Fact Sheet: Mentorship

Improving maternal and child health outcomes in Zanzibar

Background

The Revolutionary Government of Zanzibar (RGoZ), notwithstanding its strong commitment, is grappling with a shortage of human resources for health. The Reproductive, Maternal, Newborn and Child Health (RMNCH) workforce in Zanzibar – defined as those health workers who interact directly with RMNCH clients – is 6.3 per 10,000 population, significantly lower than the recommended threshold of 23 core health workers (physicians, nurses, and midwives) per 10,000 population, the minimum number required to achieve an 80 per cent coverage rate for deliveries by skilled birth attendants. The crisis is not limited to the availability of health personnel but also the quality of care and the training and development of the existing workforce. There remains a gap in the implementation of effective strategies to build their skills and knowledge. This gap reflects a need to identify and invest in effective approaches to better train and support health workers to deliver quality people-centred care, a core component of health systems strengthening needed to achieve universal health care.

The shortage of skilled staff to deliver quality RMNCH services could impact on the RGoZ’s ability to achieve national and international targets and goals.

National plans recognize the need to further invest in and improve human resources in Zanzibar in terms of both quantity and quality, and the RGoZ is accelerating efforts to realize the 2030 Agenda for Sustainable Development, but the shortage of skilled staff to deliver quality RMNCH services could impact on the RGoZ’s ability to achieve national and international targets and goals. Target 3.1 of Sustainable Development Goal 3, ‘Ensure healthy lives and promote well-being for all at all ages’ sets the ambitious goal of reducing the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births by 2030. In Zanzibar the MMR stands at 307 maternal deaths per 100,000 live births, and for every woman who dies from the complications of pregnancy, an estimated 20 to 30 more experience chronic or acute morbidities. Most of these maternal deaths and morbidities are preventable with increased access to emergency obstetric and newborn care (EmONC), skilled birth attendance, and voluntary family planning.

Despite efforts to increase health workforce capacity through various forms of trainings, both long- and short-term, challenges remain in bridging the gap between knowledge and clinical practice that prevent healthcare workers from providing high quality RMNCH services. In late 2016, the United Nations sexual and reproductive health agency (UNFPA), Tanzania, began working with the Ministry of Health, Zanzibar, on a mentorship programme, under the Afya Bora ya Mama na Mtoto Project,\(^6\) to address the knowledge and skills gaps among healthcare providers.

The Afya Bora ya Mama na Mtoto Project is funded by the Government of Canada and aims to improve maternal, newborn and child health in Zanzibar.

The goal of the mentoring programme is to advance professional development and establish productive, independent service providers in RMNCH. Mentoring is a one-on-one knowledge and skills transfer relationship between a more experienced individual (the mentor) and a novice (the mentee). In addition to imparting new skills and knowledge base, mentoring assists the mentee to establish clear and defined learning goals, fosters individual growth and development, and facilitates strong professional relationships.
Mentorship: An effective capacity building process

UNFPA’s-supported clinical mentoring is proving to be an effective strategy for the delivery of quality RMNCH services in Zanzibar and has tangible benefits.

- The mentorship programme is based on a flexible model that allows providers to learn while at the same time to continue providing much-needed RMNCH services at their respective health facilities. This causes minimum disruption to service delivery within health facilities, crucial in Zanzibar where human resources for health are severely constrained.

- Studies demonstrate that healthcare workers who receive professional development support through mentoring and supervision during their first year of work along with organizations that provide ongoing competency assessment and continuing education are more likely to retain workers.  

- The mentorship programme is cost effective. In the face of staff shortages, mentoring has the potential to improve recruitment and retention at healthcare facilities and the investment in mentors may pay for itself through decreased costs related to staff turnover, the creation of career advancement pathways that help retain workers, and a reduction in medical errors resulting from short staffing.

- The mentorship approach is hands-on: moving beyond theoretical training to day-to-day problem solving. Mentees appreciate this more practical style of learning as it reinforces the theoretical training they have already received as students and gives them the opportunity to apply and keep reapplying their newly acquired skills in a clinical environment.

- In-house training is economical: the sole expense is the mentor, without the additional costs associated with external training such as travel, accommodation and workshop-related costs.

Beneficiaries of UNFPA’s-supported mentorship programme

- One hundred and twenty healthcare workers are benefiting from the mentorship programme in Zanzibar. This includes medical doctors, assistant medical officers, nurses and midwives.

Recommendations

- Advocate with government for the institutionalization of the mentorship programme within the broader context of developing human resources for health.

- The people who get the most out of mentoring meet the most. Establish and strengthen existing learning corners to provide a space for mentors and mentees to meet regularly.

- Explore the possibilities of broadening the mentorship programme to maximize its benefits through options such as south-south learnings and twining programmes with institutions in other countries.

---


Success story from the field

Mentorship: Building skills to save lives

Ibrahim Shaaban Salum is a 29-year-old Junior Doctor working in the Obstetrics and Gynaecology Department at Mnazi Mmoja Hospital, Zanzibar Town, the capital of Zanzibar. He’s now been a registered Doctor for eight months, and took up his current position when he qualified. He explains how the mentorship programme works.

“I am supervised. A senior Doctor, an expert, works with less experienced Doctors like me, to help me to improve different aspects of my work.” Due to staff shortages at Mnazi Mmoja Hospital, Dr Salum has to work independently most of the time and can ill afford to leave his station for training. Thanks to UNFPA’s mentorship programme he now has a mentor who oversees his work and guides him on an on-going basis.

Dr Salum says that the mentorship programme is invaluable. And it’s cost effective without the expenses related to external training. “My mentor, Dr Hamed, is generally available all of the time, and while he doesn’t always see patients, I can consult with him at any time of the day or night,” Dr Salum adds.

With more experienced Doctors transferring their knowledge and skills to those with less experience through the mentorship programme, the quality of care delivered to mothers and patients is improving. Dr. Salum says the approach has enhanced his ability to work without supervision and to take decisions independently, while he keeps learning on-the-job. “I finished university, I completed my internship, and then I got this job. I have gained more knowledge and expertise in areas that I thought I already knew everything about.”

Obstructed labour is one of the causes of obstetric fistula, a preventable condition where women are left incontinent; uncontrollably leaking urine, faeces, or both. Given the stigma associated with this condition it is difficult to quantify the devastating impact it has on a woman’s life. Dr Salum met a woman with this condition at Mnazi Mmoja Hospital. He lacked the skills and expertise to perform a fistula repair himself so his mentor, Dr Hamed, took the lead in the operation, with Dr Salum assisting, observing, and learning. The repair was successful and the difference it will make to the woman’s quality of life and well-being is unmeasurable. Without his mentor, Dr Salum simply would not have been able to offer the treatment.