

Nurses and Midwives Pediatric and Adolescent HIV care Mentorship (Uganda)

Summative Congress:
Final Project Results

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ARC Project Team

- Quad Members include;
 - Commissioner Health Services - Nursing,
 - Registrar, Uganda Nurses and Midwives Council
 - Executive Secretary, Uganda Nurses and Midwives Examination Board
 - President, Uganda Nurses and Midwives Union



ARC Project Context

- Uganda is one of the high HIV burdened Sub Saharan countries with a prevalence of 7.3% in the general population (UDHS, 2016)
- Access to ART in Uganda is at 57% ,children is still lagging at 33 percent
- The health workforce is generally constrained at 40,676 nurses and 15,254 midwives in Uganda (1Nurse per 860 persons, 1midwife per 2294 Population).

Project implementation sites	Number of Mentees/trainees	HIV Implementing Partners
Ndejje Health Centre IV	08	Mildmay Uganda, PREFA
Masindi District Hospital	10	TASO,IDI, Uganda Cares
Mubende Regional Referral Hospital	09	URC SUSTAIN

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: To improve HIV/AIDS care provided by Nurses and Midwives to children in 3 selected Health facilities in Uganda</p>	<p>AIM Statement</p> <ol style="list-style-type: none"> 1. Increased knowledge and skills of Nurses and midwives in provision of HIV services to children from 9% self expert competence to 80% by end of the project 2. To increase Nurses and Midwives strategic problem solving skills to handle challenges faced during the provision of HIV services to children from 0% to 80% by the end of the project 3. To improve the clinical outcomes of HIV+ children accessing care at the 3 health facilities by the end of the project 4. To develop mentorship standards for nurses and midwives providing HIV services by the end of the project 	<p>Your Intervention Increase in knowledge and competences to deliver HIV services:</p> <ul style="list-style-type: none"> -Low dose high frequency training -Self directed Learning -Mentorships <p>Increase in strategic problem solving skills</p> <ul style="list-style-type: none"> -Development of facility based QI projects - Self directed learning based on identified needs

ARC Quarter Progress Summary

Overarching Goal	AIM Statement	Project Intervention
<p>Competent Nurses and Midwives who can competently deliver quality comprehensive HIV care to children (18 months to 15 years) accessing care in the implementation sites</p>	<p>AIM /goal:</p> <ul style="list-style-type: none"> To make a 30% increase in the average percentage levels of knowledge and competences of Nurses and Midwives operating in the implementation sites by 30th June 2017 <p>Project indicators:</p> <ul style="list-style-type: none"> Knowledge levels (%) of Nurses and Midwives in the following competences; HIV diagnosis, HIV Clinical care, and HIV data Documentation Competence levels (%) in delivering the following competences; HIV diagnosis, HIV Clinical care, and HIV data Documentation <p>Achievements per latest assessment</p> <ul style="list-style-type: none"> Average percentage Knowledge levels across all facilities increased from 53% to 82% Average percentage Competence levels increased across all facilities increased from 19% to 89% Quality improvement teams have been established at facility level and the projects formed are ongoing 	<ul style="list-style-type: none"> - Consensus Building (QUAD Plus and Facility administration team) - Baseline assessment - Training - Identifying gaps and designing CQI projects - Mentorship activities - End line assessment

Key Project Activities/Intervention

- QUAD plus consensus building meetings
- Partnership Meetings with Mildmay Uganda
- Joint Planning and implementation meetings
- Orientation of the facility management to the mentorship program
- Development of the training and mentorship module (It was done in phases, i.e sat and developed training Materials, reviewed them, formulated groups)
- Training and mentorship of Nurses and Midwives was conducted in phases
- QI projects at facility level according to needs

Key Project Activities/Intervention Cont'

