USAID's Maternal and Child Survival Program Mentorship Capacity Building: Sustainable Solutions for Lao PDR

October 2015 – March 2019

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The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 27 high-priority countries with the ultimate goal of preventing child and maternal deaths. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

This report is made possible by the generous support of the American people through USAID under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of MCSP and do not necessarily reflect the views of USAID or the United States Government.

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Acronyms List

ANC	Antenatal Care
CICH	Center of International Child Health
EBF	Exclusive Breastfeeding
EmONC	Emergency Obstetric and Neonatal Care
EENC	Essential Early Newborn Care
ENAP	Every Newborn Action Plan
EPCMD	Ending Preventable Maternal and Child Deaths
EPMM	Ending Preventable Maternal Mortality
EU	European Union
FY	Fiscal Year
HC	Health Center
HCP	Heath Care Provider
HSS	Health Systems Strengthening
IC	Infection Control
IM	Intramuscular
IMR	Infant Mortality Rate
IR	Intermediate Result
LP	Luang Prabang
NMR	Neonatal Mortality Rate
MCSP	Maternal and Child Survival Program
MH	Maternal Health
MMEL	Measurement, Monitoring, Evaluation, and Learning
MMR	Measles, Mumps, and Rubella
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
MRN	Model Referral Network
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
OB/GYN	Obstetrics and Gynecology
OSCE	Objective Structured Clinical Examination
PDR	People's Democratic Republic
PHC	Primary Health Care
PHO	Provincial Health Office
PMP	Performance Monitoring Plan
RMC	Respectful Maternity Care
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SBA	Skilled Birth Attendant

SCI	Save the Children International
SO	Strategic Objective
SOW	Scope of Work
SYB	Sayaboury
ToT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

List of Tables and Figures

Country Summary

Total population: 6,492,228[1]

Sources: Sources: [1] Results of Population and Housing Census 2015, [2] Lao Social Indicator Survey II 2017.

Selected National Health and Demographic Data	# or %
Live births/year[1]	125,614
MMR (per 100,000 live births)[1]	206
IMR (per 1,000 live births) [2]	40
Percentage of institutional deliveries[2]	64.5%
Percentage of births with SBA[2]	64.4%
NMR[2]	18
Skin to skin care[2]	16.8%
Early initiation of breastfeeding within one hour[2]	50.1%

Program Dates	October 2015 to March 2019		
Funding	**Total USAID Asia Bureau Funding**	**Total Core Funding to Date by Area**	
	$1,800,00	N/A	
Geographic Coverage	**No. (%) of provinces**	**No. (%) of districts**	**No. of facilities**
	2 of 18 (11%)	10 of 23 (43%) (in two provinces)	12 of 25 (48%) (in two provinces)
Country and HQ Contacts	Mary Dunbar (MCSP Lao Health Director); Helen Catton (MCSP Lao Program Manager); Neena Khadka (MCSP Newborn Advisor); Jana Spacek (MCSP Program Officer); Allison Schmale (MCSP MMEL Advisor); Kusum Thapa (MCSP Maternal Advisor)		
Technical Interventions	Newborn Health, Maternal Health and Health Systems Strengthening		

Acknowledgments

The Maternal and Child Survival Program (MCSP) would like to thank the United States Agency for International Development (USAID) and the American people for providing the technical and financial assistance needed to implement this project. MCSP is privileged to have worked in partnership with the Ministry of Health in Lao PDR and the provincial health departments of Luang Prabang and Sayaboury.

The MCSP program is indebted to the Save the Children Primary Health Care program which provided the platform that was critical to the success of the mentorship approach, and ensures that mentorship is part of broader health systems strengthening and continues in the future beyond MCSP.

Finally, grateful appreciation is extended to the mentors and mentees, hospital leadership and provincial leadership. It is their commitment and dedication that drives the program forward.

Executive Summary

The Maternal and Child Survival Program (MCSP) is a global USAID cooperative agreement to introduce and support high-impact health interventions in 25 priority countries with the ultimate goal of ending preventable maternal and child deaths within a generation. MCSP engages governments, policymakers, private sector leaders, health care providers, civil society, faith-based organizations and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn and child mortality such as postpartum hemorrhage, birth asphyxia and diarrhea, respectively, and improve the quality of health services from household to hospital. The Program tackles these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration and eHealth, among others.

Although Lao has made progress in reducing the maternal and neonatal mortality rates, the national data hides large inequities between ethnic groups, and between urban and rural populations. Nationally, about 30 % of the rural population still lack access to health care services. In 2015, the National Lao Population and Housing Census reported the maternal mortality ratio as 206 deaths per 100,000 live births. The 2017 Social Indicator Survey II reported the neonatal mortality rate as 18 per 1,000 live births, with over 34% of women birthing at home who are at higher risk of complications without a skilled birth attendant. Lao also faces constraints to health service provision due to a lack of qualified, adequately distributed staff and inadequate infrastructure.

For 23 years, there was no midwifery education in Lao. By 2009, there were only 100 midwives left in the country. To address this shortage, in the same year the government introduced the Skilled Birth Attendant (SBA) plan which aimed to deploy 1,500 midwives by 2015. A rapid training plan was initiated, which resulted in over 1,784 midwives in the country by 2015. However, these mostly young, newly qualified midwives were often deployed to remote health centers without support or continuing professional development opportunities. The rapid training had not equipped them with the skills, experience or confidence to provide quality of care, nor the supportive supervision that is essential to the effective functioning of a health system.

To improve maternal and neonatal health (MNH) provider skills and supervision, MCSP collaborated with the Lao Ministry of Health (MoH) and consulted with multiple partners, including WHO and UNFPA, to design a mentoring approach to complement the national Essential Early Newborn Care (EENC) policy, using interactive learning and coaching, and fully integrating maternal and newborn care including Respectful Maternity Care (RMC) and Infection Control (IC). The MCSP mentoring program featured a new approach for maternal and newborn care providers to improve their skills and confidence to ensure quality care at the time of birth. The approach included the training of district level mentors to mentor their peers and colleagues as part of their daily work in district facilities. The aim was to build capacity in the facility that could contribute to the sustainability of knowledge, skills, and competence and ensure that evidence-based, high impact practices become the norm in supported facilities in the long term. Mentorship fulfills an important gap in skills building and provides a model of continuing professional development and supportive supervision which is currently lacking throughout Lao.

The MCSP program was fully integrated into Save the Children's Primary Health Care program (PHC)[1] which began in 1992 in the northern province of Sayaboury and later extended to Luang Prabang province in 2007. MCSP implemented the mentorship program in these two provinces until February 2018, and then due to a planned phase-out, only in Luang Prabang for the remaining eight months through October 2018. MCSP efforts contributed to the following achievements:

[1] Save the Children's Primary Health Care program (PHC) is co-funded by Save the Children Japan (Takeda), Australia (ANCP) and Korea (KOICA), and the European Union's Scaling program.

