

# Strengthening Breastfeeding Counseling Competencies

## The Design of a Facility-Based Mentorship Program in Kenya

### Introduction

Effective approaches to improve breastfeeding, including interventions such as counseling, are critical for empowering and enabling mothers to successfully initiate and continue breastfeeding, and address breastfeeding difficulties. Skilled breastfeeding counseling can help to improve breastfeeding practices and increase exclusive breastfeeding among children under six months (Kavle et al. 2017). A review by Haroon et al. (2013) demonstrated that breastfeeding counseling results in a 90 percent increase in rates of exclusive breastfeeding in infants aged 0–5 months. The World Health Organization (WHO) *Guideline: Counselling of Women to Improve Breastfeeding Practices* (2018) recommends all pregnant women and mothers with young children receive breastfeeding counseling at least six times from the antenatal period through age two.

Effective breastfeeding counseling relies on health workers possessing strong skills. A lack of necessary skills, in addition to other factors such as inadequate time, can prevent health workers from properly preparing and supporting mothers to breastfeed, and from anticipating breastfeeding challenges (WHO 2018). Step 2 of the *Baby-Friendly Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding* (the Ten Steps) highlights the importance of ensuring staff have sufficient knowledge, competence, and skill to support breastfeeding (WHO and UNICEF 2018). The *BFHI Training Course for Maternity Staff* (the BFHI training course) equips health workers with the knowledge and skills to protect, promote, and support breastfeeding and understand the importance of the Ten Steps and translate them into practice (WHO and UNICEF 2020a). In addition, WHO and UNICEF developed the *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative* (2020b) to assist countries to link breastfeeding competencies to clinical practice.



Photo credit: Allan Gichigi/MCSP

### Problem Statement

The Ministry of Health (MoH) in Kenya has prioritized strengthening the competencies of health workers to provide quality breastfeeding counseling for improving breastfeeding rates. A mentorship program to strengthen breastfeeding counseling competencies is one approach for improving the quality of breastfeeding counseling and support. Given the significant evidence demonstrating the effectiveness of mentorship programs to strengthen competencies and improve the quality of health services, this should ultimately enhance breastfeeding practices.

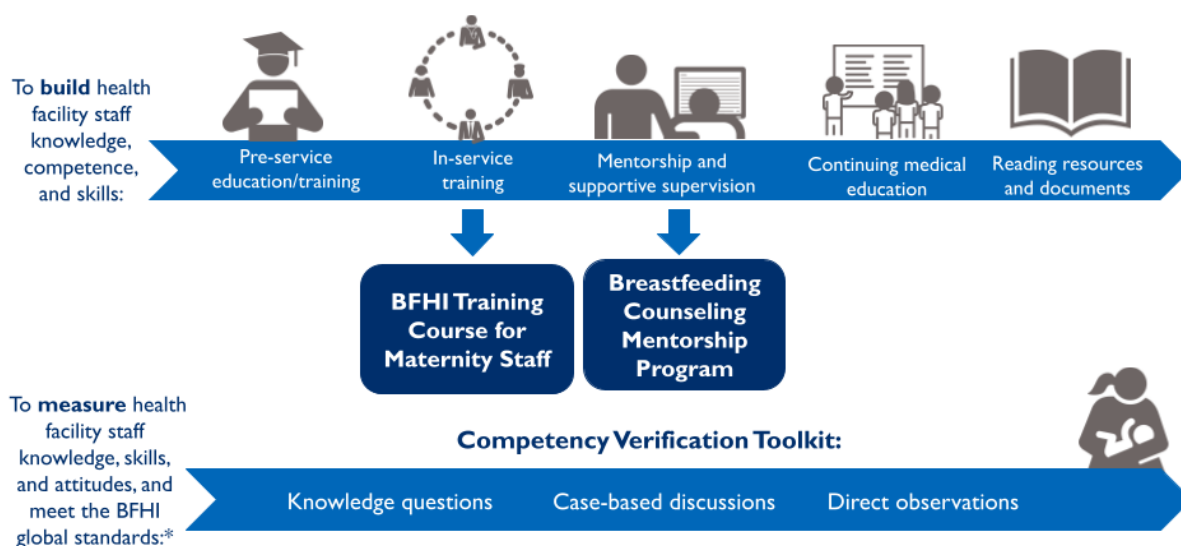
Despite these efforts to ensure health workers have the skills needed to provide proper breastfeeding counseling and support to mothers, health workers may struggle to maintain and apply these skills in daily practice without continual support. The Kenya Ministry of Health Division of Family Health, Wellness, and Nutrition; implementing partners in Kenya; and USAID Advancing Nutrition co-created a breastfeeding counseling mentorship program to reinforce and build the competencies required by health workers to implement the Ten Steps at health facilities offering maternal and newborn services. Together with these stakeholders, we are testing the feasibility of the mentorship program through implementation research as a potential approach to sustainably strengthen health worker breastfeeding counseling competencies in Kenya. Results are expected by the end of 2023 and will inform decisions around the potential of the program to support the implementation of step 2 of the Ten Steps in Kenya.

