



# Training needs and challenges of SA health care professionals supporting early life nutrition: the ImpENSA study

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# Introduction



# ImpENSA

IMPROVING EARLY NUTRITION AND HEALTH  
in South Africa through Capacity Building

## Capacity Building to Improve Early Nutrition and Health in South Africa (ImpENSA)

- Co-funded by the Erasmus+ Programme of the European Union.
- 8 consortium members – including 6 Higher Education Institutes (NWU, SUN, UCT from South African and Ludwig Maximilians University (LMU), University of Southampton (UoS) and Medical University of Warwaw (MUW) from European) and two health professional associations in South Africa (ADSA and NSSA).

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# Overall aim of ImpENSA

To strengthen relations between higher education and the wider economic and social environment through exchange of state of the art practices for co-creation of an **innovative training course** (that facilitates continued professional development) for health care professionals (HCPs) in South Africa (SA). The scope of the training content is *the First 1000 days* of life.

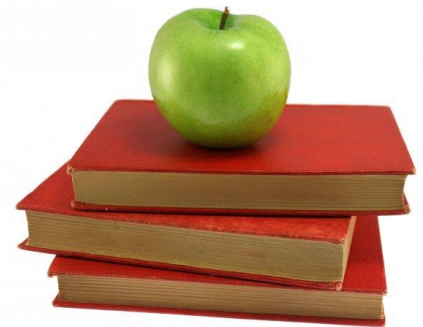


# Introduction

- First 1000 days ‘nutrition window of opportunity’ for optimal growth and development
- In SA stunting prevalence is still very high (26%)
- This is due to amongst other sub-optimal infant and young child feeding practices
- Inadequate knowledge of pregnant women and caregivers, but also sub-optimal knowledge transfer from health care professionals to pregnant women and mothers/caregivers of infants = Innovative training course

# Research Question

What are the training needs and challenges of South African health care professionals supporting early life nutrition?



# Methodology

- Ethical clearance obtained: NWU-00021-19-A1
- Qualitative descriptive design (Sandelowski, 2000, 2010)
- 12 Focus Group Discussions with health care professionals in North West and Western Cape province, of which 7 have been included in the preliminary results presented today



# Methodology

|                          | North West                               | Western Cape                             |
|--------------------------|--|--|
| High level stakeholders  | ☑ (6 participants)                       | ☑ (10 participants)<br>◆                 |
| Dietitians/Nutritionists | ☑ (9 participants)                       | ☑ (9 participants)<br>☑ (6 participants) |
| Nurses/Midwives          | ☑ (8 participants)                       | ◆  |
| Pharmacists              | ☑ (6 participants)                       | ☑ (6 participants)                       |
| Doctors                  | ☑ (1 participant)                        | ☑ (4 participants)                       |
| Community Health Workers | ☑ (6 participants)<br>☑ (6 participants) | ◆  |

# Methodology

- Questions during FGDs:
  1. Current situation with regard to nutrition during the *First 1000 days* (training offered, practical nutrition support to facilitate change)
  2. Current challenges with regard to training and nutrition support during the *First 1000 days*
  3. Needs with regard to training and nutrition support during the *First 1000 days*
  4. Preferred training attributes and motivation for training



# Methodology

- Thematic analysis with ATLAS.ti
- 2 co-coders (concurrent coding, continuous debriefing)
- Application of different coding strategies (*holistic, attribute, in-vivo, descriptive and structural coding, simultaneous coding*)

# Methodology

## Coding framework

| Themes   | Structural codes   |
|--|--|
| <ul style="list-style-type: none"><li>• Nutrition support to facilitate change</li><li>• Training types</li><li>• Training contents (skills, knowledge)</li><li>• Training mode of delivery</li><li>• Training processes</li><li>• Resources for training attendance</li><li>• Training motivation</li></ul> | <ul style="list-style-type: none"><li>• Current situation</li><li>• Challenges</li><li>• Needs</li><li>• Preferences</li></ul> |

- Establishment of semantic domains (groups), application of code co-occurrence tables (Friese, 2019)

# Findings: Current challenges with regard to nutrition support

- Discrepancy between public/government and private sector
- Referral system – nutritional problems not identified, not referred, late referral
- Inconsistent messages, too much information
- Limited resources (time, knowledge, behavior change communication skills)
- Implementation barriers (poverty & food insecurity, language barriers, poor follow-up, resistance to change due to cultural beliefs, influence/pressure from peers health system changes in SA)
- Low multi-sectorial/multi-disciplinary collaboration



# Findings: Current challenges with regard to training

- Discrepancy between public/government and private sector
- Limited resources for attending training
  - work load = not having time
  - own time (annual leave, income)
  - costs, distance, frequency
  - access to computers/internet
  - not a priority / not in scope



# Findings: Training needs & preferences

- Training content - knowledge
  - Up-to date information,
  - First 1000 days concepts (including ANC, BF, CF)
  - Practical nutrition messages
  - Pediatric/neonatal care
  - Treatment of SAM/MAM
  - Referral system (how to identify, when to refer)

# Findings: Training needs & preferences

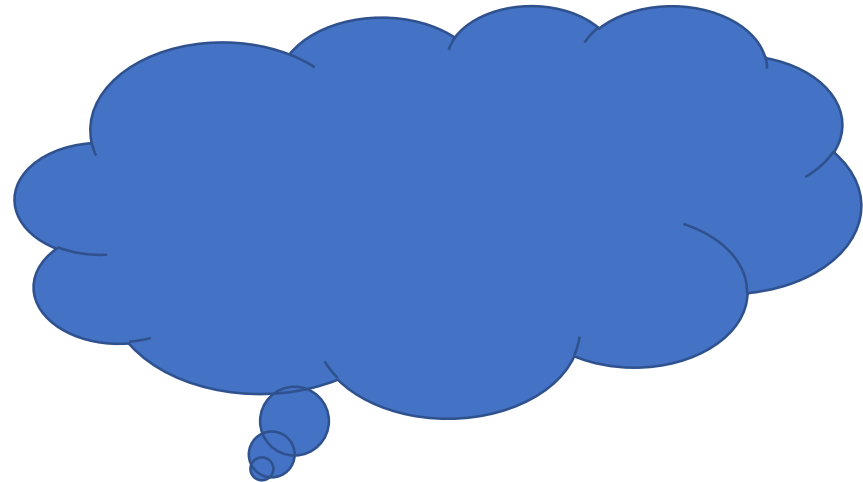
- Training content - skills
  - Behavior change communication
  - Team work
  - Soft skills
  - Relationships

# Findings: Training needs & preferences

- Mode of delivery
  - Blended (combination of face-to-face with e-learning)
  - Face to face (to be able to interact/ ask questions / especially when content involves skills and competencies)
  - Online-/e-learning (own time)
- Frequency and duration
  - More frequent and shorter (45-min to 1-day)
  - Shorter sections focusing on individual topics
  - Total duration depending on content / outcome

# Findings: Training needs & preferences

- Training medium
  - Interactive, group discussions
  - combination of different media
  - video/visuals
  - case studies
  - assignments - evaluation
  - hard copies / hand-outs





# Findings: Training needs & preferences

- Training processes
  - Good facilitation
  - expert knowledge
  - needs-based
  - consistent messages across disciplines
  - different training levels for different actors

# Findings: Motivation to attend training

- CPD points
- Interest
- Certification and accreditation
- Affordability
- Feeling empowered with knowledge in field of expertise
- Being equipped to overcome current work challenges
- Self-paced learning (learning in own time)

# Thank you