The QI projects developed focused on three major areas

- Nutrition assessment ie.taking anthropometric measurements for HIV positive children who come to the clinic (All sites)
- Proper documentation of clients' information/records(All sites)
- Ensuring that assessment of the reaction of clients to art treatment is done through viral load monitoring (Masindi General Hospital)
- Improving referral system both on site and off site(Mubende RRH, Ndejje HCIV)

Key Training and Mentorship Activities/Intervention

1. Inception meeting with QUAD and other key stakeholders
2. Baseline capacity assessment of knowledge/ competences
3. Adaptation of mentoring materials/manual
4. Low dose high frequency training of nurses and midwives in HIV prevention, care and support for Children
5. Formed quality improvement projects for each implementing site
4. Clinical mentorship programs at each implementation site(face to face with the participants i.e 2 days intensive trainings, team formation, 3 days later at interval of 10 days continuous.)

Output Indicator Matrix

Output Indicator	Frequency of monitoring	Comments – How was the experience?
Capacity competence assessments done	Per site; <ul style="list-style-type: none"> • One baseline assessment • One midterm assessment • One end line assessment 	<ul style="list-style-type: none"> • Average percentage Knowledge levels across all facilities increased from 53% to 82% • Competence levels increased after mentorship where majority of the participants could either perform competently or could mentor others
Adapted training/mentorship materials for the low dose high frequency training	<ul style="list-style-type: none"> • Done once in the entire project 	<ul style="list-style-type: none"> • Training manuals given to participants guided the self driven learning teams at the sites
Nurses and midwives trained and mentored in HIV prevention, care and support for Children	<ul style="list-style-type: none"> • 27 Nurses and Midwives trained and mentored in the entire project 	<ul style="list-style-type: none"> • Low dose high frequency trainings yielded less disruption at work • Allowed for self driven learning teams • Engaging facility based experts to train • Nurses and Midwives were able to conduct CME to their fellow colleagues
Quality improvement projects generated	<ul style="list-style-type: none"> • At least one per site 	<ul style="list-style-type: none"> • Quality improvement projects aided gap identification which were addressed

Outcome Indicator Matrix

Outcome Indicator	Impact
<p>Increased knowledge levels of nurses and midwives about HIV prevention, care and support for Children</p>	<ul style="list-style-type: none"> • Flexibility of nurses and midwives in rotating in the ART clinic • Ability of Nurses and Midwives to conduct CMEs
<p>Improved competence levels of midwives and Nurses in delivering quality comprehensive HIV care to children</p>	<ul style="list-style-type: none"> • Improved quality of care • Improved HIV data documentation • No of children in care increased • Improved quality of life of children in care • Quality improvement projects generated in the implementing sites

Intervention Graphic

Capacity Development Assessment

Baseline assessments

- Data abstraction
- Pre-course test
- Competence level assessments

Midterm assessments

- Midterm test

End line assessments

- Data abstraction
- Post-course test
- Competence level assessments

Capacity Development Intervention

1. Trainings

- Self directed learning
- Low dose high frequency

2. Structured mentorships

- on selected competences (HIV diagnosis, clinical care and HIV data documentation)

3. QI projects (facility based)

Capacity Development Outcome

Competent Nurses and Midwives able to deliver quality comprehensive HIV care to children