**Figure 1. Relationship Among the BFHI Ten Steps, BFHI Training Course, Competency Verification Toolkit, and the Breastfeeding Counseling Mentorship Program to Build and Measure Staff Competencies**

## BFHI Ten Steps to Successful Breastfeeding

**Step 2. Staff competency:** Ensure that staff have sufficient knowledge, competence, and skills to support breastfeeding

**Recommendation 13:** Health facility staff who provide infant feeding services, including breastfeeding support, should have sufficient **knowledge, competence, and skills** to support women to breastfeed (WHO 2017).



\*The global standards for step 2 are at least 80 percent of health professionals who provide antenatal, delivery, and/or newborn care: (1) report they have received pre-service or in-service training on breastfeeding during the previous two years; (2) report receiving competency assessments in breastfeeding in the previous two years; and (3) are able to correctly answer three out of four questions on breastfeeding knowledge and skills to support breastfeeding (WHO and UNICEF 2018).

## Breastfeeding Counseling and Practices in Kenya

In Kenya, only 60 percent of children under six months were exclusively breastfed in 2022; this remains largely unchanged since 2014 (KNBS and ICF 2023; KNBS et al. 2015). Recognizing that improvements in maternal, infant, and young child nutrition (MIYCN) are a national priority, the *Kenya Maternal, Infant, and Young Child Nutrition Strategy 2021–2026* seeks to strengthen and scale up care practices and

services for improved MIYCN, including implementation of the BFHI; skilled breastfeeding counseling; and strengthening capacity of health workers through in-service and pre-service training, mentorship, on-the-job training, and continuing education (Kenya MoH 2021). Notably, Kenya's strategy includes several key performance indicators that measure activities to improve exclusive breastfeeding, including ensuring that 40 percent of mothers and families receive skilled breastfeeding counseling in health facilities and in the community by 2026 (Kenya MoH 2021). Beginning in 2022, Kenya contextualized the BFHI training course, and in 2023, stakeholders are developing facility implementation guidance for BFHI.

## Selecting an Intervention to Strengthen Skilled Breastfeeding Counseling Competencies of Health Workers

In November 2021, stakeholders from several divisions of the Kenya MoH, including nutrition, neonatal and child health, and adolescent health, along with nongovernmental organizations and donor agencies, engaged in a co-creation workshop to identify an approach for strengthening breastfeeding counseling competencies of health workers to address the challenges to improving breastfeeding counseling in Kenya. Stakeholders selected a breastfeeding counseling mentorship program for the following reasons:

- The Kenya-contextualized three-day BFHI training course is an important starting place for strengthening skills, but practitioners tend to lose skills quickly after the training and struggle to integrate the new skills with the demands of daily life in the facility. Training and refresher training for clinical staff is challenging to schedule, since it demands significant time away from patients and potentially interrupts patient flow.
- Mentorship is a key approach for improving breastfeeding counseling practices as indicated by the *Kenya Maternal, Infant, and Young Child Nutrition Strategy 2021–2026* for the delivery of quality MIYCN services, demonstrating country investment and commitment in the approach (Kenya MoH 2021).
- There are currently no structured supervision or mentorship programs to support health workers providing breastfeeding counseling in Kenya.

