TECHNICAL BRIEF

TUTORAT

Building a Culture of Quality in Senegal's Primary Health Care Facilities

Melanie Joiner, Boniface Sebikali, Etienne Dioh,
Babacar Gueye, and David Nelson

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Because Health Workers Save Lives.

THE PROBLEM

Faced with critical shortages of health workers, particularly in rural areas, Senegal has struggled with unwanted pregnancies and high maternal and infant mortality rates. Since 2006, IntraHealth International has led a series of USAID-funded projects in Senegal to build the capacity of health workers to offer high-quality services for family planning, reproductive health, and maternal, neonatal, and child health.

In 2008, IntraHealth began advocating to allow nurses and other health workers, and not just doctors, to provide long-acting and reversible contraceptives (LARCs). This proposal made sense in Senegal, where nurses are the principal family planning service providers in smaller primary health care facilities that serve the majority of the population. However, this type of task-sharing—where procedures normally performed by higher-qualified health workers are undertaken by other health workers with less formal training—requires adequate skills-building and supervision.

Despite significant multiyear investments in traditional training approaches in Senegal, their effectiveness had been limited for several reasons: classroom training was largely theory-based; health services were interrupted while providers attended training; trainings were not based on the specific needs and context of the health workers and the facilities in which they worked; and the health facility environment did not encourage health workers to apply the new skills they acquired during training.

OUR INNOVATION

IntraHealth's experience has shown that peer health workers from the same health districts often make better coaches and mentors for health workers than outside experts. To test this approach in Senegal, IntraHealth, with the Ministry of Health and Social Action, designed and piloted *Tutorat* (which means "mentoring" in French) beginning in 2008, drawing on IntraHealth's Learning for Performance approach, which combines instructional design and performance improvement.

Mentoring and coaching are the foundation of *Tutorat*, which seamlessly integrates 1) a rapid needs assessment to identify inefficiencies and performance gaps, 2) action planning, 3) tailored training materials to address gaps in knowledge and skills, 4) overlap with local supervision systems, 5) collaboration with health facility management, and 6) facilitywide performance improvement, while building local ownership and a sustainable culture of quality.

Tutorat differs from other on-the-job training and performance improvement efforts in that it:

- Focuses on the specific needs of health workers by taking a customized approach to assessing performance gaps, improving individual performance, and addressing individual learning needs. Training is delivered onsite at health facilities, allowing health workers to learn in the same context—with the same equipment, supplies, clients, and colleagues—in which they work.
- Minimizes health service disruption.
- Emphasizes a whole-facility, whole-system approach. *Tutorat* engages health workers and support staff, managers, and the communities being served. Through this holistic approach, health workers gain skills while problems with supplies, infrastructure, management, policies, and/or funding are identified and prioritized for correction. Health committees composed of community members help hold health facilities accountable for improvements, mobilize resources, and devise solutions.

In 2013, IntraHealth introduced the expanded *TutoratPlus*, which includes six mentoring packages that cover family planning, maternal health, disease management, facility management, health information systems management, and health communication and (demand) promotion.

TutoratPlus also added a facility-level situation analysis that examines infrastructure, equipment, and supplies; creates an empirical identification of performance gaps by equipping mentors and regional/district health management teams with tools to measure and evaluate performance; and further strengthens engagement with local officials and health committees by creating district-level action plans and evaluating progress through regular reviews.

Before *TutoratPlus* was introduced, the Ministry of Health and Social Action conducted a baseline situation analysis of 1,330 facilities in 14 regions to assess health workers' family planning knowledge and skills; health facility

management and infrastructure (e.g., availability of running water, electricity, infection prevention materials, and IUD and implant insertion kits); and relationships with the community to identify gaps contributing to poor performance. The district action plans outlined activities to address three primary gap areas: provider performance, equipment, and infrastructure.

Tutorat is now in its third major iteration, *Tutorat 3.0*, which is now supported by the USAID-funded Neema project led by IntraHealth. *Tutorat 3.0* is being implemented in seven regions and is designed to better address gender issues and incorporate management of the community health system. *Tutorat 3.0* includes six modules: management of pregnancy, delivery, and postpartum; family planning; disease management; organization of services; social and behavior change communication; and community health management.

WHAT WORKED

Senegal first piloted *Tutorat* in six regions, training 407 nurses and midwives at 52 facilities in IUD and implant insertion and removal and infection prevention. Those facilities quickly started hitting their targets for health service improvements. A 2011 evaluation showed a 97% satisfaction level with *Tutorat* among health workers and stakeholders at participating health centers. Based on these results, the ministry committed to scaling up the approach nationwide and Senegal changed its national policy to allow trained nurses and midwives in rural health posts to offer LARCs—which previously could only be administered in health centers and hospitals.

However, before *TutoratPlus* was implemented, an analysis of 290 facilities that wanted to strengthen family planning services revealed that fewer than half (47%) had a health worker on staff who could offer at least one LARC. Sixty-four percent of facilities did not have implant kits in stock and 69% lacked IUD kits. After *TutoratPlus* interventions and community engagement, all 290 facilities could provide LARCs.

