

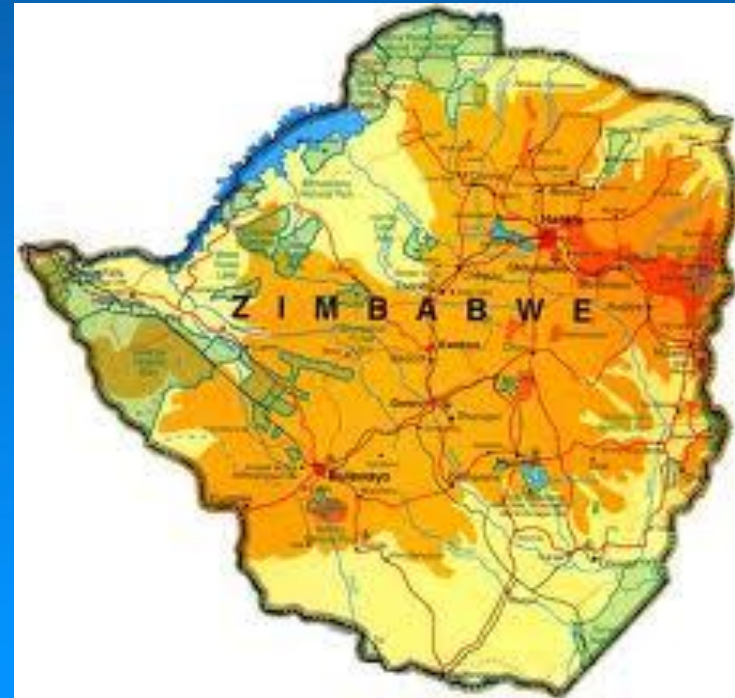
ZIMBABWE

IMPROVING THE QUALITY OF PAEDIATRIC AND ADOLESCENT HIV CARE SERVICES

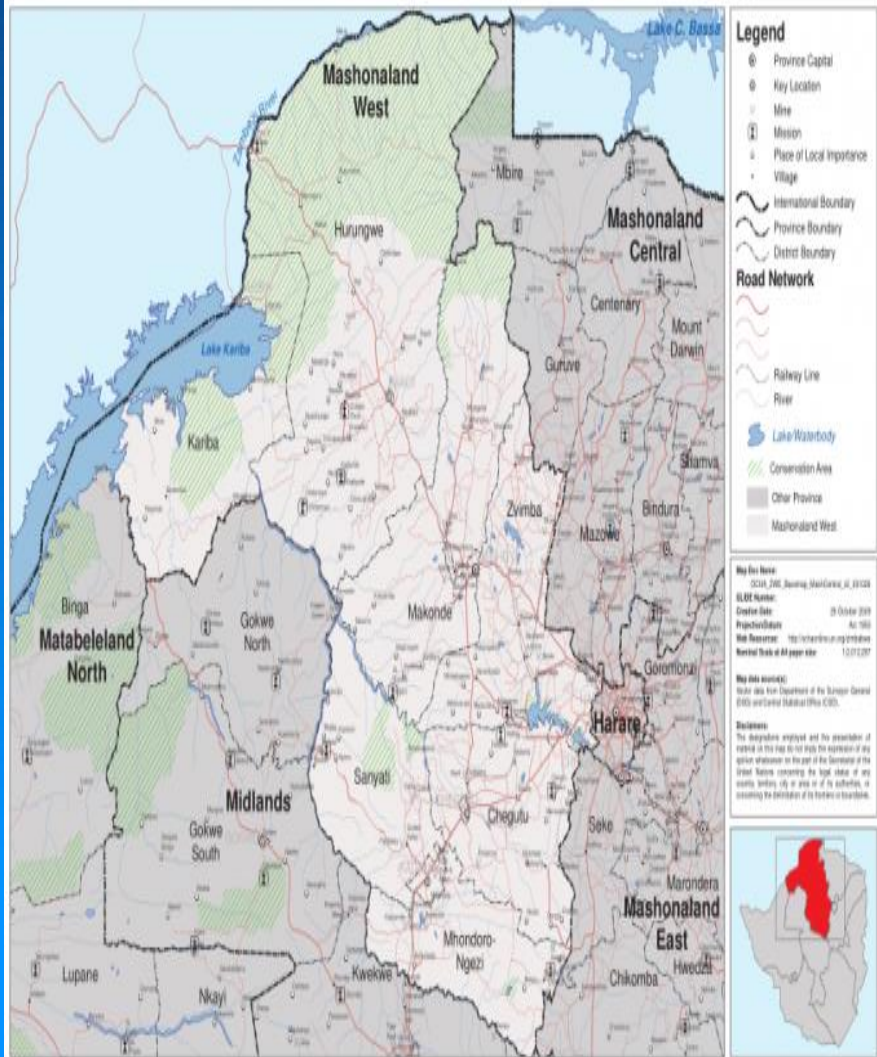
**Summative Congress:
Final Project Results**

