



ELIMINATE TB PROJECT



Telephone mentoring. Photo Credit: MSH

TECHNICAL BRIEF

TELEPHONE MENTORING DURING CONFLICT: SUPPORTING TB PROGRAM CONTINUITY IN THE AMHARA REGION OF ETHIOPIA

July 2026

BACKGROUND

The provision of comprehensive quality health care services requires training and mentorship. Mentoring facilitates personal and professional growth of individuals by providing guidance, support, and knowledge transfer from experienced mentors to mentees. It can be approached as one-on-one, group, or distance mentoring, and can be applied in a wide range of fields. Clinical mentoring is one form applied in the health system to improve the skills and knowledge of health care practitioners, including nurses, doctors, and pharmacists.

In this collaborative relationship, a highly experienced health care provider guides other providers in the health care systems to improve the quality of care.

The U.S. Government-funded Eliminate TB Project has been providing on-site clinical mentoring to project-supported health facilities and departments in selected demonstration zones of Ethiopia since October 2020. Health facilities from non-demonstration zones have learned from their neighboring demonstration zones, and adapted experiences and lessons from the health facilities in demonstration zones through experience-sharing platforms like cross-learning review meetings, and site visits.

PROBLEM STATEMENT

Mentoring in person is possible when there is relative peace allowing movement and transportation. The emergence of wide-scale and unpredictable conflict in Ethiopia in 2023, including in the Amhara region, with subsequent restriction of movement, interrupted the project's routine mentoring activity that was being conducted by the project's regional teams and government counterparts.

As the situation continued to worsen with increasing geographic coverage and complexity, health care providers opted to stay at home or moved to safer areas. This created a situation where staff were not able to continue to provide mentorship in-person. Outside of the traditional in-person mentoring approach, no alternative mechanisms had been tried in such unstable situations in Ethiopia.

APPROACH

With the in-person mentoring to health facilities and program management offices halted because of the conflict, the project proposed remote mentoring through telephone to sustain the basic TB program services amidst conflict in the Amhara region. The regional project team organized remote consultative workshops to begin monthly telephone-based mentoring (tele-mentoring) as an alternative mechanism to support health facilities and program management offices, including (figure 1):

- Amhara Regional Health Bureau
- Zonal Health Departments
- Woreda Health Offices
- Regional Referral Labs
- Ethiopian Pharmaceutical Supply Service (EPSS) hubs
- GeneXpert centers
- DR-TB treatment initiating centers
- External quality assurance (EQA) sites for AFB
- Sites where vulnerable populations may be found
- Other high-volume public and private health facilities were targeted and prioritized for tele-mentoring

