

# TUTORAT: A COMPREHENSIVE APPROACH TO EMPOWERING HEALTH CARE PROVIDERS AND THEIR FACILITIES IN SENEGAL

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## CONTEXT

Capacity building and training are critical components to empower health care providers and strengthen the existing structures and systems within which they work. This in turn fosters higher quality care and improved health outcomes. However, traditional training approaches have been limited in effectiveness, despite significant multi-year investments. With traditional approaches, 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; and the health care environment—supervision, tools, infrastructure, equipment, management—is not tailored to encourage the application of skills acquired during the training. This brief defines the *Tutorat* approach as a capacity-building methodology and explains the benefits of using this approach to improve provider and overall health facility performance in Senegal.

The Integrated Service Delivery and Healthy Behaviors (Neema) project, funded by USAID and implemented by IntraHealth International, in partnership with the National Alliance of Communities for Health, the Siggil Jigéen Network, ChildFund, Helen Keller International, Johns Hopkins University Center for Communication Programs, and ideas42, supported tailored skills development

strengthening for 1,956 providers from 493 health facilities across seven regions using *Tutorat 3.0*.

***Tutorat*** is a competency strengthening approach characterized by on-the-job mentoring and skills-building of a provider by a mentor using training materials tailored to providers’ needs. The “tutor,” or mentor, is an experienced health professional from the same district, who is prepared to strengthen the competencies in a practical and personalized manner and offer support to service providers and staff.

## METHODOLOGY

IntraHealth introduced the on-site *Tutorat* approach as a pilot in six regions in 2008 (St Louis, Louga, Thiès, Kaolack, Kaffrine, and Dakar). It was adopted as part of the Ministry of Health and Social Action (MOHSA) strategy to strengthen provider competencies. The approach emphasizes capacity building of health service providers within their health centers by trained peers, or “mentors,” through intensive on-site, on-the-job, tailored mentorship over the course of several months. *Tutorat* has three key objectives: 1) to meet specific provider needs through an appropriately adapted curriculum; 2) to promote efficient management of the client flow within health facilities by



reorganizing clinical services and ensuring that the MOHSA's norms and protocols are followed; and 3) to improve the quality of services through more effective site management and to propose recommendations for providers, their supervisors, and the health district doctors.

The *Tutorat* program has evolved and expanded over time, including incorporating partnerships with local authorities and the private sector in *TutoratPlus*. IntraHealth worked with the MOHSA to simplify *Tutorat* and develop an institutionalization plan to sustain the approach, which in its third iteration, called *Tutorat 3.0*, includes six modules: 1) management of pregnancy, delivery, and post-partum; 2) family planning; 3) the fight against diseases; 4) management and organization of services; 5) social and behavior change communication (SBCC); and 6) community health interventions management.

Mentors are chosen by health district teams through a transparent process based on a set of pre-defined criteria such as 3-5 years of experience and an evaluation of knowledge and skills. *Tutorat* trainers participate in a six-day training workshop and then they in turn train the mentors using a ten-day curriculum.

