

## MCHN ACTIVITY

### NUTRITION MENTORSHIPS LEARNING REPORT

## The use of onsite mentorship to strengthen integration of nutrition in MCH services at healthcare facilities in Kampala: Achievements, Challenges and Lessons Learned

### Introduction

The USAID's Maternal Child health and Nutrition (MCHN) activity is a five-year program designed and funded by USAID/ Uganda to improve maternal, newborn, child health and nutrition outcomes in Uganda through strengthening leadership and governance, rollout of national strategies and programs and coordination and cooperation across stakeholders.

In April 2020, MCHN conducted a Nutrition Service Quality Assessment (NSQA) for healthcare facilities in Kampala. Results show that less than half of service providers had adequate capacity in delivery of nutrition services. The facilities had a heavy client load and limited staffing. The project set out to fast-track integration of nutrition into routine MCH without significant disruptions to service delivery. To do this, we adopted a short-term intensive mentorship approach. Similar approaches have been used widely in enhancing capacity of nurses and other medical professionals around the world<sup>i</sup>.

### The Approach

MCHN hired eleven (11) locum nutrition mentors (8 nutritionists and 3 clinically trained public health specialists) and attached them to 34 healthcare facilities across the five administrative divisions of Kampala City. The mentors visited each facility at least once a week and worked directly with service providers in the out-patient departments, antenatal care clinics, postnatal clinics, young child clinics, acute care clinics, and HIV clinics. Knowledge and skills transfer were done through one-on-one and group sessions (average 3-4 members) over a period of six months, with particular focus on five key nutrition program areas:

- Nutrition Assessment Counselling and Support (NACS)
- Integrated Management of Acute Malnutrition (IMAM)
- Baby Friendly Hospital Initiative (BFHI)
- Nutrition information systems, and
- Food Demonstrations



Figure 2 Group mentorship using the Body Mass Index (BMI) Wheel at Milne Medical Centre



Figure 1 Education on food demonstration at Holy Cross Orthodox Hospital

## Results

Over the six-month period, MCHN reached the following numbers of service providers with capacity building activities for the various program areas: 721 for NACS, 330 for IMAM, 646 for BFHI, and 359 for HMIS.

Performance improved considerably over the six-month period:

- Accurate capture and reporting on required nutrition indicators increased from 46% to 72% between April and September 2021
- The number of children under-five reached with nutrition-specific interventions increased from 75,000 to 102,547 between April and September 2021; and,
- The percentage of children 6-59 months of age who received nutrition assessment and categorization increased from 25% to 58% between April and September 2021



### Nutrition Mentorship's Promising Results from Q3 to Q4

- Nutrition data capture and reporting (%): **46% to 72%**
- Children under 5 years reached with nutrition-specific interventions (no.): **75,000 to 102,547**
- Children 6-59 months received nutrition assessment and categorization (%): **25% to 58%**

Informal discussions with service providers who received mentoring indicate enhanced knowledge, attitude, and motivation around nutrition across all healthcare facility service delivery points.

## Challenges

- It was difficult to identify a convenient time for mentorship due to the health workers' heavy client load. Mentors worked with units as smaller groups of staff, making it easier to find a suitable time for mentorship. In addition, mentors sometimes assisted facility staff in to "clear the line" so they could make time for mentorship sessions.

- Short, frequent engagements with facility staff were more effective than long mentoring sessions. Health workers' productivity waned during long sessions.
- Limited access to managers/healthcare facility in-charges in some private health facilities resulted in delays in securing entry permissions. MCHN worked closely with the Uganda Health Federation to reach facility management and secure their buy-in and approval.
- Some health care workers expressed preference for offsite trainings over on-site mentorship, expecting associated incentives, such as certificates, meals, transport refund, and sometimes per diems. Allocation of Continuing Professional Development (CPD) points, certification or other incentives may contribute to enhanced motivation in the future.

### **Lessons learned**

- On-site mentorship enabled health workers to acquire knowledge and skills amidst their busy schedules and encouraged peer to peer learning
- On-site mentoring enabled a customized approach to accommodate available facility resources, equipment, and space. Mentors can support health workers in identifying and resolving service delivery bottlenecks unique to each site
- The on-site mentorship approach enabled MCHN to reach more health workers with capacity strengthening activities with limited disruption to standard service provision
- Involvement of management is key in the success of onsite mentorship
- Mentorship allows easy and continuous sharing of progress which motivates health workers

**Next Steps:** On-site mentorship is an important element of MCHN's continuous capacity building strategy. In the next quarter, MCHN will assess the impact of nutrition mentorship on nutrition assessment using a quasi-experimental difference-in-difference analysis of DHIS2 data.

**Author contact information:**

**MakSPH**

Doris Kwesiga [dknnkwesiga@gmail.com](mailto:dknnkwesiga@gmail.com)

Joseph Akuze [jakuze@musph.ac.ug](mailto:jakuze@musph.ac.ug)

Kajjo Darius [kjjdarius@gmail.com](mailto:kjjdarius@gmail.com)

Dr. Gertrude Namazzi [namazzi\\_ge@yahoo.co.uk](mailto:namazzi_ge@yahoo.co.uk)

Prof. Peter Waiswa [pwaiswa@musph.ac.ug](mailto:pwaiswa@musph.ac.ug)

**FHI360**

Dr. Hanifa Bachou [HBachou@fhi360.org](mailto:HBachou@fhi360.org)

Prudence Ainomugisha [PAinomugisha@fhi360.org](mailto:PAinomugisha@fhi360.org)

Tobias Stillman [TStillman@fhi360.org](mailto:TStillman@fhi360.org)

Sharon Tsui [STsui@fhi360.org](mailto:STsui@fhi360.org)

Dr. Nathan Tumwesigye [Ntumwesigye@fhi360.org](mailto:Ntumwesigye@fhi360.org)

MCHN Project Contact Information

FHI 360 Uganda

Plot 15 Kitante Close PO Box 5768

Kampala, Uganda

Telephone: +256.312.266.406

Fax: +256.312.266.407

[Uganda.mchn@fhi360.org](mailto:Uganda.mchn@fhi360.org)

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under terms of Cooperative Agreement: 72061720CA0001 through the USAID MCHN Activity, managed by FHI 360. The contents of this brief are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States

<sup>i</sup> Mullen CA, Klimaitis CC. Defining mentoring: a literature review of issues, types, and applications. Ann N Y Acad Sci. 2021 Jan;1483(1):19-35. doi: 10.1111/nyas.14176. Epub 2019 Jul 16. PMID: 31309580.

USAID Maternal and Child Health Nutrition (MCHN) Activity

