CQUIN 7th Annual Meeting
November 13-17, 2023
Johannesburg, South Africa

60 DAYS National Rapid Response District Level DSD Capacity Domestication for Patient-Centered Care

Domesticating Capacity for Greater Impact

Ginika Egesimba (ICAP/NACP), Isaac AHEMESAH (UNAIDS), Martin Msukwa (CQUIN), Basil Uguge (Jhpiego), Micheal Mazzi (PIH), Francis Tamba (NACP), Miata Jambawai (AHF), Mohammed Nyambe (NACP), Sera Sidique (Labyrinth GH), Eshetu Tabor (WHO), Abner Tagoola (UNICEF), Agada Godswill (Jhpiego), Idrisa Songo (NETHIPS), Gerald Younge (NACP)

BACKGROUND / INTRODUCTION

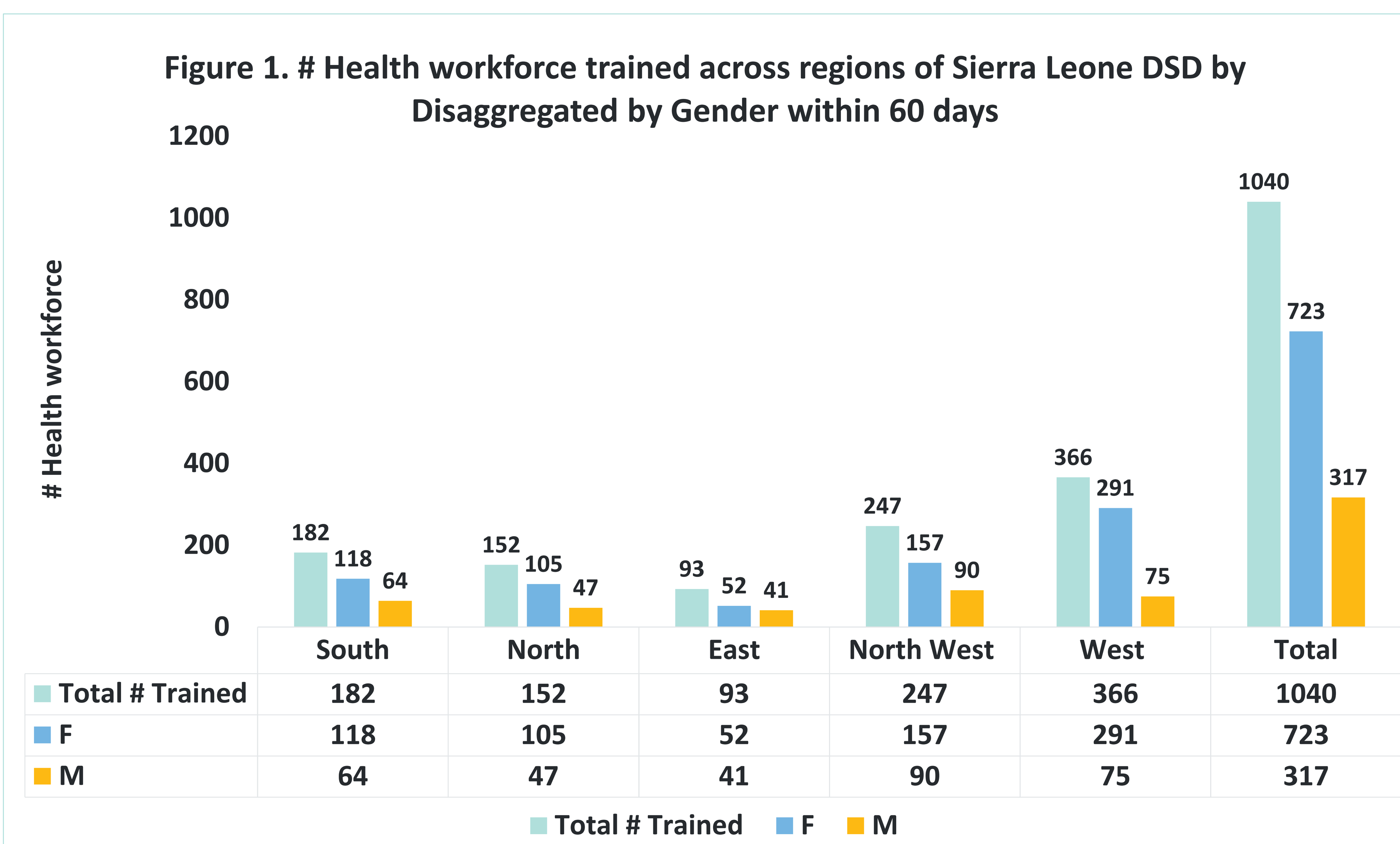
Patient-centred care has remained a mirage to service users in Sierra Leone. This is largely due to limited Differentiated Service Delivery (DSD) models as PLHIV/recipients of care (RoCs) remain in conventional facility-based care delivery. This paper demonstrates an expedited approach to decentralizing and promoting patient-centred care by domesticating DSD knowledge at the district level.

