

“ I never thought I could train anyone let alone be recognized by the facility in-charge and other providers in the district for my work.” **Mentor**

This **Steps to Integration** series provides a guide on how to integrate HIV and sexual and reproductive health (SRH) services based on findings from the Integra Initiative.

The **Integra Initiative** is a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies. It was managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council.

Findings from the project show that integrating HIV and SRH services has the potential to:

- ✓ **Increase uptake of health services**
- ✓ **Increase range of services available**
- ✓ **Improve quality of services and efficient use of resources**
- ✓ **Enable health systems to respond to client needs and improve overall client satisfaction**



Peer mentoring: an effective strategy for integrating HIV and SRH services

Introduction

Integrating HIV and sexual and reproductive health (SRH) services is essential for effective health programming. One Integra Initiative component explored how peer mentoring can be an effective, feasible and sustainable tool to support in-service capacity-building.

However, integration remains limited because knowledge and skills gaps among frontline providers constrain their ability to provide essential services. Further, traditional capacity-building approaches, for example offsite training workshops, are costly, are not conducive to knowledge-sharing among colleagues and interrupt service provision.

Mentoring is an innovative approach to improving provider skills without compromising service delivery by harnessing the potential of existing providers. Mentorship occurs when a more skilled or experienced person (mentor) is paired with a less skilled person (mentee), with the agreed-upon goal of developing the latter's abilities.

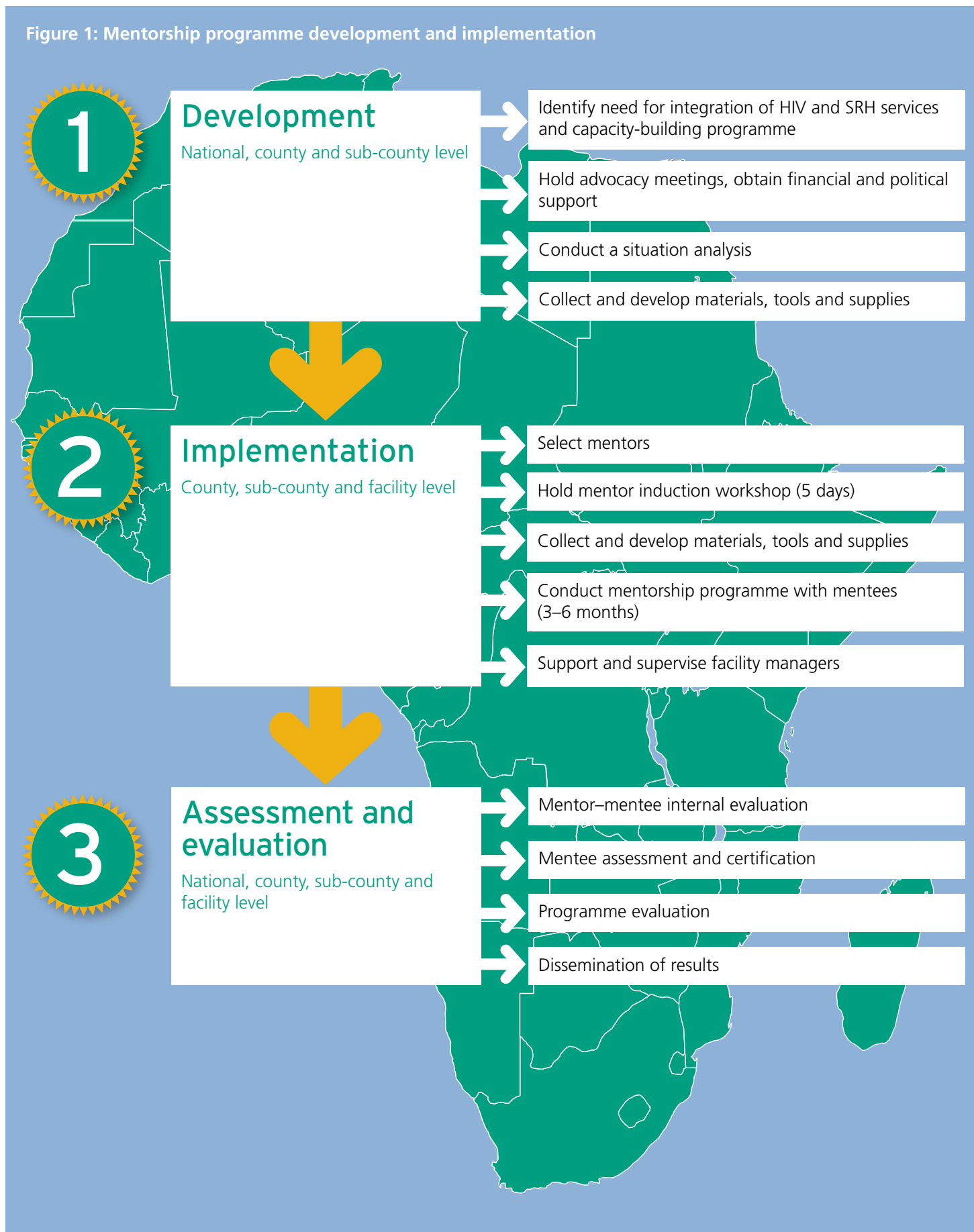
In Kenya, as part of the Integra Initiative, a peer mentorship approach was designed and tested to improve service providers' skills, knowledge and capacity to provide high quality integrated HIV and SRH services. These activities took place between August 2009 and June 2010. A central component was to understand providers' opinions on mentoring, so as to build a strong and feasible mentorship model that would be practical as well as sustainable.