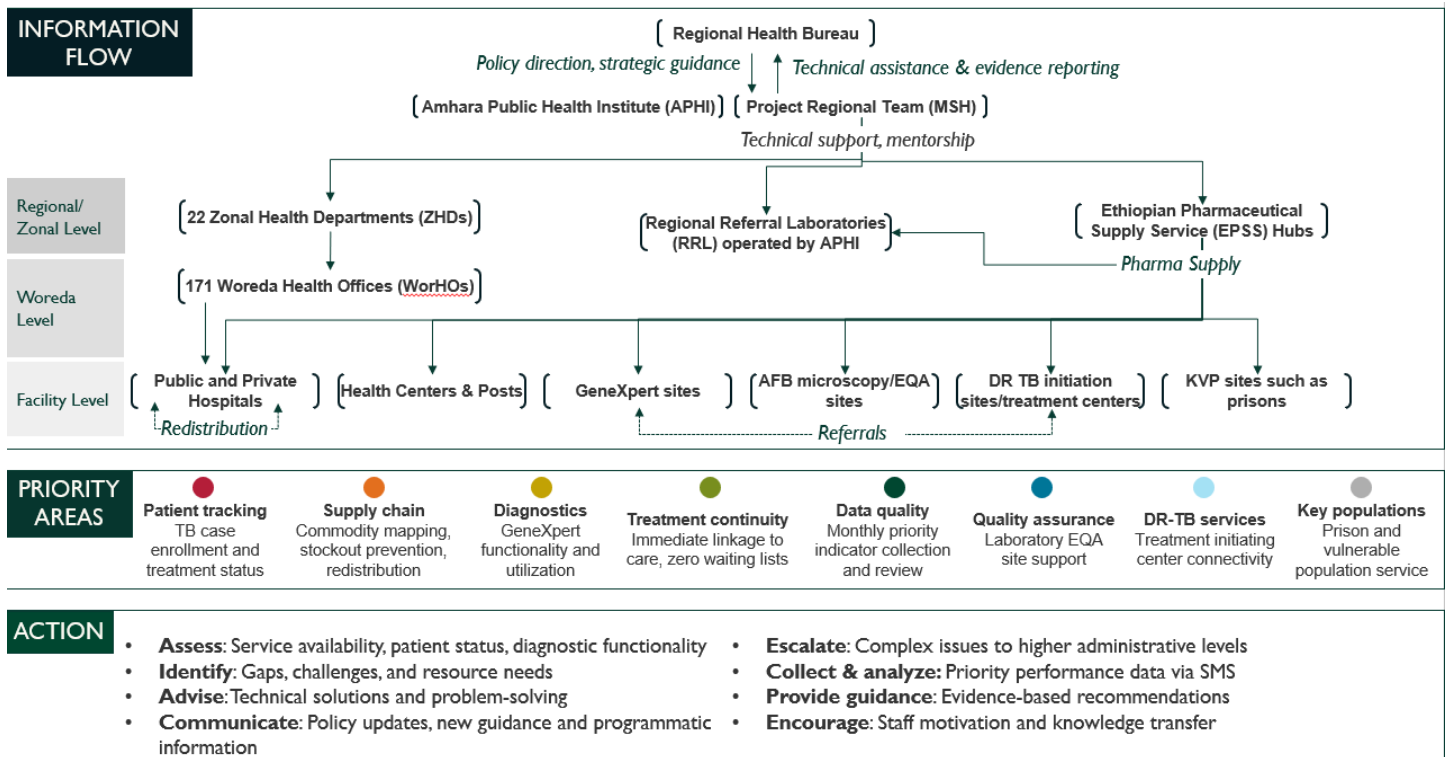


Figure 1. Cascaded tele-mentoring in the Amhara region

INTERVENTIONS

CONSULTATIONS AND PRIORITIZATION

When the conflict began in July 2023, project staff and government stakeholders were in frequent communication to find better alternatives to limit crisis outcomes, maintain the strides made by the project, and motivate health care providers and program managers. With internet interrupted, meetings relied on phone calls for connecting with health facilities and patients. Weekly emergency priorities focused on monitoring TB patient status, GeneXpert diagnostic service continuity, managing supplies and redistribution, and collaborating using tele-mentoring.

RESPONSE PLANNING AND BUDGETING

An intra-conflict response plan was developed to streamline shock response. A monthly airtime budget of 1.4 million Ethiopian Birr (~11,667 USD) supported tele-mentoring for 500 TB

program experts over 12 months. This cost could have been 9.8 Ethiopians Birr had there been one visit per quarter to every health facility, including the time of two visiting clinicians and travel costs (vehicle, fuel, driver), saving approximately 8.4 million Birr (70,272 USD) on travel costs.

MONITORING PROGRESS

Progress was monitored via weekly phone calls and priority data collected monthly by SMS. Guidance and feedback were provided to address gaps and encourage strong performance.

RESULTS AND ACHIEVEMENTS

CONSISTENT COMMUNICATION AND EXPANDED COVERAGE

Regional project team members maintained weekly contact with program managers, health facility focal persons, and logistics officers throughout the initial seven months and during the later phases of the intra-conflict response plan period. The adoption of virtual mentoring enabled engagement with a greater number of health facilities each week in comparison to traditional in-person mentoring.

On average, 75% of accessible health facilities (those reachable by phone with an identified TB focal point) were reached weekly through tele-mentoring (figure 2). By comparison, pre-conflict in-person mentoring reached at most 7% of health facilities within any given two-week period, and 64% of health facilities received on-site support only once per quarter. These figures reflect different reference periods (weekly, biweekly, and quarterly, respectively), but together illustrate a substantial increase in mentoring frequency and facility reach under the tele-mentoring model.

