

Zimbabwe

Improving Quality of Paediatric and Adolescent HIV Services

Learning Session II: Project M&E Processes

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Zimbabwe Quad Plus Plus



ARC Project Summary

| What we expect to accomplish | Knowing if change is an improvement | Change resulting in quality improvement(s) |
|--|--|---|
| <p>To provide comprehensive quality Paediatric and Adolescent HIV care services</p> | <p>AIM Statement</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) Identify areas requiring specificity for these clients iii) Develop specific protocols, checklists & SOPs for paediatric & adolescent clients 2. Using specific checklist, protocols & SOPs to develop specific indicators for paediatric & adolescent Quality of care 3. (i) Monitor and evaluate the quality of care provided (ii) Assess the usefulness of the Tools developed | <p>Our Intervention(s)</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> |

Materials to Bring to March 2017 Learning Session

List of training tools, Terms of reference and M&E tools annexed

M&E Plan

| Objective 1 | Activities | Anticipated Outcome | Indicator | Tools |
|--|--|--|---|-----------|
| <p>(i) Review the existing general protocols and SOPs used in the care and treatment of paediatric and adolescent clients</p> <p>(ii) Identify areas requiring specificity for these clients</p> <p>(iii) Develop specific protocols, checklists and standard operating guidelines specifically for paediatric and adolescent clients</p> | 1. Reviewing all protocols with the staff, the available SOPs relevance and currency to their work in HIV prevention, treatment and care for paediatric and Adolescents | (i) Consistent use of current updated protocols and guidelines | No. of protocols reviewed and are current | See Annex |
| | 2. Identifying protocols /SOPs and guidelines in IPC in use | (i) Increased use of SOP of IPC practices in order to ensure quality paediatric and Adolescent HIV care | No. of protocols and SOPs available as a % of what ought to be there | See Annex |
| | 3. Compiling of compendium of available SOPs, Guidelines and protocols using the Tool developed for collection lists of available SOPs, protocols and guidelines. | (i) Improved access to paediatric and Adolescent ART services | No. of IPC protocols and SOPs available as a percentage of what ought to there | See Annex |
| | 1. Developing specific HIV & AIDS protocols for paediatric and adolescents. 2. Developing appropriate checklists for service provision and support supervision. 3. Developing standard operating guidelines specifically for paediatric and adolescent clients | (i) Improved access to quality paediatric and Adolescent ART services (ii) Improved quality supportive supervision (iii) Improved access to quality paediatric and Adolescent ART services | No. of developed protocols, guidelines and SOPs available And Reported client satisfaction and health worker efficiency and effectiveness | See Annex |

M&E Plan

| Objective 2 | Activities | Anticipated Outcome | Indicator | Tools |
|--|--|--|---|------------------|
| <p>2. Using specific checklist, protocols & SOPs to develop specific indicators for paediatric & adolescent Quality of care</p> | <p>(i) Developing specific SOPs, checklists, guidelines and protocols</p> | <p>Reaffirmed paediatric and adolescent indicators</p> | <p>(i) No. of specific indicators for paediatric and adolescent reviewed and in use</p> | <p>See Annex</p> |
| | <p>(ii) Hold series of meetings to seek consensus in collaboration with relevant directorates and program managers and draw specific SOPs for paediatric and Adolescents</p> | <p>Application of reaffirmed paediatric and adolescent indicators by all nurses and midwives</p> | <p>ii) No of meetings held with the stakeholders (ii) Adoption of agreed SOPs, guidelines for adolescents and paediatrics</p> | <p>See Annex</p> |
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M&E Plan

| Objective 3 | Activities | Anticipated Outcome | Indicator | Tools |
|--|--|---|--|------------------------|
| <p>(i) Monitor and Evaluate the quality of care provided</p> <p>(ii) To Assess the usefulness of the Tools developed</p> | <p>1. Regularly monitoring services provision and practice using the provided support visit checklists.</p> | <p>Improve ART services for Adolescent and paediatric based on standardized high quality care</p> | <p>1. No of positive and negative reports on support supervision made using checklist</p> <p>2. Increased access to quality care</p> | <p>Annexed</p> |
| | <p>2. Evaluating the quality of service provision using the agreed set of quality assurance and IPC indicators</p> | <p>Improved access to safe and quality-evidence based paediatric and Adolescent ART services</p> | <p>No. of evaluations made using scientific methods and evidence and; quality assurance and IPC and IMNCI indicators</p> | <p>Annexed</p> |
| | <p>3. Conducting an Assessment of the usefulness of the Tools developed</p> | <p>Efficacy and validity of tools/ Appropriateness of assessment tools developed(Long term)</p> | <p>No. of assessment conducted using tools developed</p> | <p>To be developed</p> |
| | | | | |