Box 1 describes additional evidence in support of mentorship as a capacity strengthening approach to strengthen competencies.

During a second workshop held in Kenya in June 2022, stakeholders designed the structure (e.g., level of facility and cadre of health workers) and technical focus for the breastfeeding counseling mentorship program. Participants included representatives from county-level departments of health and practitioners from health facilities, as well as national MIYCN master trainers, most of whom are nurses and nutritionists who lead the facilitation of several training packages country-wide, including Essential Newborn Care and Emergency Obstetrics and Neonatal Care. They agreed on the following approach for the mentorship program—

- facility-based structure, meaning that the mentor and mentee are based at the same facility
- points of care to prioritize (i.e., newborn unit, antenatal care clinic, maternity unit)
- priority competencies and performance indicators
- program structure, including ratio of mentor to mentees; types of mentoring approaches; and guidance on how to consider age, gender, and culture in the program implementation
- competencies and qualifications of mentors and mentees

- how to select mentors and mentees, match them to each other, and graduate mentees.

### Box 1. The Case for Mentorship

Mentorship involves engaging an experienced, highly-regarded, empathetic person (the mentor) to guide another individual (the mentee) in the development and re-examination of his or her own ideas, learning, and personal and professional development (SCOPME 1998). Mentorship has been found to favorably influence mentee attitudes, interpersonal relations, and motivation (Eby et al. 2008). One study found mentoring to positively affect nurses' perceptions of organizational culture, beliefs, and implementation around evidence-based practice, and overall job satisfaction (Wallen et al. 2010). There is significant evidence to demonstrate improvement in the quality of maternal, neonatal, and child healthcare because of a mentorship intervention, including improvement in self-reported knowledge and perceptions (Manzi et al. 2014), increase in correct actions taken by auxiliary-nurse midwives to manage deliveries (Rao et al. 2019), and improvement in the complete assessment of danger signs conducted by nurses during antenatal care visits (Manzi, Nyirazinyoye et al. 2018b). Mentorship provides a flexible teaching and learning process to address on-the-job challenges that affect a range of facility-based health workers. In resource-constrained settings where the application of clinical skills constitutes a major challenge, mentoring could be an effective model to improve the quality of care. However, often clinicians believe mentorship programs are informal, low-cost solutions to address the shortcomings of in-service training, but mentorship programs do carry costs. Mentorship program models that involve mentors traveling to a health facility where they are not based to provide mentorship (e.g., a nurse who works at a national teaching hospital and travels to a rural hospital in another district to mentor) are often more resource intensive than mentorship programs that leverage in-house staff as mentors. But even in-house mentorship programs require significant resources, such as staff time and salaries, costs to print program forms and tools, and space to conduct meetings. Some evidence exists on the cost-effectiveness of mentorship programs (Manzi, Mugunga et al. 2018a), but more studies are needed to demonstrate this.