Quality of care indicators

- Improvement in completion of partographs and greater understanding of its use as a monitoring tool
- Progress in indicators for oxytocin use, early breastfeeding and skin-to-skin (page 20)

Capacity building

- Improvement in MNH clinical and mentoring skills among mentors
- Advancement in MNH skills of mentees from district facilities and health centers
- Mentors working in two provincial hospitals and 10 district hospitals
- 18 provincial mentors and 40 district level mentors trained
- 60 district level MNH providers (mentees) being mentored
- 45 health centers reached with mentoring training and quarterly supervision in the district of Luang Prabang
- 54 health center midwives (mentees) receiving quarterly mentoring in districts of Luang Prabang
- Expansion of mentoring to all health centers in Luang Prabang (45) by December 2018
- 25 health center midwives trained to support community volunteers as part of a social behavior change approach; these volunteers will provide home visits to 1,000 day households (pregnancy until 2 years old)

During the final year of the program, MCSP consolidated the approach and advocated for mentoring to be considered a feasible and effective way of building skills and providing continuing professional development.at the central level, and initiated a community-level mentoring approach. Encouraging results from the program have generated commitments from local government leadership and interest from external funders. The mentoring approach is fully integrated into the national PHC program and will continue beyond MCSP funding with new support from Save the Children Japan and other PHC donors, which will help to ensure that the MCSP achievements are taken forward and expanded in years to come.

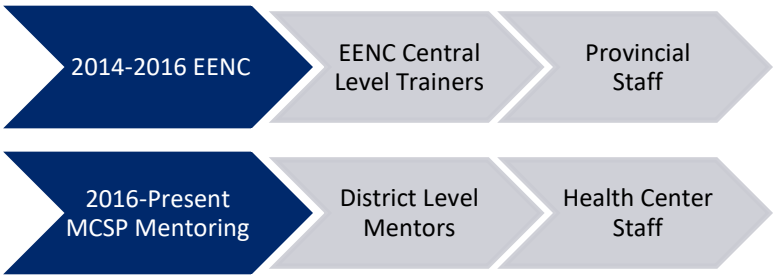
Introduction

The Lao People's Democratic Republic (PDR) has a population of approximately seven million with 67% living in rural areas and 32% of the population below the age of 14 years. Nationally, about 30% of the rural population still lack access to health care services. In 2015, the National Lao Population and Housing Census reported the maternal mortality ratio as 206 deaths per 100,000 live births, and the 2017 Social Indicator Survey II reported the neonatal mortality rate as 18 per 1,000 live births. Over 34% of women birth at home without a skilled birth attendant, and are therefore at higher risk of complications. Lao also faces constraints to health service provision due to a lack of qualified, adequately distributed staff and inadequate infrastructure (lack of water, equipment and supplies). A national evaluation identified a clear need for a new approach to developing capacity among MNH providers, moving away from didactic, largely theoretical training to a participatory skills building approach.

For 23 years, there was no midwifery training in Lao and by 2009, there were only 100 midwives left in the country. In response, the government developed the Skilled Birth Attendant (SBA) Development Plan (2008-2012) to train more SBAs and midwives across a variety of programs, with the aim of deploying 1,500 trained midwives by 2015. A 2014 evaluation of the SBA development plan confirmed there would be 1,784 new midwives by 2015. Numerical targets were surpassed, but the SBA evaluation showed no progress on the key objectives of the SBA development plan, namely the quality of education, the enabling workplace environments for new midwives and progress on supportive supervision. The review also identified the lack of coaching skills among midwife trainers and the need to strengthen the quality of training. The rapid,

didactic training had produced unskilled and inexperienced midwives who were then deployed in hospitals and remote health centers, unsupported and unsupervised.

In 2014, the government launched the Essential Early Newborn Care (EENC) policy, with technical support from WHO and the Center of International Child Health (CICH) from Melbourne. This initiative began by developing a cadre of central level trainers, trained on the EENC module, who in turn trained provincial staff as trainers in a cascading TOT completed at the end of 2016.



MCSP developed the mentorship approach to support the government's efforts to improve the MNH providers' capacity and the quality of services they provide, and to help maintain the skills of the EENC trainers. The mentorship approach aimed to facilitate the transfer of skills and further improve the quality of care at the time of birth, focusing on mothers and newborns. The mentorship and EENC approaches are similar and complementary, using interactive learning and coaching. The mentorship approach differs, however, in the full integration of maternal and newborn care including Respectful Maternity Care (RMC) and Infection Control (IC). Additionally, the mentorship approach trains district level staff to mentor their peers and colleagues as part of their daily work in district facilities, in order to build sustainable capacity at facility level.

The published literature and MCSP global project experience supports the effectiveness of mentoring approach to improve health provider performance. Traditional didactic in-service training and supervision methods have not resulted in meaningful improvements in health care provider performance in low and middle-income countries (Leslie, et al. 2016). Mentoring approaches, however, have demonstrated improved competence among providers of HIV care and treatment in Sub-Saharan Africa (WHO 2006). In addition, MCSP global program learning from 23 country programs implementing mentoring indicates that it is well suited for complex clinical skills (MCSP 2018)[2]. Because of these results, maternal, newborn and child health programs have utilized similar mentoring approaches to improve health provider performance both at the facility and community levels.

The MCSP program built on and is fully integrated into Save the Children's Primary Health Care capacity strengthening program (PHC), which began in 1992 in the northern province of Sayaboury and later extended to Luang Prabang province in 2007. MCSP implemented the mentorship program in these two provinces until February 2018, and then due to a planned phase-out, only in Luang Prabang until October 2018. The integration of MCSP mentoring within PHC was advantageous as it ensured a comprehensive health systems strengthening approach to improving the quality of care for mothers and newborns.

[2] MCSP. Mentoring for Human Capacity Development: Implementation Principles and Guidance. 2018; https://www.mcsprogram.org/resource/mentoring-human-capacity-development-implementation-principles-guidance/

The definition of **mentoring** can vary in clinical practice. The MCSP Lao program defined mentoring as: the process through which ***an experienced, empathetic person with proficiency in their content area (mentor), provides another individual (mentee) or group of individuals (mentees) with in-person on-site teaching and coaching focused on ensuring workplace performance and ongoing professional development.***[3]

