Solthis
Committed expertise in health

Solthis capacity building strategy to increase health facilities performance and HIV quality of care in Sierra Leone

Successes and lessons learned from Solthis' experience

Why does Solthis propose this lessons learning leaflet?

The HIV epidemic in Sierra Leone is considered mixed, generalized, and heterogeneous but concentrated in key population groups (KP). The HIV epidemic affects different population subgroups and all sectors through multiple and diverse transmission dynamics. The national adult prevalence rate stood at 1.7% (with women 2.2% and men 1.1%)[1]. Among the 76,000 people living with HIV in Sierra Leone, 66,000 are people aged older than 15 years, and 10,000 are children aged between 0 and 14 years[2].

WHO define **quality of care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"**[3] and needs to be assured within HIV programmes to achieve global goals including the 95–95–95 targets and reduce HIV mortality and incidence.

WHO recommends to establish and sustain health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care and consider **coaching as a system of practical training and consultations that promotes ongoing professional development in order to ensure high quality care.** Coaching supports professional practice based on a sustained and collaborative relationship and complements training.

During the past 8 years, in order to ensure sustainable capacity building, **Solthis implemented different projects that aimed to build capacities and strengthen HIV health system** at individual level, at organizational level and at political and national level in order to contribute to enabling environment. **Solthis proposed continuous capacity building activities to health care workers (HCWs) in 45 health facilities (HFs) covering:**

- technical skills (hard skills) focusing on the know-how;
- behavioural skills (soft skills) including the personal skills, communication and relation with person living with HIV and individual empowerment.

7 DISTRICTS COVERED BY SOLTHIS PROJECTS (45 HEALTH FACILITIES)

The proposed leaflet is presenting some of the results from Solthis SHARE project **("Sharing HIV Actions, Results and Experiences for decisions").**

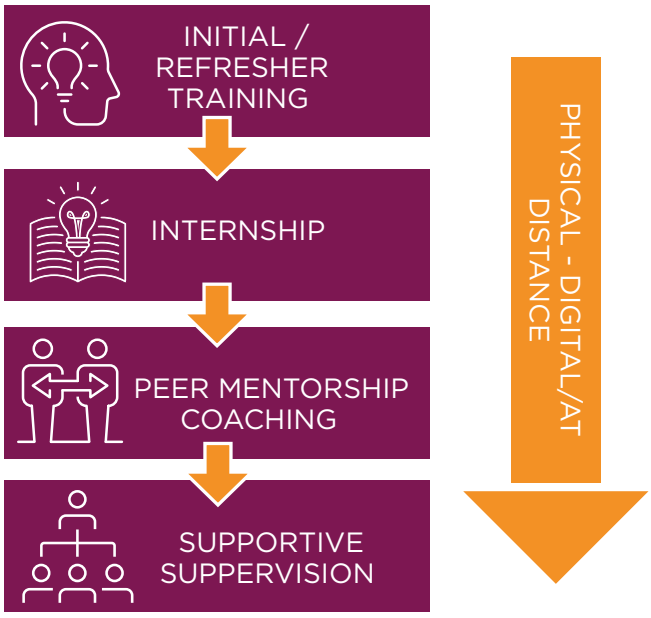
SHARE project, supported by the Agence Française de Développement (AFD) Group and implemented in partnership with NETHIPS, aims at influencing positively HIV response in the Sierra Leone. The project is focusing **on knowledge generation and dissemination exploring Solthis past experiences and practices on two specific components: (1) service delivery capacity building and (2) community engagement.**

SOLTHIS' CAPACITY BUILDING APPROACH

1 - National AIDS Secretariat Sierra Leone (2020) The Sierra Leone National HIV & Aids Strategic Plan 2021-2025

2 - UNAIDS. Sierra Leone. https://www.unaids.org/en/regions/countries/sierraleone

3 - WHO, OECD, World Bank. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/272465)



MIXED CAPACITY BUILDING ACTIVITIES PROPOSED TO HEALTH CARE WORKERS

SHARE lessons learning methodology in brief

Experiences considered for knowledge generation include implementation during Empower projects (2016-2021), NACP technical assistance under the Global Fund NFM3 (2022-2024) and PROSSAN projects (2019-2024). All components of HIV service delivery in the health facilities from technical perspective (HTC, linkage to care, eMTCT, HIV care, DSD, STI etc.) to PSM, Lab, HIS or community engagement aspects (link with support groups) were covered by capacity building activities including specifically mentorship/coaching approach.

