USAID
FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

MCSP Kenya Program Brief
Human Capacity Development

November 2017

www.mcsprogram.org

Health officers from the government of Kenya, listen in on a consultation in Migori County to ensure best practice is followed. Photo credit: Allan Gichigi/MCSP.

Goal

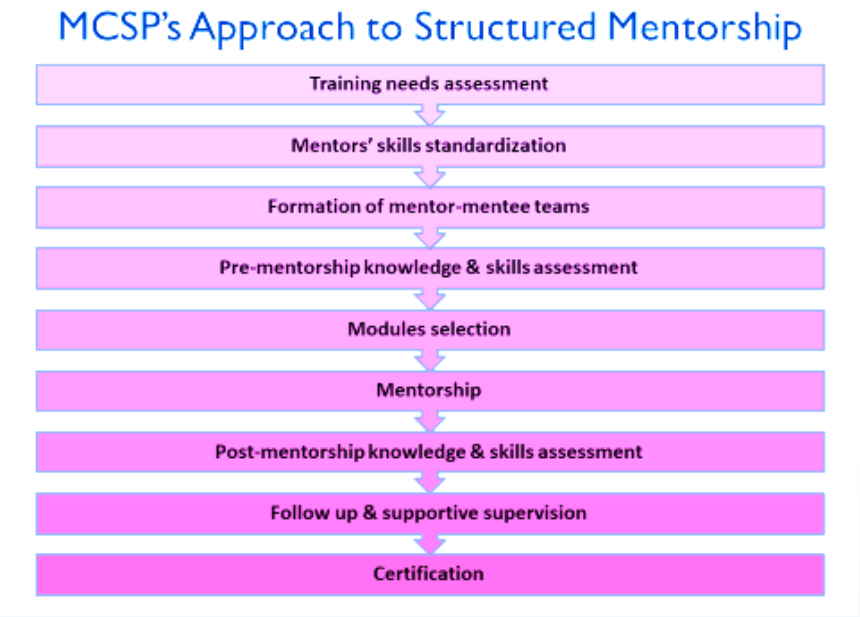
Aligned with the overall Maternal and Child Survival Program's (MCSP) Human Capacity Development (HCD) vision, the MCSP Kenya program aims to ensure ownership of and sustainable access to high-quality reproductive, maternal, newborn, child and adolescent health (RMNCAH), nutrition and water, sanitation and hygiene (WASH) services at the county, facility and community levels.

Program Approaches and Strategies

MCSP Kenya built on experience gained from the MCHIP Program where it was demonstrated that using innovative approaches to capacity building of health care workers, including facility-based methods, reduced absenteeism from place of work and increased time for workers to attend to clients. Strengthening the skills of facility in-charges and developing clinical mentors helped to ensure continued mentorship at facility level. And similarly, onsite orientation of community health volunteers (CHVs) at their respective community units (CUs) reduced their walking distances and overall transport expenses, making their skills building more cost-effective. These HCD approaches were adapted and used across MCSP Kenya's technical areas, including maternal and newborn health, malaria, family planning, immunization, child health, and nutrition. Team-specific examples and approaches can be found in the individual technical area program briefs.

- **Blended learning:** MCSP used a blended approach to develop clinical mentors in which skills and knowledge acquisition was initiated through a group-based activity followed by self-paced, on-the-job training (OJT) until the learner gained proficiency. MCSP Kenya worked with the county and sub-county health management teams (S/CHMTs) to develop a pool of these clinical mentors, primarily made up of S/CHMT members, high performing health care workers, as well as MCSP's own service delivery officers. Mentors were then supported to transfer knowledge to fellow health workers through structured mentorship described below. Blended learning was also used for training health workers in modules that required rapid scale up such as Emergency Obstetric and Newborn Care (EmONC) and Implanon NXT introduction. MCSP strategically limited the use of blended learning because the group-based work would take health workers away from their duty stations.