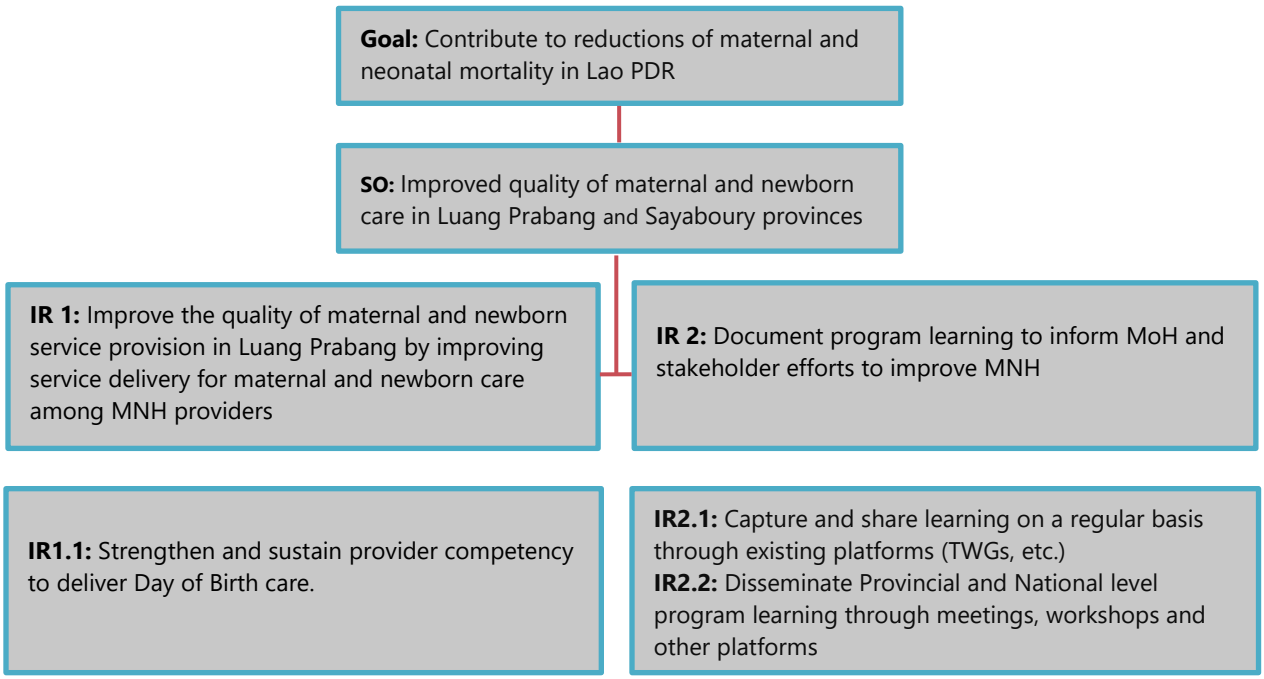
Key elements for operationalizing the mentoring approach

1. The mentoring approach should be approved by national and sub-national leaders. Leaders of facilities should be in full acceptance of and support the use of the mentoring approach to build and retain skills of their staff.
2. Mentors should work with mentees both individually and in small teams at the facility to build and strengthen knowledge and skills, improve quality of care and ensure respectful provision of care. They should develop rapport and build relationships with mentees, based on mutual respect and positive feedback that empowers and motivates mentees to improve performance.
3. Mentors must be clinically proficient in their content area. (Where mentors are not initially proficient, the initial workshop will give opportunity for skills development to standardize clinical competence/proficiency before developing mentoring skills.)
4. Mentors should be proficient in conducting demonstrations, coaching, providing feedback, and facilitating facility action planning sessions.
5. All mentors' clinical and mentoring skills should be assessed periodically to ensure quality and maintenance of skills.
6. Mentees should be keen to learn and apply new knowledge and skills. Once skills are acquired, they need continuous practice to ensure retention over time. This is relevant to all levels of providers, whether mentor or mentee.
7. Mentoring should be complementary to existing government led supervisory systems and quality improvement efforts. External supervisors /mentors should provide periodic on-site visits to support the quality of clinical and mentoring skills. Ideally, mentoring should become part of regular supervisions with mentors included in supervision teams.
8. Mentors review quarterly data on health provider skills and facility indicators to develop QI action plans

The goal of the MCSP program was to improve the skills and confidence of MNH providers to provide quality care at the time of birth and immediately postpartum. The program achieved its goal through a strategic objective and two intermediate results (IRs) shown below.

[3] Ibid

Figure 1: Results Framework: Goal, Strategic Objective, and Results [4]



Working in direct partnership with the provincial and district health departments, the MCSP mentoring program rolled out in two provinces. Within these provinces, program implementation took place in five district hospitals in each province, two provincial hospitals and one provincial technical school. Over the two-and-a-half years of implementation, the main strategies adopted within the program include the following:

- Participatory skills and capacity building using a peer-learning mentorship approach
- Engaging hospital leadership in supporting mentors in the facility
- Institutionalizing mentoring in each facility by training peer mentors in every district hospital and assigning one as a team leader
- Maximizing opportunities for peer-learning and sharing by mobilizing a team leader mentor from the district to support other districts during quarterly on-site visits
- Establishing self-monitoring test for district staff clinical skills and co-monitoring other indicators (e.g. chart reviews and partographs) during on-site visits
- Ensuring regular documentation and dissemination of program learning at the national level through newsletters and engaging with national level meetings and capacity development interventions
- Extending to health center midwives and developing an internship program to ensure they benefit from opportunities to practice in real deliveries
- Advocating for mentors to be included in Government of Lao regular supervision teams, and facilitating the change from checklist-focused supervision to supervision focused on skill and capacity building
- Designing a feasible community MNH intervention package and equipping health center midwives in a community mentoring approach to support community volunteers in key MNH interventions

[4] In December 2017, IR2 was removed from the results framework. The original IR2, "Support the MoH initiative to institutionalize supportive supervision of midwives with technical contributions and information dissemination on mentorship in program areas and at the national level," was removed because the formal institutionalization of supportive supervision was paused.

Major Accomplishments

IR 1: Improve the quality of maternal and newborn service provision in Luang Prabang and Sayaboury by improving service delivery for maternal and newborn care among MNH providers

Provincial and district MNH providers worked with MCSP staff to develop a contextually suitable mentorship approach using both the "external mentor" (external expert provides mentorship to an assigned facility) and "internal mentor" (internal staff member is trained to provide peer mentorship) models.[5] The first cadre of mentors jointly standardized key clinical competencies for normal deliveries and newborn resuscitation as the initial focus of mentorship. In the later stages of the program, mentor capacity for management of post-partum hemorrhage and breastfeeding counseling support were also strengthened.

Strategic selection of initial mentors: Provincial Health Office leadership selected mentors from among staff at the provincial hospitals, district hospitals, and the technical college (in Luang Prabang), using criteria jointly developed with MCSP.

Introductory workshop: An eight-day participatory workshop organized by MCSP was held at the Luang Prabang Technical School that included the following activities:

- ***i.*** Development of clinical mentorship guidelines based on local and global best practices.
- ***ii.*** Field testing of guidelines.
- ***iii.*** Skills standardization among mentors to follow established guidelines (for e.g. partograph use, newborn resuscitation).
- ***iv.*** Development of mentorship skills (for e.g. demonstration, coaching and providing constructive feedback).

Following the initial workshop, provincial mentors undertook quarterly on-site visits to the districts together with the MCSP team. These visits were for on-site mentoring and lasted two days. It soon became apparent that provincial mentor availability for quarterly visits was a challenge. MCSP therefore saw the opportunity to train district MNH providers as mentors. The original provincial mentors were first trained as trainers and then trained a first cohort of 20 district trainer mentors. Six months later, they trained the second cohort of district trainer mentors. This was a critical step in ensuring capacity within Lao to develop MNH providers as mentors. District trainer mentors ensured that mentoring, as a model of continuing professional development, was institutionalized in the facility.

District trainer mentors: a feasible approach to in-service professional development and supportive supervision

With a team of four trainer mentors in each facility, the mentors were able to coach and support their colleagues in practice as part of their daily work. Initially, the provincial mentors accompanied on-site visits with the MCSP team to provide support to the district trainer mentors as it was understood their skills in mentoring would need continuing development and support. After one year of consolidating their skills, one of the team of four was assigned as a team leader. As the trainer mentors developed their skills further, MCSP identified the opportunity to build their experience further by enabling them to join quarterly on-site visits in other districts to support other mentors and to share learning. Thus, mentoring support visits were no longer reliant on the availability of provincial mentors. Instead, district trainer mentors were mobilized and joined the MCSP team every quarter to support other districts. This exchange was well received and provided the mentors with new insights and understanding on facility management in other districts, as well as exposing them to facilities with a higher number of births. It was also an important motivator for them, as the

[5] *Strengthening Health Provider Performance for Maternal Newborn Care in Lao PDR through a Mentoring Approach: Implementation & Training Guide*, September 2018. www.mcsprogram.org

receiving facilities seemed more receptive to peer support from the district mentors rather than from provincial level mentor supervisors.