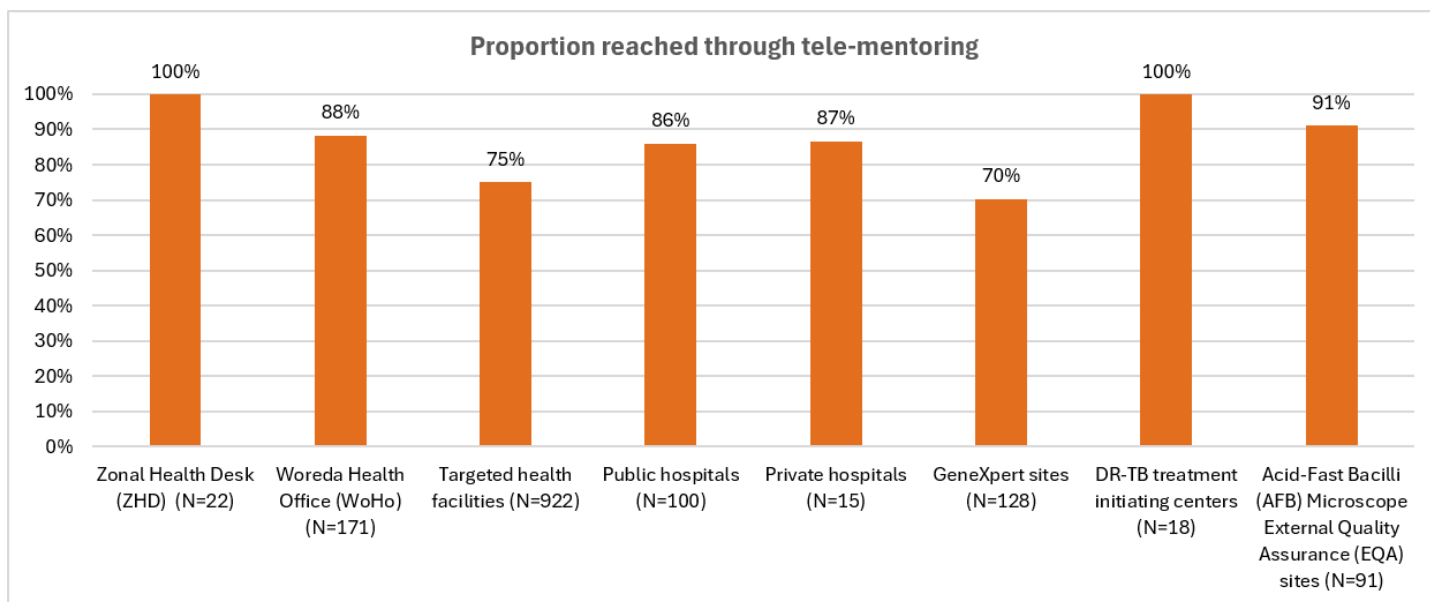


Figure 2. Average weekly tele-mentoring coverage in Amhara, July 2023–June 2025

Notes: ZHD: zonal health department; * Woredas with health office present; HF: health facility; ** This includes 22 GeneXpert sites added in 2024; DR-TB: drug-resistant tuberculosis; AFB EQA: Acid-Fast Bacilli External Quality Assessment

RESOURCE MAPPING, DISTRIBUTION, AND REDISTRIBUTION

Frequent phone communication enabled tracking of resource availability including drugs and supplies, diagnostic and TB treatment services, and TB patient enrollment and treatment status. SMS was used to exchange critical service data for monitoring and corrective actions. Program commodity stockouts at health facilities were reported weekly via phone, facilitating timely distribution or redistribution of drugs and supplies. 78% of facilities reporting stockouts of first- and second-line anti-TB drugs received refills with tele-mentoring and redistribution from facilities with surplus (figure 3).