## A Breastfeeding Counseling Mentorship Program Package for Kenya Aligned with Global Guidance

### Development of Implementation Guidance for Breastfeeding Counseling Mentorship

The Kenya MoH, USAID Advancing Nutrition, and a technical task team in Kenya made up of several of the stakeholders who participated in the mentorship program design workshop, including government staff (both national- and county-level), health workers, and MIYCN master trainers, developed *Breastfeeding Counseling in Kenya: Guidance for Implementation of the Mentorship Program* (Kenya MoH 2022a) through an iterative co-creation process that ensured the guidance aligned with the workshop outputs. In addition to the implementation guidance, stakeholders developed a *Core Concepts in Mentorship Training* course (Kenya MoH 2022b) to prepare mentors for their role. Topics include principles of mentorship; relationship building; effective communication and feedback skills; clinical teaching skills; a review of counseling skills, job aids, and checklists from the BFHI training course for assessing mentee competencies; and the breastfeeding counseling mentorship program design and implementation overview.

By December 2022, draft implementation guidance and mentor training were ready to test in Kenya.

### Breastfeeding Counseling in Kenya: Guidance for Implementation of the Mentorship Program

The goal of the mentorship program is to improve the quality of breastfeeding counseling provided by health workers, helping to ensure that mothers receive skilled breastfeeding counseling during antenatal, postnatal, neonatal, and pediatric points of care to support early initiation and exclusive breastfeeding, as part of the national BFHI program. The specific objectives of the mentorship program are to—

- Reinforce and strengthen 7 of the 16 competencies covered in the BFHI training course for mentees of the program (box 2).
- Support mentees to apply skills learned in the BFHI training course during counseling sessions with clients.
- Cultivate a skilled team of on-site mentors who can champion and support quality breastfeeding counseling and serve as a resource for health workers.

## Box 2. Priority Competencies\* for the Breastfeeding Counseling Mentorship Program

### Counseling/Foundational Competency

3. Use listening and learning skills whenever engaging in a conversation with a mother (Steps 3 to 10).

### Breastfeeding Competencies

5. Engage in antenatal conversation about breastfeeding (Steps 3 and 4).
7. Facilitate breastfeeding within the first hour, according to cues (Step 4).
8. Discuss with a mother how breastfeeding works (Steps 5 and 8).
9. Assist mother getting her baby to attach to the breast (Steps 5, 8, and 9).
10. Help a mother to breastfeed a small or sick baby (Step 5).
16. Ensure seamless transition after discharge (Step 10).

\*Competency numbering comes from the BFHI training course (WHO and UNICEF 2020a). The corresponding BFHI step is in parentheses.

The *Guidance for Implementation of the Mentorship Program* includes a framework of 12 actions to implement the mentorship program at a facility level, embedded among the key steps needed for scaling up the BFHI (box 3).



Photo credit: Allan Gichigi/MCSP



### **Box 3. Implementation Framework for the Breastfeeding Counseling Mentorship Program at a Health Facility**

1. Establish the program structure at the health facility and ensure the facility has appointed a BFHI Facility Implementation Team.
2. Conduct a baseline facility assessment.
3. Identify the service delivery points/areas for implementation of the mentorship program.
4. Select facility mentors based on pre-defined criteria and qualifications.
5. Plan and conduct the BFHI training course and Core Concepts in Mentorship Training.
6. Select mentees based on pre-defined criteria and qualifications.
7. Choose the most appropriate structures for mentoring.
8. Assign mentors to mentees.
9. Orient the mentors and mentees on the mentorship program.
10. Conduct mentoring and assess competencies of mentees.
11. Ensure oversight of the mentorship program.
12. Assess for achievement of graduation criteria.

Since the design of the mentorship program allows for participating staff to deliver it at one or more facility points of care—the antenatal care clinic, child welfare clinic, postnatal care unit, and/or newborn care unit—implementers should choose their focus at the start of the program. Facilities select mentors and mentees from among the health workers (e.g., nurses, midwives, nutritionists, clinical officers) working in the chosen facility point(s) of care and must meet minimum requirements. Mentors are assigned mentees based on several considerations, such as pairing health workers with the same clinical background (i.e., nurse mentors with nurse mentees). To enable trainers to adapt the material to the various staffing levels and sizes of facilities in Kenya, there is no one-size-fits-all mentor-to-mentee ratio described in the guidance. Rather, there are considerations provided for identifying the best ratio and approach. The guidance includes three mentoring approaches: one-to-one mentoring, mentor-led small group, and peer-led group mentoring. In general—

