

Using Data to Improve Clinical Mentoring to Healthcare Workers and PMTCT Site Performance in Swaziland

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Track/Category:

Background

Despite marked progress supporting PMTCT service delivery in Swaziland, provision of clinical mentoring to health workers is a continual challenge due to limited resources. Previously, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) provided mentoring proportionally based on facility client volume; in 2010, EGPAF piloted data-driven clinical mentorship based on site-level performance. Facility PMTCT data were used to assess site performance and to determine focus and frequency of mentorship.

Methods

EGPAF developed a simple, systematic method to assess site performance based on site-level data. Two PMTCT cascade indicators were used to assess performance: % of ANC attendees tested for HIV and % antiretroviral uptake (both prophylaxis and treatment) among HIV-positive women in ANC.

Data from January–December 2010 from the national MOH HMIS database were used to establish baseline performance of EGPAF-supported sites (n=88). Overall performance was derived by assigning five categories, based on average performance on the two selected indicators: <50% = Very Low Performance (**VLP**), 50% to <70% = Low Performance (**LP**), 70% to <80% = Medium Performance (**MP**), 80% to <90% = High performance (**HP**), ≥ 90% = Very High performance (**VHP**).

Site performance was calculated the same way each quarter. **VLPs**, **LPs**, and **MPs** were given highest priority, visited twice each month; **HPs** and **VHPs** were visited once each month by EGPAF mentorship team, working with site staff to strengthen their skills on PMTCT service provision.

Results

At baseline, 11% were **VHPs** and 9% were **VLPs**. The performance assessment was repeated quarterly to provide continuous evidence-based guidance to the mentorship team. By Q4, the percentage of **VHPs** had increased to 66%, and the percentage of **VLPs** had decreased to zero (Figure 1).

Conclusion:

Data-driven mentorship can lead to more focused clinical mentorship, resulting in improved site performance, while using resources more efficiently.