The knowledge generated aims to look at **how Solthis capacity building strategy especially mentorship/coaching approach and activities contributed to improved health facilities performance, quality of HIV care and how health care workers did perceive coaching/mentorship activities**. The knowledge generated is expected to influence stakeholders and decision makers in Sierra Leone on the importance and benefits of mentorship/coaching for health care workers capacity building.

Quantitative data collected and analysed	Qualitative Data collected and analysed
▶ Quality of Care ART scores (10 HFs, PROSSAN) ▶ Quality of Care HTS/PMTCT scores (10 HFs, PROSSAN) ▶ Health Facility performance assessment (35 HFs, NFM3)	▶ 14 focus group discussions with about 88 HCWs ▶ 1 focus group with Solthis team (3 persons) ▶ 6 key informant interviews with national stakeholders ▶ 7 key informant interviews with HIV district supervisors

Key results from quantitative analysis

Solthis' capacity building investments and efforts have significantly contributed to positive impact on health facilities performance and quality of care even if some improvements are still needed in specific areas.

Health facility performance score (Q1 2023 to Q2 2024, 35 HFs /NFM3 project)

Globally, HFs supported by Solthis have demonstrated improvement in key performance indicators along the time with more patients receiving HAART and better results on the 3*95:

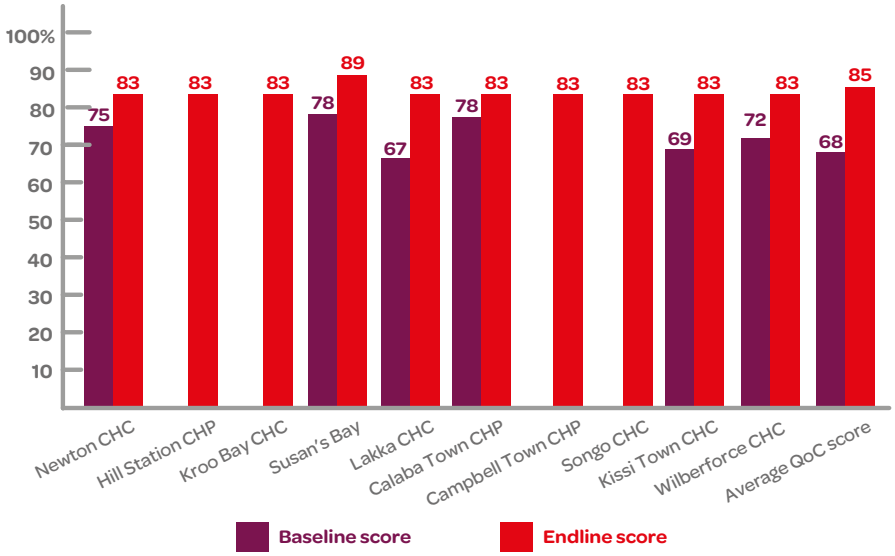
- in June 2024, 5,773 adults and children (excluding pregnant women) are receiving HAART in the 35 HFs, representing almost 10% of the total number of patients receiving HAART in the country **with 15% increase as compared to Q1 2023 (5013);**
- among 22,191 pregnant women attended first antenatal care (ANC), 18,982 were tested for HIV **(85.5%, 1st 95)**, 557 were HIV positive **(2.9% yield)** and 529 initiated ART within the 7 days after the diagnosis **(95%, 2nd 95);**
- among 18,487 adults and children (excluding pregnant women) tested for HIV, 2,303 were tested positive (1.2% yield) and 2,108 were timely initiating ARVs **(91.5% - 2nd 95)** ;

- among 1,950 VL results available in the period, 1,921 patients had viral load suppressed (98.5%, 3rd 95).

Despite those good results, some areas demonstrate lower performance mainly related to systemic challenges such as commodities stock out, transport system issues and/or lab capacity (machines not functioning):

- only 56% exposed children were tested for HIV (DBS/PCR) before 2 months of age;
- among 19,906 cumulative patients due for viral load (VL) (cumulative occurrences), only 4,270 samples were collected (21.5%).

