Solthis
Committed expertise in health

Mentorship/coaching approach to contribute to 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.

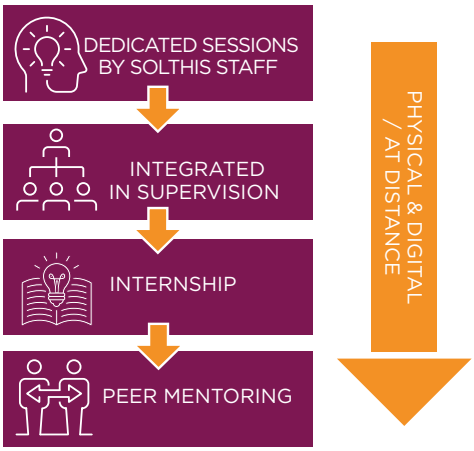
WHO recommends to establish and sustain health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care and consider **coaching as a system of practical training and consultations that promotes ongoing professional development in order 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, organizational level and national level. Among capacity building activities, **Solthis proposed continuous mentorship/coaching through different approaches to health care workers (HCWs) in 45 health facilities (HFs). Coaching was proposed in complementarity to trainings (coaching starts when training ends) and covering not only clinical skills and practices but also behavioural skills and cross cutting capacity (i.e.: M&E reporting and analysis).**

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

7 DISTRICTS COVERED BY SOLTHIS PROJECTS (45 HEALTH FACILITIES)

SHARE project, supported by The Agence Française de Développement (AFD) Group and implemented in partnership with the Network of HIV Positives in Sierra Leone (NETHIPS) and Sierra Leone Ministry of Health, aims at influencing positively HIV response in 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 including coaching and mentorship and (2) community engagement.**



SOLTHIS COACHING ACTIVITIES PROPOSED TO HCWS

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

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)

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)

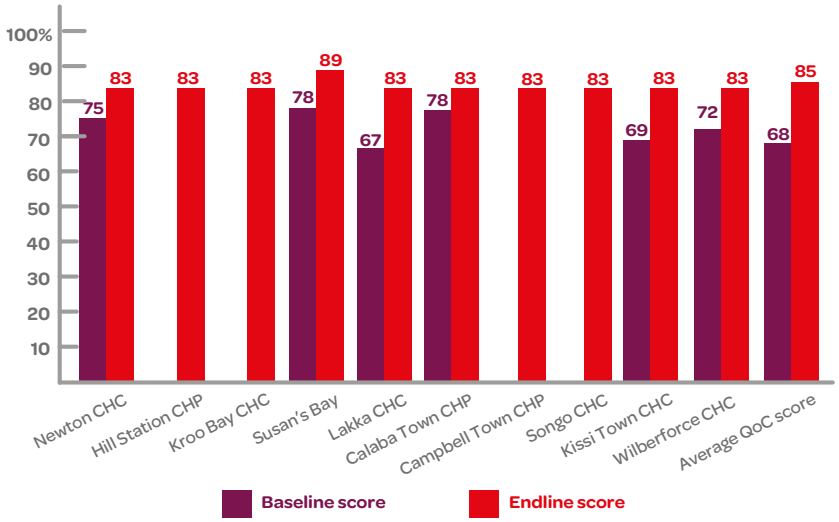
Globally, HFs supported by Solthis have demonstrated improvement in key performance indicators along the time with more patients receiving ART and better results on the 3*95:

- in June 2024, 5,773 adults and children (excluding pregnant women) were receiving HAART in the 35 HFs, representing almost 10% of the total number of patients receiving ART in the country. There was a **15% increase in the number of adults and children receiving ART from 5,013 in Q1 2023 to 5,773 in June 2024;**
- among 22,191 pregnant women attended first antenatal care (ANC), 18,982 were tested for HIV **(85.5 %, 1st 95)**, 557 were 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 ART **(91.5% - 2nd 95);**
- **among 1,950 viral load (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% of exposed children were tested for HIV** (DBS/PCR) before 2 months of age ;
- among 19,906 cumulative patients due for 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):