District mentors provided a model of supportive supervision in the facility. This was new for Lao which relies on external supervision in a hierarchical model. Typically, the province monitors the district and the district the health center. Instead, under the MCSP mentoring approach, district mentors provided an example of in-facility peer supervision. The next step was to extend mentoring to the health center level by inviting one midwife from five health centers in each district for on-site mentoring in the district facility every quarter.

Extending to health center midwives

Quarterly mentoring for health center midwives began in September 2017. Health center midwives were grateful to have this opportunity as they have few professional development opportunities. Their skills progressed faster than the district mentees as the results below show (Figure 2). They are generally a younger cohort of midwives and are eager to learn. In addition, district mentors began to join supervision visits to midwives and staff at health centers. Because of the low number of deliveries at the health center level, Save the Children also identified complementary funding to pilot two-week internships for health center midwives to practice in district hospitals that have a higher number of deliveries. Between September and December 2018, MCSP expanded to include all health center midwives in the five Luang Prabang districts, a total of 54 midwives across 45 health centers

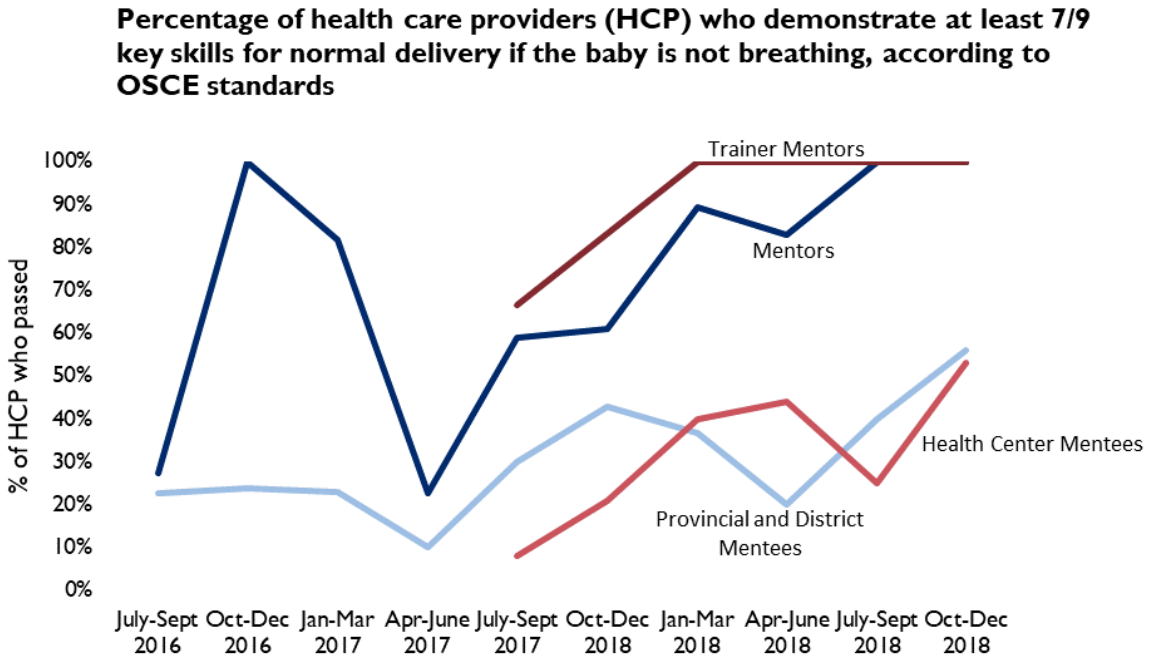
Follow-up visits to health center midwives as part of regular supervision

Following the quarterly on-site mentoring practice in the district facility every quarter, MCSP recognized that follow-up and support in the workplace at the health center is important. In response to this, the MCSP team advocated for district mentors to be included in quarterly supervision, whereby the supervision teams visited the health centers to provide supervision and monitoring. In reality, feedback from mentors was mixed as many of them felt frustrated that there was not time during regular supervision to do skills building practice which is the essential component of mentoring. The protocol for supervision requires that numerous forms are filled and checked with minimal coaching practice. As a result, some mentors took the initiative to conduct their own independent follow-up visits to the health centers and found the budget from the district to do so. While this shows commitment and motivation, it may not be sustainable in the longer term. MCSP encouraged mentors to join the regular supervision teams and to help shape the approach from checklist and documentation to a more supportive coaching and skills building approach. The overall aim is for mentorship to inform regular supervision and change it from a surveillance and monitoring approach to supportive capacity building. Mentors are now following up HC midwives as part of the supervision team in an integrated approach and are being creative to find time for skills practice within the visit.

Changes in Provider Skills

Results from MCSP's mentorship activities to improve MNH provider skills and practices are promising and contribute to the further development of skills introduced in Lao through other national capacity building programs (such as the Early Essential Newborn Care/EENC package introduced by the Ministry of Health with support from WHO).

Figure 2: Improving provider skills in Luang Prabang Province



Mentor OSCE results

- Mentors' clinical skills were standardized during the district mentor workshop in August 2016. Over the course of the next two quarters, mentors experienced a period of skill attrition before the gradual development of skills to a complete pass rate in September 2018. The skill attrition was largely a result of mentors not regularly practicing their skills after the initial intensive training.

Province and district-level mentee OSCE results: The district level providers have been exposed to and participated in MCSP mentorship activities for three years. OSCE scores assessed for district-level providers showed the following:

- Pass rates on OSCEs increased overall between October 2016 - September 2018 for all skills for the trainer mentors, mentors and provincial and district mentees.
- While select indicators steadily increased, others showed fluctuations that highlighted challenges and areas where focused program efforts were needed, such as the need to increase leadership support for regular skills practice in facilities.
- Overall progress on skills requires behavior change, which takes time. The results reflect the need in Lao for long-term support and capacity building to achieve and sustain change.

