AUGUST 2021

POLICY BRIEF

STRENGTHENING CATCHMENT BASED CLINICAL MENTORING IN ETHIOPIA

In close coordination with regional health bureaus and other partners, Maternity Foundation (MF) has implemented various mentoring programmes for midwives to support them to deliver high quality care to pregnant women, mothers and newborns. Amongst these is Catchment-based clinical mentoring (CBCM), which is an approach developed and promoted by the Government of Ethiopia and set out in the CBCM Facilitator Guide and Participant manual ('the Manual') that seeks to improve the quality of RMNCH services through skill and knowledge transfer, which is particularly important in resource constrained settings.

This brief reflects on Maternity Foundation's experiences implementing CBCM and other mentorship programmes and shares lessons learned and makes recommendations for further refinement of the Guidelines and associated CBCM manual and their implementation.

While the Guide and Manual provide a strong framework to support the development and delivery of CBCM programmes in Ethiopia, they currently give implementers quite wide scope for interpretation, resulting in midwives in different regions being offered training opportunities that vary in terms of scope and quality. To ensure that midwives throughout Ethiopia have access to the same CBCM opportunities, Maternity Foundation provides a set of recommendations in relation to the Guidelines.

Summary of recommendations

Add an annex with a catalogue of simulation drills to the CBCM manual to ensure that all implementing partners draw from the same set of simulation exercises and that midwives are trained in a similar way. Maternity Foundation (MF) has developed a catalogue of exercises that could be adapted for this purpose.

Create a dedicated learning space for mentoring with mannequins at facilities to ensure that simulation exercises can be conducted using mannikins with limited disturbances.

Enable peer-based learning through peer-to-peer mentorship and sharing via WhatsApp or Telegram. Currently the Guidelines do not specify any peer-to-peer learning pathways. MF found that WhatsApp or Telegram groups are useful to motivate mentees between mentoring sessions and they contribute to creating a community of practice that lasts beyond the duration of the mentorship.

Initiate self-directed learning via the Safe Delivery App MyLearning universe. The current guidelines introduce the SDA, but MF has observed that not all partners feel capacitated to use the SDA in trainings. A PowerPoint presentation and video material introducing the SDA can be developed by MF to be added to the Guideline annexes.

Introduction

Ethiopia has made significant progress in improving maternal and newborn health in the past decades. The maternal mortality rate decreased from 871 per 100,000 live births in 2000 to 416 in 2016. Neonatal mortality has also improved significantly over the years, from 49 in 2000 to 29 in 2016. Despite impressive progress and a rapidly growing cadre of skilled health care professionals, further improvements are needed. An assessment of provider knowledge for maternal and newborn health and Emergency Obstetric and Neonatal Care conducted in 2016 identified significant variations in care providers' knowledge levels. The midwives scored 90% on the steps of active management of third stage of labour, but only around half the midwives and on-third of nurses knew how to provide a loading dose of magnesium sulphate (Zemedu et al., 2019).

To strengthen the skills and knowledge of midwives, in 2018, the Government of Ethiopia introduced the national in-service training directive and implementation guide for the health sector. Catchment based clinical mentoring (CBCM) is seen as a core part of In-Service Training for midwives in Ethiopia.

Specific guidelines, known as the CBCM Facilitator Guide and CBCM Participant Manual (referred to as 'the Guidelines') for its implementation have been developed by MoH with support from the Technical Working Group. The CBCM guidelines note that practising skills in a controlled or simulated environment are essential for skill acquisition. Simulation-Based Learning (SLB) offers a method that supports learning through immersion in a scenario, includes reflection, debriefing, and application, and is used to develop, maintain, and improve skills.

Maternity Foundations' experience implementing mentorship programmes

Since 2016, Maternity Foundation ('MF') has implemented a range of mentoring project, including CBCM projects in the Somali, Afar, Addis Ababa and Oromia regions. Through these, MF working together with regional health bureaus and other partners, has trained more than 70 mentors and 300 mentees.

MF's approach to CBCM programs always begins with an intensive multi-day training of the selected mentors which includes knowledge and skills tests to ensure they have a satisfactory competency level before mentoring begins. Mentors are selected from catchment hospitals or facilities to mentor staff in catchment health centers as per the mentoring guidelines. The number of facilities each mentor covers vary depending on the project. The mentors visit the mentee facilities approximately once per month, Monday-Friday, throughout the programme, which lasts 3-12 months. The mentoring visits include identification of needs, coaching and simulation exercises and development action plans.