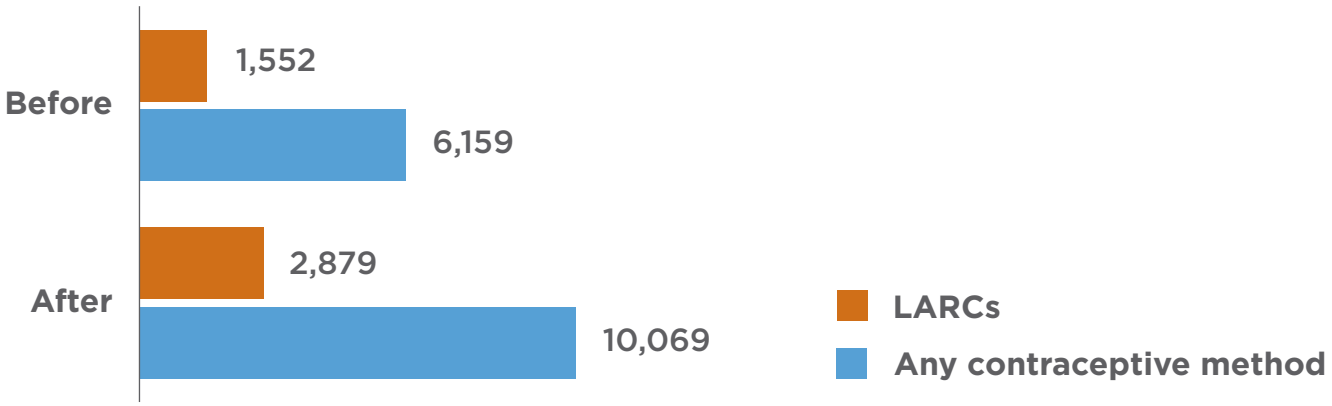
Of 857 health workers trained by 85 mentors as part of the *TutoratPlus* intervention in those facilities, 552 were clinical staff (mainly nurses and midwives) and 305 were nonclinical providers who received mentoring only on family planning counseling for new clients. The number of clinical providers who had an acceptable performance level increased from 32% to 67% after mentoring.

In a subset of 100 facilities for which comparison data on family planning service delivery were available, the number of new clients who received any family planning method increased by 64% across the two six-month periods before and after the *TutoratPlus* intervention. The number of new LARC users increased by 86%, or 1,327 users, the vast majority of whom chose implants.

From 2010 to 2014, Senegal's modern contraceptive prevalence rate (mCPR) rose from 12% to 20% among women of reproductive age in union, making as much progress as it had in the previous 20-year period. Much of the increase occurred in rural areas, where the mCPR rose by 86% (from 7% to 13%), compared with a 45% increase in the urban mCPR. Use of LARCs in rural and underserved areas increased 230% in those four years, from 1.7% to 5.6%.

The Ministry of Health and Social Action, with the support of IntraHealth, continued to scale up the

Figure 1: Number of new contraceptive users in 100 facilities, six months before and six months after *TutoratPlus* intervention



TutoratPlus approach. As of 2015, 1,330 health facilities were enrolled in the *TutoratPlus* program, a level of expansion made possible because of the ministry's strong support for task-sharing and decentralizing LARC providers. For *Tutorat 3.0*, the Neema project—which is not nationwide—focuses on 611 facilities.

WHAT WE LEARNED

The sharp increase in the number of women in rural or underserved areas who have requested LARCs after the task-sharing policy was instituted and health workers were properly mentored via *TutoratPlus* has revealed a latent demand for those methods.

This approach highlighted the great value of mentors as resources and the need to retain them within the public health system. Attrition was a major problem during the two-year *TutoratPlus* intervention period, as roughly half of the mentors who were trained left their facilities of origin. This required training new mentors, and also meant that there were gaps in the support available to family planning providers who offer LARCs.

NEXT STEPS AND OPPORTUNITIES FOR REPLICATION AND SCALE-UP

Senegalese health officials now need minimal support from IntraHealth to manage the *TutoratPlus* program. The Ministry of Health and Social Action and IntraHealth initiated a steering committee to institutionalize *Tutorat* in Senegal. Many of the mentors have become respected health professionals. District-level action plans continue to prompt community stakeholders to get involved in investing in and improving services in their local health facilities by, for example, channeling resources toward staff recruitment, expanding and improving infrastructure, informing the community about newly available services, and acquiring new equipment.

A more formal evaluation of the national institutionalization of *TutoratPlus* in Senegal would offer further insights to better assess its potential for replication in other countries.

This brief is part of a larger publication about IntraHealth's innovative approaches to global health—one output of a 2019 landscape analysis of innovation at IntraHealth commissioned by its chief technical officer, Dai Hozumi.

Read the full report at **www.intrahealth.org/7-creative-approaches**

CONTACT

Melanie Joiner
Senior Technical Manager
mjoiner@intrahealth.org

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