

# The Integra initiative

## Peer Mentoring: A Strategy for Capacity Building in RH/HIV Integration

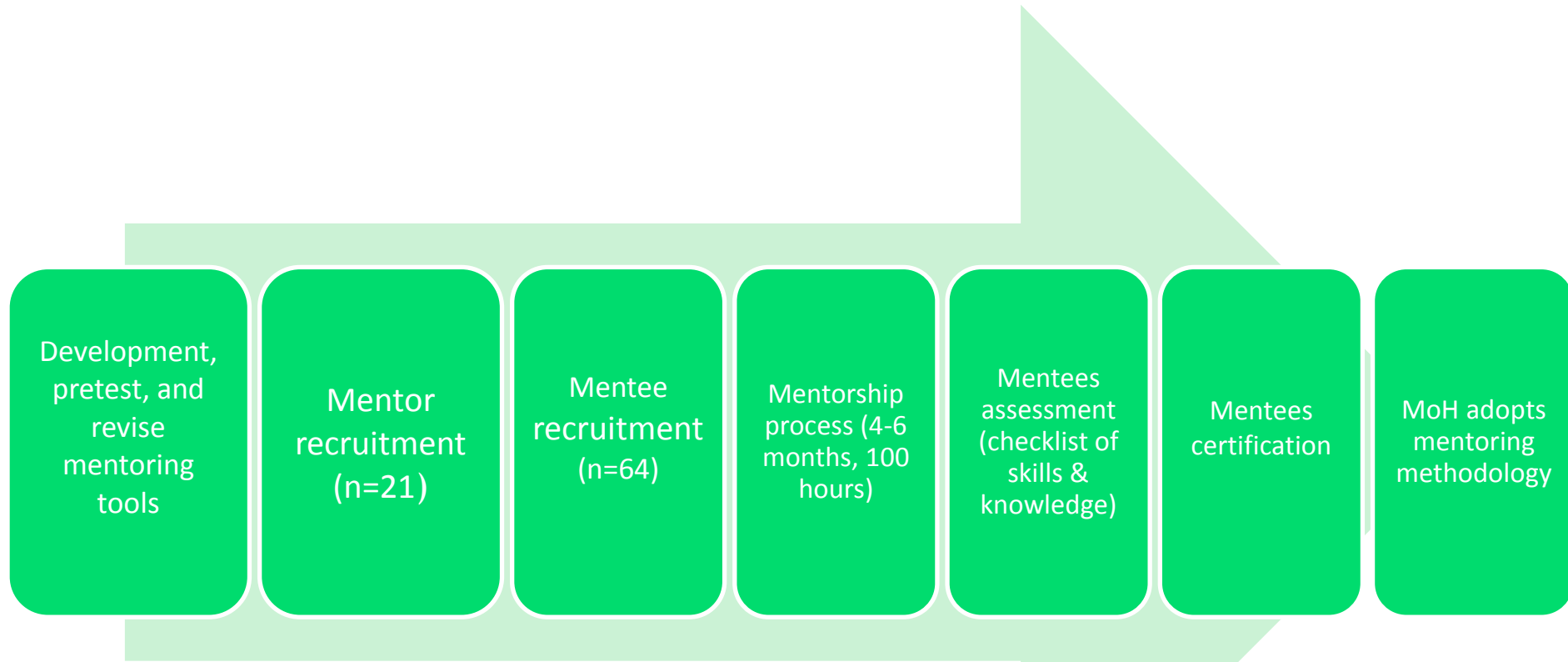
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Warren

Integration for Impact  
conference

 *Population Council*



# The Mentoring Process



# Results of Mentoring

- 94% (n=64) of service providers who were mentored achieved above an 85% pass mark based on competency training
- Increased use of long term FP methods from 3.1% prior to mentorship to 7.4 % after one year
- Increased range of FP/HIV services:
  - *FP unit: Long term FP methods, HIV C&T, HIV services, STI syndromic management, screening for cervical cancer*
  - *ART unit: providers offering short term FP methods*

# Lessons learned

- Peer mentoring is acceptable and feasible among first level health workers
- Although acceptable, perceived and actual shortage of staff may inhibit mentoring in settings with poor staffing and limited infrastructure (initially)
- Weak staff deployment practices: “unexpected” rotation/transfers limits mentoring
- Adequate FP/HIV commodities are essential
- Mentoring is a self-sustained method of capacity building  
- now adopted by MOH

# Mentorship Guides