- One-to-one mentoring allows for the mentor to tailor their support to the specific needs and goals of the mentee.
- Mentor-led small groups can be useful in situations where mentees are working to strengthen the same competency and face similar challenges. This approach also helps to maximize the mentor’s time.
- Peer-led groups can be useful to complement other mentoring approaches and help to create a support system among the mentees. This type of model can help to create sustainability over time, but without an expert overseeing the group there are some risks to the quality.

The guidance provides examples for how to combine mentoring approaches, allowing flexibility in the program design that best fits the resources at a given facility. Regardless of the approach(es) chosen, mentors and mentees should meet on a weekly basis for mentoring. Participants document mentoring observations using tools to assess competencies (see below) as well as using reporting forms to measure and monitor the program.

## Putting Global Tools into Practice

The mentorship program framework incorporates global BFHI materials and tools, including those from the BFHI training course and from the *Competency Verification Toolkit*, for use during mentoring meetings.

### Adaptations and Uses of the BFHI Training Course in the Implementation of the Breastfeeding Counseling Mentorship Program

The [BFHI training course](#) is a foundation for the breastfeeding counseling mentorship program. The implementation guidance recommends that the facility conducts the course at the start of the mentorship program, and at least every two years, or more frequently if time and resources allow.

Participants also use several tools from the course during mentoring meetings (box 4):

- Mentees use the Job Aid: Breastfeeding Session Observation when conducting a counseling session in the postnatal care unit, newborn care unit, or child welfare clinic. The checklist helps the mentee remember what to observe when assessing a breastfeed.
- Mentees use the Job Aid: Antenatal Checklist—Infant Feeding when conducting counseling sessions in the antenatal care clinic. The checklist helps the mentee remember what topics to discuss with a pregnant woman.
- Mentors use the Checklist: Clinical Practice Discussion, adapted from the clinical practice discussion checklist in the training course, to structure the debrief between the mentor and mentee after the mentor has observed a counseling session.
- Mentees use the Mentee Self Evaluation Form, adapted from the course evaluation form for participants and trainers, to reflect on their confidence in applying knowledge and skills learned during the training course when providing breastfeeding counseling. They can use it when setting their goals for the mentorship program.

### Adaptations and Uses of the *Competency Verification Toolkit* in the Implementation of the Breastfeeding Counseling Mentorship Program

The [Competency Verification Toolkit](#) guides the mentors' assessment of mentee competencies, including approaches for measuring competencies and tools to document assessment.

Mentors may also use several tools from the toolkit during mentoring meetings (box 4):

- The Observation Tools document the mentor's observation of counseling interactions between the mentee and clients. These tools help to measure the competencies using performance indicators for knowledge, skills, and/or attitudes and ensure that the assessment is objective.
- The Examiner's Resource is an answer key for the mentor and contains appropriate and inappropriate responses for each performance indicator when observing a mentee conducting a counseling session. The Examiner's Resource can help the mentor determine whether the mentee has demonstrated the desired competency.

## Key Considerations and Recommendations

Several elements were essential to the successful and collaborative development of the breastfeeding counseling mentorship program package.

### Local Expertise and Ownership

Local ownership of this process and prioritizing the contributions of local experts ensured that the design of the mentorship program remained grounded in what is feasible in the Kenyan context. This

required working jointly with key staff at all levels of the Kenyan health system, including at the national-, county-, and health facility-level, through a co-creation process to develop the mentorship program. This often meant adjusting timelines to (1) align with already existing working group meeting schedules where updates were required to be provided, (2) meet requirements for approval processes, and (3) consider other competing priorities on key stakeholders' time. At the health facility level, it was critical to get inputs into the program design from both administrators and clinicians to create a program that could be successfully implemented and integrated into the existing structure.