Input Indicators

1. Seven trainers who were involved in the training of Nurses and Midwives
2. Twenty three Nurses and Midwives were trained
3. Financial resources used
4. Three Supervisors were involved in supervising / follow up of the Nurses and Midwives

Process Indicators

1. 7 Review meetings on the ARC initiative were held with the staff at the health facilities and elsewhere
2. 6 trainings at each health facility were held in the 4 facilities in identification of relevant indicators for tracking
3. 6 Support and supervision visits were conducted
4. 6 Quality indicators on paediatric and Adolescent ART were identified
5. 4 Checklists were developed and 4 SOPs were adopted

Output Indicators

1. 23 Nurses and Midwives trained
2. 4 SOPs adopted
3. 10 Guidelines used
4. 6 Indicators identified
5. 6 Support and supervision visits were conducted
6. 4 Feedback meetings with clinic Nurses and Midwives

Outcome Indicators

1. Client Satisfaction
2. Safer working environment
3. Increased use of SOPs, protocols and guidelines
4. Increased access to treatment and care for HEI and adolescents
5. Increased adherence and reduced defaulter rate
6. Zero children living with HIV/AIDS and not on treatment

M&E Indicator Matrix

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| Input | Process | Output | Outcome |
|--|---|---|---|
| <p>1. 7 Trainers were involved in the Training of Nurses and Midwives</p> <p>2. 23 Nurses and Midwives were trained</p> <p>3. Financial Resources used</p> <p>4. 3 Supervisors were involved in supervising / following up the Nurses and Midwives</p> | <p>1. 7 Review meetings with the staff at the health facilities</p> <p>2. 6 Trainings held in the 4 facilities in identification of indicators for tracking</p> <p>3. 6 Support and supervision visit conducted</p> <p>4. 6 Quality indicators identified</p> <p>5. 4 Checklists developed and 4 SOPs adopted</p> | <p>1. 23 Nurses and Midwives were trained</p> <p>2. 4 SOPs adopted</p> <p>3. 10 Guidelines used</p> <p>4. 6 Indicators identified</p> <p>5. 6 Support and supervision visit were conducted</p> <p>6. 4 Feedback meeting with clinic Nurses and Midwives</p> | <p>1. Client Satisfaction</p> <p>2. Safer working environment and services rendered</p> <p>3. Current SOPs, Protocol and Guidelines</p> <p>4. Increased access to quality HIV treatment and care</p> <p>5. Increased adherence and reduced defaulter rate</p> <p>6. Zero children living with HIV/AIDS not on treatment</p> |

Output Indicator Matrix

Provide details on the Output Indicators.

| Output Indicator | When/frequency | How/method | By Whom |
|--------------------------------|----------------|---|--|
| 23 Nurses and midwives trained | October 2016 | Lecture, Demonstrations, Case studies | Quad Plus, QA officers at Nation, District and Provincial levels in QA and AIDS and TB Directorate |
| 4 SOPs adopted | October 2016 | Review, Discussed and consensus reached for adaptation and adoption | Quad Plus |
| 10 Guidelines used | October 2016 | Application | Quad Plus Trainers Supervisors |

Outcome Indicator Matrix

Provide details on the Outcome indicators.

| Outcome Indicator | When/frequency | How/method | By Whom |
|---|---|--|-----------------------------------|
| 6 Indicators identified | September 2016 | Reviewing Guidelines, protocols and procedures | Quad Plus |
| 6 Support and supervision visits conducted | November 2016 December 2016 February 2017 | Interviews Observation Questionnaire | Quad Plus PNO DNO Matron |
| 4 Feedback meetings with clinic nurses | November 2016 December 2016 February 2017 March 2017 | Discussion | Quad Plus Mentees |

Lessons learnt from Baseline Data

- SOPs were available at facilities but some were not being utilized (% TBG)
- Guidelines and mechanisms for monitoring client satisfaction were not in place hence the need to operationalize quality and IPC policies and the relevant protocols, SOPs and guidelines
- Protocols not always followed due to lack of knowledge of where to access them from and high workloads

Way Forward (April-July 2017)

- Review M& E plans and indicators
- Feedback of the meeting to facility staff
- Review guidelines in line with updated latest guidelines and protocols
- Strengthen consistent use and adherence to guidelines and protocols
- Plan for efficacy of tools developed with relevant stakeholders and facility nurses
- Document project experiences
- Write abstract for presentation at ECSACON/ other conferences/ scientific fora on completion of project

Thank You Siyabonga!!

