

Health worker mentorship in Bungoma County: building skills to save lives

A twin challenge: Health staff shortages and EMONC skills gap

In most parts of Kenya, the majority of maternal deaths happen at the high volume tertiary facilities that receive referrals of obstetric and newborn complications from lower level facilities. In Bungoma county, four out of the county's 163 maternity facilities receive and manage 62% of all maternal emergency referrals. These four facilities conduct 26% of Bungoma's total deliveries (DHIS2).

These high-volume facilities suffer from a lack of health workers to cope with the number of cases, and are therefore unable to provide the necessary standard of care for mothers. This problem was aggravated by the county's inability to hire more staff: a public expenditure review in 2017 revealed that 90% of the county's annual health budget goes to salaries, leaving less than 10% to cover all the other costs, making it very challenging to recruit more staff.

In addition to low staffing numbers, the available staff who work at smaller facilities manage relatively low caseloads and therefore have infrequent exposure to providing Emergency Obstetric and Newborn Care (EmONC). When staff lack the opportunity to practice and refine these clinical skills, they can struggle to manage emergencies correctly and with confidence when they do occur.

The solution

The Maternal and Newborn Improvement (MANI) project has been working in partnership with the Bungoma County Department of Health (DoH) since 2015. Throughout 2016, the reality of the challenges described above emerged clearly from data produced through maternal and perinatal death surveillance and response reviews. MANI and the DoH agreed that something innovative needed to be done to address the dual challenges of staff shortages and EmONC skills gaps.

In mid-March 2017 a mentorship programme was put in place at Bungoma County Referral Hospital and Webuye County Hospital, to augment the acute staff shortages in these facilities, and to develop the skills of nurses and midwives working throughout the county in lower level facilities.

How does the mentorship programme work?

Health workers at lower level facilities are invited to work maternity shifts in busy tertiary hospitals covering around the clock duties. Staff on duty at the higher level facilities continue their usual work, while also providing hands-on mentorship and supervision to the visiting health workers. EmONC trainers from the sub-county and county also rotate through the participating hospitals to mentor the visiting staff, ensuring that this burden does not fall entirely to the hospital staff on duty. To take part in the mentorship programme, health care workers must be willing to volunteer, eager to gain skills and experience, and be on leave from their home facility at the time of participation.

This innovative approach gives staff from the lower level facilities the opportunity to improve their skills through hands-on experience, managing obstetric and newborn complications in an environment where back-up support and guidance are available. This boosts their confidence to manage complications on their own when back at their home facilities, reducing their need to refer complications. At the same time, the mentorship programme reduces the workload of staff at the high volume hospitals, providing extra hands to assist in dealing with the steady stream of complex cases around the clock.

Results

Nurse William's Story, Mihuu Dispensary

"Before the mentorship programme, I had a case of a pregnant woman with antepartum haemorrhage and unfortunately, I didn't know how to manage it properly. I managed to reach some level, until I had to refer to



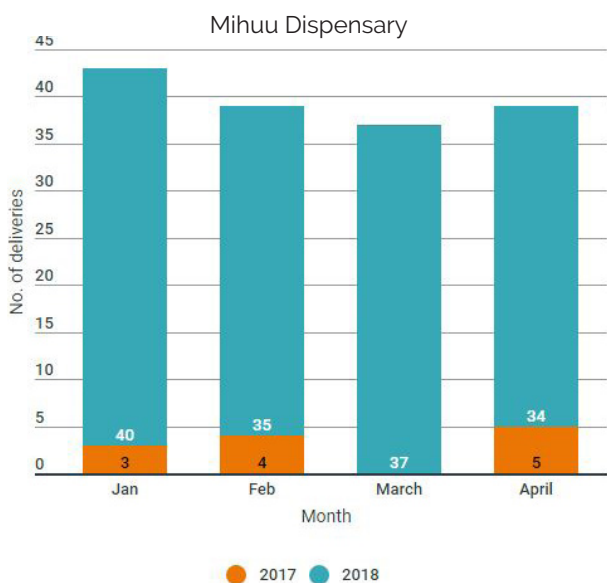
Nurse William

Webuye Hospital, but unfortunately that lady passed away at Webuye."

During a routine review of maternal and perinatal mortalities at his facility, William acknowledged he had a skills gap on managing emergencies, as he was fresh from a nursing school, and was posted to a dispensary with minimal support. He volunteered to participate in the mentorship programme. Since then he has learnt key skills and gained confidence in handling the full range of obstetric and newborn emergencies:

"In Webuye Hospital I have performed two breech deliveries alone, even one I performed with a first time mother. They were waiting to take her to the theatre but she was already in second stage, so I decided to proceed and I delivered a live baby."

Deliveries at William's facility, Mihuu Dispensary, have also increased dramatically as he and his team have been able to improve the quality and availability of maternity services:



In the first eight months of the mentorship, over 200 health workers participated, conducting 3,395 deliveries. The quality of care has improved at participating facilities, with more complete care and improved documentation. With better monitoring of labour, complications are identified earlier and handled faster.

The programme has been embraced by the county leadership as an innovative and sustainable solution;

"At a time when resources are not able to cover additional staff recruitment, this has been a very economical, efficient and effective approach to supporting one of the key pillars of the health system." Gertrude Wanyonyi, Chief County Nurse, Bungoma County

The hospitals have also seen improvement in the protocols used for emergency referrals between health facilities: "Mentorship becomes an eye-opener as to what it's like on the receiving end. The mentees are recognising the need for quicker referral, and the need to

try to stabilise clients before referring. Now they always inform us in advance, they stabilise their clients, they refer with a complete partograph and medical history, and some even prepare clients for surgery before referring to reduce delays. Just within the few months this has been operating we've seen a huge difference" Health Worker, Webuye County Hospital.

Linking with the faith based sector

During 2017, Kenya's health system faced a period of protracted health worker strikes. Services at public facilities became largely unavailable, and faith based facilities stepped in to help cover the enormous gap. During this time, MANI and the county shifted the mentorship programme from the two large public hospitals over to the two faith based hospitals to help support the increased workload. This approach not only saved lives, but it also helped improve the long term relationships between staff at the public and faith based facilities:

'Now it is like we're working as one team to help the mothers. There used to be a barrier between government and the faith based facilities. That barrier has now been broken by the mentorship programme. Staff are communicating better. Referring facilities are now welcoming feedback. We are acting like one facility.' Margaret Kuloba, Maternity in-Charge, Lugulu Mission Hospital

Recognition and integration

In June 2017, Bungoma county received a Beyond Zero award from Kenya's First Lady, Margaret Kenyatta, in recognition of the achievements of the mentorship programme as being an innovative approach to tackling the human resource challenges.

As the mentorship programme matures, some mentees are already starting to become mentors. Participating health workers are taking their knowledge and skills back to their home facilities, mentoring their colleagues on the job, and encouraging them to participate in the mentorship programme.

In light of these successes, the county has included a budget to sustain the mentorship programme in its 2018/19 annual work plan, and intends to continue the approach as a routine activity to ensure that health worker training goes beyond the classroom.



Gertrude Wanyonyi, Chief County Nurse

