Peer mentoring as a method of capacity building for integrating HIV into FP services: An experience of first line health workers.

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Background

• Integrating HIV into MNCH services enables health systems to be more responsive to clients needs (WHO 2008 & Liambila et al 2008)

• Additional knowledge and skills are pre-requisites for integrating HIV and SRH to maximise service provision (WHO, 2005)

• Previous approaches for capacity building are costly, interrupts service delivery and providers rarely share new skills and knowledge (MOH, Kenya, 2007, 2008)
Alternative Approaches to Capacity Building

• Alternative approaches to building clinical skills and knowledge are necessary to overcome challenges of the workshop model

• Population Council and MOH-Kenya are testing the feasibility and acceptability of on-site peer mentorship program to improve knowledge and skills of providers

• We report on the process of designing and testing protocols for peer mentorship for integrating HIV and SRH services and initial outcomes
What is Mentoring?

- Mentoring is a process that promotes sharing of information between health workers to improve quality of care (WHO, 2006)

- Introduces change in service delivery without removing staff from their workplace (Lindsay. P, et. al, 2006)

- Based on relationship between individuals who share responsibility and accountability (WHO, 2008)

- Aims to support a mentee (learner) to work to achieve clear and defined learning goals (Lindsay. P, et. al, 2006 and Olivier Serrat, 2009)
Mentorship Process: Preparation

- Advocacy meetings were held with health managers at all levels to ensure buy-in for the approach

- Consensus building on:
  - The selection criteria for the mentors and the mentees
  - Key competencies required for HIV/FP integration
  - Training required: HIV testing and counseling, long-term FP methods, screening for cervical cancer (VIA/VILI), use of Balanced Counseling Strategy Plus counseling toolkit

- Identification of gaps on equipment and supplies for provision of integrated HIV and family planning services
Mentorship Process: Designing protocols

Protocols

• Trainer and trainee manuals on FP, VIA/VILI, HTC, BCS+ adapted from National guidelines

• Mentoring tools/protocols developed
  - Mentors’ checklist, Mentors’ Monthly Summary, Mentees Log Book; and Services Delivery Job Aids and Referral forms to support service delivery

BCS+ tool kit

Integra
Strengthening the evidence base for integrating HIV and SRH services
Mentorship Process: Implementation

• 21 mentors selected using predetermined criteria from 14 health facilities (2 Hospitals; 12 HCs)

• Standardization of mentors knowledge and skills through a one week on-site workshop

• A standard checklist was used to assess mentee’s level of knowledge and skills pre and post on site

• Each mentor selected a mentee from their facility working in the MCH/FP /ART units for mentoring

• Relationship between mentor and mentee based on trust and mutually agreed objectives
Mentorship Process: Implementation

• Provincial and district health managers conducted mentor/mentee support supervision.
• Standardized checklist was used for final assessment of mentees.
• Mentoring sessions took between four to six months (approx 100 hours during non busy periods).
• Each mentee was expected to achieve 85% marks for certification.
• 114 services providers (mentees) certified over one year.
Experiences of front line health workers

- **Improved access to HTC**
  
  “We used to refer FP clients to VCT but now they can get it from the FP room”

- **Improved knowledge and skills on long term FP methods**
  
  “We never used to insert IUCD, since only one of us was trained. We would refer clients to the trained provider and if on leave clients would go home without the method” (mentee)

- **Built confidence and improved staff motivation**

  "I never thought I could train anyone, bring so much change in our facility, let alone become popular for my good work" (Mentor)
Initial Outcomes of Mentorship

• Increased use of long term FP methods from 3.1% prior to mentorship to 7.4% after one year

• Increased range of FP/HIV services:
  – **FP unit**: Long term FP methods, HIV C&T, HIV services, ART, STI syndromic management, screening for cervical cancer
  – **ART unit**: providers offering short term FP methods
Trends in HIV testing and counseling among FP clients
Lessons Learnt

• Peer mentoring is acceptable and feasible among first level health workers

• Although acceptable, perceived and actual shortage of staff may inhibit mentoring in settings with poor staffing and limited infrastructure.

• Weak staff deployment practices: “unexpected” rotation/ transfers limits mentoring

• Adequate FP/HIV commodities are essential
“I never thought I could train anyone, bring so much to our facility, let alone become popular for my good work”