Action Period II: Project Work Plan and Progress Update

Using Mentorship to Improve HIV/AIDS services provided to Children 2 – 14 years by Nurses and Midwives in Uganda

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MASINDI GENERAL HOSPITAL



NDEJJE HC IV



TOOLS FOR EACH PHASE OF YOUR PROJECT IMPLEMENTATION

Define Measure Analyze Improve Control

DEFINE: 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?
Overarching Goal:	AIM Statement	Your Intervention
To improve HIV/AIDS	1. To increase the knowledge and skills	Training on
services provided by	of Nurses and midwives on provision	HIV prevention, care,
Nurses and	of HIV services to children from 9%	and support for
Midwives to children	self expert competence to 80% by	children
in 3 selected Health	end of the project	Quality improvement
facilities in Uganda	2. To increase Nurses and Midwives	
	Quality improvement skills to handle challenges faced during the provision of HIV services to children from 0% to 80% by the end of the project	MentorshipHIV prevention, care and support for children
	3. To improve the clinical outcomes of HIV+ children accessing care at the 3 health facilities by the end of the project	Quality Improvement
	4. To develop mentorship standards for nurses and midwives providing HIV services by the end of the project	

DEFINE: Elevator Speech

This project is about Using Mentorship to improve HIV services provided by Nurses and Midwives to Children in Uganda As a result of these efforts, There will be increased knowledge and skill on HIV provision for children by nurses and midwives; and Increased health outcomes for HIV positive children (2yrs to 12 years) It's important because we are concerned about:

- **❖** Nurses low self expert competence
- **❖** The multi-factored challenges faced by nurses and midwives in HIV care
- **❖** Parents failure to adhere to prescribed regimen and follow up for their children

Success will be measured by showing improvement in:

- **❖** Knowledge and skills of Nurses and Midwives on HIV care to children
- **❖** Number of HIV+ children seeking care and their health status What we need from you −funds to complete the project





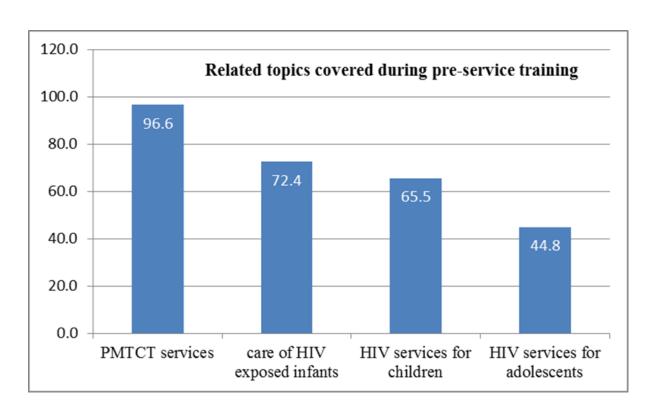






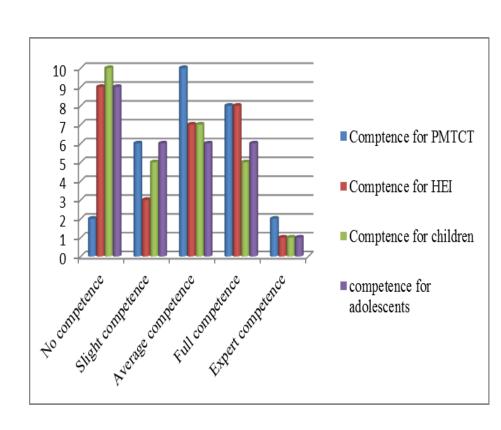
Stakeholders	How to keep them informed
Ministry of Health	Meeting at initiation and end of Project
The selected Health facility Administration	Quarterly meetings to share progress of project
Mild May Uganda	Monthly meeting to share progress of the mentorship
District Health Offices (Masindi, Ndejje, Mubende)	Meeting at initiation and end of Project

Baseline Data: HIV related topics in Pre-service training



Baseline Data: Self competency in providing HIV care

Overall reported lack or limited self-competency in providing care to HIV exposed infants, children and adolescents



Baseline Data: Barriers to HIV care

- 1. Lack of Equipment
- Patients' attitudes and practices
- 3. HIV Status nondisclosure

- 4. Data collection tools and CPD
- 5. Staffing challenges
- 6. Work overload
- 7. Lack of knowledge and skills

Baseline Data: Facilitators of HIV care provision

- **Strong facilitator:** Partnerships with HIV partner organisations in terms of:
 - Staffing
 - Training
 - Motivation
- Other facilitators: training provided by the facilities; relations between the health care providers; patient and community trust

What data elements are measured?

- Knowledge of Nurses and Midwives on HIV care to children
- Nurses and Midwives reported self competency in HIV care provision to children
- Development and implementation of 1 QI project per facility
- Existence of draft mentorship standards on HIV care
- Number of children receiving HIV care
- Adherence to prescribed regimen
- Health status of children
 - Immunological status
 - Weight
 - Number of days at school

Data Collection Plan

Who	How	When	Tools
Clinical Outcomes for	or Children		
Facility coordinators	- Review of the clinic record books on No. of children, their weight, immune status, adherence & school attendance	Quarterly	Adapt hospital record tools