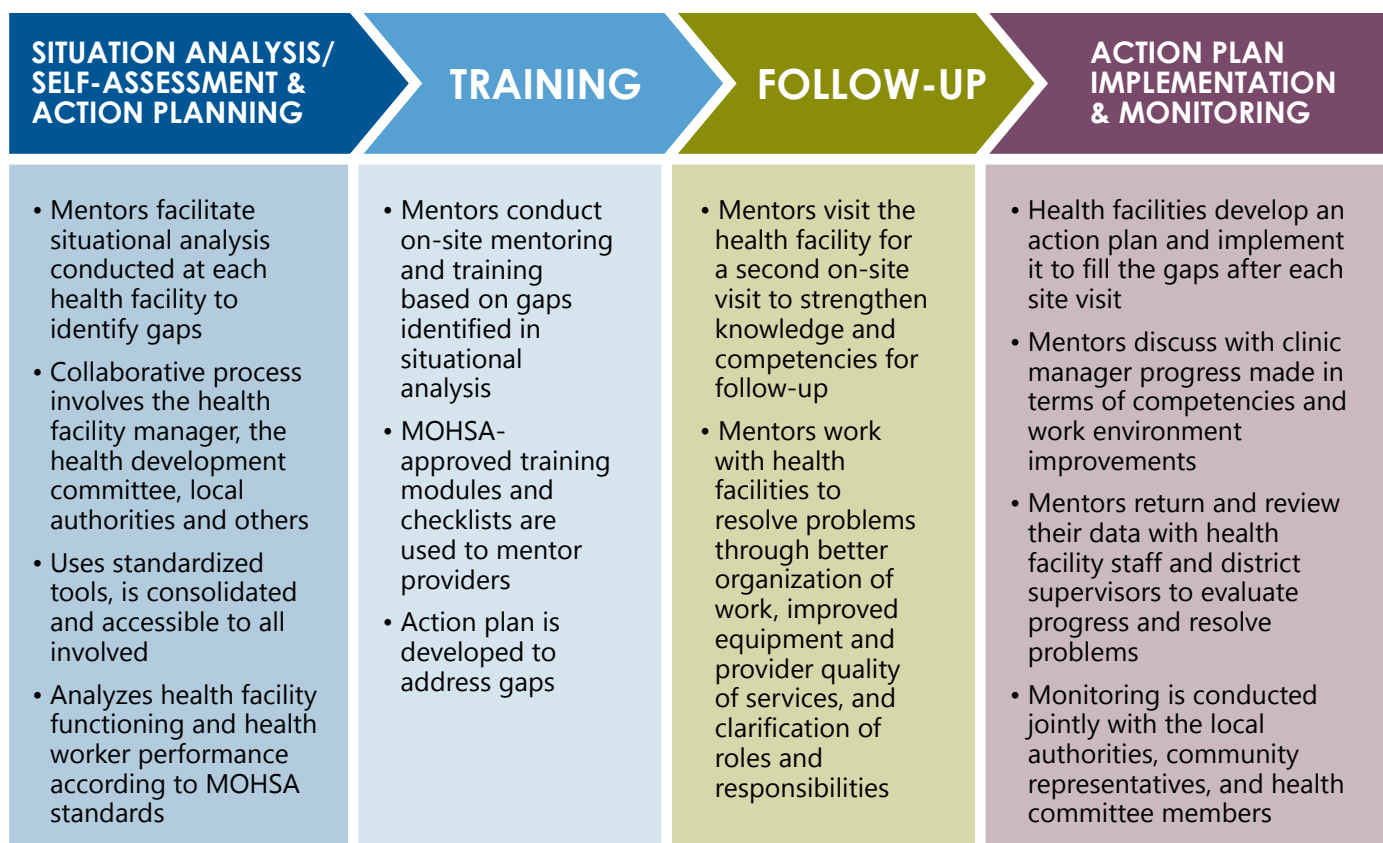
Health facilities for *Tutorat 3.0* are chosen based on results from a situation analysis, monthly health facility reports, supervision visit reports, and the volume of activity at the health facilities. Mentors select specific modules based on identified gaps and provider capacity needs related to their professional goals.

*Tutorat 3.0* began in 2016 and involves four closely linked phases, structured around several visits conducted by the mentor, as shown in Figure 1. The visits are structured such that service delivery may continue without disruption. Mentors receive a daily fee for their visits, whereas mentees do not receive per diem or other financial reimbursements.

Mentor supervision visits are conducted to observe the process, the progress achieved, and results obtained. The supervision team consists of the members of the district management team, the health facility manager as needed, and the president of the health development committee. The supervision team visits one to two mentors per day depending on the distance between facilities and reports back on results achieved.

Module-specific pre-tests are administered by mentors with the providers at the beginning of each visit. At the end of the visit, a post-test with

**Figure 1: *Tutorat 3.0***



the same elements as the pre-test is administered to measure each provider's progress. Health workers in the seven regions where *Tutorat 3.0* was implemented were interviewed about their experiences using a structured questionnaire.