ART AND HTS/PMTCT QUALITY OF CARE (QOC) SCORES (BASELINE JANUARY 2022, ENDLINE AUGUST 2024, 10 HFS /PROSSAN 2 PROJECT):



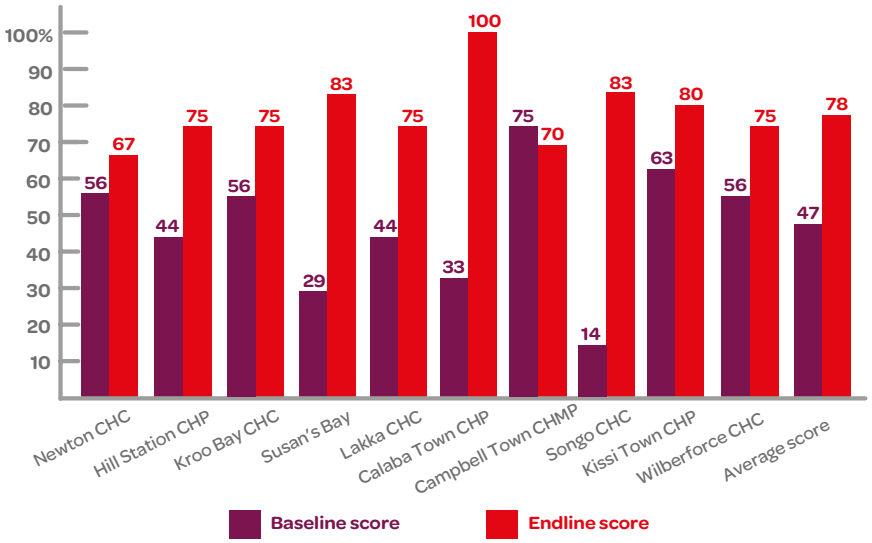
ART QoC score was looking at 13 indicators such as access to patient's right charter, adequate assessment and timely initiation, relevant treatment prescription, link with support groups or adherence and VL monitoring.

At endline, **all supported health facilities demonstrate an ART Quality of care score above 80% with improvement observed** for 11 out of the selected 13 indicators. **Overall QoC score increased from 68% to 85% (+17%).**

ART QoC score assessed at HIV testing during 1st ANC, timely HAART initiation for pregnant women and adults above 15, timely NVP prophylaxis and HIV testing for exposed infants born and timely HIV testing for SAM children.

HTS/PMTCT quality of care scores trend is very satisfactory with improvement observed for 9/10 supported health facilities. **The average score for the 10 health facilities increased from 47% to 78% (+31%).**

HTS/PMTCT QOC SCORED TREND IN 10 SUPPORTED HFS



Overall HCW perception on capacity building strategies and activities proposed

Findings from qualitative and quantitative cross analysis are proposed later in this document in the following sections: key factors for success, challenges, lessons learned and recommendations. The perceptions from the large majority participants interviewed on Solthis' capacity building strategy and activities were very good appreciating the complementarity of capacity building activities proposed. Individual positive impact was mentioned on increased knowledge, capacity (know how) to deliver quality services including better communication with patients and self-confidence. At facility level, positive impacts described were increased quality of services including relation with recipients of care (RoCs), retention in care, quality data reporting and overall HFs performance. It also allowed health facilities to offer new services (i.e: paediatrics) and to promote collaboration among the HF staff for better HIV integration.

To be honest the intervention of Solthis has really helped improved the performance of the PHUs. Since the intervention of Solthis, colleagues can testify that both the classroom training, the supportive supervision, and the mentorship has improved the situation. **HCW in Kenema District**

The confidence that Solthis has built in us, now RoCs when they are coming, they have that confidence. They know that their privacy is been maintained. This has helped them to come to the facility. **HCW in Bo District**

"Starting with the EMPOWER 1&2, PROSSAN 1&2 and the NFM3, conducting trainings for facilities that they are supporting, has helped the program to cater for other facilities that are not supported by partners. You understand. It has created a huge impact in that specific area in capacitating health care worker. **HIV district supervisor**

The changes are so many, building my capacity, help me to render quality service delivery to the RoCs. It helped me to improve my knowledge in HIV area. Another advantage is to learn those tools with also I would serve as a role model for others by teaching them. **HCW in Port Loko**

Capacity building positive impact on quality of care and health facilities performance

Key aspects leading to success

Overall findings from quantitative and qualitative data collection demonstrate **that capacity building strategies implemented by Solthis during the past years did have a significant positive impact on HCWs capacity (knowledge and practices), on quality of care and on health facilities performance.** Key factors have been identified by participants interviewed during FGD and KII on how capacity building strategy was successful.

