



MANIFEST

PROGRESS BRIEF

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

The Issue

As it is in most low income countries, in Uganda, health care providers at primary health care level have limited access to experienced clinicians and specialists to call upon for consultation, review of cases, problem solving and reinforcing clinical diagnosis and decision making.

This has, in turn, compromised the provision of quality health services, hence leading to poor outcomes. For instance in Uganda, though the percentage of women delivering in health facilities under skilled care has gone up from 41 percent (UDHS 2006) to 57 percent (UDHS 2011), maternal and neonatal deaths remain high at 438 per 100000 live births and 27 per 1000 live births respectively. Yet the increased delivery under skilled care should logically translate into improved outcomes.

It is in light of the above that the concept of clinical mentorship is increasingly becoming important in order to improve the delivery of quality healthcare services.

Mentorship is the 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 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 perspectives of mentors and mentees following a six month mentorship exercise in the districts of Kamuli, Kibuku and Pallisa in eastern Uganda. This is where the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study is being implemented.



** Midwife Anek Santurinah of Kameke Health Centre III in Pallisa District measuring the blood pressure of a client*

About MANIFEST

MANIFEST is a 4 year study (2012-2015) study involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. We are using a participatory action research approach, in which the different stakeholders work 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 has three major components, with district health teams leading on their implementation. The components include:

- Community mobilization and sensitization
- Savings and transport
- Health systems strengthening

Our Approach

In order to facilitate improvements in the quality of maternal and newborn care, the MANIFEST study team started a mentorship programme in Kibuku, Kamuli and Pallisa Districts. Six experienced external mentors were facilitated to support fifteen internal mentors to provide mentorship to health workers in six high volume facilities in the three districts. The external mentors comprised of highly skilled obstetricians and gynaecologists from nearby regional referral hospitals and from national level. Teams from within the districts included medical superintendents, senior midwives and nurses as well as experienced managers from the district health management team.

Internal mentors were then paired with external mentors in order to build their capacity to continue mentoring health workers and scale up this practice district wide. The MANIFEST research team, together with the external mentors, developed tools which would support this exercise in terms of tracking delivery and progress of health workers.

A training of internal district mentors was done at the beginning of the study to familiarise them with key basics in mentorship and coaching, but to also encourage integration with quality improvement aspects in maternal and newborn care. The mentorship teams consistently visited two facilities in each district monthly, for two days, to work alongside health workers at hospital and Health Centre IV levels. The areas of focus for mentorship included: infection control, blood pressure measurement, partograph use for monitoring labour, newborn resuscitation, and use of manual vacuum aspirators, among others.

Indicators were selected on the basis of what was required to deliver quality emergency obstetric and newborn care so as to track areas of improvement based on the gaps identified at baseline.

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

Preliminary results

Internal mentor skills have been built alongside their mentees. More than 60 health workers have benefited from the mentorship sessions. Mentoring capacity of more than 25 internal mentors has been built across the three districts.

Summary of Findings

Changes across districts June 2014 - December 2014	Pallisa District Hospital	Kamuge HCIII - Pallisa	Kibuku HC IV	Buseta HC III - Kibuku	Kamuli General Hospital	Nankandhulo HC IV - Kamuli
Mentors trained	11		9		8	
Mentees trained	>22	>8	>8	>6	>7	>11
Partograph training	More than 20 trained	More than 6 trained	>8 trained	>4 trained	>7	>10
Partograph use	0%-10- 30%	0-69%	Filled but not correctly	100%	100% and good quality plotting done.	
Blood Pressure (BP) measurements	BP measurements reported to have improved		BP being taken			
Staff meetings		Monthly meetings now being held	Monthly meetings now being held with minutes taken			
Staff recruited	Anaesthetist re-deployed to hospital Staff reshuffled to manage internal shortages.				Staffing more than 70% Staff schedules changed back from two shifts to three shifts a day for better cover	
Continuous Medical Education (CME) schedules	Training in MVA received, MVA done, newborn resuscitation done and babies successfully resuscitated.		Training in newborn resuscitation, active management of labour and, PPH done		Regular CME held on maternal death audits, partographs, NCDs, training in newborn resuscitation, active management of labour, and postpartum hemorrhage done etc.	
Blood supply	Improved blood supply-fewer stock outs					

Improvements in Clinical Care

- **Detection of high risk mothers:** Blood pressure measurement and recording for most mothers attending antenatal care has been initiated and is currently being sustained above 70% in most facilities. This could aid in the early detection of mothers with high blood pressure.
- **Improved management of labour:** Partograph use in monitoring labour has improved in most facilities to more than 70% and has become routine in all facilities under the mentorship programme. This has resulted in better management of labour.
- **Management of post abortion care:** Manual Vacuum Aspiration (MVA) is now being done following demonstration exercises by the mentors in the use of the MV Aspirators which had remained unused in the stores.
- **Resuscitation of newborns:** Using the acquired skills, health workers are now able to resuscitate newborns whenever the need arises.
- **Reduction in blood stock-outs:** Stock-outs have reduced at some facilities as a result of improved forecasting and ordering.
- **Improved monitoring of postoperative patients:** Patients recovering from anesthesia are now being monitored following provision of tools and orientation on their use.
- **Reduction in post-operative sepsis:** Cases of maternal sepsis were identified in one district during a mentorship visit resulting in the closure of the theatre. Health workers were subsequently trained in conducting clinical audits on post C-section sepsis and on aseptic technique which reduces maternal sepsis.

Administrative Improvements

- **Teamwork:** 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.
- **Performance improvement:** Regular department meetings are being held and minutes of meetings recorded with follow up actions.
- **Continuous medical education:** Continuous medical education sessions were not being held regularly in some districts. To address this, schedules for continuous medical education were developed in one district to support continuous learning.
- **Availability of resources:** Facilities acquired additional resources such as resuscitation equipment and supplies. Health workers are innovating to ensure supplies are always available by procuring bigger quantities and photocopying available forms. Running water has also been installed following engagement of authorities during mentorship.

Challenges

- Inconsistencies on the internal mentor teams is a major issue due to other assignments and commitments. This results into failure to grasp some of the issues discussed.
- Some of the health workers view the mentorship as additional workload. This is attributed to the detailed and comprehensive documentation during the mentorship process.
- Time given for mentorship is limited, given the voluminous workload which the health workers have.
- Medical doctors do not prioritize mentorship, perceiving it to be aimed at nurses and midwives.
- Sustainability: Each mentorship visit costs four million four hundred fifty thousand (4,450,000) Uganda shillings over two days per district. This covers logistics like fuel and materials, as well as external and internal mentors' facilitation. Although mentorship is beneficial, the districts have not identified a mechanism to sustain the benefits thereof.



Dr Sr Vicentina Achola (centre), a MANIFEST external mentor reviews the delivery book with Pallisa Hospital staff. This was during a support supervision visit in June 2015.

Conclusion

Despite the challenges, mentorship is an important channel for skills transfer and enhancing professionalism among health workers and may contribute substantially towards the quality of care provided. It also provides an avenue for supporting critical thinking, for health worker motivation and for strengthening teams.



Credits

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