### **Commitment at Multiple Levels, From Multiple Stakeholders**

Garnering commitment from stakeholders at multiple levels and across disciplines was critical to success throughout this process. Breastfeeding and breastfeeding counseling is a multidisciplinary activity spanning nutrition and the maternal, newborn, and child health continuum. Commitment was necessary from—

- government (national and county levels)
- hospital/facility-level staff
- stakeholders in Kenya working on activities related to breastfeeding, breastfeeding counseling, and the BFHI, like implementing partners and donors
- multi-sectoral stakeholders (e.g., nutrition; newborn, child, and maternal health)

Co-creating the program with multiple stakeholders in Kenya was critical to the success of this activity. Getting inputs from stakeholders at various levels often required leveraging existing meeting opportunities, such as standing technical working group meetings. While this was effective in ensuring we engaged with the right stakeholders, a flexible timeline was required to align with these opportunities for collaboration and ultimately the process took longer than originally planned.

### **Technical Expertise in Breastfeeding, Breastfeeding Counseling, and Capacity Strengthening**

Engaging actors with expertise in breastfeeding, breastfeeding counseling, and capacity strengthening was critical to ensure the development of an evidence-based program. We collaborated with the following Kenyan and international actors to develop the program, which included incurring the associated costs:

- an International Board-Certified Lactation Consultant
- experts in using the *Competency Verification Toolkit* (e.g., how to assess competencies and use the tools)
- experts in mentorship/capacity strengthening
- MIYCN master trainers.

### **Resources for Workshops and Meetings**

To co-create the mentorship program, it was critical that stakeholders were able to come together for workshops and meetings. This required several important inputs, which may vary in size and scale in different contexts:

- Funding to support multi-day co-creation workshops allowed stakeholders to meet in a setting away from their place of work to spend uninterrupted time developing and designing the mentorship program. The success of the workshops required resources for the venues, transportation and accommodation of participants and facilitators, meals, materials (i.e., stationary), and printing.



- Funding to support one-day meetings in between the workshops engaged stakeholders in critical decisions as the mentorship program materials came together.
- To carry out the workshops successfully, we needed staff time to plan and organize the workshops, including both technical staff (e.g., for planning agendas, creating participant lists, and preparing materials) as well as staff to support the operations and logistics.
- Stakeholders participated and engaged in the multi-day workshops as part of their existing roles within the organizations they represented.
- Consultants based in Kenya facilitated the workshops. They were familiar with the Kenyan health system and have expertise in BFHI, as well as capacity strengthening.

## Next Steps

The Kenya MoH Division of Family Health, Wellness, and Nutrition; Mbagathi County Referral Hospital in Nairobi, Kenya; and USAID Advancing Nutrition are currently testing the mentorship program to examine the feasibility of implementing the mentorship program nationally, as well as its ability to improve health worker breastfeeding counseling knowledge and practices and pregnant and postpartum women's perceptions of breastfeeding counseling. With the results from the implementation research, we will finalize the *Guidance for Implementation of the Mentorship Program* and the *Core Concepts in Mentorship Training* by the end of 2023, share them on the [USAID Advancing Nutrition website](#), and disseminate them in Kenya for adoption. Results will inform decisions on the feasibility of the mentorship program to support the implementation of step 2 of the Ten Steps in Kenya.

# Acknowledgments

USAID Advancing Nutrition staff developed this brief (Kathryn Beck, Kristen Cashin, Ann Miceli, Altrena Mukuria-Ashe, and Malia Uyehara); with Brian Njoroge (independent consultant, USAID Advancing Nutrition); and Josephine Munene (independent consultant, lactation expert), in collaboration with the Kenya Ministry of Health Division of Family Health, Wellness, and Nutrition (Leila Akinyi and Carol Arimi); Nairobi County Services (Ester Kwamboka Mogusu); the USAID Bureau for Global Health (Jeniece Alvey, Elaine Gray, and Laura Itzkowitz); and the USAID Mission in Kenya (Ruth Tiampati). We are grateful for the significant contributions we received to the development of the breastfeeding counseling mentorship program and accompanying materials (see box below).