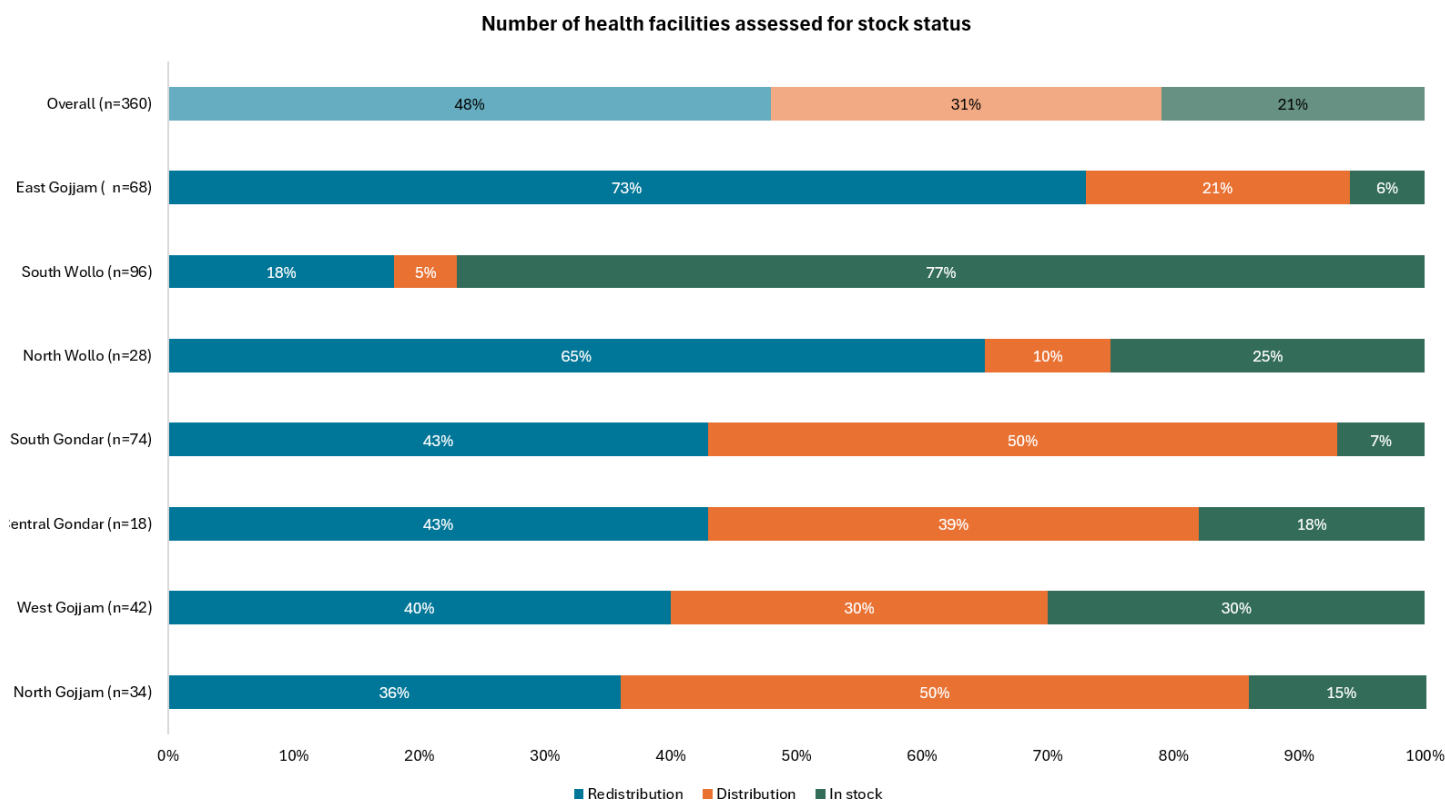


Figure 3. TB program commodity stockout mapping for action through the tele-mentoring amid conflict by zones in the Amhara Region, August 2023–June 2025

TIMELY LINKAGE TO ANTI-TB TREATMENT

TB patients were promptly connected with treatment, with no waiting lists due to no anti-TB drugs stockout. No DR-TB patients experienced a week-long delay caused by road blockades.

