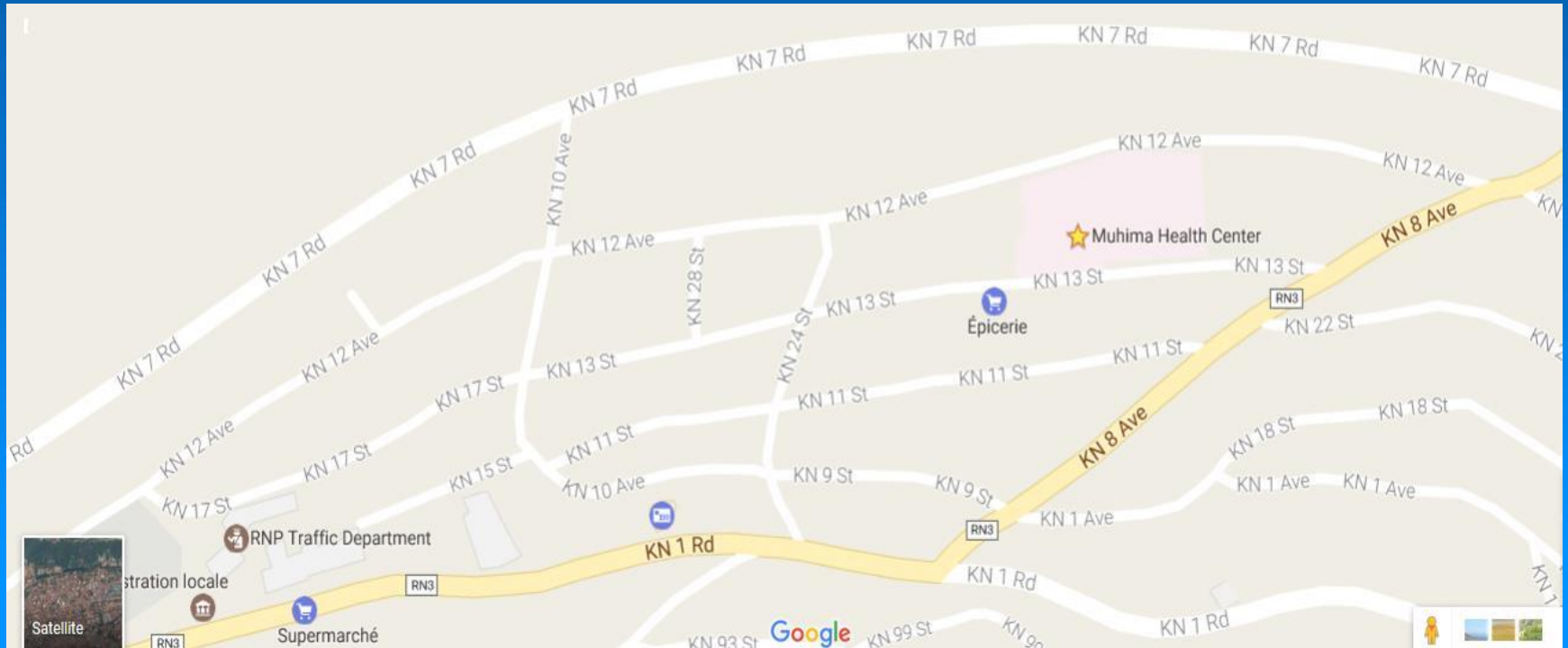
Cor Unum Health Centre



Kicukiro Health Centre



Muhima Health Centre



ARC Project Context

- National HIV prevalence rate - 3% (Source: MoH)
- National ART coverage -95% (Source: MoH)
- # of Nurses – 11,026
- # of Midwives -1,735
- Implementing partners: RBC and CDC Rwanda