“ Although there were staff shortages my in-charge allowed me to take a day shift for six months, to avail myself for the mentees practical sessions during the day.” **Mentee**

The mentoring process

Jointly with the Kenya Ministry of Health (MOH), the Integra Initiative developed, implemented and assessed a mentorship programme (see Figure 1 below).

Figure 1: Mentorship programme development and implementation



Mentorship tools

RH/HIV Integrated Service Provision in Kenya

This toolkit was developed by the project team and consists of a trainer’s manual, participant’s manual, mentee initial assessment pre-test, mentees clinical protocol, mentor logbook, monthly summary sheet, integrated RH/HIV clinical assessment tool and mentorship guidelines.

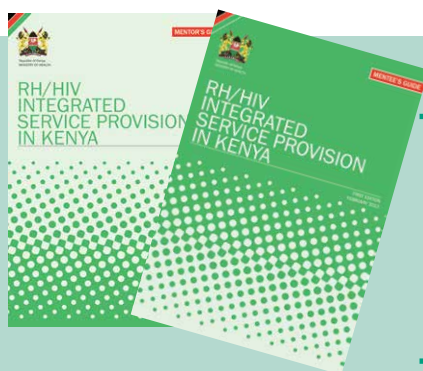
The *Guide for Mentors* provides an overview of the programme and serves as the primary document for the mentor to use during the Mentor’s Induction Workshop and Mentorship Programme. The guide is divided into two sections. Section 1 outlines content for mentoring exercises and lessons in the Mentor’s Induction Workshop. Section 2 walks the mentors through classroom and practical lessons included in both the Mentor’s Induction Workshop and Mentorship Programme. Tools and references, including relevant national RH/HIV guidelines, are outlined in each training session.

The *Guidelines for Mentees* serve as the primary resource for mentees during the Mentorship Programme. Course content for each lesson and exercise is clearly written out in each training session as well as references to guidelines for relevant RH/HIV clinical skills. Mentees should refer to this document during the Mentorship Programme and may find it useful to reference even after the programme is complete.

The *Integrated RH/HIV Clinical Assessment Tool* is an initial assessment form that is completed by every new mentee before starting the Mentorship Programme and submitted to the mentor. This form acts as a baseline and is compared to subsequent assessments.

Balanced Counseling Strategy Plus (BCS+)

Another integration tool used in the training is the *Balanced Counseling Strategy Plus (BCS+)*, an interactive, client-friendly approach for improving counseling on family planning and prevention, detection and treatment of sexually transmitted infections including HIV.