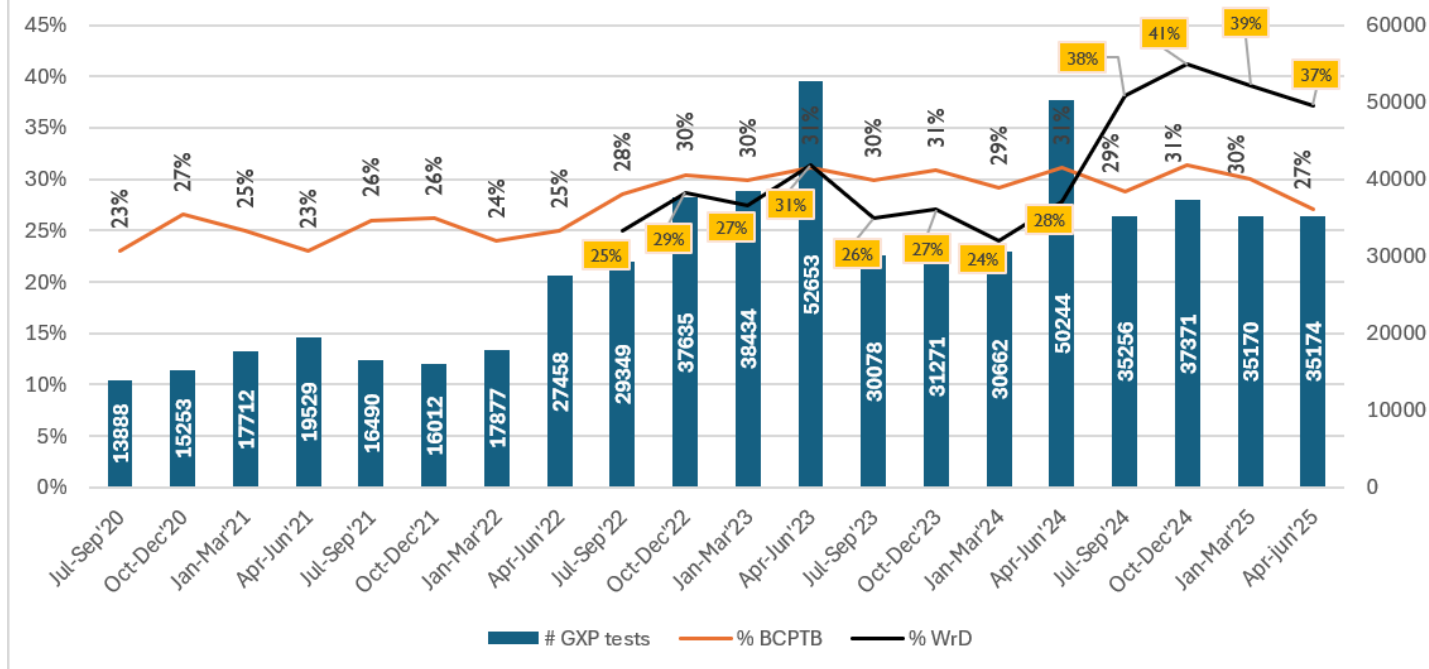
EFFECTIVE COORDINATION AND COLLABORATION

Consistent communication with health facilities, offices, and partners through regular calls and SMS improved trust and boosted program efficiency. The TB technical working group and the intra-conflict response task force also streamlined collaboration and coordination for partner activities.