Data Collection Plan

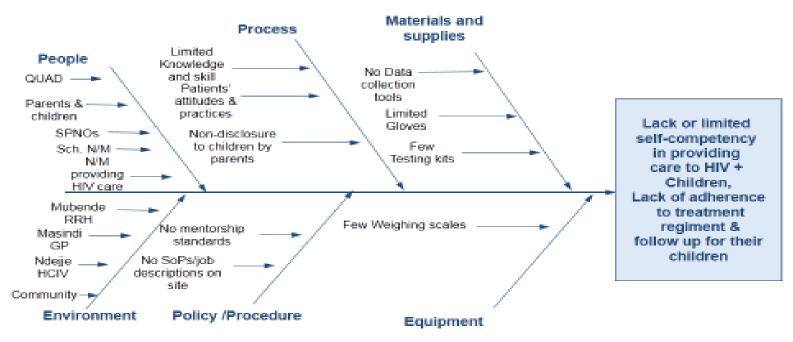
Who	How	When	Tools
Training and Mer	ntorship		
Mildmay	 Mentorship weekly activity logs from mentors and mentees Focus group discussions with Nurses and midwives; mentors 	Monthly	Weekly Activity Logs Interview guide
Mildmay	Post test assessment of knowledge and self competency	End of the project	Questionnaire

Data Collection Plan

Who	How	When	Tools
Quality Improve	ment skills		
Mildmay	 Review of QI project for each facility Review of records for baseline data for the project Review of records and interviews to evaluate the QI project 	Beginning and end of the QI project	Challenge model Pre and Post test Questionnaires

Data will be reviewed quarterly by the QUAD team

Using Mentorship to improve HIV services provided by Nurses and Midwives to Children in Uganda













Project Plan

Objective I: To increase the knowledge and skills of Nurses and midwives on provision of HIV services to children from 9% self expert competence to 80% by end of the project

Nursing Practice	Activities	Who is	Duration	Indicator
(Select 1)	(Align with 1 Nursing Practice)	responsible?	Duration	inuicator
(561661)	(mgn men i manning i memee)	responsible:		
Clinical Mentorship	 Conduct competence gap assessment on Training and Mentorship Develop mentorship module on HIV prevention, care & support Train Nurses and Midwives on HIV provision for children Mentor nurses and midwives on HIV care for Children 	Mild May Uganda Nursing Departm ent - MoH	1 weeks 2 weeks (3 days for each facility) 4 months	 Report on Training and Mentorship needs of Nurses and Midwives Presence of a mentorship module Training schedule List of nurses and midwives trained Mentorship weekly activity logs

Project Plan

Objective 2: To increase Nurses and Midwives Quality improvement skills to handle challenges faced during the provision of HIV services to children from 0% to 80% by the end of the project

Nursing Practice (Select 1)	Activities (Align with 1 Nursing Practice)	Who is responsible?	Duration	Indicator
Clinical Mentorship	 Train mentors on quality improvement Integrate quality improvement aspect in the developed mentorship module Mentor nurses and midwives on Quality improvement 	Mild May Uganda, Nursing Department - MoH	3 days per facility (integrated with HIV care) 4 months	 Training schedule List of mentors trained Report on training Presence of updated mentorship module on HIV provision Documented QI projects in each facility

Project Plan

Objective 3: To improve the clinical outcomes of HIV+ children accessing care at the 3 health facilities by the end of the project

Nursing Practice (Select 1)	Activities (Align with 1 Nursing Practice)	Who is responsible?	Duration	Indicator
Clinical Mentorship:	Similar to the activities of objective 1 and 2	Mild May Uganda UNMU	4 months	 Number of children receiving HIV care Adherence of children to prescribed regimen Health status of children Immunological status Weight Number of days at school

Project Plan

Objective 4: To develop mentorship standards for nurses and midwives providing HIV services by the end of the project

Nursing Practice (Select 1)	Activities (Align with 1 Nursing Practice)	Who is responsible ?	Duration	Indicator
Stakeholder participatory approach	 Institute a technical working group Draft the standard through: Review the evaluation report of the mentorship project Literature review of existing standards Stakeholder interviews Validation of draft standard 	UNMC	2 months	 List of TwG members ToR for TwG Minutes of meetings held Draft standard

1. Three QUAD Plus meetings held

2. Three meetings held with

Mildmay



2. Memorandum of understanding signed with Mildmay



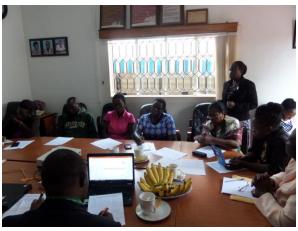


4. Orientation meeting on the mentorship module and methodology with the health facilities was

held







 Developed a work plan for the training and mentorship of nurses and midwives in the different health facilities

The work plan



 Developed a detailed methodology and implementation plan for the training and mentorship of nurses and midwives in the different health facilities

Implementation plan



Way Forward

- Integrated suggestions from ARC Faculty TA calls
 - Community sensitization activity was removed
 - It was difficult to engage only one facility and pull out from the rest as this would tarnish council's image.

- How lessons learnt in this meeting will be built on
 - Meeting to discuss recommendations from this meeting
 - Revise the training and mentorship work plan as necessary

Way Forward: Plans for Next Action Period

- Orient District health officials on the mentorship module, methodology and work plan
- Conduct a competence gap assessment of the nurses and midwives at the inception of the mentorship
- Roll out the training and mentorship in the different facilities as per the work plan
- Develop monitoring and evaluation tools for the mentorship
- Conduct monitoring of the mentorship process on every planned mentorship visit
- Carry out end project evaluation of the mentorship

Challenges

- Delay in initiation of training and mentorship due to the extremely expensive involvement of Mildmay as an implementing partner
- The sudden disruption in the functioning of Victoria University led to a significant loss of funds and disruption in implementation of project activities