METHODS

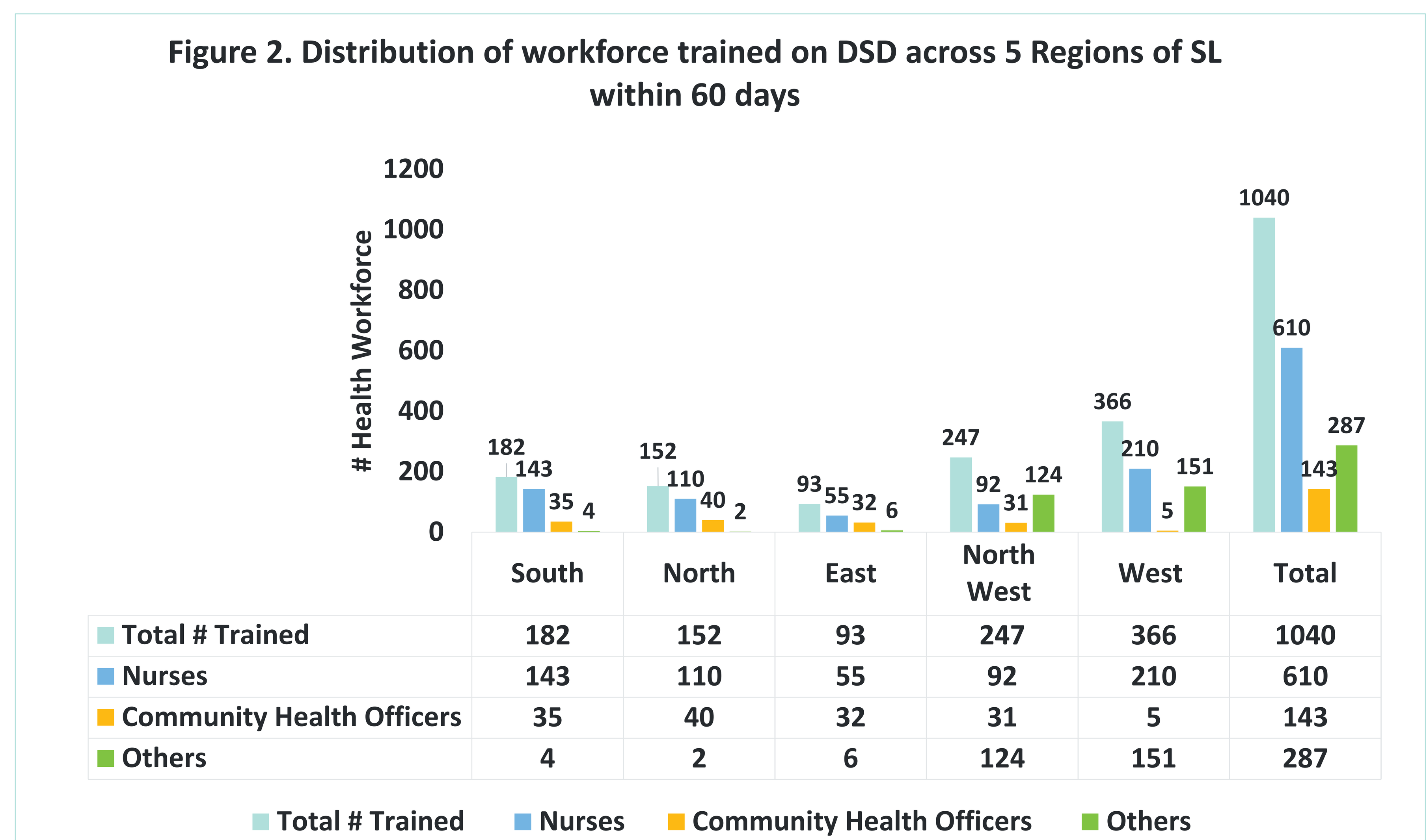
We engaged implementing partner leadership individually at the organizational level and collaboratively through national-level DSD technical working group meetings, including district health management teams (DHMTs). We analyzed evidence on DSD knowledge gaps, regional and district epidemic patterns, RoCs volumes across sites and districts, and appropriate trainee required per district and facility categorization into high, mid, and low volume to enhance the training plan. Knowledge gap analysis revealed healthcare workers' recognition of multi-month dispensing and scripting as a DSD model. We mobilized resources from WHO, UNAIDS, PEPFAR, and Global Fund as a first step in developing the capacity of Master trainers. We further developed training metrics, capturing targets, timelines, quality measures, and facility classification to inform a phased district approach to capacity building.