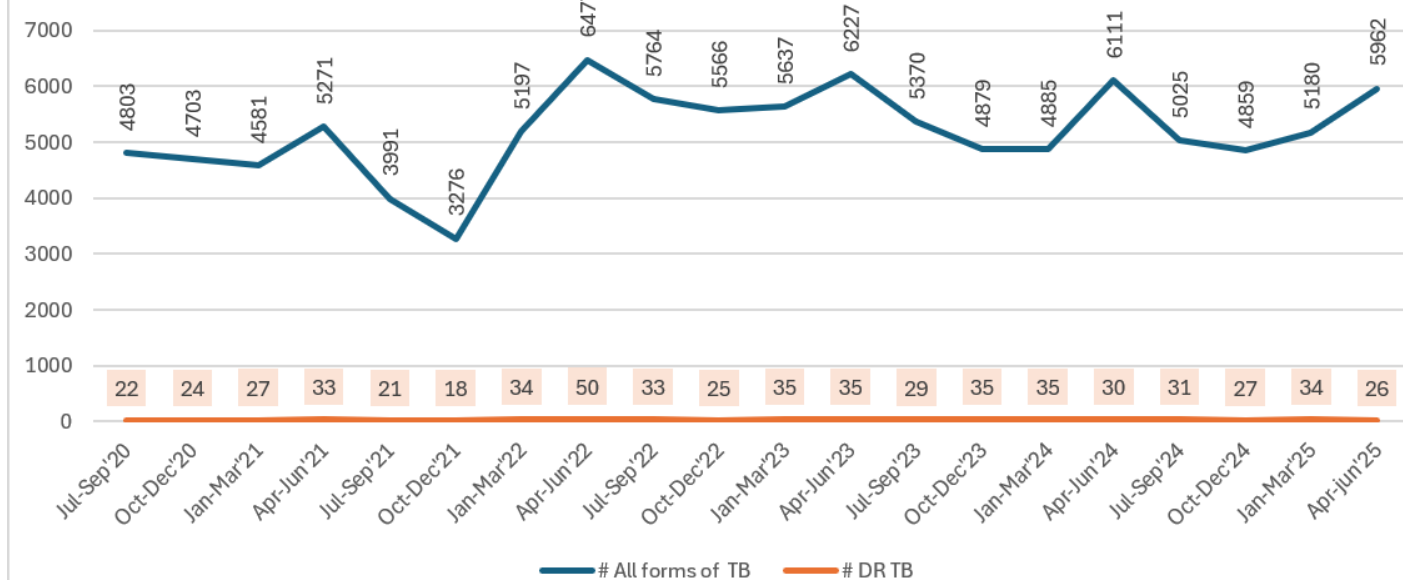
MAINTAINED TB PROGRAM PERFORMANCE DURING ONGOING CONFLICT

As illustrated in the accompanying graphs, trends in key performance indicators, including GeneXpert testing, WHO-recommended rapid diagnostics (WRD), proportion of bacteriologically confirmed pulmonary TB cases, TB case notification, treatment outcome, and TB preventive therapy (TPT), were largely maintained from the start of the project in July 2020 and through the conflict period which began in July 2023 (figure 4). DR-TB treatment success rate showed a temporary decline to 66% in January–March 2025 reflecting cohorts of patients who initiated DR-TB treatment during the peak active conflict, when treatment adherence and follow-up were most disrupted, rather than a deterioration occurring in early 2025 itself. TPT coverage among children under age 15 exceeded 100% (112%) in April–June 2025, which reflects a denominator or eligible-population estimation issue common in TPT reporting rather than an error in the underlying case count.