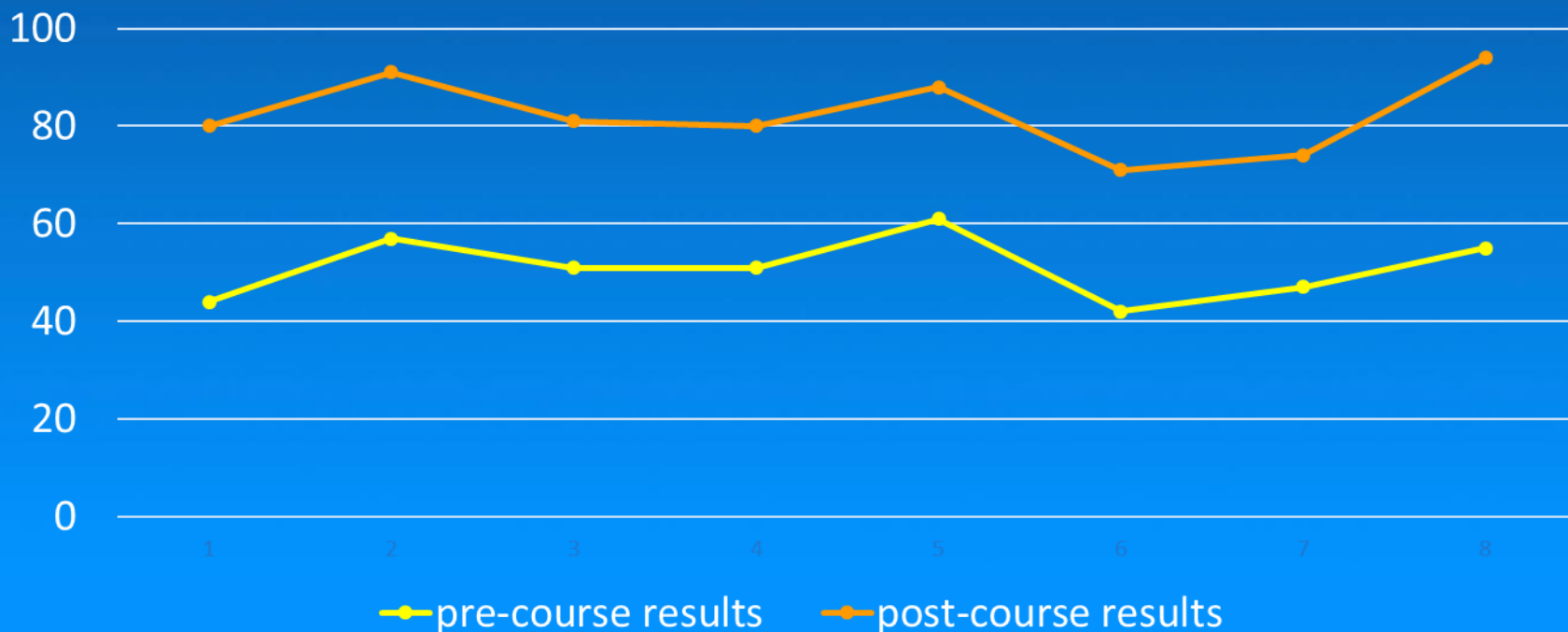
Competence development Process

Knowledge and Core competence levels measured

- Knowledge levels were measured using the pre and post-course tests
- Core competences measured included; HIV diagnosis, clinical care and HIV data documentation
- Competence levels were measured on a scale of five
- 1=not exposed, 2=exposed and can participate partly, 3=perform competence with minimal supervision, 4=perform competently and 5=expert/can mentor others
- Competence levels were further categorized into two
- Incompetent (Scale of ≤ 3)
- Competent (Scale of >3)