ARC Project Summary

Overarching Goal	AIM Statement	Project Intervention
<p>A CLINICAL MENTORSHIP PROGRAM FOR PEDIATRIC HIV AND PMTCT WILL BE ESTABLISHED AND PEDIATRIC HIV MANAGEMENT WILL BE EFFECTIVE IN THE MENTORED FACILITIES IN CONFORMITY WITH NATIONAL GUIDELINES.</p>	<p>AIM (goal): To have initiated the clinical site mentorship approach in all 10 health facilities by end of <u>June 2017</u>.</p> <p>Project indicators:</p> <ul style="list-style-type: none"> • Ten days HIV tasksharing theoretical and clinical training. • Five days paediatric HIV and PMTCT theoretical and clinical mentorship training • 10 nurse/ midwife managers trained as clinical mentors <p>ACHIEVEMENT (actual): Pre and post test in: Task-sharing increased from 44% to 84% while mentorship knowledge increased from 24% to 69% by the end of the 2 weeks training</p>	<ul style="list-style-type: none"> • One nurse/ midwife manager from each of the ten selected HF was trained in pediatric HIV and PMTCT clinical mentorship • Each trained nurse/ midwife manager mentoring nurses/midwives at their work place

Key Activities/Intervention

1. Identified and selected trainers and trainees for Paediatric HIV and PMTCT clinical mentorship programme
2. Trained ten nurse/ midwife managers in Task-sharing and Pediatric HIV and PMTCT clinical mentorship
3. Adapted and established a clinical mentorship module for Pediatric/HIV management
4. Followed up on Paediatric HIV and PMTCT clinical mentorship implementation
5. Endline survey in three high volume facilities (not yet accomplished)

Output Indicator Matrix

Describe your monitoring activities

Output Indicator	Frequency of monitoring	Comments – How was the experience?
Ten nurse/midwife managers trained in task-sharing	Ten days	Only two of the managers had prior knowledge in task-sharing
Ten nurse/midwife managers trained in pediatric HIV/PMTCT option B+ mentorship	Two days of theory Three days of clinical practice in 10 health facilities	Mentors Practiced Pediatric HIV and PMTCT+ management in the three selected sites. Expressed self-confidence during clinical practice
Mentors in three of the 10 facilities (Gikondo HC, Biryogo and Muhima HC) started mentoring nursing staff	One day per week	They started with theoretical instructions for those who have not been practicing in HIV department while supervising those already in HIV clinic.
Each mentor was given a copy of <ul style="list-style-type: none"> • A clinical log book for mentees • Clinical competency assessment of Mentees • Clinical Mentor performance Standards • Clinical competency assessment of Mentor • Clinical Mentorship agreement 	Each mentor was visited once by the supervisor	Mentors are demanding French version of the Mentorship Clinical Guidelines