## List of Contributors

Judith A. Abongo, Brenda Ahoya, Leila Akinyi, Teresa Akun, Carol Arimi, Kathryn Beck, Kristen Cashin, Jackson Cheruiyot, Allan Govoga, Susan Kagia, Stacy Katua, Christine Kihara, Mary Kimani, Simon Kinyanjui, Peggy Koniz-Booher, Esther Kwamboka Mogusu, Sascha Lamstein, Merina Lekorere, Angela Love-Zaranka, Agneta Makasi, Pam Malebe, Leah Mbatia, Ann Miceli, Caroline Mola, Cynthia Muhambe, Veronica Muia, Altrena Mukuria-Ashe, Rebecca Mulandi, Christine Mumo, Josephine Munene, Rachel Musoke, Christine Muteria, Stephen Mwangi, Stanslous Ndeto, Brian Njoroge; Rachel Ndungu, Clementina Ngina, James Njiru, Nyakina Orina, Betty Samburu, Joyce K. Sitima, Ruth Tiampati, Malia Uyehara, Rose Wambu, Christine Wambugu, Virginia Wanjiku, Alice Wanjiru, Susan Were, Bridget Wesonga, and Mariah Yaah

## References

- Eby, Lillian T., Tammy D. Allen, Sarah C. Evans, Thomas Ng, and David Dubois. 2008. "Does Mentoring Matter? A Multidisciplinary Meta-Analysis Comparing Mentored and Non-Mentored Individuals." *Journal of Vocational Behavior* 72 (2): 254–67. <https://doi.org/10.1016/j.jvb.2007.04.005>
- Haroon, Sarah, Jai K. Das, Rehana A. Salam, Aamer Imdad, and Zulfiqar A. Bhutta. 2013. "Breastfeeding Promotion Interventions and Breastfeeding Practices: A Systematic Review". *BMC Public Health*. 13(Suppl 3): S20. <https://doi.org/10.1186/1471-2458-13-S3-S20>
- Kavle, Justine A., Elizabeth LaCroix, Hallie Dau, and Cyril Engmann. 2017. "Addressing Barriers to Exclusive Breastfeeding in Low- and Middle-Income Countries: A Systematic Review and Programmatic Implications." *Public Health Nutrition*. 20(17)1475–2727. <https://doi.org/10.1017/S1368980017002531>
- Kenya MoH (Ministry of Health). 2021. *Kenya Maternal, Infant, and Young Child Nutrition Strategy 2021–2026*. Nairobi, Kenya: Ministry of Health.
- Kenya MoH (Ministry of Health). 2022a. *Breastfeeding Counseling in Kenya: Guidance for Implementation of the Mentorship Program*. Nairobi, Kenya: Ministry of Health. Unpublished.
- Kenya MoH (Ministry of Health). 2022b. *Core Concepts in Mentorship Training*. Nairobi, Kenya: Ministry of Health. Unpublished.
- KNBS (Kenya National Bureau of Statistics) Kenya MoH (Ministry of Health), Kenya National AIDS Control Council, Kenya Medical Research Institute, Kenya National Council for Population and Development, and the DHS Program. 2015. *Kenya Demographic and Health Survey 2014*. Nairobi, Kenya and Rockville, Maryland, USA: KNBS and ICF. <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>.
- KNBS (Kenya National Bureau of Statistics) and ICF International. 2023. *Kenya Demographic and Health Survey 2022: Key Indicators Report*. Nairobi, Kenya and Rockville, Maryland, USA: KNBS and ICF. <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>.
- Manzi, Anatole, Hema Magge, Bethany L. Hedt-Gauthier, Annie P. Michaelis, Felix R. Cyamatare, Laetitia Nyirazinyoye, Lisa R. Hirschhorn, et al. 2014. "Clinical Mentorship to Improve Pediatric Quality of Care at the Health Centers in Rural Rwanda: A Qualitative Study of Perceptions and Acceptability of Health Care Workers." *BMC Health Services Research*. 14:275. <https://doi.org/10.1186/1472-6963-14-275>