During the first mentoring visits an assessment is conducted to identify mentee knowledge and skills gaps. This baseline assessment also allows for tracking of progress over the course of the mentoring. Action plans for each mentee are develop based on the baseline assessment and identified needs. At the end of the mentoring period an endline assessment is conducted and progress reported. In some cases, a follow-up assessment six months later has also been conducted in some projects.

Clinical simulation exercises and repeated practice for improved skills acquisition

Clinical simulations mimic aspects of real-life situations requiring clinical care and offer students and practitioners an opportunity to practice skills and clinical decision-making in a safe environment (Cook et al., 2011). Simulation exercises and practical drills have been gaining increased traction because of the learning advantages of the didactic approach. The benefits of simulation exercises include improved practical skills compared to passive learning, improvements in knowledge and higher ability to transfer skills to clinical situations. As explained by Lendahls & Oscarsson: "Simulation- and skills training support the development of midwifery skills. It creates links between theory and practice, which facilitates students' learning ability. Training needs to include reflections and critical thinking to develop their learning. The lecturer has an important role in encouraging reflection time and creating a safe environment during the skills and simulation training." (Lendahls & Oscarsson, 2017).

Furthermore, simulation exercises allow midwives to practise their communications skills, which is a critical component of Quality of Care identified in the WHO Quality Care Framework for maternal and newborn health (Tunçalp et al., 2015). JHPIEGO has identified a set of techniques that are likely to lead to better learning outcomes, including *"interactive, practice-heavy techniques, such as clinical simulation, case-based learning, hands-on practice with anatomic models, and immediate feedback on performance."* Repeated practice and workplace learning are also found to be likely to be superior for skills acquisition (JHPIEGO, LDHF Brief, 2013).

MF always integrates the Safe Delivery App into mentorship programmes to support the mentees' learning journey between mentoring sessions. The Safe Delivery App is a proven tool for knowledge strengthening (Lund et al., 2016). The MyLearning platform in the App allows learners to continue to build and test their knowledge in their own time and eventually receive a certificate if they pass the certification exam.

Generally, across facilities, knowledge, confidence, and skills improve as a result of the mentoring. We have repeatedly observed higher skills improvements than knowledge improvements, likely explained by the focus on practical skills in the mentoring activities. In some facilities mentees have reached a level of competency that has allowed some of them to progress to be mentors themselves, which eases the further expansion of the CBCM programme.

An independent end-evaluation issued by UNFPA in respect of the Somali region project highlighted the increased coverage of all basic components of sexual and reproductive health in participating mentorship programme facilities.

The evaluation also pointed to secondary positive results such as increased demand for services in the health facilities due to improved competency of staff. In addition to the demonstrated measurable impact of participation in the CBCM programme in terms of skills and knowledge, participants also shared positive feedback about their experiences, some examples of which are included below.

Feedback from participants

"MF is well organised and the mentors support us a lot. They are staying with us here for 5 days in a month and give us training based on our needs on real clients, using Models and scenarios. We are changed" (Mentees during FDG discussion at Millie HC)

"If you compare the HCs (health centers) near to us really the difference is big and visible. We are giving quality of care. Now the community from other HCs catchment area are coming to us. The case flow now is very high. Because the community now has the information that our quality [of service] after MF has improved. The community is also happy because now we are confident and are not referring many cases as we used to do. They are happy because they do not want to go to hospitals. I strongly recommend MF have to support other HCs too." (Mentee from El-Bhay HC)

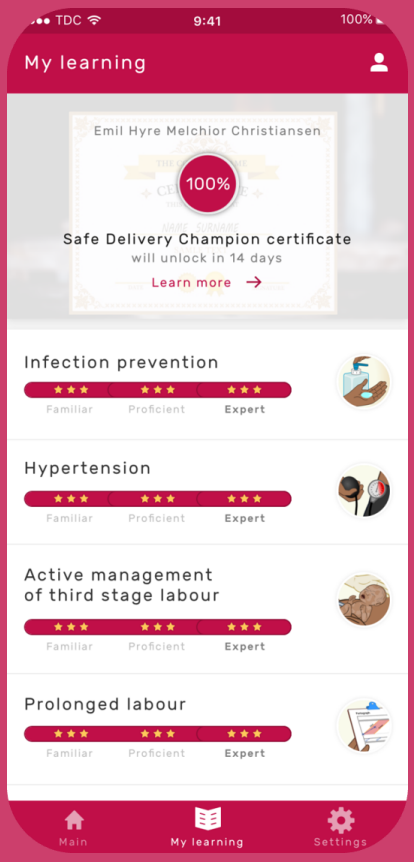
THE SAFE DELIVERY APP **MYLEARNING**

The Safe Delivery App (SDA) contains information on the latest WHO and national clinical guidelines on Basic Emergency Obstetrics and Newborn Care (BEmONC). The App includes animated clinical instruction films and reference materials.