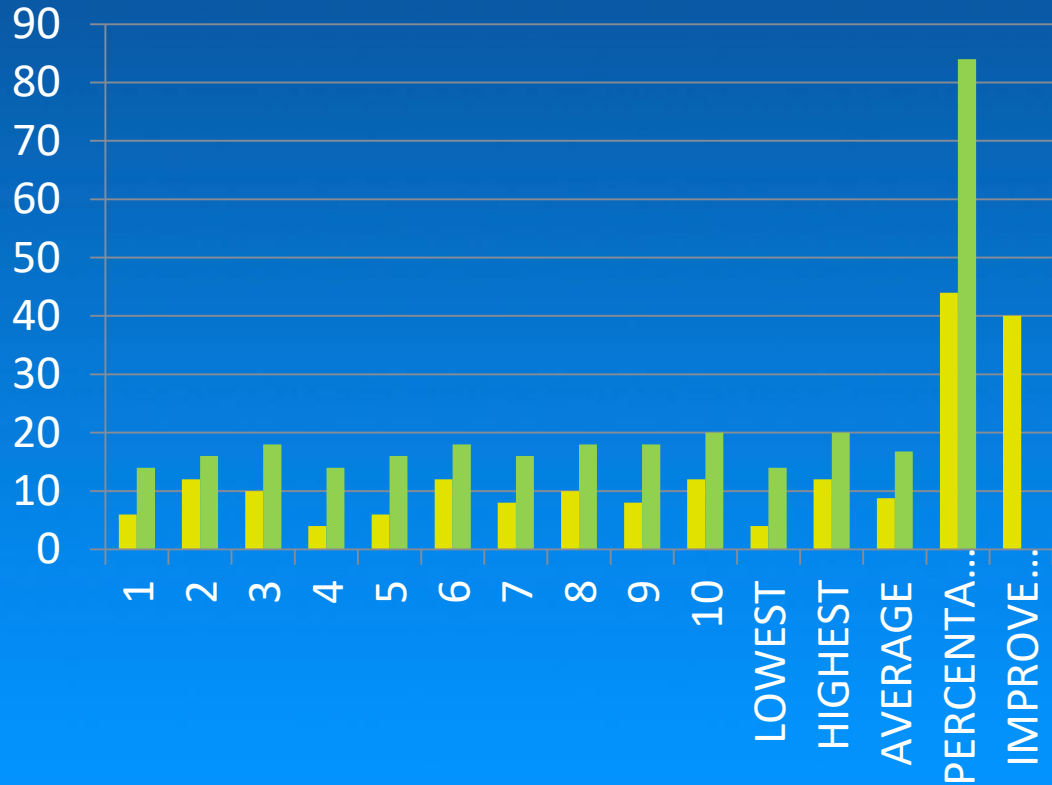
Outcome Indicator Matrix

Describe the impact of activities

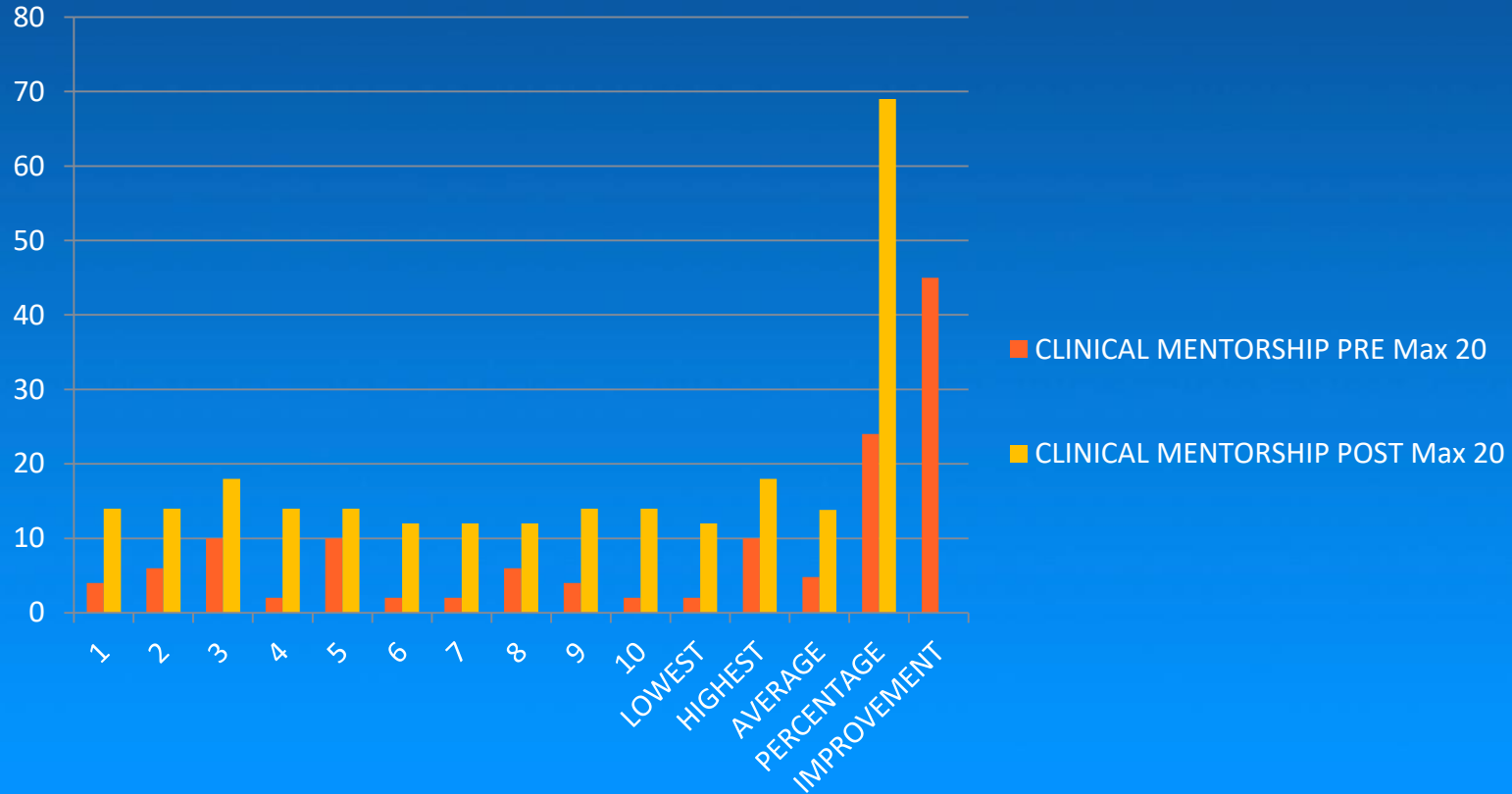
Outcome Indicator	Impact – What is the significance of the change?
Survey findings available	Strengths and weaknesses (gaps in knowledge and skills in HIV, PMTCT Option B+ and paediatric HIV management) identified and will be able to address the challenges using the findings.
Reference documents about HIV/Paediatric mentorship programs	Reference documents e. g Clinical Mentorship module on HIV and Paediatric HIV utilised to train mentors and to be used for training mentees.
Knowledge and Skills improvement in HIV management	Through acquired knowledge and skills, the trained mentors able to manage paediatric HIV.
Knowledge and Skills improvement in Pediatric and PMTCT mentorship	Ongoing