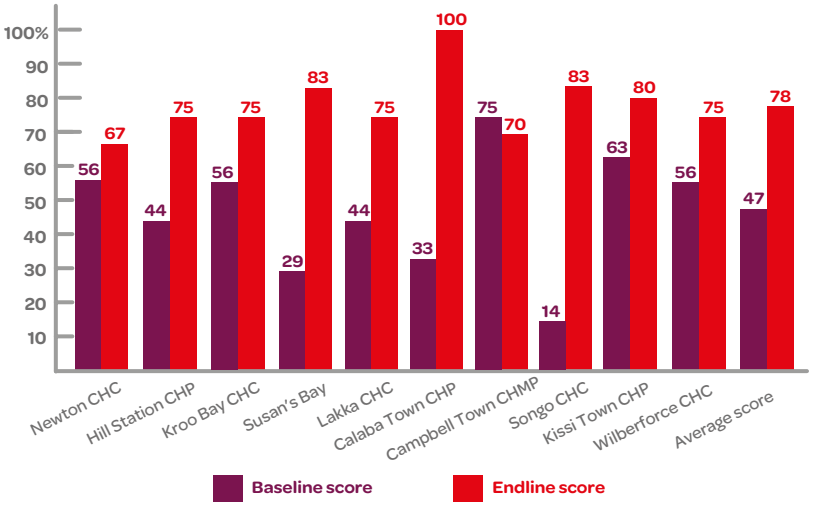
ART QoC score assessed 13 indicators such as access to patient's right charter, adequate assessment and timely initiation, relevant treatment prescription, link with support groups or adherence and VL monitoring.

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%).**

HTS/PMTCT score assessed HIV testing during 1st ANC, timely ART initiation for pregnant women and adults above 15, timely nevirapine (NVP) prophylaxis, HIV testing for exposed infants and timely HIV testing for children with severe acute malnutrition (SAM).

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 SCORETRANDIN 10 SUPPORTED HFS



Overall health care workers perception on mentorship/coaching

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 of participants interviewed on mentorship/coaching activities were very good, **perceived as a "game changer" to build health care workers capacities.** Mentorship/coaching is perceived **essential to support health care workers after trainings** which are not considered sufficient alone. Those activities are perceived **very practical, responding to HCWs daily challenges and allow to support the entire health facility team. Internship and peer mentoring** are also well appreciated and recognized relevant and useful **to develop a new service, to promote integration or to improve knowledge and practices.**

...Site level mentorship can be like a real big game changer for us. It is okay to train people, but it is when you are with them at the site level... you are managing that case together, that sticks with them for the rest of their lives. it is a very strong, powerful tool to design our capacity building program... **AIDS Healthcare Foundation - AHF**

One good thing about Solthis, they don't do only individual mentorship. They encourage all staff working at the facility to participate...They involve all the staff in their mentorship and coaching. So for me that helps all the staff to be abreast with HIV service... **HCW in Bo**

Mentorship is the best way of making people understand what they are supposed to do. Because you interact. You make sure it be two-way conversation. Not you alone. It's dialogue. We discuss together. Make sure you come in with issues. **HCW in Bombali**

For me, internship is the most important. Because you go there, you are taught and you do the things for yourself. And with your own field, it's practical. The practical is all about what you are doing. If you cannot do the thing well, you cannot do the practical thing, you are nowhere. **HCW in Bombali**

Mentorship/coaching positive impact on quality of care and health facilities performance

Key aspects leading to success

Mentorship and coaching have been implemented with different strategies/activities. Key elements were identified for effective and impactful mentorship/coaching.

Providing continuous coaching/mentorship in line with previous trainings, physically and at distance

Mentorship/coaching sessions are fully complementary to training sessions. It provides a very practical learning process and offers time to deeply explore specific topics and allow concrete problem solving. This support was well appreciated as it offers the opportunity to have very regular support on daily challenges and helped HCWs on decision-making. It is expected to be conducted on site and complemented with at-distance support (by phone or through WhatsApp groups) for a daily practical support.