RESULTS

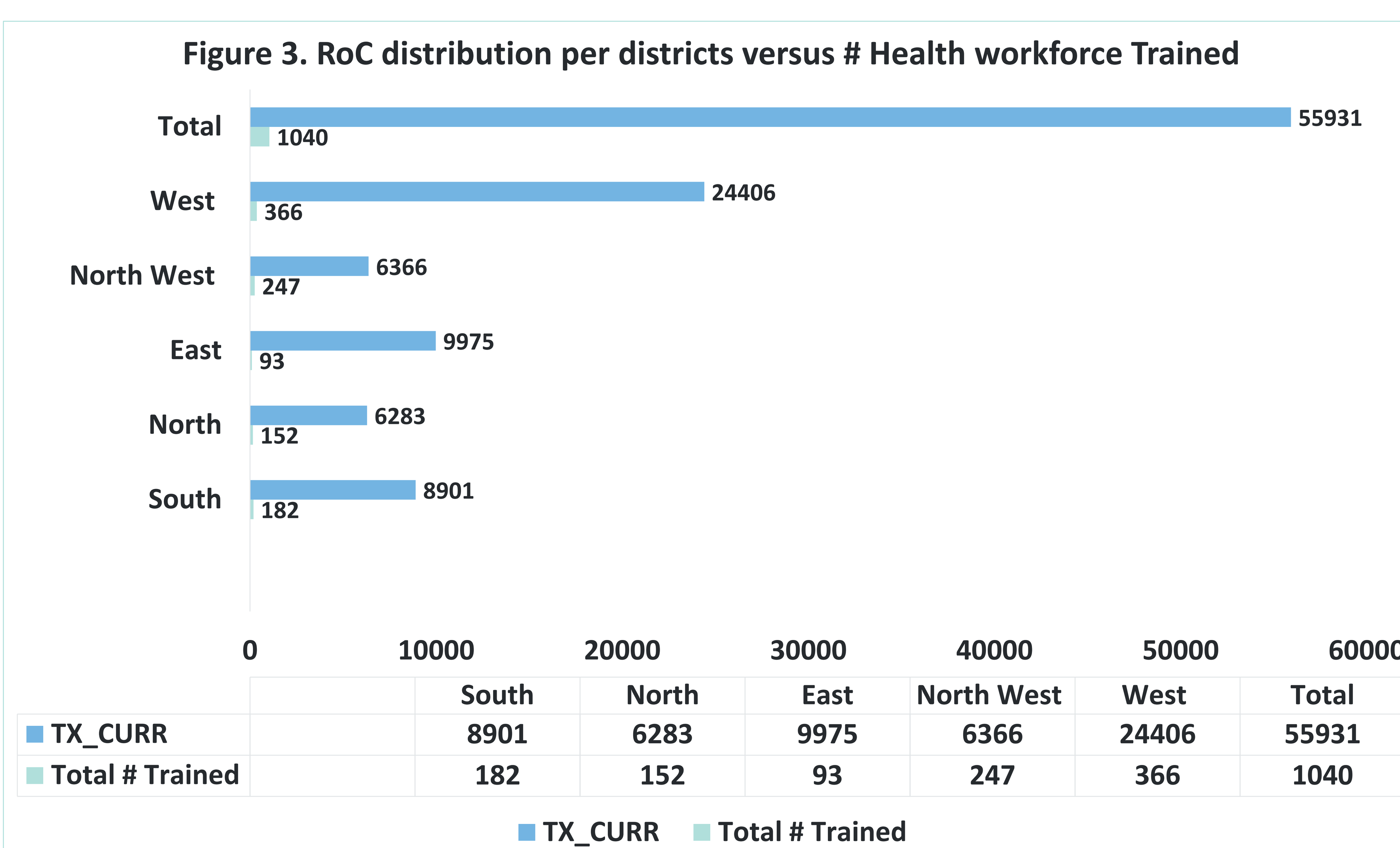
We targeted reaching 700 healthcare workers by developing the capacity of 48 master trainers across the 16 districts. Each district had a minimum of three master trainers who decentralized DSD capacity at the district level. Master trainers were drawn from implementing partners and civil society organizations, including the Network of HIV Positives in Sierra Leone (NETHIPS) and Key Population (KP) communities. Twenty-five training cycles were conducted within 60 days across 16 districts of Sierra Leone. Of the planned 700, we built a capacity of 1040 frontline healthcare workers, representing 149% achievement. Seventy per cent of the trainees were female (see figure 1), while trainees were distributed among Nurses, Community Health Officers (CHO), and others in respective percentages of 58.7%, 13.8%, and 27.6%, respectively (see figure 2). While 102 % (712) of the training target was met with Global Fund resources, Labyrinth Global Health, Jhpiego, and NETHIPS deployed additional resources to train 41, 90 and 197 healthcare workers and expert clients, respectively, totalling 1,040 frontline healthcare workers. The training quality was ensured by assigning three facilitators per training block with a maximum of 33 trainers per class. Additionally, national-level staff embedded within each training block further assured quality.