Health center-level mentee OSCE results: The health center is the first point of care for communities, and providers in these facilities are generally midwives who have received between one and three years of training and have been posted at their facilities for no more than a few years. They were exposed to MCSP-supported mentorship activities for less time than district-level providers (just five quarters as of September 2018). OSCE scores assessed for health center-level providers showed the following:

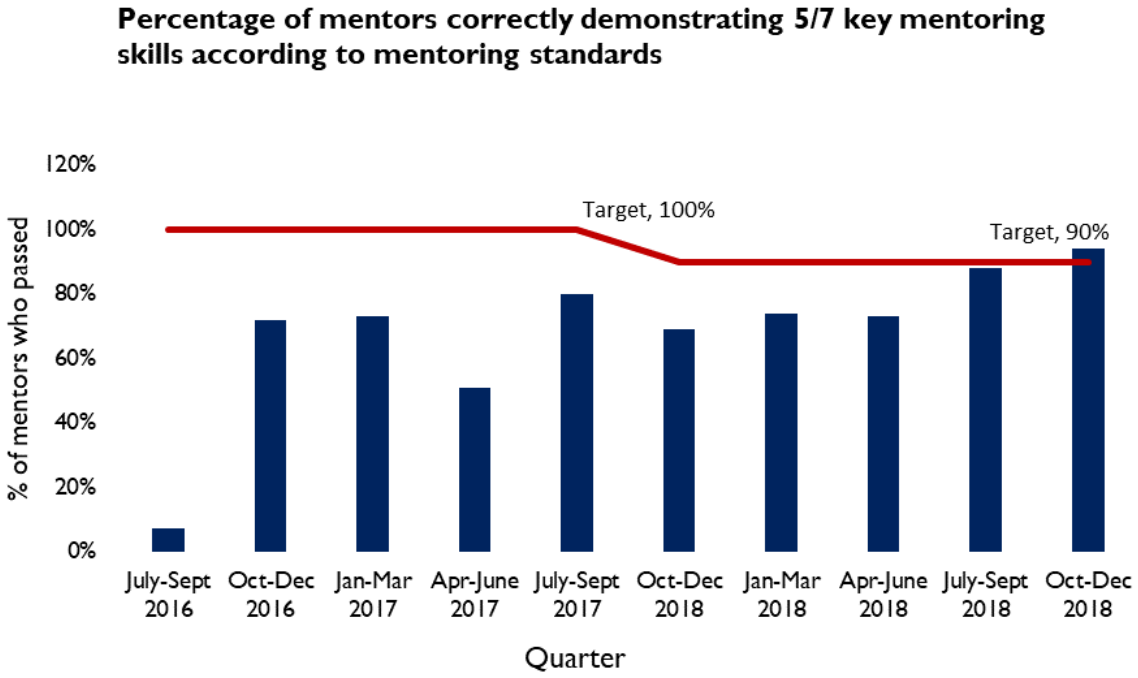
- The overall trend in pass rates increased from July 2017 – December 2018 for nearly all quarters and for all standards except bag and mask ventilation for newborns.

- Pass rates increased considerably in the first several quarters for health center midwives, from 8% in July-September 2017 to 60% in April-July in 2018. However, in July-September 2018, there was a dip of 22 percentage points because new health center midwives joined. For one set of skills—monitoring progress of a woman in labor—the increase in pass rates among health center midwives was higher than changes seen among district providers over a longer period: district midwives improved eight points over eight quarters, while health center midwives improved by twelve points over five quarters.

Improved Mentor Skills Assessment Results

Figure 3 shows the results of quarterly mentorship skills assessments of all mentors included in the program. Mentoring skills significantly improved between July-September 2016 and October-December 2016. From October-December 2016 to April-June 2018, pass rates on mentoring skills remained relatively constant, and by October-December 2018, the target of 90% was surpassed. These results are encouraging; proving alternative human capacity development approaches such as mentoring can be inculcated even in a culture of didactic teaching and learning styles.

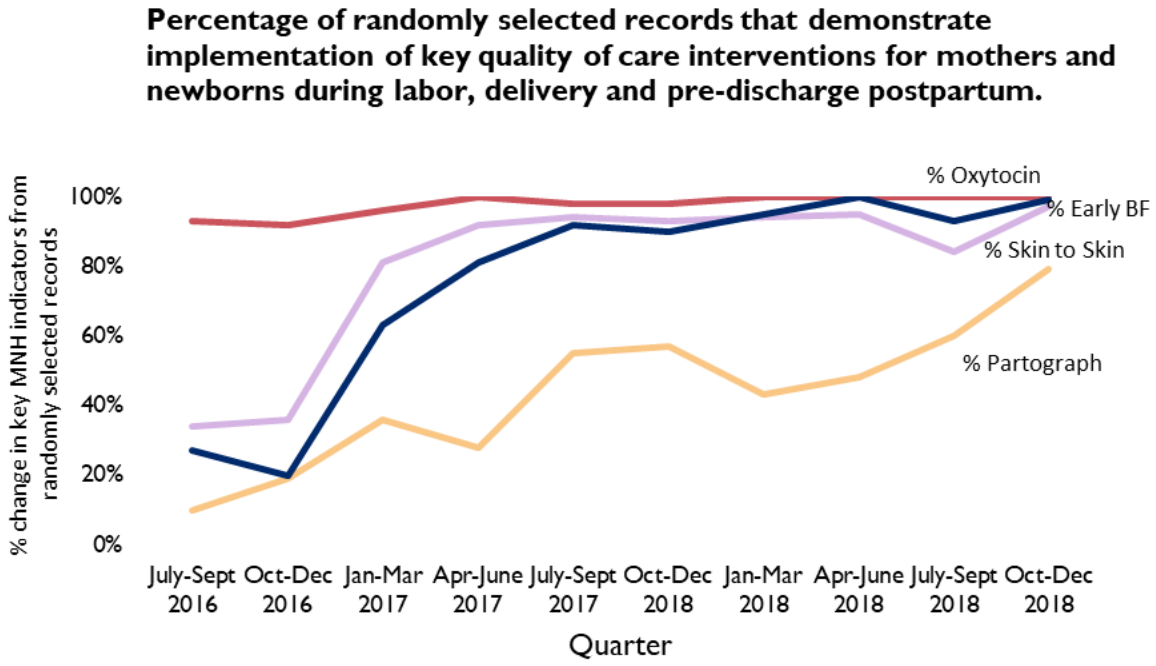
Figure 3: Improving quality of mentoring skills among health care providers



Changes in Quality of Care in the Facilities

MCSP collected data from randomly selected clinical records in MCSP-supported facilities on key MNH indicators to understand changes in practice over the program period (see Figure 4). A summary of these changes is below.

Figure 4: Improving quality of maternal and newborn health services



- **Women receiving a uterotonic (oxytocin IM) in the third stage of labor in MCSP-supported areas reached 100%**: Performance on this indicator has been high since MCSP data collection began, showing incremental increases during initial quarters, and reaching 100% during the last few quarters.
- **Newborns achieving early initiation of breastfeeding within 90 minutes at targeted health facilities increased from 34% to 97%:** There were significant improvements for breastfeeding practice from January-March 2017 through April-June 2017, with more moderate improvements later.
- **Newborns placed "skin to skin" immediately after birth for at least 90 minutes in targeted facilities increased from 36% to 97%**: Skin-to-skin practice increased along with early breastfeeding, reaching 96% in April-June 2018 and 97% in October-December 2018.
- **Deliveries of randomly selected partographs filled in as per protocol at target health facilities increased from 10% to 79%:** Workshops, mentoring visits, and mentor meetings focused much time and effort on teaching and providing feedback on partograph completion. In spite of fluctuations, performance on this indicator moved from 10% in July-September 2016 to 79% by October-December 2018.

In addition to the indicators collected every quarter and summarized above, qualitative data from interviews with health providers during the program review[6] suggests that mentorship prompted a number of additional improvements in quality of care. Example improvements include better infection control practices (wearing protective items such as gloves, masks, and gowns and changing protective wear if attending more than one delivery at a time), suctioning the infant only when necessary (instead of at every delivery), and keeping the infant with the mother.

Nearly every provider interviewed also cited improvements in respectful maternal care. Following the practices taught during mentorship sessions, providers say they now greet the mother, provide an explanation of what they are going to do, and ask about the mothers' preference for birth position and a birth partner.