Solthis stepping in faster to know what was the problem and try to tackle that problem. This mentorship was an ongoing process because they will come monthly, weekly and even on daily basis. **HCW in Bombali**

During mentorship, they teach us many things that we should do... where they think there are issues, they try to explain, road by road, bit by bit then they try to test our understanding. We try to give them feedback, that's a sort of sandwich feedback to know if the message was really hammered. **HCW in Port Loko**

We always call them. We call them sometimes we want to do switch for patients, we want to do switch treatment for patients, we call on them. We don't do it alone. Or they don't do it alone. We call on them. We do it together. We do it jointly. **HCW in WAU**

Promoting peer mentoring through internship, within health facility and/or using digital solutions to complement regular coaching/ mentorship sessions and motivate HCWs

This complementary mentorship activities have to be thought and proposed based on the objective and needs. Interacting and sharing experiences with peers is considered as a motivation by HCWs. Internship can be done "visiting" a fellow health facility which was well appreciated and demonstrated its impact allowing HCWs to be able to upgrade new services in their own health facility (i.e: paediatrics care). Peer mentoring can be used within a health facility after a HCWs have been trained (classroom) and can disseminate what he learned focusing on how to implement knowledge gained in the facility. Peer mentoring can also be promoted through WhatsApp group (composed of training participants and trainers) to allow HCWs to share their experiences and get support from peers. It concretely helped HCWs to get clarification and/or support peers to put in practice what they learned from training sessions and solve problems they may face in their respective facilities.

Well for the peer mentorship Solthis did very well. When we go for workshops...they create a group for us, WhatsApp group. If you don't understand, you go to the group, your colleagues will mentor you. So that is the good thing, we mentor ourselves. **HCW in WAU**

For example, at Ola During, we go for internship and learned more especially with the children. We have so many children there. And our facility we don't have enough children but children are coming up now, so we learned more from them, and were able to implement it at our own site. **HCW in WAU**

Mixing coaching methods, individual and collective sessions to facilitate HIV integration

HCWs highlighted the importance to have a comprehensive support covering (1) completing technical knowledge and skills learned during the training, (2) supporting HCWs to put in practice knowledge through interaction with patients and (3) enhancing cross-cutting skills such as capacity to fill registers and produce reports. Therefore, individual mentorship/coaching sessions are effective when conducted using different methods (observation, discussions, practices or clinical cases) after the HCW training.

Collective coaching 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 services.

If you go for classroom training, they will still do a follow at the centre with mentoring. They will see where you are lack, where you are not doing well and step in trying to support you to understand well. **HCW in Bo**

Clinical mentoring is on a routine basis every time we visit different health facilities, different health workers are targeted: the pharmacy department, the Maternity, the wards, the HIV unit, Doctors and the CHO. **Solthis staff**

Mentorship/ coaching 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 mentorship/coaching implementation.

Availability of trained mentors and coaches within the national health system

Mentorship and coaching require to have health human resources trained on how to conduct effective and quality mentorship/coaching sessions. This support is proposed by implementing partners including Solthis who do invest on training mentors at national, district or health facility level. However, mentorship/coaching is still depending on human resources from implementing partners and integration within health system is not fully achieved limiting the full potential and sustainability of mentorship/coaching to respond to the needs. Limited resources from implementing partners have an impact on their capacity to sustain investments in mentorship/coaching. Moreover, staff attrition is impacting the availability of trained mentors and limiting health system capacity to maintain regular mentorship/coaching support to health care workers.

I would say that the first major challenge for me is resources, financial resources. It is becoming increasingly very expensive to train health care workers. The other one is staff attrition. Staff move from time to time. **AIDS Healthcare Foundation - AHF**

I think we should build more on mentoring, monitoring and coaching. We should look for centres of excellence... that we can bring people to come and learn, so that they see at first thand how things are done. **UNAIDS**

Harmonization/definition of mentor's role and responsibilities and integration into the national capacity building strategy and plan

Even though mentorship and coaching are common activities implemented to support health workers, approaches and methodologies appear not to be harmonized (strategies used, frequency...). There is no national standard for mentors/coaches defining their role and responsibilities and mentorship/coaching strategies (physical, at-distance/individual/collective, frequency) are not fully described in the national capacity building strategy and plan. This leads to unequal support and efforts provided to health facilities workforce in the country and insufficient guidance to implement mentorship/coaching strategies and activities.

A bigger training needs assessment at the ministerial level would be needed... looking at the different departments and what their future needs are. **UNAIDS**

HCWs Mentorship/coaching strategies and coordination and complementarity with community services

Linkage and coordination with community services offer an opportunity to optimize HIV response. Complementarity between health facilities and community workers (including support groups) could be better defined to improve quality of HIV response and reduce investments needed. Capacity building strategies including mentorship/coaching support for HCWs and CHWs need to be designed in complementarity and integrated in the national capacity building plan.