- Manzi, Anatole, Jean Claude Mugunga, Hari S. Iyer, Hema Magge, Fulgence Nkikabahizi, and Lisa R. Hirschhorn. 2018a. "Economic Evaluation of a Mentorship and Enhanced Supervision Program to Improve Quality of Integrated Management of Childhood Illness Care in Rural Rwanda." *PLoS One* 13(3): e0194187. <https://doi.org/10.1371/journal.pone.0194187>.
- Manzi, Anatole, Laetitia Nyirazinyoye, Joseph Ntaganira, Hema Magge, Evariste Bigirimana, Leoncie Mukanzabikeshimana, Lisa R. Hirschhorn, et al. 2018b. "Beyond Coverage: Improving the Quality of Antenatal Care Delivery Through Integrated Mentorship and Quality Improvement at Health Centers in Rural Rwanda." *BMC Health Services Research*. 18(136). <https://doi.org/10.1186/s12913-018-2939-7>.
- Rao, Krishna D., Swati Srivastava, Nicole Warren, Kaveri Mayra, Aboli Gore, Aritra Das, and Saifuddin Ahmed. 2019. "Where There is No Nurse: An Observational Study of Large-Scale Mentoring of Auxiliary Nurses to Improve Quality of Care During Childbirth at Primary Health Centres in India." *BMJ Open*. 9:e027147. <https://doi.org/10.1136/bmjopen-2018-027147>.
- SCOPME (Standing Committee on Postgraduate Medical and Dental Education). 1998. *Supporting Doctors and Dentists at Work: An Enquiry into Mentoring*. London: SCOPME.
- Wallen, Gwenyth R., Sandra A. Mitchell, Bernadette Melnyk, Ellen Fineout-Overholt, Claiborne Miller-Davis, Janice Yates, and Clare Hastings. 2010. "Implementing Evidence-Based Practice: Effectiveness of a Structured Multifaceted Mentorship Programme: Implementing Evidence-Based Practice." *Journal of Advanced Nursing* 66 (12): 2761–71. <https://doi.org/10.1111/j.1365-2648.2010.05442.x>

- WHO (World Health Organization). 2017. *Guideline: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services*. Geneva: WHO. <https://www.who.int/publications/i/item/9789241550086>
- WHO (World Health Organization). 2018. *Guideline: Counselling of Women to Improve Breastfeeding Practices*. Geneva: WHO. <https://www.who.int/publications/i/item/9789241550468>
- WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2018. *Implementation Guidance: Protecting, Promoting, and Supporting Breastfeeding in Facilities Providing Maternity and Newborn Services—The Revised Baby-Friendly Hospital Initiative*. Geneva: WHO. <https://www.who.int/publications/i/item/9789241513807>
- WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2020a. *Baby-Friendly Hospital Initiative (BFHI) Training Course for Maternity Staff*. Geneva: WHO. <https://www.who.int/publications/i/item/9789240008939>
- WHO (World Health Organization) and UNICEF (United Nations Children's Fund). 2020b. *Competency Verification Toolkit: Ensuring Competency of Direct Care Providers to Implement the Baby-Friendly Hospital Initiative*. Geneva: WHO. <https://www.who.int/publications/i/item/9789240008854>



**USAID**  
FROM THE AMERICAN PEOPLE

## **USAID ADVANCING NUTRITION**

Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4<sup>th</sup> Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

September 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

---

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI Research & Training Institute, Inc. (JSI), and do not necessarily reflect the views of USAID or the United States government.