What tool

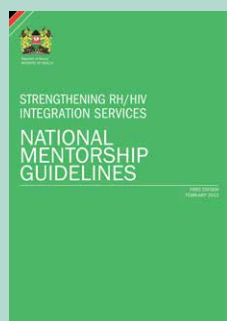
Guide for Mentors and Guidelines for Mentees

Who uses it and when

Mentors and Mentees, for continuous reference

How to use it

Reference material



Integrated RH/HIV Clinical Assessment Tool

Mentors or reproductive health coordinators, during mentee assessments

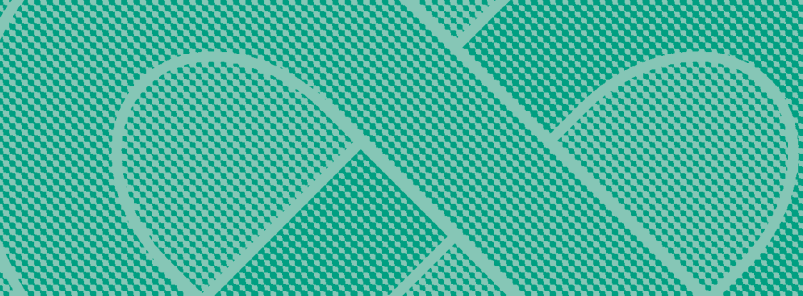
To evaluate and mark mentee during mentee assessment



The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings

Mentors and mentees, at family planning, postnatal care (PNC), antiretroviral therapy (ART), maternal and child health (MCH), or voluntary counselling and testing (VCT) service provision

Trainer’s and user’s guides and algorithms offer step-by-step guidance on providing integrated family planning and HIV services



Findings

Providers from all the facilities appreciated and supported the mentorship approach. This resulted in:

- Improved knowledge, skills, self-confidence, and teamwork in delivering integrated SRH and HIV services
- High job retention
- Reported time and money savings for clients
- Improved client-provider relationships

Critical enablers of effective skill transfer were identified as:

1. **Support and flexibility by managers**, particularly in staff scheduling, so mentees can practice newly acquired skills with mentors and facilities can handle temporary reductions in available staff.
2. **Adequate commodities, supplies and human resources** to give mentees consistent opportunities to train on new skills.
3. **Thoughtful mentor selection, training and use of mentoring tools** to ensure that mentors are well-suited and that training is consistent.
4. **A positive work environment.** Mutual respect, a cordial relationship, encouragement of the mentee and mentor patience were important.

Challenges in implementing mentorship included:

1. **Erratic supplies and commodities** resulting in limited opportunities for mentees to practice skills.

“ I had only three cases of Jadelle and then the stock finished. I waited a month before I could continue learning...” Mentee

2. **High client case load** due to staff shortages, limiting contact between mentors and mentees.
3. **Inadequate skills or lack of confidence** among mentors, making it challenging for mentees to learn the skill or have faith in the mentor.
4. **Poor deployment practices** with trained personnel moved too frequently and preventing continuity.

“ ... by talking to these mothers, giving them the good services, the long-term methods and screening them for cervical cancer, TB, STIs, HIV... they have learned to accept us and they are so kind. They have learned to love us – not like before when they used to hate us and talk to us in a very rude way.” Mentee

Conclusion

- Mentorship was perceived by mentors and mentees to be a feasible, acceptable, and sustainable method of training for capacity-building.
- The benefits of mentoring are particularly relevant for settings with moderate or high HIV prevalence and limited funding for provider capacity.
- If thoughtfully designed and implemented, mentoring has the potential to meaningfully combat problems of staff shortages by increasing the skills for existing staff, by existing staff, in a matter that is acceptable and cost-effective.

References

- i. Ndwiga C., Abuya T., Mutemwa R., et al. *Exploring experiences in peer mentoring as a strategy for capacity building in sexual reproductive health and HIV service integration in Kenya*. BMC Health Services Research 2014, 14:98. Available at: <http://www.biomedcentral.com/1472-6963/14/98>
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- iii. Strengthening RH/HIV Integration Services: National Mentorship Guidelines. Population Council. Nairobi, Kenya. 2013.
- iv. Strengthening RH/HIV Integration Services: Mentee's Guide. 1st ed. Population Council. Nairobi, Kenya. 2013.
- v. Strengthening RH/HIV Integration Services: Mentor's Guide. 1st ed. Population Council, Nairobi, Kenya. 2013.

FOR MORE INFORMATION PLEASE CONTACT



Population Council
4301 Connecticut Avenue NW, Suite 280
Washington DC 20008, USA
cwarren@popcouncil.org



International Planned Parenthood Federation
4 Newhams Row
London, SE1 3UZ, UK
jhopkins@ippf.org



Centre for Population Studies
London School of Hygiene and Tropical Medicine
London WC1B 3DP, UK
Susannah.Mayhew@lshtm.ac.uk