RESIDENTIAL MENTORSHIP MODEL
INTRODUCTION

Kenya’s health care system still faces a number of challenges related to human resource capacity, particularly the lack of evenly distributed and adequately trained health personnel geographically and across the health sector; low staff morale, poor leadership and inadequate financing.

Optimisation of the existing knowledge and skills of the health worker is essential. Provision of comprehensive quality health care services requires training and mentorship, irrespective of the individual providing the service.

CHS recognises and is responsive to the direction provided by the Kenya AIDS Strategic Framework (KASF) 2014-2019 that seeks to strengthen the integration of health and community systems by building a competent, motivated and adequately staffed workforce at National and County levels to deliver HIV services integrated in the essential health package.

When decentralising services, there is a need to expand HIV training and mentoring for more health care workers. The cost of off-site training is often prohibitive and scarce human resources also make it difficult for health workers to leave their facilities to attend training workshops.

Evidence has demonstrated that mentoring is one feasible strategy for provider training and is acceptable among health service providers and managers at different levels of health care.
THE RESIDENTIAL MENTORSHIP PROGRAM

The Residential Mentorship Program aims at improving skills, knowledge and competency of health care workers. It is one of the flagship programs of the CHS TEGEMEZA project that seeks to implement and expand HIV prevention, care and treatment services in five counties of Central Kenya namely: Kiambu, Murang’a, Nyandarua, Nyeri and Laikipia

A workforce with the right knowledge, skills and attitude is essential to provide high quality clinical care. Effective training, clinical mentorship and ongoing supportive supervision are critical to ensure consistent application of national treatment guidelines and the provision of high quality care.

The Residential Mentorship Program aims to provide practical off-site mentorship to ensure a competent and confident workforce at all levels of the health system. This is provided by Ministry of Health (MoH) staff in a public health facility, forming a shift in capacity building from being partner-led to MoH-led. The program is run at Murang’a County Hospital.
Goal

To equip health care providers with skills on the provision of comprehensive HIV prevention care and treatment services for adults and children

Specific Objectives

By the end of the mentorship program the mentee should be able to:

- Understand the day-to-day management of a Comprehensive Care Clinic - including the functions of the Multi-Disciplinary Team (MDT) and related departments within the hospital
- Provide comprehensive care and support to the HIV infected adult, adolescent and child and strengthen clinicians skills in the prevention and treatment of opportunistic infections
- Provide comprehensive and appropriate care and support for HIV infected pregnant women to eliminate mother to child transmission of HIV
- Set up systems for and offer Provider Initiated Testing and Counselling services to ensure HIV Counselling and Testing (HTC) coverage, linkages and referrals to care and treatment
- Understand the role of and provide laboratory and pharmacy services in the care of HIV-infected adults and children and to ensure commodity security
- Set up systems for and offer adherence and community support for people living with HIV, their children and their families to ensure retention and good patient outcomes
- Provide nutritional support for people living with HIV (PLHIV) and HIV Exposed Infants (HEI) in order to ensure adequate supply of nutrients for maintenance and improvement of their nutritional status
- Implement a comprehensive Monitoring and Evaluation system for HIV programs and use data for program improvement
- Set up quality improvement systems in all aspects of HIV service delivery
- Empower the mentee to develop and implement a quality improvement action plan for their facility of origin
Key Elements of the RM Program
The Residential Mentorship program package includes practical tools for the mentor, a mentee manual and standard operating procedure (SOP) for the program.

The program consists of practical training and consultation that fosters on-going professional development of mentees to deliver sustainable high-quality clinical care.

The content is based on the learning needs of mentees and is delivered through face-to-face consultations, on-going phone consultations as well as through e-mail consultations resulting in implementation of clinical standards as per the Kenya treatment guidelines.

Mentees undertake a pre-course and post-course evaluation test to assess knowledge transfer, and also have a skill/activity-based logbook to be completed during the course.

It incorporates continuous quality improvement as an element in service delivery through quality of care assessments.

Targeted cadres include clinicians (may be doctors, clinical officers or nurses performing clinical work), counsellors (may be social workers or nurses), health records and information officers, laboratory personnel, pharmaceutical personnel. For each of these arms, there is a role-specific program.

Innovations of the Residential Mentorship Program
The Residential Mentorship program is innovative in that it uses a public health facility and MoH/county government personnel to deliver a task often carried out by implementing partners. It is implanted collaboratively between CHS and Murang’a County Hospital, with CHS playing the role of curriculum development, mentor development and financing; while the hospital staff carry out and oversee implementation of the program; and host it.

The Residential Mentorship program can help rapidly increase the critical mass of health care workers with skills to deliver services. When there is a group of new staff, this can be used alongside on-site mentorship to kick-start the process.
Lessons Learnt
1. The Residential Mentorship program can help rapidly increase the critical mass of health care workers with skills to deliver services. When there is a group of new staff, this can be used alongside on-site mentorship to kick-start the process.
2. Working with MoH structures ensures sustainability
3. Need to engage the MoH teams throughout development and even during implementation, with regular reviews to improve
4. There is a lot of capacity and willingness within MoH structures to innovate that needs to be tapped
5. This would help answer the sustainability question as it develops a pool of MOH mentors to take up work done by partners

Potential for scale-up
1. This can be scaled up to other high volume facilities with a broad mix of health professionals. It would be useful to have one in each county to ensure local capacity and to serve as a learning centre. This would also reduce costs e.g. transport, accommodation.
2. Can be replicated for other illnesses including TB, non-communicable diseases such as cancers, hypertension and diabetes

Acknowledgement
CHS borrowed some components from the ICAP clinical/nursing residential mentorship program that had been implemented at ICAP and adapted them to the current program.
Alice Njagi is a CHS-supported registered Clinical Officer, a beneficiary of the CHS mentorship program and a mentorship coordinator at Murang’a District Hospital. Having worked with CHS for the last four years, Alice attests that the hospital’s comprehensive care centre where she works, has improved tremendously in terms of infrastructure, human resource and quality of service.

“As a mentorship coordinator, I have witnessed significant advancement in care giving and leadership skills and consequently high quality services at the CCC,” she says.

The residential mentorship program aims at instilling knowledge and skills among health care workers with the objective of emphasising best practices and updating them on emerging issues in the medical field.

“Since the CHS (residential) mentorship program began, we have witnessed improved competence among staff, increased dedication to work, delivery of quality health services and better client reviews. At an individual level, I feel knowledgeable and more empowered to offer the best services, my skills and confidence have improved immensely, I am a better leader and I believe this program has been a great catalyst in my career development.”

As a CHS supported Centre of Excellence (COE), Murang’a District Hospital hosts health workers from other facilities in the county for the residential mentorship program.

So far, a total of 170 health care workers have undergone mentorship at Murang’a County including 50 clinicians, 40 nurses, 30 laboratory technicians, 30 pharmacy technicians and 20 social workers.