4.1 Trends in GXP Tests, proportion of BCPTB cases and rapid diagnostics



4.2 Trends in TB (all forms) and DR-TB cases



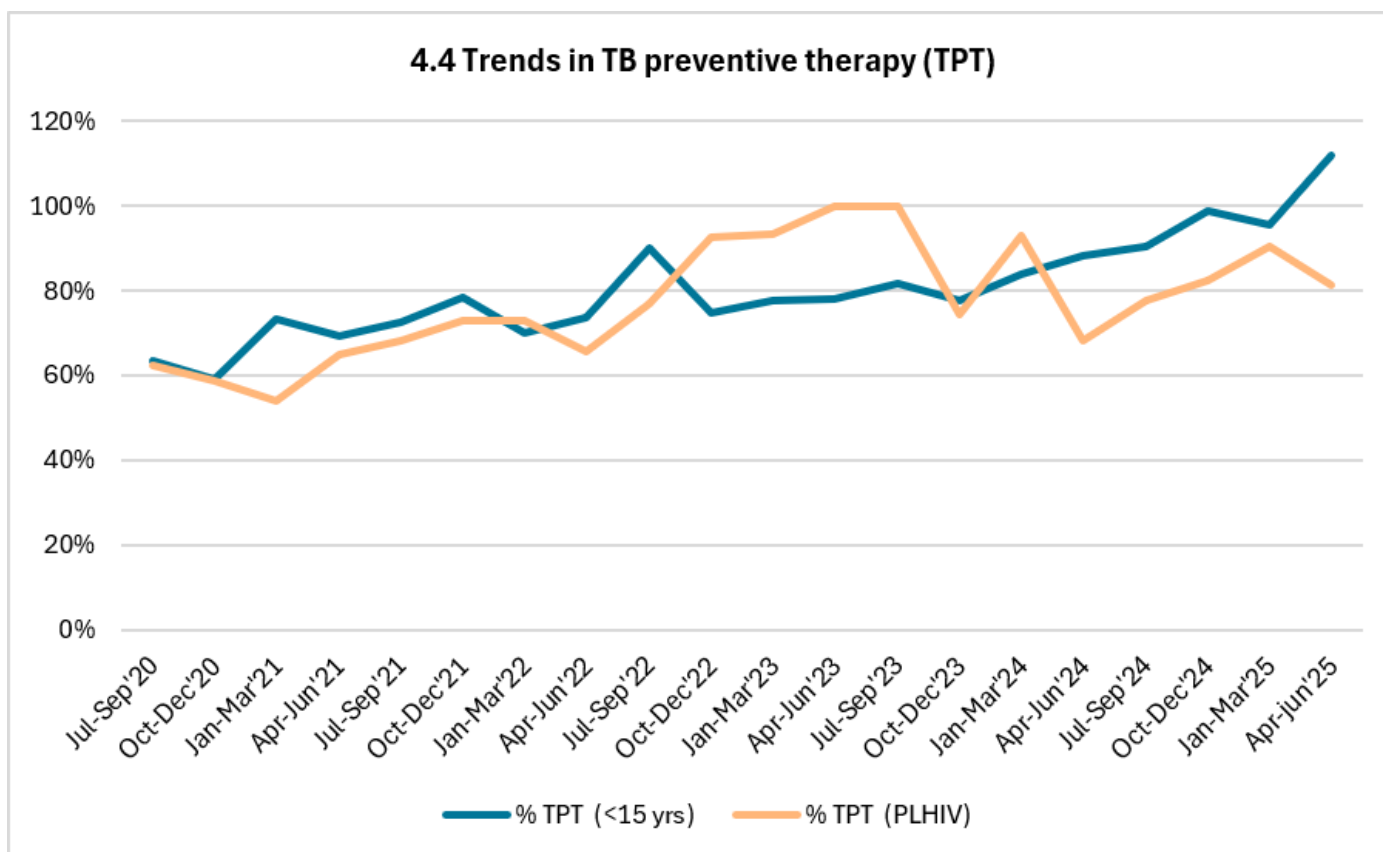
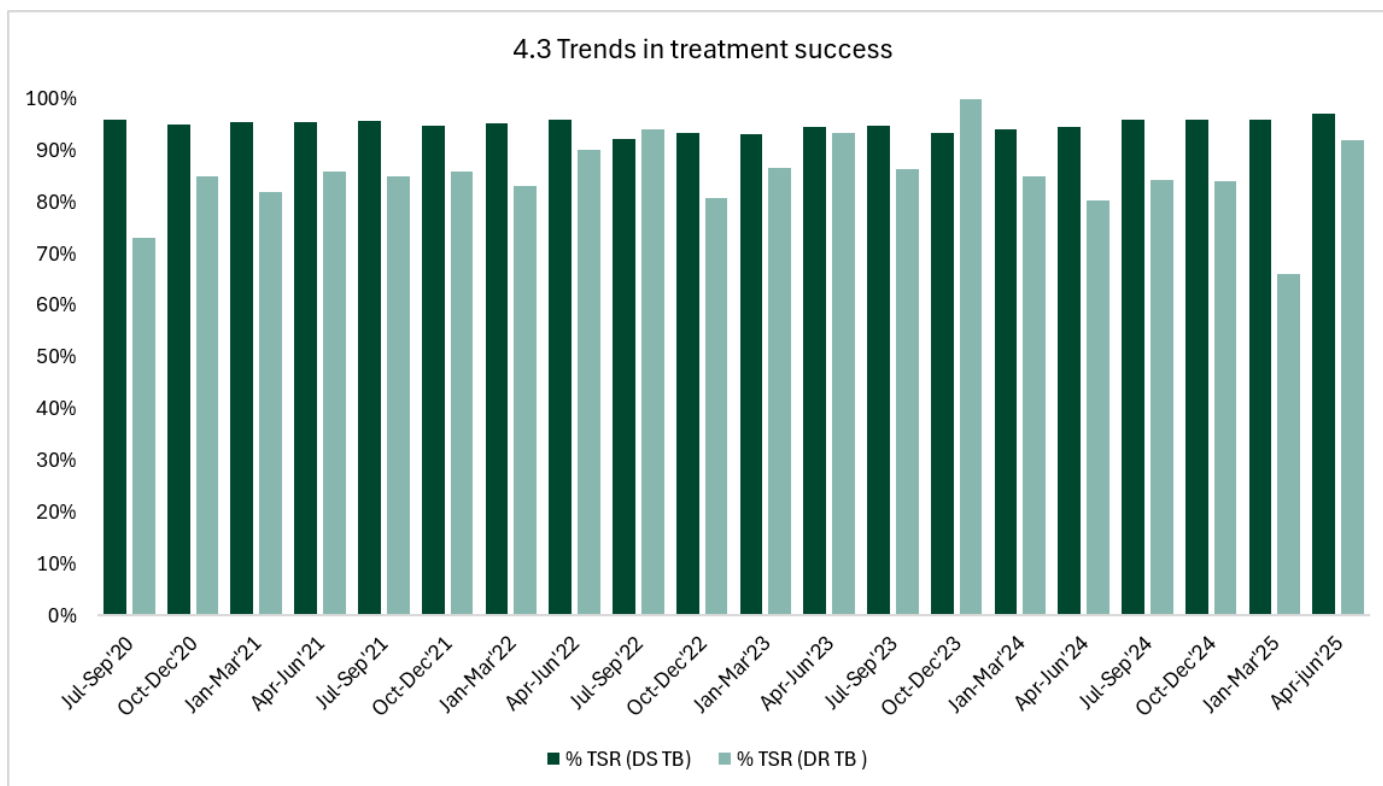


