Project Summary

Digital clinical mentoring tool supporting HIV care quality in Masvingo Province, Zimbabwe

▲ Clinical mentoring session using the digital Clinical Mentoring tool in Chiredzi District, Zimbabwe.

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1. Defining the problem

Zimbabwe has one of the highest HIV prevalence rates in sub-Saharan Africa at 13.7% with an estimated 1.4 million people living with HIV in 2019. Despite the availability of antiretroviral therapy that can suppress the virus, achieving UNAIDS 95-95-95 goal[1] will rely on patients being accurately diagnosed and started on treatment whilst being adequately monitored and supported. Well trained and continuously mentored healthcare workers are essential. In 2009, the Zimbabwean Ministry of Health and Child Care (MoHCC) developed **clinical mentoring guidelines** to ensure comprehensive HIV care and treatment services at the first point of care. Clinical mentoring uses staff experienced in HIV care to regularly provide practical tutoring and consultation at health facilities ensuring decentralised quality care, ongoing professional development of less-experiences health care workers, and better outcomes for the patient.

However, paper-based mentoring tools do not allow for easy follow up on previous findings or a clear overview on the actual implementation and it means the content of the previous sessions is not available. It cannot be efficiently centralised and consolidated and impedes the quick identification and resolution of common challenges, by targeted and specific mentoring interventions.

2. Digital solution and its impact

SolidarMed co-developed a digital clinical mentoring application through a hackathon-approach, where health care workers and local technical specialists search for the best digital solution on the presented problem. The tool was piloted in 2019 and integrated into the system in 2020 covering SolidarMed's geographical area of operations in Masvingo Province. The app enables:

- Mentors to schedule clinical mentoring visits to allocated Mentees.
- Review of health facilities and Mentees' current performance and progress in different subject areas.
- Mentors to conduct a clinical mentoring visit (offline) and synchronise recorded data on a local server.
- District supervisors to identify and address challenges in HIV service delivery.
- Linking the reported data with Geographic Information Systems and has the potential to provide resources and updates for the mentors.

3. Status of Implementation

- Registered mentors supervised 181 Mentees at 66 facilities since start.
- Allowed planning of over 400 visits of which at least 75% were completed.
- Through consolidated reports, quarterly meetings with district health directorate are more informative and targeted towards resolving identified challenges.
- Updated dashboard is accessible any time to authorised personnel, which increases accountability and transparency.

4. Next Steps

- Describe the transformation process from paper based to digital CM tool including understanding user experiences and evaluating its performance and impact.
- Discuss coverage towards national scale through MoHCC.

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[1] To ensure 95% of PLHIV know their status, 95% of people who know their status are receiving antiretroviral therapy, and 95% of people on treatment have a suppressed viral load (below 1,000) by 2030.