



MANIFEST

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Mentorship Contributes to Quality Improvement in Maternal and Newborn Care, Health Worker Motivation

KEY MESSAGES

- *Mentorship is a channel for skills and professionalism transfer for health workers and may contribute substantially towards quality of care provided.*
- *Additionally, it provides an avenue for supporting critical thinking, health worker motivation and strengthens teams.*



District Mentor Stephen Otukur with staff at Pallisa Hospital (Image Credit: Kakaire Kirunda)

The Challenge

In Uganda, as the case with many LMICs, health care providers at primary health care level, have little access to experienced clinicians and specialists to call upon for consultation, review of cases, solving problems and reinforcing clinical diagnosis and decision making. This threatens the quality of care they provide for their clients especially in the absence of scheduled continuous medical education. Increased delivery under skilled care requires that health worker skills are continually sharpened in a variety of ways. Mentorship is deliberate pairing of a more skilled or experienced person with a lesser skilled or inexperienced one, with the agreed-upon goal of having the less experienced person to grow and develop specific competencies. Here, the more experienced (Mentor) guides the less experienced (Mentee) in the development of specific professional knowledge and skills which will promote personal and professional development of the mentee.

This brief is based on lessons learned from mentors and mentees following a one year mentorship exercise in three districts in Eastern Uganda.

MANIFEST Approach

In order to improve the quality of maternal and newborn care, the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study team started a mentorship programme in Kibuku, Kamuli and Pallisa Districts. Six experienced external mentors facilitated internal mentors to provide mentorship to health workers in 12 high volume facilities in the three districts. Internal (district) mentors were paired with external mentors in order to build their capacity to continue mentoring health workers and scale up this practice district wide.

Mentor characteristics: external mentors were highly skilled obstetricians, gynaecologists and pediatricians from nearby regional referral hospitals and from the national referral hospital. Teams from within the internal mentors included medical superintendents, senior midwives and nurses as well as experienced managers from the district health management team.

Mentorship tools: The MANIFEST researchers together with the external mentors developed tools to track implementation and progress of health workers. These included mentorship guides and mentorship diaries.

Areas of focus for mentorship: infection control, blood pressure measurement, partograph use for monitoring labour, newborn resuscitation, and use of manual vacuum aspirators, among others.

Implementation process: The mentorship teams consistently visited two facilities in each district monthly, for six months, for two working days at hospital and HC IV levels for 12 months. Following the six months, a joint assessment was made of successes, opportunities and gaps. A scale up phase of six months was then done where the mentorship teams moved to an additional two facilities per district for 6 months. Areas of focus included honing mentorship skills of internal mentors, establishing newborn resuscitation corners and better newborn care.

Monitoring and evaluation: Monthly reports were submitted by both external mentors and internal mentors capturing their experiences, change observations and challenges. Data on health worker practices was captured by the external mentors during each visit and incorporated into the reports. These were synthesized to inform this brief.

Outcomes from MANIFEST Mentorship

Immediate intervention outputs

- Twelve facilities benefited from receiving 2-day monthly mentorship visits across a period of at least 6 months.
- More than 72 mentorship visits were made across 16 facilities over the past two years.
- More than 48 internal mentors were trained in mentorship.
- More than 80 health workers were mentored.

Improvements in clinical care

- Blood pressure measurement and recording for most mothers attending antenatal care was initiated and is currently being sustained above 70%. This has resulted into a number of cases of high risk mothers being better managed.
- Partograph use in monitoring labour has improved in almost all facilities to more than 70% and has become routine in all facilities under the mentorship programme. This has resulted in better management of labour.
- Improved monitoring of labour resulted in reduction of unnecessary referrals.

- Health workers skills were upgraded for instance the use of the Manual Vacuum Aspiration (MVA) following demonstration exercises by the mentors. Hitherto unused equipment is currently under use.
- Health workers newborn resuscitation skills improved. Reports also indicate that mentees have since taken on the skills to resuscitate newborns.
- Blood stock outs have reduced at some facilities as a result of improved stocking of supplies after mentorship.
- Patients recovering from anesthesia are better monitored following provision of post surgery tools and orientation on their use.
- Facilities acquired additional resources such as resuscitation equipment and supplies; running water on some maternity wards has also been installed following engagement of authorities during mentorship.
- Cases of maternal sepsis were identified in one district during a mentorship visit resulting in the closure of the theatre. Staffs were subsequently trained in conducting clinical audits on post C-section sepsis and on aseptic technique which reduces maternal sepsis.

Administrative Improvements

- Health workers report improved team work/spirit in some of the facilities where mentorship is happening. This has generally improved the work environment. They also appreciate the skills imparted by mentors expressing the wish that it should continue.
- Human Resources for Health gaps identified have been filled. An anesthetics officer was deployed in one district and other districts have got approval from health services commission to recruit.
- Regular department meetings are being held and minutes of meetings recorded with follow up actions.
- Schedules for continuous medical education were developed in one district to support continuous learning.
- Internal mentor skills have been built alongside their mentees.
- Health workers are innovating to ensure supplies are always available by photocopying available forms and procuring bigger quantities.

Lessons learned and way forward

- Inconsistences on the internal mentor teams is a major issue due to other assignments and commitments, hence failure to grasp some of the issues discussed. Efforts should be made towards more consistency in the internal mentors as well as the health workers receiving mentorship in each facility.
- Health workers viewed the mentorship as additional workload. This was attributed to the detailed and comprehensive documentation required during the mentorship process. For future mentorships, better scheduling of mentorship visits would help health workers appreciate mentorship. This would for instance be during days of lighter workload and minimal documentation to promote more interaction with of mentees with mentors.
- Medical doctors did not prioritize mentorship perceiving it to be aimed at nurses and midwives. Future efforts of mentorship should aim at either incorporating medical doctors as mentors or scheduling mentorship sessions targeting medical doctors alone.
- For sustainability future mentorship approaches should focus on utilizing regional mentors within close proximity with the facilities instead of distant external mentors. Districts have also proposed using highly skilled retired midwives to join mentorship teams.

About MANIFEST

MANIFEST was a 4 year study (2012-2015) involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study was funded by Comic Relief with technical assistance from the Future Health Systems Research Consortium. We used a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design had three major components, with district health teams leading on their implementation. The components included:

- Community Mobilization and Sensitization
- Savings and Transport
- Health Systems Strengthening

Credits

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