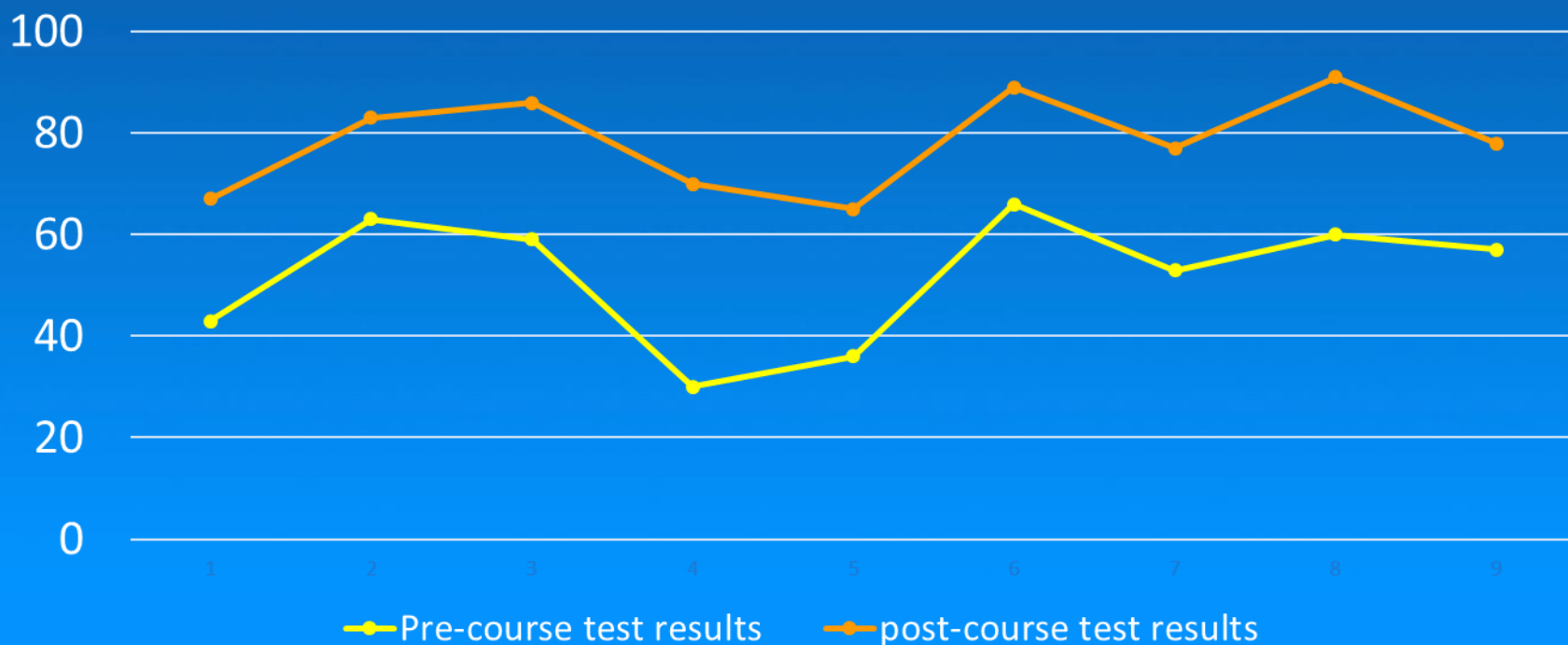
Increase in Nurses and Midwives Knowledge in Comp. HIV care at Ndejje HCIV