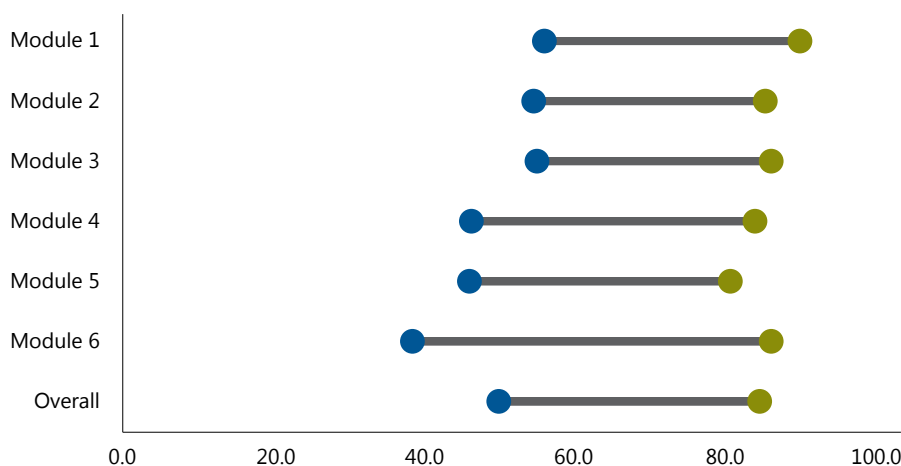
## RESULTS

USAID/Neema supported tailored capacity building to 1,956 providers within 493 facilities across seven regions using *Tutorat 3.0*. The results following project implementation are outlined below.

### PROVIDER PERFORMANCE

The average performance of health workers supervised for all the modules in the seven regions went from 49.5% at pre-test to 85% for the post-tests as shown in Figure 2.

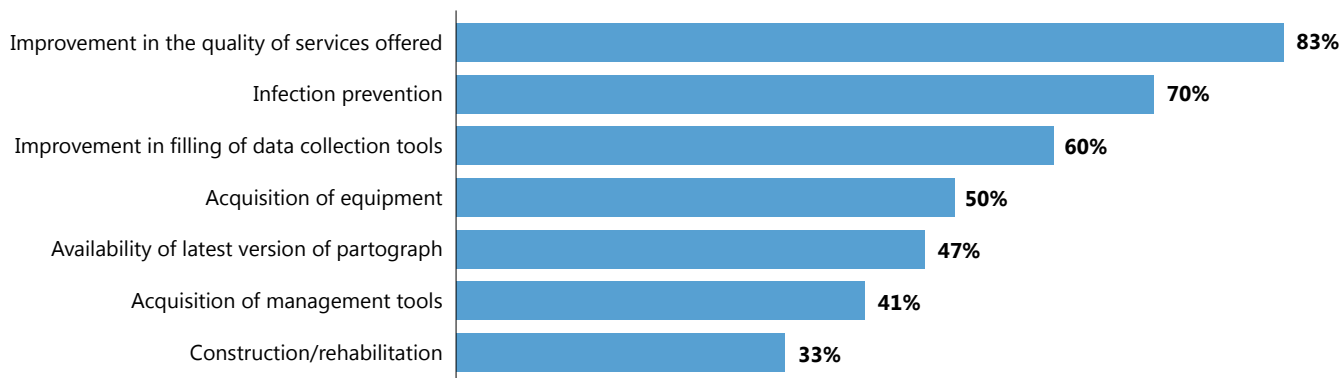
**Figure 2: Performance (%) of providers at pre-test and post-test for the first visit**



### CONTRIBUTIONS OF *TUTORAT 3.0* CITED BY PROVIDERS

**Module 1 - Management of pregnancy, delivery, and post-partum:** of the 111 providers interviewed, 83% said that *Tutorat 3.0* had a positive impact on improving the quality of the service offered and 70% reported that it led to an improvement in infection prevention.

