

# UPTAKE OF A STRUCTURED ON-JOB-TRAINING MENTORSHIP APPROACH FOR INCREASING LONG-ACTING REVERSIBLE CONTRACEPTION (LARC) SERVICE DELIVERY AND COVERAGE BY HEALTH CARE WORKERS IN NAROK COUNTY



## BACKGROUND

- ▶ DESIP PROGRAMME ASSESSED READINESS TO PROVIDE QUALITY FAMILY PLANNING (FP) SERVICES IN 514 HEALTH FACILITIES (162 PUBLIC, 86 FBO, 266 PRIVATE) HEALTH FACILITIES IN THE 19 FOCUS COUNTIES
- ▶ TOOL IDENTIFIED COMMON CHALLENGES IN THE CONSISTENT DELIVERY OF QUALITY FP SERVICES E.G
  - INSUFFICIENT NUMBER OF TRAINED PERSONNEL
  - HIGH TURNOVER OF SKILLED STAFF FOR THE DELIVERY OF THE FULL RANGE OF CONTRACEPTIVE METHODS

## IMPLEMENTATION

### PRESUMED OUTCOME ON STRUCTURED MENTORSHIP MODEL

#### ROOT CAUSE FOR LACK OF PROVISION OF FP SERVICES

- ◆ Lack of knowledge and skills to offer LARC methods
- ◆ HCWs attitude towards FP
- ◆ Inadequate knowledge and skills for C4C
- ◆ Limited knowledge to use data for decision-making
- ◆ Limited knowledge to carry out effective demand creation for FP services

#### INTERMEDIATE OUTCOMET

- ◆ Ability to apply service delivery data for short- and long-term outcomes
- ◆ Able to identify FP methods which can improve quality of services where the human resources is limited
- ◆ Better understanding on facility LARC uptake and method mix
- ◆ Increase in number of service providers who have completed FP mentorship
- ◆ Proportion of FP facilities offering LARC

- ◆ Mentors and mentees were selected from the sub counties of interest, with mentors being from the pool of national trainers domiciled in the sub-counties

#### COMPETENCY-BASED OJT MENTORSHIP ACTIVITIES

- ◆ Identify the FP knowledge and skill gaps among HCWs by CHMT
- ◆ Identification of facility mentors/champions
- ◆ Identify RH/FP trainers, County and Subcounty
- ◆ Standardization of the knowledge and skills schedule in-reaches for mentorship sessions in consultation mentees and health facility in-charges

- ◆ County Health Management Team (CHMT) where the concept was pitched, debated and CHMT identified two sub-counties which were performing poorly as indicated on KHIS

- ◆ Two days training using the National RMNCAH mentorship Guidelines on how to carry out a mentorship and coaching

- ◆ Upon completion of mentorship sessions, mentees were assessed on competency of knowledge and skill on LARC

## RESULTS: WHAT WORKS

### MENTEE CADRE

	Narok North	Narok East	Transmara Wests	Owaso Ng'iro	Total Average
No. of clinical officers mentored	1	2	0	0	3
No. of nurses mentored	7	9	2	0	19

### MENTORSHIP SESSIONS

	Narok North	Narok East	Transmara Wests	Owaso Ng'iro	Total Average
% of mentees taken 5+ sessions (out of 10)	30%	50%	0%	0%	20%
Maximum no. of sessions done by a mentee	7	8	3	2	-
Average no. of sessions done by mentees	3.5	4.7	2.5	2	3.2
Minimum no. of sessions done by a mentee	1	2	2	2	-

### IMPLANT

	Narok North	Narok East	Transmara Wests	Owaso Ng'iro	Total Average
No. of Implant inserted by mentees	64	116	27	5	212
No. of Implant removed by mentees	23	51	3	1	78

### IUCD

	Narok North	Narok East	Transmara Wests	Owaso Ng'iro	Total Average
No. of IUCD inserted by mentees	23	14	2	0	39
No. of IUCD removed by mentees	5	12	1	0	18

## LESSONS LEARNED

Gave mentees comprehensive opportunities to repeat FP insertions and removals and this accelerated efforts of OJT initiative

Deliberate and strategic efforts in engaging each mentees to plan and attend session without cohesion instilled discipline and looking forward to completion of sessions and achieving competency

Continuous strengthening of task shifting amongst cadres- the approach gave opportunity to Clinical Officers to take up the initiative to learn and practice

Enabling learning environment where both mentors and mentees don't feel intimidated or harassed Ownership process where each mentee planned to attend sessions without cohesion

## PROPOSED ADAPTATION FOR PROGRAMMING

### ADAPTATION IDEA: STRUCTURED ON-JOB-TRAINING MENTORSHIP APPROACH

Outcome	Where and when to adapt	Resources required
<b>Outcome 1:</b> Honoring of Mentorship Sessions Mentors and Mentees can honour the mentorship sessions, with planning and coordination each other's availability	The adaptation idea should be implemented in all DESIP supported Health Facilities after sensitization of the prerequisites and processes required.	<ul style="list-style-type: none"> <li>• Goodwill by both Mentors and mentees to undertake the proposed changes.</li> <li>• Availability of essential equipment to offer LARC services, like, Examination Coach, IUD insertion Kits, Implants Removal sets and Autoclaves, arm models and Madam Zoe.</li> </ul>
<b>Outcome 2:</b> Managing the Mentorship Sessions to Favor both Mentor and Mentee. This is possible by agreeing on timing and HCWs availability, and during high traffic days of Women of Reproductive Age in need of FP.	The adaptation idea should be implemented in all DESIP supported Health Facilities after sensitization of the prerequisites and processes required.	<ul style="list-style-type: none"> <li>• Mobilization for WRA during the mentorship days, use of BIC Approach.</li> <li>• The County and Sub-County health management teams to allow the rotation and switching of duty roster by Mentees to allow for mentorship schedules to be honored.</li> </ul>
<b>Outcome 3:</b> Women of Reproductive Age access and utilize FP LARC methods. This is possible by insertion and removal of IUCD and Rods.	The adaptation idea should be implemented in all DESIP supported Health Facilities after sensitization of the prerequisites and processes required.	<ul style="list-style-type: none"> <li>• The County and Sub-County health management teams to facilitate support supervision for the process.</li> </ul>

Authors: Gladys Someren<sup>1</sup>; Teresia Mutogia<sup>1</sup>; Sylvia Wamuhu<sup>1</sup>; Francis Kio<sup>2</sup>; Alison Malmqvist<sup>3</sup>

1 – Population Services Kenya, 2 – County Government of Health- Narok County, 3 - Population Services International