Proposing capacity building strategy mixing different kind of activities and pedagogic approaches is useful and needed and provide complementary advantages:

- classroom trainings at district or national level are considered very important and as an entry point for building HCWs capacities on a new topic. It offers the opportunity to be trained by experts but also to meet and share experiences with peers. However, it is not sufficient to positively impact quality of care and improved performance. Training sessions shall include practical learning, interactive methodology and assessment of knowledge gained ;
- onsite trainings complement initial trainings, offer a more practical learning process being conducted at the health facility and allow gathering all staff to facilitate and promote HIV services integration within the health facility ;
- mentorship/coaching sessions are fully complementary to training sessions and supportive supervision. It provides a very practical learning process and support HCWs along the time. It offers more time to deeply explore specific topics and allow concrete problem solving. It has to be conducted individually or collectively, physically or at distance based on the needs and is considered by HCWs to provide high benefit on their knowledge and practices. Mentorship and coaching are effective if conducted regularly and using different methods (observation, discussions, practices or case studies) ;
- internship and peer mentoring can be done either by "visiting" a fellow health facility, online using WhatsApp groups or within a specific health facility to mentor other colleagues. It is recognized relevant and useful by HCWs to **develop a new service in the health facility, to promote integration, to solve daily problems and to improve knowledge and practices ;**
- **joint supportive supervisions** offer an approach **mixing evaluation and coaching** that help to understand gaps and how to improve. The activity supports HCWs **to improve their skills on reporting, on analysing performance and take decision** (action plan for improvement). The supportive aspect of the activity is crucial and inviting all staff from the health facility is key to effectively improve overall performance and quality of care.

They do onsite training, class room training. They also do mentoring. Anytime we call them, they answer to our call, they help us during our difficulties in some cases like how to support patients to take their medication. **HCW in WAU**

Ensuring that capacity building activities are interrelated, complementing each other with differentiated objectives.

This complementarity needs to be thought when designing capacity building plan and considering that improved and sustainable knowledge, skills and practices are built in a continuum (along the time).

All the capacity building activities, I think they are complementing each other in order at the end of the day to provide quality service for patients. All the support are complementing. They support each other in order for the patient to receive quality care. **HCW in Western Area Rural District**

Covering not only technical aspects but also behavioural and cross cutting skills during capacity building activities has a positive impact on HCWs capacities and quality of care.

Respondents highlighted the importance to have a comprehensive approach addressing **technical knowledge and skills** (eMTCT, VL, HTS, DSD, AHD, mental health…), behavioural skills on **how to deal with patients** (soft skills, communication around stigma), **technical practices** (VL sample collection, prescribing ART) and cross cutting practices (filling reports, analysing data).

Conducting collective coaching/supervision helps to improve services organization /management and facilitate HIV integration.

Collective sessions create a collective dynamic, give the opportunity to gather staff from different health facility units (M&E, PSM, HIV and other units) to better collaborate and integrate HIV.

> *Solthis, they make sure the unit, the entering points are concerned about the HIV, like the EPI, like the nutrition, like the ANC, the labour and delivery. They bring us together, together with the CHO in his office. They mentor us, they teach us and tell us what to do and what not to do.* **HCW in Tonkolili**

Capacity building positive impact on quality of care and health facilities performance

Key challenges

From quantitative and qualitative analysis, key challenges appear to limit positive impact of capacity building investments and efforts on quality of care and health facilities performance.

Systemic challenges related to health system limiting HCWs capacity to deliver quality of care

Different systemic challenges and needs are affecting quality of care and limit positive impact of capacity building strategy. **Supply chain including last mile distribution challenges, stock management capacities and/or regular stock out** has been highlighted as a factor impacting quality of services even though HCWs are well trained. **Laboratory commodities availability and access (not decentralized), transport system issues** are also impacting negatively quality of services and health facilities performance (i.e: Viral load and EID). Lack of **availability of adapted infrastructures and equipment** to provide quality services (ensuring confidentiality for example) was considered by many HCWs as a limiting factor to implement what they learned during training sessions.

> *Lack out of commodities; like the test kits, treatment cards, delay in sending viral load result, sending clients to other facilities to treat them. Delay in bringing the result in fact frustrates the client. So we will ask why there is delay in this, they will say machine has problem. We don't have enough drugs in the country. These are the external things that really limit some of our work.* **HCW in WAU**

Staff attrition and financial resources were one of the main challenges mentioned by all interviewed participants **impacting all capacity building efforts and investments.**

> *A person who is well trained on HIV… can be posted to another facility and what happen is that they will send another person that hasn't got any capacity, so is like you are back to square one.* **NAS**

> *And some of us we have been working for six to seven years and we have not yet been subscribed on payroll. I think that is one of the negative effects on the improvement at the health center.* **HCW in Bo**

Strengthening HIV Integration was also a challenge mentioned that need to be addressed with potential positive impact on HCWs capacities and HF quality services.