Ndejje H/C IV



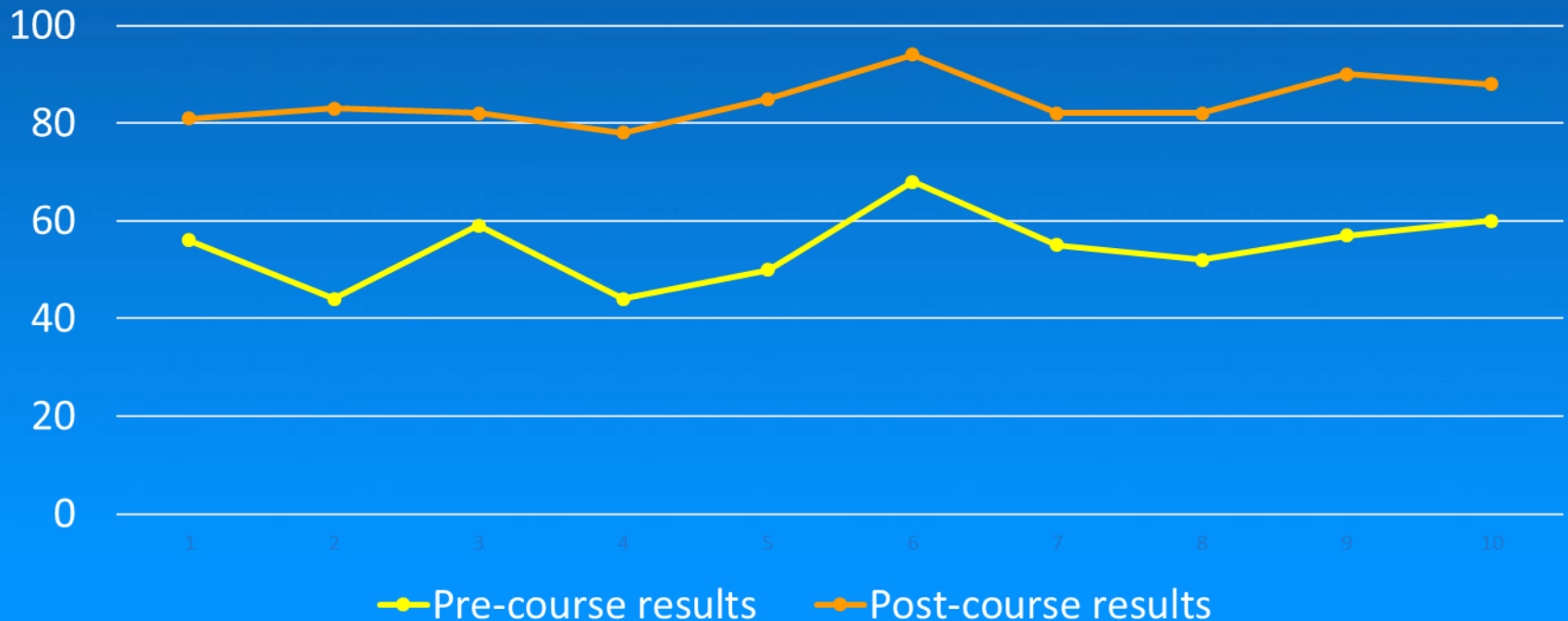
Graph showing knowledge (%) in Comp. HIV care before & after the training

