

Scaling up nurses and midwives competencies to address pediatric HIV management

Learning Session II: Project M&E Processes

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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?
<p>Overarching Goal:</p> <p>SCALING UP NURSES AND MIDWIVES COMPETENCIES TO ADDRESS PAEDIATRIC HIV MANAGEMENT</p>	<p>AIM Statement</p> <ul style="list-style-type: none"> -To have carried out a survey in three high volumes sites by the end of December 2016 to explore the areas with gap in knowledge and skills of nurses/midwives in pediatric HIV care -To have established a Paediatric HIV clinical mentorship program by the end of December 2016 -To have trained 10 nurses/midwives paediatric HIV clinical mentors in 10 selected health facilities by March 2017 -To have initiated the clinical site mentorship approach in all 10 health facilities by end of June 2017. 	<p>Your Intervention</p> <ul style="list-style-type: none"> ➤ Establishment of a clinical mentorship training program at HF level <ul style="list-style-type: none"> ➤ Training of 1 nurse/midwife manager in HIV task-sharing ➤ Training of 1 nurse/ midwife manager in pediatric clinical mentorship from each of 10 selected sites <ul style="list-style-type: none"> ➤ Mentoring nurses/midwives at working place

Existing Tools

1. Mentorship program module on paediatric HIV
2. task-sharing module (From RBC 2015)
3. Pre- Test and Post- Test Questionnaires for clinical mentors
4. A Baseline survey for clinical mentees
(From ARC, facility assessment, Module 2)

Needed Tools

1. Assessment tools for clinical mentees
2. Log books for clinical mentees

S.M.A.R.T. Indicators



- Specific – is the indicator precise? (who, what, where)
- Measureable – is the indicator quantifiable?
- Achievable – can the data be accessed for the indicator?
- Relevant – does the indicator measure project success?
- Time- bound – does the indicator have a time frame?

M&E Plan

	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
OBJECTIVE 1: To have conducted a baseline survey on nurses/ midwives knowledge and skills in PMTCT B+ and pediatric HIV by end of Dec 2016	1. Have reviewed survey protocol according to RNEC guidelines	Protocol approved by RNEC	Available protocol	RNEC guidelines
	2.Submission and presentation of Survey at RNEC and NHRC	Approval by RNEC and NHRC	Letters of approval	Application Letters Questionnaires and structured Interview guides
	3.Conducting survey and reporting	Findings available	Report of findings	Research Protocol Data management tools

M&E Plan

	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
Objective 2: To have established a Paediatric HIV clinical mentorship program by the end of December 2016	1. Collecting the existing clinical mentorship programs	Reference documents about HIV/Peadiatric mentorship programs	Different clinical mentorship programs: ICAP WHO South Africa Zambia	
	2.Designing the mentorship program from the existing ones	Availability of the clinical mentorship module	Draft modules of clinical mentorship	
	3.Validating the clinical mentorship program about HIV/Peadiatric care by QUAD and stake holders	Approved clinical mentorship module by QUAD members	Finalized modules of clinical mentorship	

M&E Plan

	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
Objective 3: To have trained 10 nurses/ midwives in paediatric HIV clinical mentorship in the 10 selected health facilities by March 2017	1. Identifying the trainers and trainees 2. Developing pre and post tests questionnaires to assess knowledge and skills 3. Conduct the training in task-sharing	4 trainers and 10 trainees selected Identified gaps in knowledge and skills in HIV management and specifically in pediatric HIV mentorship Knowledge and Skills improvement in HIV management	List of trainers Trainees available Score of pre-post training 10 nursing and midwifery managers trained in task-sharing	Training modules Questionnaires (pre-/ post test) RBC task-shifting guidelines

M&E Plan

	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
Objective 3: To have trained 10 nurses/ midwives in paediatric HIV clinical mentorship in the 10 selected health facilities by March 2017	<p>4. Develop pre and post test questionnaires to assess knowledge and skills in clinical mentorship in Pediatric/HIV care and PMTCT</p> <p>5. Conduct the training in Pediatric and PMTCT mentorship</p>	<p>Gap in knowledge and skills in pediatric HIV and PMTCT mentorship identified</p> <p>Knowledge and Skills improvement in Pediatric and PMTCT mentorship</p>	<p>Score of pre-post training</p> <p>10 nursing and midwifery managers trained</p>	<p>Pre and post test questionnaires</p> <p>Clinical mentorship modules</p>

M&E Plan

Objective 4: To have started	Activities (Please put already <u>completed</u> activities from Action Periods 1& 2 in BLUE)	Anticipated Outcome	Indicator	Tools
implementation of the clinical site mentorship program in all the 10 health facilities by end of June 2017.	<p>-Providing the clinical mentorship modules (toolkits) for Pediatric/HIV management to mentors</p> <p>-Follow up of mentorship implementation</p>	<p>Available clinical mentorship modules in 10 health sites</p> <p>Improvement of quality care about Pediatric/HIV management</p>	<p>Number (20) of distributed clinical mentorship modules</p> <p>-Reports</p> <p>-Records</p> <p>-Surveys about quality care</p>	<p>- Andragogy module</p> <p>- other 9 modules</p> <p>- M&E questionnaire</p>

Input Indicators

Input indicators measure resources, both human and financial, devoted to a particular program or Intervention (i.e., # of mentors identified, guidelines/training materials). Input indicators can also include measures of characteristics of target populations (i.e., # of mentees eligible for a program). List the most relevant input indicators. They do not have to total 6.