Intervention

- TASK SHIFTING PRE TEST
Max 20
- TASK SHIFTING POST TEST
Max 20



Intervention



Achievement cont'd

The lowest score in TS was 20% while the highest was 60% in pre-test

The Lowest score in TS was 70% while the highest was 100% in post test

The lowest score in MT was 10% while the highest was 50% in pre-test

The Lowest score in MT was 60% while the highest was 100% in post test

Results -Task-sharing

PRE TEST

S.No	Max 20
1	6
2	12
3	10
4	4
5	6
6	12
7	8
8	10
9	8
10	12
LOWEST	4
HIGHEST	12
AVERAGE	8.8
PERCENTAGE	44

POST TEST

S.No	Max 20
1	14
2	16
3	18
4	14
5	16
6	18
7	16
8	18
9	18
10	20
LOWEST	14
HIGHEST	20
AVERAGE	16.8
PERCENTAGE	84

Results -Mentorship

Pre-test

S.No	Max 20
1	4
2	6
3	10
4	2
5	10
6	2
7	2
8	6
9	4
10	2
LOWEST	2
HIGHEST	10
AVERAGE	4.8
PERCENTAGE	24

Post-test

S.No	Max 20
1	14
2	14
3	18
4	14
5	14
6	12
7	12
8	12
9	14
10	14
LOWEST	12
HIGHEST	18
AVERAGE	13.8
PERCENTAGE	69
IMPROVEMENT	45

Lessons Learned

- 1. The thing we are most proud of is that the health facility managers know about task-sharing in paediatric HIV, PMTCT and mentorship and are able to contribute to quality improvement through supporting their staff
- 2.1. Nurses/ midwives especially those at health centre level can make a big difference in improving quality of services and patient care through continuous knowledge, skills training and mentorship.
- 2.2. Nurse/midwife managers have a key role to play in quality improvement when they are trained and involved in quality service and care delivery

Lessons learned

3. All documents used in training could have been translated into French if we had means and prolonging the training time

4.1. Monitoring and evaluation planning

4.2. Establishing partnership with key stakeholders in QI project and being involved in mentorship approach that will enable us to continue supporting nurses/midwives in practice.

Way Forward

1. We plan to gradually roll out the mentorship programme to other health facilities in partnership with the key stakeholders
 - 2.1. Improvement in nursing/midwifery skills and competences
 - 2.2. Improvement in clinical outcome indicators for pediatric HIV and PMTCT
3. Sharing information, holding meetings and exchanging addresses where possible, nationally and regionally
4. So far we are happy with the support but we would like to advise ARC Faculty to continue advocating for further support in nursing and midwifery management and leadership.