> *A bigger training needs assessment at the ministerial level would be needed… looking at the different departments and what their future needs are. A lot of the health services has to be integrated, so if you have one person who can do multiplicity of work, then it's better. They become much more adaptable to be sent to other places of work. I think that should be the approach in terms of capacity development.* **UNAIDS**

Socio economical context, lack of coordination with community services and limited resources for community engagement does not allow optimal HIV response and better access to care for RoCs

Linkage and coordination with increased services at community level along with better capacity of community workers appear to be also a key challenge identified by participants. Recent DSD implementation in the country has demons-

trated its positive impact and importance for increased community response and coordination with health facilities. This improved coordination could be applied for harmonized and complementary capacity building programs for HCWs and CHWs.

Some HCWs mentioned the need for better coordination and/or involvement of community response (CHWs and support groups) to effectively complement HFs efforts to provide comprehensive care and support patients toward retention and good adherence.

> *We need NETHIPS to help us with supporting groups. Like, they go out to the facility, they form a group, supporting group, talk to them. So they can, the people that normally default for their drugs, they will come and collect their drugs.* **HCW in Bombali**

Other HCWs mentioned the negative impact of stigma, denial, lack of food support to patients and also the distance from patients' home to health facilities (cost of transport) contributing negatively to access to services and retention.

> *Within the communities, the discrimination is still there. People are still ashamed of accepting that they have this HIV. So even if you test a client and proven to be positive of HIV, and you want to put that patient on ART, sometimes that patient will start taking that drug. After some time, you will not see that patient again because he or she don't want to be identified as a HIV positive patient. We are having that problem a lot at some facilities.* **HCW in Bombali**

Limited HIV knowledge and skills of new HCWs limit their capacity to deliver quality of care

It was also mentioned that there is a gap in initial training of HCWs (pre service) that is affecting their capacity when they start working on HIV in health facilities that could be addressed.

> *Incorporating HIV into nurse and midwife preservice training, because we also saw that sometimes we have nurses come from the training school, they get deployed and do not have the capacity to take on HIV services adequately, especially when you want to integrate it in all the service, they provide in the health facility...* **ICAP**

Capacity building positive impact on quality of care and health facilities performance

Lessons learned and recommendations

Based on the results and findings from quantitative data analysis, FGD and KII, key lessons learned and recommendations are proposed.

Ensure that national capacity building strategy/plan for HCWs integrate mixed activities / approaches taking into consideration that:

- capacity building activities are complementary to each other increasing HCWs knowledge and know how. For example (1) classroom trainings/onsite trainings is followed by mentoring/coaching to ensure knowledge gain is sustainable and put in practice,

(2) supervisions integrate supportive (capacity building) aspect and complement trainings and coaching sessions. Technical, behavioral and crosscutting skills (i.e: M&E) need to be covered;

- different methods are available to reach large number of HCWs but also to ensure that capacity building sessions are tailored to HCWs needs. Capacity building sessions shall be done physically (trainings, coaching, supervisions) and at distance (e learning platform, sharing resources through WhatsApp.), collectively or individually depending on the objective and needs;
- HIV integration shall be promoted by conducting regularly collective practical capacity building sessions inviting all units from health facilities and addressing cross cutting issues;
- peer learning/coaching has to be promoted. Internship, peer mentoring or learning travel will motivate HCWs. Peer learning can be promoted within a health facility or at distance among different health facilities. Mentors need to be trained to coach peers.

Develop and strengthen bridges and coordination between HCWs and community services and increase community engagement in HIV response to optimize service delivery and mitigate socio economical challenges:

- mobilize resources to Increase and promote community led services, availability of support groups to reduce HCWs burden in HIV response and optimize access and quality of services;
- extend capacity building down to the community level to empower the CHWs and support groups to better complement services offered at HF level notably on adherence, retention, drug supply (DSD) and develop partnership with village committee groups;
- integrate/increase HIV sensitization and prevention at community level to reduce stigma and increase access to care.

Address systemic challenges to improve quality of services provided particularly:

- decrease staff attrition rate, mitigate impact of human resource transfers and ensure that HCWs are paid in time;
- improve procurement and supply chain including last mile distribution and minimize stock-out;
- improve laboratory commodities availability, access and transport system;
- promote availability of adapted infrastructures and equipment, including medical and IT equipment, internet and electricity.

Integrate HIV training within in-service, pre-service medical and paramedical courses and strengthen HIV integration in health facilities to maximize capacity building investments.

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En partenariat avec

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NETHIPS Network of HIV Positives in Sierra Leone