**Figure 3: Provider perspectives on improvements due to Module 1**



**Module 2 - Family planning:** more than 7 out of 10 providers interviewed reported the contribution of *Tutorat 3.0* in improving counseling (76%) and managing patient files (73%).

**Figure 4: Provider perspectives on improvements due to Module 2**



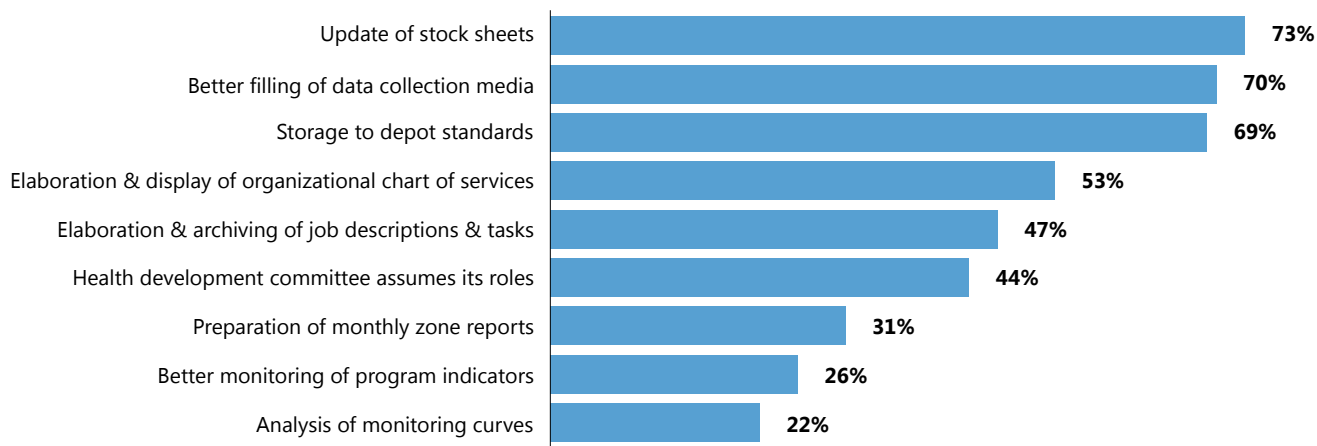
**Module 3 - Disease management:** almost 80% of providers reported that *Tutorat 3.0* had a positive effect on improving the quality of services and 40% cited an improvement in offering long-acting insecticide-treated bednets.

**Figure 5: Provider perspectives on improvements due to Module 3**



**Module 4 - Management and organization of services:** Service providers cited updating stock cards (73%), keeping the pharmacy depot compliant with standards (69%), and developing an organizational chart (53%) as the most important areas of improvement thanks to *Tutorat 3.0*.

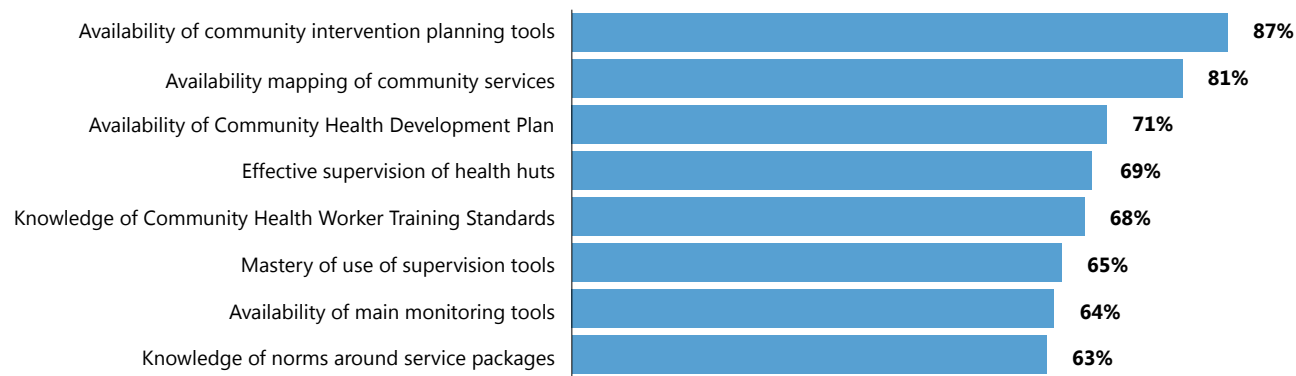
**Figure 6: Provider perspectives on improvements due to Module 4**