	South	North	East	North West	West	Total
Total # Trained	182	152	93	247	366	1040
F	118	105	52	157	291	723
M	64	47	41	90	75	317



	South	North	East	North West	West	Total
Total # Trained	182	152	93	247	366	1040
Nurses	143	110	55	92	210	610
Community Health Officers	35	40	32	31	5	143
Others	4	2	6	124	151	287



	South	North	East	North West	West	Total
TX_CURR	8901	6283	9975	6366	24406	55931
Total # Trained	182	152	93	247	366	1040

DISCUSSION

Partnership is key to promoting rapid decentralization of capacity in a new field/domain; leadership engagement, resource mobilization, adequate planning, target setting, and methodology are critical to success, which ensured the achievement of 149% of trainees equipped with the relevant skills to promote patient-centred care within a short period. The use of evidence ensured the distribution of trainees across the line of DSD models. Future use of the trainee database will promote task shifting because CHO can be further equipped to manage advanced HIV disease where human resource for health is suboptimal and a major limitation to service scale-up. In addition, on average, one healthcare worker was trained per 58 RoC, with a range of 49- 107 trained per healthcare worker. Southern, Northern, Eastern, Northwest and West had a ratio of one trainee to 49, 41, 107, 26, and 67 RoCs, respectively (see figure 3), indicating the Eastern region of Siera Leone will require additional health workforce training. The skew is attributed to partners deploying additional training resources in their supported districts. In conclusion, intensive coordination among stakeholders at the up, mid, and lower streams can rapidly translate to optimal service delivery in the form of DSD.