



SENEGAL'S HEALTH SECTOR

TUTORAT: IMPROVING SERVICES
THROUGH ON-THE-JOB MENTORING

2011





CONTEXT

Background

A major goal of the Maternal, Neonatal, and Child Health/Family Planning/Malaria (MNCH/FP/Malaria) Project funded by United States Agency for International Development (USAID) initiative is to help build the capacity of providers to offer family planning services and reproductive health care and to help prevent maternal and infant deaths in Senegal. However, despite significant multi-year investments in traditional training approaches, they have been limited in effectiveness for several reasons:

- Health services are interrupted while providers attend training.
- Trainings are “one-size-fits-all” and not based on the specific needs and context of the provider.
- The health care environment—supervision, tools, infrastructure, equipment, management—is not tailored to encourage the application of skills acquired during the training.

With IntraHealth International’s support, the Ministry of Health revised the maternal, neonatal, and child health and family planning (MNCH/FP) training materials using the Learning for Performance approach and developed a training strategy which includes “Tutorat.” Tutorat is a training methodology that employs on-the-job mentoring and skills reinforcement through coaching. The Tutorat training approach in Senegal has three key objectives:

- To meet specific provider needs through an appropriately adapted MNCH/FP training curriculum
- To promote efficient client flow by reorganizing clinical services and ensuring that the Ministry of Health’s norms and protocols, such as patient confidentiality and privacy, are followed
- To improve the quality of services through more effective site management and to propose recommendations to districts for achieving this aim.

What Is 'Tutorat'?

Unlike classical classroom-based trainings, Tutorat is a training method developed for the workplace and can be easily tailored to providers' needs. The training is led by a mentor—an experienced health professional from the same district—also known as the tutor, who is prepared to provide hands-on, personalized training and coaching to service providers and support staff, including matrones and pharmacy clerks. Tutorat involves six main steps:

1. Conduct an initial on-site situational analysis with facility personnel and develop an action plan for improving the work environment
2. Organize three-day classroom trainings based on identified needs
3. Select qualified service providers and coach them for one week to help them apply what they have learned
4. Meet with district supervisors, facility staff, health committee members, and local authorities to share a status update and to obtain district and community backing of the changes
5. Conduct a second on-site visit to focus on support staff and continue coaching qualified service providers
6. Debrief district supervisors, facility staff, and other stakeholders; develop action plans; and discuss next steps.

During the last site visit, project staff members develop a plan with the district supervisors and facility staff to transfer responsibility of management and continued support from the tutor to the district and the site.

RESULTS

In 2008, Tutorat was introduced as a pilot in 21 health centers and 31 health posts in 33 health districts of six regions in Senegal. Tutorat was eventually rolled out to cover a total of 144 health facilities—including 37 health centers and 107 health posts. A total of 256 midwives; 164 nurses, nursing assistants, and health volunteers; and 674 support staff (matrones and/or counselors, supply managers, and community health workers) were trained using this approach. When compared to non-Tutorat sites, results demonstrate increased or improved knowledge, performance, organization of services, integration of new services, and availability of supplies and equipment. The project also reported additional results:

- 1,130 implants and 568 intrauterine devices (IUDs) were inserted; 38 clients received postabortion care services; 666 women were provided with active management of the third stage of labor during delivery; and 598 newborns received essential newborn care.
- Postabortion care services are now available in 100% of service delivery points in the intervention areas.
- Health committees are working more collaboratively with health personnel to improve sites and have funded infrastructure improvement projects (including water, sanitation,

and minor construction projects) and have hired new clinic personnel such as midwives and support staff.

- There is a growing demand for the approach. Several district managers have heard of the methodology and have requested that Tutorat be introduced in their districts.

CONCLUSION

Despite challenges, Tutorat is widely supported by key stakeholders such as reproductive health coordinators, health committees, and site managers. Tutorat is the preferred training method among the vast majority of regional and district health managers, providers, and health committee members. The Tutorat approach has prepared providers to offer high-quality family planning services and ensured that these services are better integrated into the clinics and health posts. Finally, new and improved facility services and an increased engagement of health committees have led to more people accepting these services in Tutorat sites.

RECOMMENDATIONS

The project identified several key recommendations to improve and strengthen the Tutorat methodology:

- Adopt the Tutorat methodology as part of the Ministry of Health's training strategies and make it available nationally
- Expand training modules to focus on additional areas in line with the Ministry of Health's goals and objectives
- Secure the support and involvement of key groups such as the health committees, providers, site managers, regional and district head doctors, local officials, and the community in the Tutorat approach. Health committees, in particular, are important because of their direct community links and key role in quality improvement.
- Ensure that all service delivery points have essential staff, infrastructure, and materials; and encourage high-performing Tutorat sites with additional equipment, supplies, and materials to expand their services.