**Module 5 – Social and behavior change communication (SBCC):** 91% of the 57 service providers interviewed cited the development of a communication plan as a contribution from *Tutorat 3.0*.

**Module 6 - Community health management:** 87% of providers appreciated the availability of community intervention planning tools such as supervision plans and outreach strategies, and 81% liked having access to community service mapping. For new health huts, 63% of the providers interviewed liked gaining knowledge about the health service package norms. Finally, concerning the supervision of community health activities, nearly 7 out of 10 providers mentioned the availability of tools helped to do effective health hut supervision.

**Figure 7: Provider perspectives on improvements due to Module 6**





## LOCAL RESOURCE MOBILIZATION

The situation analysis revealed lack of materials, equipment and/or supplies as health facility level gaps. Additional gaps are also usually identified when the mentor conducts on-site supervision. The mentor discusses these gaps with health development committee members, local authorities, health facility managers and providers, as well as other partners, to develop a resolution of gaps. As a result of this process, \$3,375,802 was spent by local communities and other partners since the start of *Tutorat 3.0* in the seven implementation regions. These funds have been used for construction (59%), equipment (9%), rehabilitation and refurbishment (8.5%), drugs (6%), staff recruitment (5%), rolling logistics (5%), cleaning and other needs (7.5%).

## CHALLENGES AND LIMITATIONS

- **High mobility of health workers and mentors** required ongoing mentor selection and training.
- **Ensuring adherence to mentor selection criteria** among district health teams was critical to identify high performing mentors to provide the best results with on-site supervision.
- **Lack of coordination of mentor site visits** resulted in unequal prioritization of health facilities based on need and unavailability of providers at the site.
- **Insufficient number of days for coaching and supervision** due to not considering the providers' professional obligations (especially in sites with many providers and gaps to address).

- **Document sharing after on-site supervision** was lacking to support service provider learning.
- **Resource mobilization** was insufficient to maintain financing for onsite mentoring and supportive supervision of mentors after the end of the project.
- **The *Tutorat* institutionalization plan** lacked prioritization within MOHSA to sustain the approach.

*"Tutorat is a good approach for resolving gaps at the level of structures through the involvement of all stakeholders."*

*—District Chief Physician Dianke Makhan*

*"The involvement of local elected officials in *Tutorat* has enabled better visibility of the activities carried out."*

*—District Chief Physician MYF*





## BEST PRACTICES

- **Mentors' commitment and ongoing engagement** through regular supportive supervision among district management teams is essential for the success of the approach.
- **Hands-on practice among providers in the presence of mentors** is critical to identify and resolve provider competency gaps.
- The **on-site supervision approach** promotes quality improvement of health services at the facility level.
- **Involvement of district management teams, health development committee members, and members of local communities** helps identify gaps, resolve problems, and implement sustainable solutions.

## CONCLUSION

Despite challenges, *Tutorat 3.0* is supported by key stakeholders and is the preferred capacity-building approach for most regional and district health managers, providers, and health development committee members in Senegal. The advantages of the *Tutorat 3.0* approach include its on-site training to address specific health worker performance gaps through practical examples and continuous interaction with tutors. In addition to addressing health worker competencies, *Tutorat 3.0* offers a holistic and effective approach through intensive community and local government involvement in the identification and resolution of gaps at the health facility level, which, in turn, leads to more people accessing health services in sites where *Tutorat 3.0* is implemented. It improves the work environment and ensures the continuity of services during on-site visits, enabling providers to offer quality services.

## CONTACT

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