Abigail Chibghwa, Ms,
Ministry of Health and Child Care
Lusaka, Zambia
06-08 July, 2017

Maps



MASHONALAND WEST PROVINCE - Overview Map



- Legend**
- Province Capital
 - Key Location
 - Mine
 - ⛪ Mission
 - ▲ Place of Local Importance
 - Village
 - International Boundary
 - Province Boundary
 - District Boundary
- Road Network**
- Railway Line
 - River
 - Lake/Waterbody
 - ▨ Conservation Area
 - ▨ Other Province
 - ▨ Mashonaland West

Map File Name:
OCHA_2002_Summary_Map/Carroll_AJ_201024
BLM Number:
Creation Date: 28 October 2010
Project/Editor: AG 199
Map Resolution: 100/100
Northward Scale of All pages size: 12012007

Map data sources:
Map data from Department of the Survey General
©2010 International Standard Office (ISO).

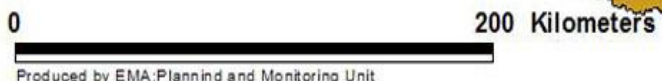
Disclaimer:
The designers accept and the responsibility of
printed on the map do not take the responsibility of
the opinion whatsoever on the part of the Government of
the United Nations concerning the legal status of any
country, territory, city or area or of its authorities, or
concerning the delineation of its borders or boundaries.



Mashonaland West



- ▭ District Boundary
- Provincial Office
- District Office



Produced by EMA:Planning and Monitoring Unit

ARC Project Team



NAMES OF FACILITIES

Chegutu : Chinengundu Clinic
Pfupajena Clinic

Norton : Katanga Utano Clinic
St Padre Pio Clinic

HIV Prevalence Rates

- Adults 15 - 49 years (14,6 %)
- Children 0-14 years (0,6 %)

- National ART coverage
- Adults and Children – 85 %
- Children – 90 % (66 000 children on ART out of 72 660)

Number of Nurses

- Registered General Nurses 18,763
- Midwives 6,758
- State Certified Nurses 1,587
- State Certified Maternity Nurse 1,093
- Primary Care Nurses 3,615

Implementing Partners

- Ministry of Health and Child Care Zimbabwe
- Nurses Council of Zimbabwe
- Zimbabwe Nurses Association
- Results Based Financing (Multi Partners)
- CORDAID , EGPAF
- Global Fund for HIV/AIDS ,TB and Malaria
- PEPFAR
- Emory University

ARC Project Summary

Overarching Goal	AIM Statement	Project Intervention
<p>- To provide comprehensive quality Paediatric and Adolescent HIV care services</p>	<p>AIM (goal):</p> <ol style="list-style-type: none"> 1 i) Review the existing general protocols and SOPs used in the care & treatment of paediatric and adolescent clients ii) Reorganise the existing protocols, SOPs and guidelines for easy access 2. Develop indicators to improve the Quality of care for Paediatrics and Adolescents 3. (i) Monitor and evaluate the quality of care provided (ii) Assess the usefulness of the Tools developed <p>ACHIEVEMENT (actual):</p> <p>Increase in the number of paediatric and adolescents initiated on ART from 60% to 90%</p>	<p>- <i>Describe your Intervention</i></p> <p>Regular and consistent use of SOPs by all members of staff. Staff awareness of input, process and output indicators of the quality of care.</p>

Key Activities/Intervention

1. Trained 35 Nurses and Midwives in quality assurance and quality improvement for management and care of HIV among Paediatrics and Adolescents

2. Participated in the clinical mentorship programme for Nurse Led Quality ART initiation

Key Activities/Intervention

3. Reviewed the purpose and rationale to formally establish quality assurance and quality improvement activities

4. Oriented Nurses on quality improvement policies, protocols and SOPs

Key Activities/Intervention

5. Provided advice to establishing quality assurance committees as the strategy to implement and monitor activities

6. Assisted the facility teams to develop a list of indicators to monitor quality of care.

Key Activities/Intervention

7. Assisted Facilities to establish health centre committees to find out community views about the quality of care provided by the facilities.