Finally, nearly every provider interviewed during the program review commented on the positive contribution of mentorship towards strengthening relationships between providers in the facilities. Changes in relationships mentioned by providers included increased communication, improved feedback, stronger relationships between supervisors and direct reports, and more active staff that learn from each other and give feedback to colleagues on areas for improvement.

Health center midwives as mentors for community volunteers

Having established the mentoring approach at the provincial, district and health center level, the next level was to expand to the community. In Lao, the majority of maternal/newborn deaths occur in the community. For this reason, it is very important to find ways to reach communities and improve MNH care in the villages and households. As part of the PHC social behavior change approach, MCSP combined MNH messaging with nutrition messaging to improve practices and behaviors among the communities. Health center midwives are ideally located to provide skills building and ongoing support for community volunteers. Community volunteers in turn mobilize to provide visits to 1,000-day households and to facilitate peer groups as part of a broader social behavior change plan.

In August 2018, MCSP conducted a training of trainers (ToT) for three provincial mentors and seven district mentors over five-days. The objective of the training was to build their skills and capacity in training health center midwives in a community mentoring approach. The aim of the community mentoring approach is to improve the linkages between the health center and the community and to provide volunteers with skills building sessions every quarter and ensure continuous support and supervision.

Following the ToT, the 10 trainers trained 25 health center midwives, five from each district. The workshop included considerations of current practices and behaviors in the community, approaches to behavior change, and a discussion of how behavior change is different from health education. In addition, participants began thinking through the skills needed for household visits and peer facilitation. During the workshop the health center midwives had opportunities for small group role-play practice to build their own skills before transferring these skills to the community volunteers.

[6] This internal program review took place between August 21st – Sept 1st 2017, and included interviews with key national-level counterparts, leadership at the provincial health office, facility leadership at the Luang Prabang provincial hospital and the Pak Ou and Nambak district hospitals, and interviews with health providers – both mentors and mentees – in the Luang Prabang provincial hospital and the Pak Ou and Nambak district hospitals. This program review was designed to complement monitoring data while gathering inputs from mentees, mentors, provincial health office staff, MCSP staff and national level stakeholders on areas of strength, improvement and recommendations for future directions.

IR 2: Document program learning to inform MoH and stakeholder efforts to improve MNH care

Documentation and program learning

From the outset, program learning was documented through bi-monthly reports and newsletters which were disseminated nationally in English and Lao. This documentation and learning contributed to the development of a Lao country case study and the implementation guide. In addition, a mentorship pocket book was developed as a job aid for mentors supporting the steps of mentoring, including demonstration, coaching, feedback and action planning.

Quarterly provincial level mentor meetings

Every quarter a provincial level mentor meeting was held with all provincial and district mentors, hospital directors, and provincial leadership. The purpose of these meetings was to share results from last quarter's mentoring visits, for mentors to share their learning and experiences and to develop facility based action plans based on the results. These meetings provided a key opportunity for mentors to advocate and share learning. It also provided a key opportunity to engage leadership as MCSP recognized the importance of regular leadership engagement and ongoing support for mentors.

Mentor led advocacy and national level dissemination

In July 2018, twelve representatives from both Luang Prabang and Sayaboury, including mentors, district and provincial hospital directors, and provincial leadership, led a central level dissemination and sharing meeting on mentorship, entitled *Mentorship Capacity Building: Sustainable Solutions for Lao*. The workshop was a noteworthy example of partner-led advocacy that generated high-level interest in the mentoring approach. Over 70 participants joined from central hospitals, organizations, the pediatric association, OB/GYN society and midwifery association. The meeting was a critical success and there is now interest in integrating mentoring into national level programs, for example, into EENC, as a model of supervision and as a process model for the development of lactation counsellors in a project supported by Alive and Thrive. National EENC trainers recognize their own need for support to further develop their coaching skills and conversations are planned for early 2019 to consider how mentoring can support EENC trainers. In addition, Alive and Thrive plans to develop breastfeeding counsellors and would like to learn from the mentorship approach how to institutionalize this. Furthermore, as mentioned above, UNFPA is keen to use learning from mentorship to advocate with MoH for the initial development of a system of supportive supervision which is currently lacking in Lao.

Development of mentorship educational film and implementation guide

As a training tool, MCSP developed a 12-minute educational film that illustrates the MCSP mentoring approach. The purpose of the film is to provide an easy to use guide for others who would like to introduce a similar mentoring approach. The film was produced as a complementary tool for the implementation manual, which provides a detailed overview of how the program evolved from the first workshop and includes the essential materials, lesson plans, and guidelines as appendices. The purpose of this package is to encourage others to replicate mentoring in other areas or to integrate parts of the approach into their programs.

Other mentorship videos

MCSP developed three mentorship films, each with a different purpose. In addition to the film outlined above, MCSP produced a five-minute introduction to mentorship and the Lao context and why the approach is needed. The third film is approximately 18 minutes long and showcases the development of mentors through the mentor workshop, highlighting the participatory and interactive nature of the training.

Self-monitoring and the development of feasible M&E and data collection methods

District mentors were increasingly taking responsibility to monitor their own colleagues using the clinical and mentoring guidelines. The transition to self-monitoring is encouraging and will be taken further in 2019 as programs beyond MCSP develop a feasible method of data collection using tablets. Currently, mentors use the results generated and shared at mentor meetings for action planning. The program continuously worked on building the mentors' skills in data utilization for quality improvement. During quarterly mentor meetings, results were shared and action plans developed based on the results. This was a starting point for districts to take ownership of data and lead on collection, analysis and use.

Program learning

Although no formal studies were undertaken during the program period, the challenges faced and lessons learned during implementation help to highlight areas of focus for strengthening ongoing mentorship activities, as well as for other programs that integrate mentorship into their capacity building approach. Some of these include:

- **Peer-learning acceptability**: Despite the predominance of hierarchical, traditional teaching methodologies in Lao, the innovative peer-learning mentoring approach has shown promising signs of acceptability both by mentors and mentees. This is a key achievement as it enables continuing professional development and supportive supervision to be institutionalized in the facility rather than waiting for external visits from provincial staff. This is important in the Lao context that is experiencing a shortage of health workers.

- **Integration into the government system and sustainability:** In February 2018, following a planned phase out, the Save the Children Primary Health Care program in Sayaboury (SYB) closed after 24 years of support. However, due to the commitment of the provincial health department director, district hospital directors and the mentors themselves the mentorship approach continues. Mentors continue to mentor their staff and are making visits to mentor health center staff in the health centers. There is an understanding and appreciation of the value of the mentoring approach, which has sustained it beyond SCI funding. SYB participants have continued to join the quarterly mentor meeting in LP with their own sources of funding. They have joined to share their experiences, which is a great example of their commitment. The provincial and district authorities have worked hard to find alternative budgets to ensure that activities can continue. Seven months on this is a promising sign of sustainability within the government system. Building on this example, during the mentor review meetings MCSP encouraged LP province to start to integrate and plan for incorporating mentoring activities incrementally into the government budget.

- **Prioritize leadership engagement**: In facilities with strong leadership support, mentor motivation and availability during quarterly visits was well-established. MCSP prioritized leadership engagement

from the outset of the program, particularly through the facilitation of review meetings that involved both facility and provincial leadership.