- **Structured mentorship:** Structured mentorship is a multi-step approach for building clinical skills to ensure the delivery of high-quality RMNCH services. After conducting a pre-mentorship assessment of mentees, trained clinical mentors work with providers via observation or low-dose/high-frequency (LDHF) training. Contrary to one-time group trainings, the LDHF methodology focuses on incrementally introducing and frequently reinforcing training topics. MCSP encouraged mentors to conduct about two mentorship visits each month in which they would train mentees on specific technical skills, commodity management, customer care, reporting, and/or other aspects of the technical area-specific curriculum. Mentors also reinforced this training by reviewing the material during the subsequent mentorship visit. Once mentees have practiced these skills with clients, they were tested for competency via a post-mentorship assessment and enrolled in supportive supervision. This approach had several advantages including: less service disruption; competency based training; immediate access to day to day work realities; customizable to specific needs of the mentees; context specific; paced by mentor-mentee teams; and cost effective.



- **Targeted mentorship:** Targeted mentorship is bottom-up capacity development approach that leverages data to determine specific technical, managerial, and environmental areas requiring mentorship. At the facility and community levels, MCSP worked with the SCHMT, health facilities, and community health

extension workers (CHEWs) to review and analyze RMNCAH, nutrition and WASH data on a monthly basis. This data-driven approach has been a sustainable and cost-effective way for sub-counties, with limited financial and human resources, to ensure healthcare workers are obtaining the appropriate training on RMNCH services.

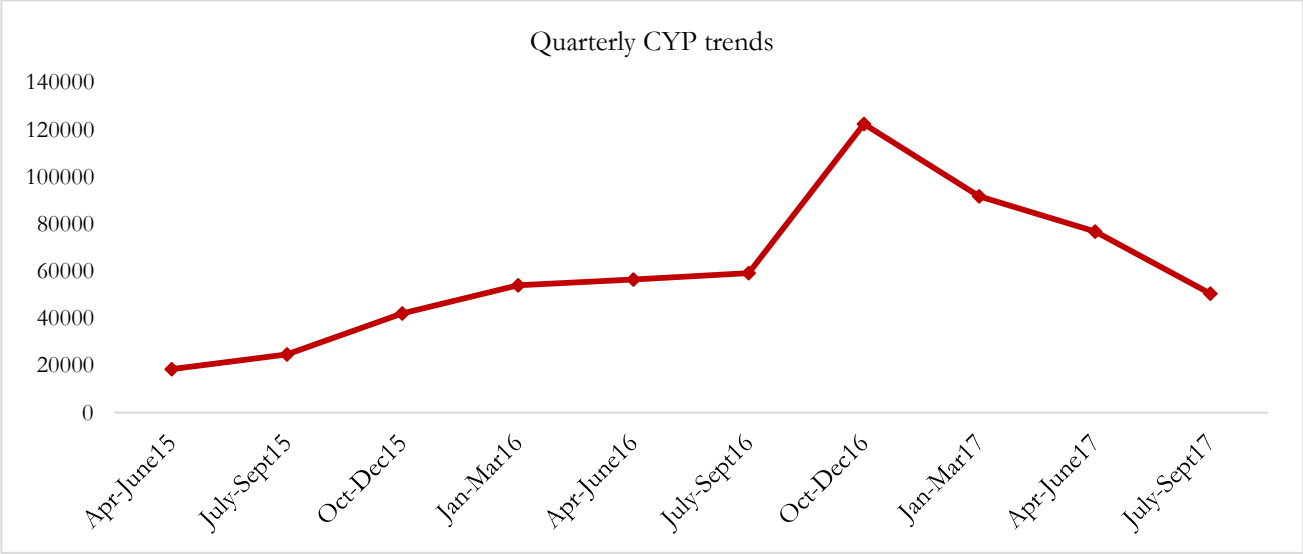
- **Humanistic training approach:** MCSP reinforced capacity building in a humanistic manner by availing simulation models such as MamaNatalies and NeoNatalies to health facilities. Using anatomic models allows health care workers to ensure competency in various skills before working with real clients. By working with these models, health care workers were able to repeatedly practice the sequence of steps or skills as often as needed, several health care workers could practice together, and mentors could conduct training at any time rather than when clients were available. Finally, with humanistic training, clients were not harmed or inconvenienced if mistakes were made during learning.
- **Supportive supervision:** Supportive supervision is included as a supplement to mentorship in order to encourage continuous provision of high-quality RMNCAH, nutrition and WASH service delivery at the community and facility levels. During each supportive supervision visit, sub-county health managers or clinical mentors use the national Data Quality Assessment Tool to assess and immediately address service gaps, particularly among health care workers and community health volunteers. To facilitate effective supportive supervision, MCSP liaises with the national Ministry of Health (MOH) and the global community on key technical updates and shares them with sub-county health managers. MCSP has supported SCHMTs to conduct supportive supervision both for specific technical areas of RMNCAH as well as integrated supportive supervision. Positive findings from integrated supportive supervision included good community-facility linkages and availability of many key commodities.