Figure 4. Trends in key indicators in the Amhara region from the start of the project and during conflict, July 2020–June 2025

CHALLENGES

While tele-mentoring serves as a valuable tool during emergencies in conflict situations, it cannot fully substitute for traditional in-person approaches. For instance, when phone networks are disrupted, such as during periods of intense conflict, this method becomes unusable. In some areas, phone services were unavailable for up to two months. Additionally, communication challenges arose when experienced healthcare staff left, and tele-mentoring was less effective for training new or inexperienced personnel.

LIMITATIONS

This brief describes program implementation and associated trends; it does not evaluate telephone mentoring's causal contribution to TB program performance, as no comparison group or non-mentored areas were available for comparison. Also, process-level details on mentoring call duration, topics addressed, and caseloads were not systematically documented during the emergency response, and this level of detail would support future efforts to replicate this model of mentorship.

LESSONS LEARNED

Tele-mentoring can help maintain or restore services during conflicts and works well alongside in-person mentoring where staff are already trained. It can also be instrumental in mapping resources and distributing or redistributing supplies to prevent treatment interruptions or delays.

POTENTIAL FOR TRANSITION

Tele-mentoring has proven effective in supporting health facilities remotely and its impact has been recognized at regional and national levels in Ethiopia. It is recommended that the government allocate funding and resources to formally adopt tele-mentoring during similar emergencies.

CONCLUSION

Crises can serve as catalysts for positive change by promoting innovation. The regional health system has become more resilient through past shocks such as COVID-19 and earlier conflicts, enabling continued support during restricted periods. The Eliminate TB Project used tele-mentoring as a strategy to maintain communication with and technical assistance to healthcare workers, sustaining performance in challenging circumstances posed by the ongoing conflict in the Amhara region of Ethiopia.

ACKNOWLEDGMENTS

The Eliminate TB Project thanks the U.S. Government for its generous financial support, and the Amhara Regional Health Bureau, Zonal Health Departments, Woreda Health Offices, Amhara Public Health Institute, Ethiopian Pharmaceuticals Service Hubs, and health facilities for their leadership and collaboration. Special thanks to Dr. Yewulsew Kassie for his guidance and support, and to the project management and regional staff for their dedication in implementing tele-mentoring.

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This brief is made possible by the generous support of the American people through the United States Government under cooperative agreement #72066320CA00009. The contents of this brief are the responsibility of Management Sciences for Health (MSH) and do not necessarily reflect the views of the United States Government.