- **Recognize that it takes time for new skills to take root and to result in behavior change:** Changes in skills were not seen immediately, and there was variance in progress between quarters. When teaching new skills, mentorship programs must build in sufficient time and develop innovative methods to encourage providers to change old habits, refine their new practices, and establish new standards.

- **Ensure regular practice for skills retention**: Skill retention is an on-going challenge and requires using a combination of capacity building approaches to help ensure that changes take root and continue. Inconsistency in mentee participation also leads to variable skill retention. MCSP actively supported regular skills practice in the facility outside the quarterly program mentorship visits by encouraging mentors to share photos of their activities on the mentors WhatsApp group (see box below) and giving recognition to their independent activities at mentor review meetings. Engagement of hospital leadership has been another important way to encourage regular practice.

- **Recognize challenges with newborn resuscitation using bag and mask**: This skill persisted as a challenge for all health providers that participated in mentorship activities, both mentors and mentees. OSCE pass rates on this skill were inconsistent but improved overall by 10 percentage points. This is one of the hardest OSCE standards to pass because there are more steps than any other standard, and these skills are not practiced routinely during births. Of note, the newborn resuscitation steps of clearing the airway and stimulating the baby have not experienced the same limitations in progress. Methods to improve this skill include dividing the bag and mask ventilation step into two separate steps and encouraging focused practice of this skill in isolation.

- **Target health center midwives**: Results over five quarters of engaging health center midwives indicate that this cadre has been relatively quick to strengthen their skillsets. Many of the midwives at the health center level are at an earlier stage of their career, are more open to change, and are motivated to learn. Programs may be able to strengthen delivery care through targeted approaches that effectively engage this cadre.

- **Ensuring motivation is key:** Overall progress in skills and practices has been achieved, however progress has been inconsistent. District mentees progress most notably has been rather slow and variable. There are many reasons for this including the inability to test the same providers (mentees) each quarter due to their unavailability. A further reason is that district mentees tend to have many years of work experience and perhaps find it more difficult to change behavior. In contrast, the health center midwives showed consistent progress and appear more motivated to learn and improve their skills. Generally, they are a younger group of midwives and have few opportunities for practice or professional development and so they embrace the opportunity that mentorship provides.

- **The roles of incentives and recognition in motivating mentors:** Incentivisation is a complex issue in Lao. The MCSP program provided incentives for mentors when they supported another district by covering travel, accommodation and per diem costs. Health center midwives also received a per diem when they traveled to the district facility. However, incentives were not provided for mentors in their own place of work, in order to ensure that mentoring was fully integrated into the routine work in the facility and to promote sustainability. One of the most effective non-monetary incentives is leadership recognition and praise. With this in mind, MCSP took deliberate steps to ensure recognition at the regular mentor meetings. When considering long-term sustainability, mentors and their expanded role should be formally recognized as part of their job descriptions.

Cross-Cutting and Global Learning Themes

Health Systems Strengthening (HSS)

The integration of MCSP mentoring into Save the Children's PHC program was a critical success factor for the program. Leveraging a well-established platform in health systems strengthening and strong government of Lao partnerships with the provincial health departments in Luang Prabang and Sayaboury enabled mentoring to move forward rapidly under the PHC MoU. Integration within the PHC team also ensured that the approach was comprehensive and supported by other interventions. For example, infection control, provincial and district leadership, and supportive supervision are key priorities under PHC and within mentoring enabling mutually supported benefits.

Community Health

The majority of maternal and newborn deaths occur in the community, and therefore in the final year MCSP developed and designed a community mentoring approach. The approach was designed to equip health center midwives with the skills and confidence they need to mentor and support community volunteers. As part of the broader PHC social behavior change approach volunteers will be mobilized to make household visits to 1,000 day households and also facilitate peer groups. Health center midwives will be pivotal to ensure supportive supervision for the volunteers and to strengthen linkages between the health center and the community. Facility delivery rates remain low in Lao and some health centers may only have five deliveries a year, so developing trust in services and encouraging communities to access ANC and skilled birth attendance is a priority.

Quality

MCSP prioritized quality and focused mentoring on developing skills to provide quality care. Patient experience of care is fundamental and therefore respectful maternal care is a key component of mentoring practice. Mother exit interviews were part of quarterly data collection, which provided an indication of how mothers experienced care in the facility. Overall, key indicators on the midwife introducing herself and permitting clients to have a companion of choice improved. From informal interviews with post-natal mothers, their overall satisfaction with services has also improved.

Innovation

Peer-learning mentoring is an innovative approach in a context such as Lao, which is reliant on traditional didactic and hierarchical pedagogical models. The acceptability of this new approach is very encouraging as in a context with limited health workers it ensures that continuing professional development and supportive supervision can be feasibly implemented.

Measurement and Data Use

Quarterly mentor meetings provided a platform to share results with mentors and facility leadership and to use the results for action planning. Design of a more feasible method of data collection using mobile technology is underway and will be trialed as work continues beyond MCSP at the community level.

A significant success within the program was the initiative mentors showed for self-monitoring of their colleagues. Over the course of the program, mentors demonstrated the ability to use the guidelines and checklists independently to assess their colleagues. The next step will be supporting them to track the data, produce simple graphs to reflect progress, and to use the data for decision-making and action for improvement in their facilities.

Recommendations and Way Forward

The MCSP mentoring program made significant progress in establishing the mentoring approach in Luang Prabang and Sayaboury and achieving recognition of its value at national level. In addition, the first stage of design and development of a community mentoring approach has been initiated. However, much more work is needed to build on these achievements and to move mentoring forward at all levels. Furthermore, there is a need to reflect and re-assess progress and look at areas where gains have been slower and more inconsistent than expected, for example with district level mentees. There is an opportunity to learn from this experience and to explore barriers to progress as well as key factors for success as seen with health center mentees. Advantageously, the gains established under MCSP will continue through the SC PHC program and be expanded with support from other donors. The following recommendations are made for the next phase of mentoring.

National level

- Continue to build the evidence base for mentoring as an effective approach in Luang Prabang and maintain the interest gained following the dissemination workshop in July 2018.
- Establish Luang Prabang as a learning site for other stakeholders to learn about the mentoring approach and how to scale it up, based on experience from the EU-funded and SCI-led SCALING program, which will expand the mentoring program to three new districts in Luang Prabang and three new northern provinces (Phongsaly, Luang Namtha, Huapan).
- Continue to promote the mentorship approach through platforms such as the national RMNCH meetings, and create opportunities for mentors themselves to advocate for this approach.

Provincial and District level

- Continue to empower mentors at provincial and district level by ensuring the continued engagement of leadership and recognition for mentors.
- Continue to build the training skills of district mentors and advocate for mentors to be part of the regular supervision team.
- Seek opportunities to train the provincial supervision team in a mentoring approach to supervision and guide them towards a supportive capacity building approach rather than checklist monitoring.
- Support mentors to continue to self-monitor and train them in understanding and using montoring data for decision making.

Health center and community

- Continue to use a mentoring approach to build the skills of health center midwives to provide care at the time of birth.
- Continue building health center midwives skills and providing opportunities for them to train and support community volunteers in skills needed for household visits, peer group facilitation and key MNH interventions, for example, promoting skin-to-skin, delayed bathing, and awareness of danger signs of both mother and newborn.