MyLearning is a self-directed learning universe in the App where users can test their knowledge in the clinical content of the App. For each clinical content a three-staged test will take the learners through the levels familiar, proficient and expert. MyLearning is easy to integrate into the mentoring approach specific knowledge gaps can be addressed through targeted review and quizzing using the Safe Delivery App modules and MyLearning sections.

Safe Delivery Champion: Upon achieving expert level in all clinical modules the case-based certification exam is unlocked. If the learner achieves the passing grade, she/he will receive the Safe Delivery Champion certificate.

Accreditation and recognition: becoming a Safe Delivery Champion requires a substantial effort by the learner as the learner must pass the three levels in each module before the case-based certification exam is unlocked. The effort made by midwives to maintain critical clinical knowledge is recognized by midwifery associations and other accreditation institutes in some partner countries. For example, in Namibia, the Safe Delivery Champion certificate is shared with the midwifery association when a learner achieves the certification. The flexibility of the Safe Delivery App allows for custom certificate to be developed and shared with the relevant stakeholders upon completion. Maternity Foundation can also provide access to a tracking dashboard where users' progress towards certification can be monitored.



In Ethiopia Maternity Foundation is working with the Ethiopian Midwife Association to accredit Safe Delivery Champions with Continuous Professional Development points. Similar work is underway in India and is already established in Cambodia.

Lessons learned and recommendations

Outlined below are some of the key lessons learned by MF during implementation of the CBCM programmes and associated recommendations for both the Government of Ethiopia in respect to updating the Guidelines and other organisations that are planning to implement CBCM programmes for midwives.

More guidance is needed in the Manual on how to implement simulation-based learning.

In our experience, the Manual could be strengthened from the addition of a catalogue of simulation exercises that mentors could select from for midwives to complete. In the absence of this guidance, MF developed a set of exercises using mannequins for the management of obstetric emergencies which it has implemented and tested and which may prove useful to other implementers and could be adapted as an annex to the manual. Additional exercises covering family planning and abortion care could also be added.

Recommendation: Update the Manual to include a catalogue of simulation exercises.

A designated space within facilities and availability of mannequins where possible can help facilitate mentoring and learning.

Maternity Foundation observed that having a designated area for mentoring was beneficial to the mentees. A designated space, such as for example corner in the head nurse's office, helped minimize disturbances and encourage mentees to feel comfortable conducting the drills and making mistakes. Simulation exercises using mannequins are a great way to practice skills and ensures continuous practice facilities with low case flow.

Recommendation: Within facilities and where space allows, implementers should try to establish a mentorship corner or separated space with mannequins (i.e. NeoNatalie or MamaNatalie).

Peer-based learning should be made a standard component of CBCM programmes to build communities of practice.

MF found that there were few opportunities for mentees to stay connected and engaged with the program between mentoring visits. As such, MF started setting up mentees in WhatsApp or Telegram groups to encourage mentees to engage with each other in between mentoring sessions. This helped mentees to stay motivated and encouraged relationship building, as well as fostering a sense of team spirit. In the Somali region a WhatsApp group was set up for the mentees in the and it remains active several months after the mentoring ended. MF staff and mentors check in once in a while and encourage participants to continue MyLearning and clarify any questions.

Recommendation: Implementers should encourage peer-to-peer mentorship (e.g. through WhatsApp groups) to support continued practice in between mentor visits.

Strengthen Integration of the Safe Delivery App MyLearning platform into the Manuals to support continued self-directed learning between mentor visits.

The Safe Delivery App can be integrated into the mentees' learning plans and support the learning in between mentor visits. Feedback from mentees highlight that they appreciate the opportunity to revise specific content at their own time. MF has observed, that not all partners feel capacitated to introduce the Safe Delivery App in mentor trainings and acknowledge that additional support might be needed. MF can provide an introductory presentation and videos to support other implementing partners in using the Safe Delivery App during mentoring.

Recommendation: add an annex to the Guidelines with detailed introduction to the Safe Delivery App and video demonstration of usage.

Lessons learned for strong implementation

Over various rounds of implementing CBCM projects MF has gradually found ways to improve the way we work with partners and within the organisations. We share some observations and lessons learned that might be relevant for other implementing organisations.

Cascading existing or previous efforts eases implementation. Working in the same area for several mentoring projects facilitates the expansion of the CBCM mentoring. MF has established good working relations with health system leaders at various levels and good communication ways are already in place. Strong preexisting partnerships have helped start new projects faster after securing funding.