Key Results and Findings

Results

- In Migori and Kisumu counties, MCSP supported the development of 35 Emergency Obstetric and Newborn Care (EmONC) mentors who provided facility-based training to 673 health care providers from 67 facilities, conducted quarterly supportive supervision, and provided basic equipment and informational materials to ensure they meet the signal functions for EmONC. During the third year of the program, 52,377 women delivered with a fully skilled birth attendant.
- MCSP developed 410 clinical mentors and 527 community health assistant (CHA) trainers to serve as an ongoing resource for MIP in facilities and communities. Working with these mentors, MCSP trained an additional 1,864 health care workers and provided supportive supervision to almost 4,500 providers working in Migori, Kisumu, Bungoma and Homa Bay counties—all high malaria prevalence counties. More than 11,500 community health volunteers, supported by the CHAs, used data to review their progress and re-orient their efforts to sensitize pregnant women to start IPTp early in the second trimester. As a result, IPTp1 uptake increased from 68% in 2015 to 79% in 2017, and IPTp2 uptake increased from 55% to 66% in the same timeframe in our focus counties.
- MCSP identified, trained and supported 82 health workers to become EPI mentors and provide peer-supervision to their colleagues. Each mentor supported 4 facilities with monthly visits on EPI management. These efforts led to increased immunization coverage—in particular, Nyatike sub-county, managed to increase coverage for measles second dose from 8% to 44%.
- Integrated management of childhood illness (IMCI) trainings to over 500 health care workers in Migori and Kisumu led to an overall achievement of 76% correct treatment for diarrhea using oral rehydration solution (ORS) and zinc, and 100% correct treatment of pneumonia using amoxicillin as first-line treatment for children under 5 during the second year of the program.

- Mentorship and supervision at health facilities on multiple areas of nutrition, including BFCI, micronutrient supplementation, maternal infant and young child nutrition (MIYCN), and health information systems led to an increase in the number of facilities correctly able to identify, manage, and treat acute malnutrition from 20 to 80.
- Over 100 mentors were trained to strengthen family planning services on long-acting and reversible contraception (LARC) by giving facility-based training and step-by-step guidance to fellow health care workers. Overall, the trends in couple years protection (CYP) in Migori and Kisumu increased, peaking at 122,500 in the October – December 2016 timeframe.



Findings

- **Well-respected mentors improve the acceptability of new training approaches among health care workers.** Health facility staff have the general perception that formal, off-site trainings are more professional and therefore have more value in building their skills and knowledge. To dispel this perception, MCSP selected sub-county MOH staff and well-respected experts from high-volume facilities to serve as mentors to lend extra credibility to the learning and training activities.
- **Mentorship visits are most effective when they coincide with a high volume of clients.** MCSP and clinical mentors worked with the facilities to schedule mentorship visits when facility staff are not engaged in other partner-related activities and when there is sufficient clientele for mentees to practice their skills while receiving side-by-side coaching from their mentors.

Recommendations

- **Mentorship needs to be accompanied by an adequate health system.** Before implementing mentorship activities, it is valuable for organizations to review the staffing levels, availability of equipment, supplies and guidelines, and the number of available mentors at the target facilities. Proper infrastructure supports effective mentorship, and stakeholders should prioritize first strengthening the landscape if it is inadequate.

  Quarterly meetings between mentors, county managers, and other partners help strengthen the mentorship model. Mentors can use these meetings to provide progress updates, share experiences, and address challenges in implementing mentorship activities. MCSP has also supported mentors and mentees in this capacity via an active WhatsApp group that has helped to troubleshoot challenges and maintain motivation.