Output Indicator Matrix

Describe your monitoring activities

Output Indicator	Frequency of monitoring	Comments – How was the experience?
Following up the trained Nurses and Midwives using a support and supervision checklist	Every two weeks	Zeal and keenness to improve performance by the trainees and their supervisors
Assessing competencies acquired in the management and care of HIV among Paediatrics and Adolescents	Monthly	Mentees were practicing competencies acquired from QA and QI clinical mentorship training
Establishing quality assurance committees and specifying quality assurance activities	Every two weeks	During the first visit none of the four facilities had a quality assurance committee In the second visit three of the four had established a QA committee The remaining one had started initiating
Developing quality assurance indicators	Two weekly	2 clinics were able to show evidence of QA activities including use of indicators. One

Outcome Indicator Matrix

Describe the impact of activities

Outcome Indicator	Impact – What is the significance of the change?
Awareness in ways of assessing client satisfaction such as use of suggestion box and monitoring waiting period and exit interviews.	Positive comments from clients and community relations officers Reduced waiting time Prompt attention to areas of concern/ dissatisfaction
Awareness and improved or easier access to SOPs available	Improved use and standardization of management and care Reduced waiting time Improved client satisfaction
Improved access to early treatment and care for HEI and Adolescents Reduced loss to follow up	Reduced Opportunistic infections , Improved quality of Life , able to participate in other childhood activities
Increased adherence and reduced defaulter rate Reduced mortality and morbidity	Reduction in the number of new HIV infections Reduced stigma Ability to participate in growth, development, education, recreational and social activities.

Monitoring Client's waiting time

Before Intervention

Frequency of Monitoring	Never	Sometimes	Always	
Chinengundu	Yes			
Pfupajena	Yes			
St. Padre Pio	Yes			
Katanga Utano		Yes		

Monitoring Client's waiting time

After Intervention

Frequency of Monitoring	Never	Sometimes	Always	
Chinengundu		Yes		
Pfupajena			Yes	
St. Padre Pio			Yes	
Katanga Utano			Yes	

Monitoring Client Satisfaction Before Intervention

	Not aware	Somewhat aware	Not Sure	Aware	
Chinengundu	Yes				
Pfupajena		Yes			
St. Padre Pio	Yes				
Katanga Utano		Yes			

Monitoring Client Satisfaction After Intervention

	Not aware	Somewhat aware	Not Sure	Aware	
Chinengundu				Yes	
Pfupajena				Yes	
St. Padre Pio				Yes	
Katanga Utano				Yes	

Accessibility and Availability Of appropriate and relevant SOPs Before intervention

- In two of the clinics the relevant SOPs were available, but not easily accessible.
- In the remaining two clinics some of the SOPs were available and not easily accessible.

After intervention

- All the relevant SOPs were available and easily accessible.

Lessons learned

1.Improved utilization of SOPs for QA and QI

2.Importance of structured Continuous Professional development on QA and QI for nurses at all levels in all stations

Lessons learned

3.The need for ongoing clinical mentorship and supportive supervision

Lessons Learned

4. Should have conducted more frequent visits and spent more time at the facilities that have had difficulties achieving set targets.

Lessons Learned

5. Two capacities built by the team
 - i) Improved leadership skills
 - ii) Advocacy and public relations

Way Forward

1. Continuing supportive supervision to strengthen ongoing activities

2. Results will be disseminated to the MOHCC and Local Authorities , Generality of Nurses via Associations and ZACH

Way Forward

3. The Quad has other National collaborative activities .eg Strategic Direction for Nursing and Midwifery under the auspices of WHO and ECSACON activities

Way Forward

5. Programmes useful to countries of the region and continuing support will enable countries towards achievement of SDGs and Universal health coverage .

Way Forward

6. Integration of the project activities into the mainstream Nursing Directorate and Ministry of Health Strategic direction .
7. Advocate for a reduction of registers which take a lot of the Nurses time from providing quality care

Way Forward

8. Institutionalize the programme to reach more Nurses

9. Advocate for continued Regional and South to South collaboration through ECSACON, SANNAM, CNMF and WHO.

Acknowledgements

- Ministry of Health and Child Care
- PEPFAR
- CDC – Zim and Atlanta
Key Activities/Intervention
- Prof Hepburn and Emory University
- Chegutu and Norton District Health Executives
- Project Consultant

The End

- Thank you
- Tatenda