Appendix A: PMP

Selected project indicators are summarized below.

Indicator	FY18 Target	Cumulative Performance
Percentage of heath care providers (HCP) who demonstrate at least 7/9 key skills for normal delivery if the baby is not breathing according to OSCE standards.(HCP is defined as Mentee, not including mentors)	Mentor: 80% Mentee: 60%	Mentor (includes trainer mentor) 100% District mentee 56% HC mentee 53%
Percentage of women from randomly selected clinical records that received a uterotonic (oxytocin IM) in the third stage of labor in MCSP-supported areas	90%	100%
Percentage of newborns from randomly selected clinical records placed "skin to skin" immediately after birth for at least **90 min (not 60 min per MCSP indicator)** minutes in targeted facilities	44%	97%
Percentage of deliveries of randomly selected partographs filled in as per protocol at target health facilities	50%	79%
Percentage of newborns from randomly selected clinical records that achieve early initiation of breastfeeding within **90 min** at targeted health facilities	44%	99%
Percentage of target health facilities with appropriate handwashing supplies in the delivery room in MCSP-supported areas	50%	100%
Number of MCSP supported health facilities equipped with MNH anatomical models	15	13 facilities
Number of people trained through MCSP-supported programs (training is defined as a formal workshop training)	15	58 MNH providers as mentors
Number of MCSP supported health facilities with facility QI Action Plans	12	12
Percentage of mentors correctly demonstrating 5/7 key mentoring skills according to mentoring standards	90%	94%
Number of meetings held at provincial/district level to disseminate learning	1 per quarter	yes
Number of learning visits from central level to provincial level within the life of project Definition Learning Visit: site visit from the central level of the MOH to MCSP supported facilities to observe project activities, understand challenges and provide feedback	1	1
Number of provincial level workshops with key stakeholders to share success and lessons learned within the life of project	1	1

Appendix B: Success Story

Photo by: MCSP Midwife and Mentor Khem (right) coaching a health center midwife in the health center in Viengkham district

LOCATION

Viengkham District, Lao

SUMMARY

Mentors join with regular supervision team for on-site health center supervision and skills building. This is an example of how mentoring is integrated into the government system and can be sustainable in the long-term.

A Skills Building Mentoring Approach to Regular Supervision

In Nan district mentors have achieved successful integration of skills building mentoring within the regular government supervision visits. Dr. Phinphone and head of Nan MCH Intavuth –both mentors- joined with the district supervision team to all seven of Nan's health centers.

Traditionally in Lao, regular supervision tends to be focused on document review and using checklists for monitoring, with less focus on skills building. The mentoring team have been advocating for mentors to join the supervision team and health center visits in order to try and integrate skills building and a mentoring approach into the supervision visit. So far, the feedback from mentors who have joined with the supervision teams, has generally been frustration that there is little or no time for skills building practice with the MamaNatalie.

However, Dr. Phinphone and Intavuth were successfully able to integrate skills building mentoring into the supervision visit. Dr. Phinphone described how she creatively found time in the two-day schedule. She followed the routine requirements on the first day of document checking and observation, then after lunch on the second day found one hour to practice with the health center staff using the MamaNatalie before the final feedback session to staff in the afternoon.

In Viengkham two mentors shared the role to cover all eight health centers. Dr. Buala and midwife Khem (both mentors) took four health centers each and joined with the regular supervision team to provide on-site supportive practice and supervision. They took the MamaNatalie and found time after other activities were completed to support skills practice. Other members of the supervision team were very interested.

The on-site health center supervision inclusive of skills practice is a really important activity to strengthen the skills and confidence of health center staff and to improve linkages between the health center and the district hospital. Together with the regular three-monthly skills practice for health center midwives in the district hospital, on-site practice contributes to improved quality care at the first point of contact – the health center.

Dr. Phinpone commented, "The mentoring session was very well received. All staff were able to join and benefited greatly from hands-on learning. Being able to literally, touch, feel and experience using a bag and mask and delivering a baby and the placenta was new for some of them. The staff commented that the experience of learning by doing was very effective."

Appendix C: List of Presentations at International Conferences and Publications

Title	Type	Presenter and venue
Mentorship capacity building	Oral presentation	Helen Catton. MCSP meeting DC. May 2016
Mentorship capacity building	Oral presentation	Helen Catton. National health research forum conference, Savannahkhet, Lao. September 2016
Improvement of partograph through mentorship	Oral Presentation	Dr. Linsaythachone, Annual OB/GYN society conference, Vientiane, May 2017
Respectful maternal care through mentorship	Oral presentation	Helen Catton. Global health congress, Oxford, UK June 2017 (During home visit self-funded)
Mentorship to improve breastfeeding care in Lao	Oral presentation	Helen Catton. Japanese Society for Breastfeeding research conference, Tokyo, Japan. September 2017 (During annual leave self-funded)
Mentorship: a promising approach for in-service professional development and supportive supervision in provincial and district health systems in Lao PDR	Oral presentation	Dr. Linsaythachone Phasavath. National health research forum conference, Vientiane. October 2017
Quarterly hands-on practice for effective capacity building & supportive supervision	Oral presentation	Dr. Linsaythachone Phasavath. Annual OB/GYN society conference, Vientiane, May 2018
Quarterly hands-on practice for effective capacity building & supportive supervision	Oral presentation	Dr. Linsaythachone Phasavath. Midwifery Association inauguration, Vientiane, May 2018
Realist Evaluation of a mentorship approach.	Oral presentation	Helen Catton. Global health congress, Oxford, UK June 2018 (During home visit self-funded)
The first 1,000 days: Methods to improve the early initiation of breastfeeding and breastmilk nutrition to prevent neonatal mortality and stunting in the Lao PDR	Oral presentation	Helen Catton. Japanese Society for Breastfeeding research conference, Tokyo, Japan. September 2018 (During annual leave self-funded)
Mentorship in Lao	Oral presentation as part of mentoring Satellite session	Helen Catton and Dr Keokedthong Phongsavan. Health Systems Research Conference, Liverpool, UK October 2018

Appendix D: List of Materials and Tools Developed or Adapted by the Program

Document Title	Date
Tools /Guidelines /Checklists	
Clinical OSCE guideline for normal delivery and when the baby is not crying (incorporating all EENC components)	February 2016
Mentoring Skills guideline	February 2016
Knowledge test	February 2016
Partograph record (based on national standard)	September 2016
Mother Exit interview (based on EENC simplified)	September 2016
Chart review (based on EENC simplified)	September 2016
Service delivery readiness	September 2016
Action Plan for quality improvement	February 2016
Newsletters and Discussion Documents	
MCSP one page newsletter every two months (17 in total)	March 2016-Oct 2018
Discussion Document (internal) every two months (17 total)	March 2016-Oct 2018
Media	
Mentorship: An educational film (12 mins)	December 2017
Mentoring the mentors- Workshop film (18 mins)	September 2016
Mentoring introduction (5 mins)	March 2018
Final Documentation	
Building Human Capacity through Peer Mentorship in Lao PDR: Case Study	December 2018
Strengthening Health Provider Performance for Maternal Newborn Care in Lao PDR Through a Mentoring Approach: Implementation & Training Guide	December 2018