Mubede Regional Referral Hospital

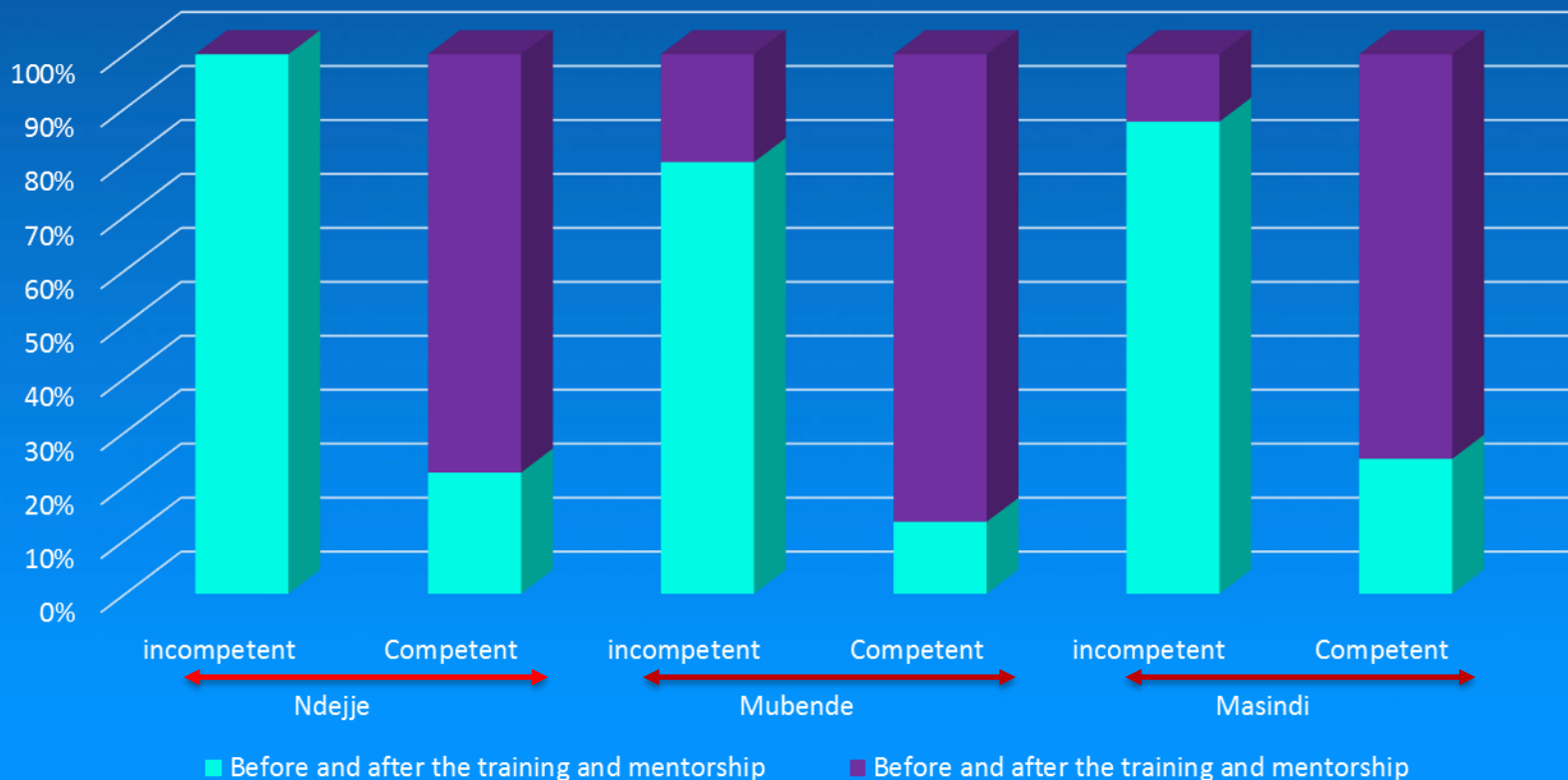


Graph showing knowledge (%) in Comp. HIV care before and after the training

Masindi district Hospital



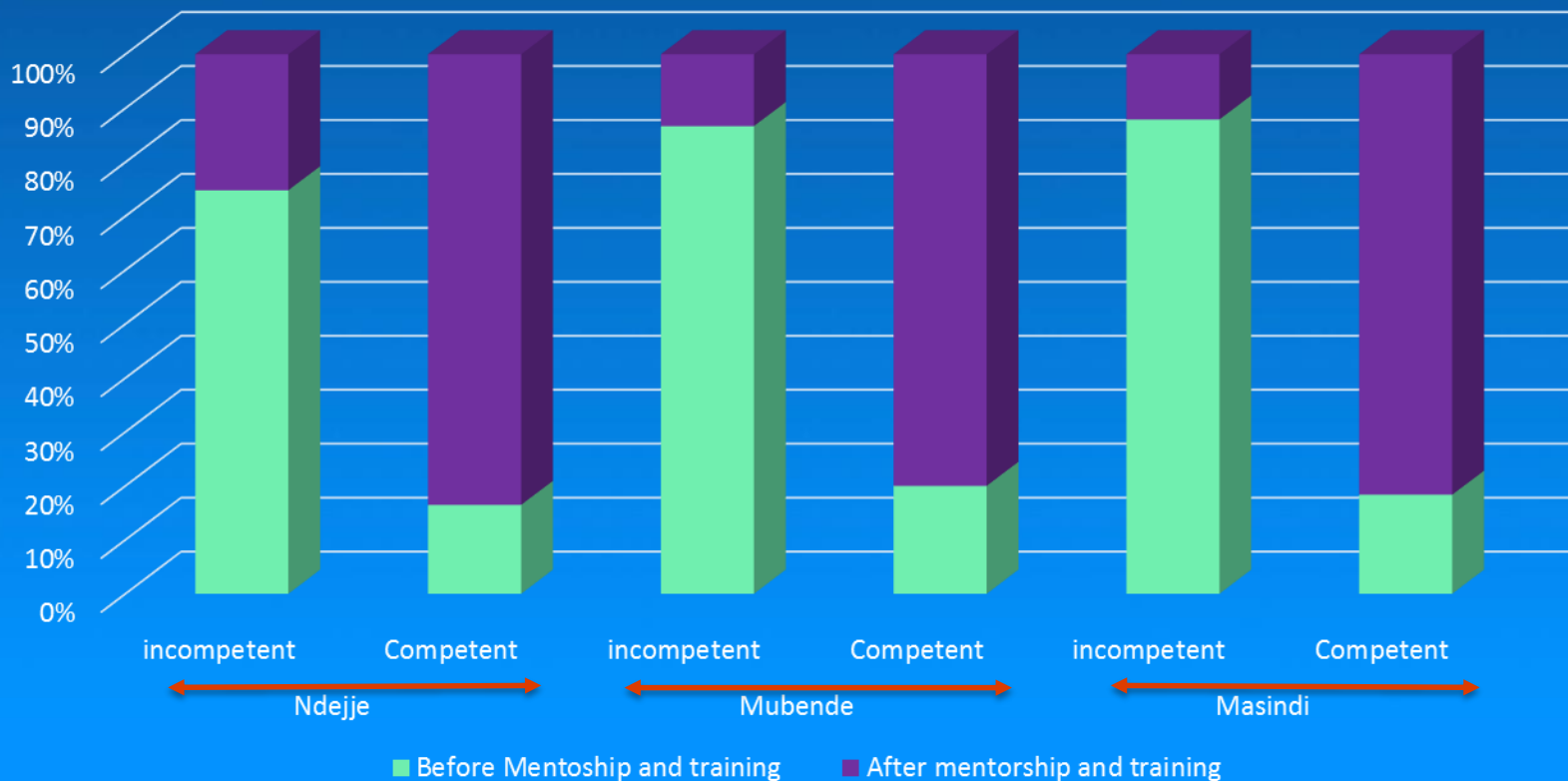
HIV diagnosis competence levels of Nurses and Midwives before and after the training



HIV clinical care competence levels of Nurses and Midwives before and after the training



HIV data documentation competence levels of Nurses and Midwives before and after the training



Lessons Learned

What 1 thing are you most proud of?

Participants were able to identify their own gaps in the ART clinic and came up with QI projects to address them

What were the top 2 lessons learned in implementing your QI project?

1. Facility based trainings can achieve good participation and self driven learning teams is possible
2. Team work was very key in implementing the QI project

What 1 thing do you think you should have done differently?

We should have compared the knowledge and competence levels gained against the QI projects results .

What 2 capacities does your team feel it has developed this year?

1. The team this year was capable of conducting low dose high frequency trainings in resource limited atmospheres
2. The team was also able to conduct targeted structured mentorships

Way Forward

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

- We need to scale up this facility based low dose high frequency training to other facilities in Uganda
- Sensitize all nurse leaders in different health facilities in Uganda so as to roll it out in their facilities (through CPDs)

Share 2 dissemination targets to present your results.

Dissemination targets include; IND & IMD, Ministry of health and other HIV related implementing partners at the sites.

How will the quad remain in contact

- The QUAD will hold regular meetings and also create a communication forum and continue supporting the Nurses and midwives in the implementation sites

Share 1 advice to ARC Faculty on how to improve future support.

Improve on support supervision to check on implementation sites for better results

Acknowledgement

- ARC Faculty
- MoH
- Staff & administration of Ndejje HC IV, Masindi General Hospital and Mubende RRH
- CDC Uganda
- Mild May- Uganda

MASINDI HOSP



Mubende RRH



Ndejje HC IV



THANK YOU