The other challenge is for the outreach; you know there are some distances that are far and we may want to have our contact tracing. NETHIPS has to create a platform as to how we can be able to be reaching these hard-to-reach area. **HCW in Bombali**

Availability of adequate resources to effectively implement knowledge and skills gained from mentorship /coaching and to promote peer mentoring

Systemic challenges are affecting quality of care and limit positive impact of capacity building strategy including mentorship/coaching. Supply chain, laboratory access, transport system issues are impacting the capacity of HCWs to implement knowledge and skills gained through coaching and resources are limited to support key strategies such as DSD, retention (defaulter tracking) or index testing. Innovations using digital capacity building including peer mentoring are facing challenges to enable HCWs to access this new capacity building resources.

When it comes to innovations, we have low data health literacy so we have invested more just to orientating staff on how to put on first the laptop.... internet connectivity is a challenge...sometimes electricity is a challenge. **JHPIEGO**

The other thing I also foresee is that sometimes, technology can be a challenge. There are still some people that will tell you they do not have access to smartphone or they do not have laptop or Internet issue. **AHF**

Mentorship / coaching positive impact on quality of care and health facilities performance

Lessons learned and recommendations

Based on the results and findings, key lessons learned and recommendations are proposed.

Ensure that national capacity building strategy/plan integrate systematic mentorship/coaching and define the strategy and related activities in complementarity with community services

Mentorship/coaching strategy should be deployed both at health facility and community level. These activities should be proposed both for HCWs and CHWs looking at their complementarity, and respective roles in order to have a comprehensive quality HIV response. Following mentorship/coaching activities should be included and implemented in complementarity with trainings and supportive supervision:

- regular physical collective or individual coaching sessions at health facility/ community level using different pedagogic methods (clinical cases, practice sessions, observation...);
- at-distance continuous support to HCWs to support problem solving; including tele-mentoring through ECHO platform, WhatsApp, blended e-learning with online and offline versions, etc;
- internship and peer partnership among health facilities;
- peer mentoring within health facilities.

Develop national technical specifications for mentors/coaches and train enough HIV mentors at national, district, health facility.

Mentors/coaches roles and responsibilities, minimum standard on what is expected from coaching/mentorship activities need to be harmonized and define at national level. This will enable to guide all implementing partners in their investments and efforts for HCWs capacity building and allow consistent and harmonized support. Mapping the needs and clarifying mentorship/coaching strategy will allow to define priorities and implement adapted training plan for coaches at national, district and health facility level. Coaching certification mechanism could help to motivate health staff to become mentor/coach and support their peers.

Promote HIV peer mentoring and learning using digital platforms to optimize resources use and capacity building support to HCWs

Innovations represent an opportunity to complement mentorship/coaching activities. National digital platform on HIV resources integrating peer to peer chat or WhatsApp groups are ways to allow HCWs to share their experiences and get support from their peers. Even though digital platform may represent significant investments at the beginning, it is a relevant way to sustain peer mentoring and save cost at mid/long term.

Mitigate systemic challenges to optimize mentorship/coaching benefits

Addressing difficulties to provide quality of care and implement knowledge and skills gained from mentorship/coaching session is key. Reducing stock out occurrences, improving access to lab and/or transport system or providing sufficient resources and equipment to allow quality HIV services implementation will contribute to enhance positive impact of capacity building activities. Investments in technology equipment and digital access are needed to allow HCWs to benefit from all mentorship/coaching strategies that could be proposed.

Contacts:

Solthis project coordinator: Kazeem Ayankola, **cppcoord.sl@solthis.org**

Solthis program coordinator: Lawson Mbolueh, **programcoordinator.sl@solthis.org**

NETHIPS program manager: Martin Ellie, **mundae1312@gmail.com**

En partenariat avec

RÉPUBLIQUE FRANÇAISE

AFD AGENCE FRANÇAISE DE DÉVELOPPEMENT

Solthis Committed expertise in health

NETHIPS Network of HIV Positives in Sierra Leone