1. Number of reference documents about HIV management and /Peadiatric mentorship programs
2. Number of Trainers and trainees
3. Budget and Logistics
4. QUAD members and project coordinator

Process Indicators

Process indicators measure ways in which program services are provided (i.e., number of refresher trainings held).

List the most relevant process indicators. They do not have to total 6.

1. QUAD and QUAD plus planning meetings
2. Identification of training venues and other logistics
3. Identification and invitation of 4 trainers and 10 trainees
4. 5 days of didactic task-sharing training, 5 days of didactic training on pediatric HIV and PMTCT mentorship and 5 days of practice in clinical settings.
5. Following up of the mentorship training at site level

Output Indicators

Output indicators measure the quantity of services produced and the efficiency of production (i.e., number of mentees trained, number of chart reviews conducted).

List the most relevant output indicators. They do not have to total 6.

1. task-sharing and pediatric HIV/PMTCT mentorship modules available
2. 10 nurses/midwives leaders trained in task-sharing and pediatric HIV/PMTCT mentorship
3. Project coordinator paid and other training logistics are available.
4. 10 nurses trained in HIV task-sharing, Pediatric HIV and PMTCT mentorship training.

Outcome Indicators

Outcome indicators measure the broader results achieved through the provision of services. Provide technical support for HCWs to improve the quality of nursing practice in HIV care (i.e., change in confidence/competence pre- vs. post-test refresher training, change in % of HEI retained in care).

List the relevant outcome indicators. They do not have to total 6.

1. Improved Knowledge and skills of nurses and midwives working in Pediatric HIV and PMTCT B+ management
2. Improved quality of care of Pediatric HIV and PMTCT B+ management in the 10 selected sites
3. Strengthened mentorship approach of Pediatric HIV and PMTCT B+ in the HFs.

M&E Indicator Matrix

Combine the information from the previous 4 pages here.

Input	Process	Output	Outcome
<p>Consultant Respondents Protocol Budget</p>	<p>To have conducted a baseline survey on nurses/midwives knowledge and skills in PMTCT B+ and pediatric HIV by end of Dec 2016</p>	<p>Protocol approved by RNEC; Approval by RNEC and NHRC; Findings available</p>	<p>Identified gaps of nurses/midwives knowledge and skills in PMTCT B+ and pediatric HIV</p>
<p>Reference documents on HIV/Paediatric mentorship programs</p>	<p>QUAD and QUAD plus planning meetings to identify existing modules and design a new module on pediatric HIV and PMTCT B+</p>	<p>Availability of the clinical mentorship module</p>	<p>Paediatric HIV clinical mentorship program established</p>
<p>Trainers, trainees, module, training venues, budget and logistics</p>	<p>Identify trainers, trainees, venue and conducting the HIV task-sharing training</p>	<p>10 nurses/midwives leaders trained in task-sharing and pediatric HIV/PMTCT</p>	<p>10 clinical mentors based at the health facilities available</p>

M&E Indicator Matrix

Combine the information from the previous 4 pages here.

Input	Process	Output	Outcome
<p>Clinical mentors Mentees Mentorship tools Mentorship plan</p>	<p>Mentoring nurses and midwives on pediatric HIV care and PMTCT B+</p>	<p>Improved Knowledge and skills of nurses and midwives working in Pediatric HIV and PMTCT B+</p>	<p>Improved quality of care of Pediatric HIV and PMTCT+ management in the 10 selected sites</p>

Output Indicator Matrix

Provide details on the Output Indicators.

Output Indicator	When/frequency	How/method [i.e., observation, chart review, questionnaire, interview, etc]	Who
Letters of approval by NHRC and RNEC	November 2016 December 2016	Proposal review and presentation by QUAD	RNEC NHRC
Survey data	January 2017	Questionnaires Interviews	Project coordinator
Clinical mentorship training module (draft)	February 2017	Document reviews Peer consultations	QUAD+
10 nurses/midwives leaders trained in task-sharing	February 2017	Didactic Clinical Practice	Project Coordinator National clinical mentors
10 nurses/midwives leaders trained in clinical mentorship	March 2017	Didactic Clinical Practice	Project Coordinator National clinical mentors

Project Baseline M&E Processes

1. Findings from survey
2. Results of Pre-test and post test on task sharing

Analysis of baseline survey was done

A summary table

. What have we learned from baseline survey

Nurses and midwives had gaps in knowledge and skills in HIV/Pediatric care and PMTCT B+

Way Forward (April-July 2017)

- How will you build on what you've learned at this Learning Session?
 - ✓ **Sharing experiences with colleagues**
 - ✓ **Learn from the learning session to improve our project**
- Which areas of your M&E plan do you feel you need more support to successfully complete?
 - ✓ **We need financial support during Monitoring and evaluation step of project**
 - ✓ **We need Technical support in developing the monitoring and evaluation tools**

Action Period 3

- What are your general plans for the next Action Period?
 - ✓ **Implementing mentorship at sites**
 - ✓ **Monitoring and evaluation**