Continuous work in the same areas also provided opportunities for former mentees who had reached a satisfactory level of competency to progress to becoming mentors in some cases.

Regular revision meeting facilitate relationship building, trouble shooting and improves referrals: conducting regular review meetings with health centre heads, hospital heads, and regional health bureau heads facilitate discussions on referrals and help overcome challenges.

Next steps

Maternity Foundation will continue to collaborate with the Government of Ethiopia, UNICEF, UNFPA and other partners to expand catchment-based mentorship programmes. Based on recommendations provided by an independent evaluator, Maternity Foundation continues to work in close collaboration with key stakeholders in the regions where we work. This aims to capitalise on existing initiatives and maximise cross-project learning. Furthermore, building on existing initiatives can allow for cascading the mentorship approach efficiently.

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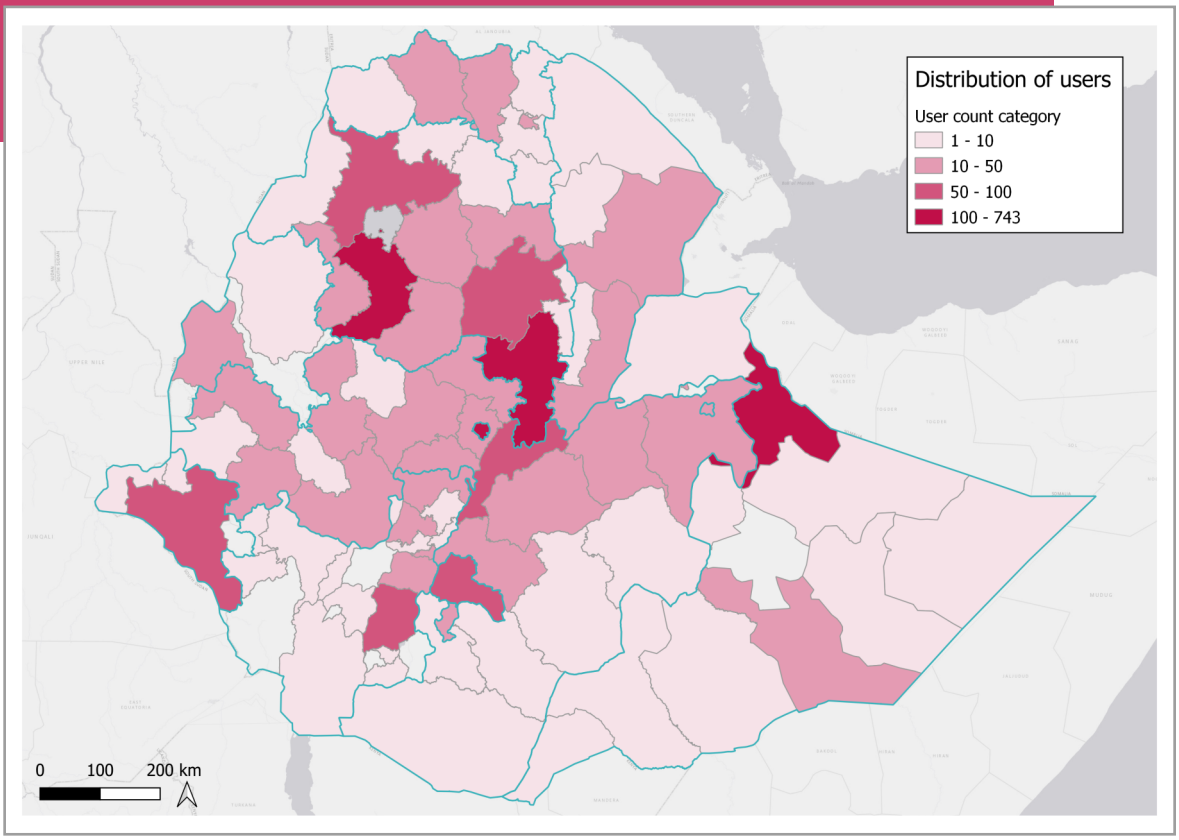
Safe Delivery App Usage in Ethiopia

The Safe Delivery App has been downloaded more than 4,000 times in Ethiopia and Maternity Foundation staff has distributed the SDA via APK files to more than 3,000 tablets and mobile phones.

Many users only use the SDA offline; around 4,600 have been online as of Oct 2021. Of these, some have enabled GPS tracking. The map below illustrates the distribution of online users who allowed GPS tracking 2019-Oct 2021.



The map illustrates users from 2019-Oct 15 2021 who have allowed the SDA to capture GPS coordinates.