How-to Guide 6

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W4H WOMEN FOR HEALTH

Addressing the shortage of female health workers

Establish a mentoring scheme for newly qualified health workers

Since it began in 2012, the Women for Health programme has successfully addressed many of the practical and strategic challenges associated with its goal of increasing the number of female health workers, especially midwives, in rural areas of northern Nigeria.

By the end December 2018, 7,646 female students have enrolled in training as health workers because of the programme. Many are developing careers as rural health workers in their local communities – where they can have the greatest impact on maternal, infant and child mortality and act as role models and champions.

This 'How-To' guide is about the process of establishing a mentoring programme for newly qualified health workers – nurses, midwives and community health extensions workers (CHEWs) – to help them make the transition from being a student in a Health Training Institution to being a professional posted to a health facility in a rural area. It translates the lessons learned from the Women for Health programme into a series of practical, inter-connected steps to guide similar projects and government initiatives in comparably challenging locations.

This guide is for anyone aiming to close a gender gap in service provision and empower women through the process, while also contributing to progress on the Sustainable Development Goals. It is suitable for project and programme teams, government departments, development partners and nongovernmental organisations. Some elements of the guidance could be valuable for the provision of other social services, such as education, to support newly qualified female teachers in rural areas.

Other How-To Guides based on the learning from different aspects of the Women for Health programme are available.

For more please visit: www.women4healthnigeria.org

How to use this Guide

This how-to guide aims to share insights into designing and implementing a mentoring scheme for newly qualified health workers. It builds upon a Women for Health mentoring pilot scheme for newly qualified midwives, as well as other experience of implementing the W4H programme in northern Nigeria. The guide is organised into **five stages**, with each stage broken down into the **key steps** that need to be taken sequentially to establish a mentoring scheme.

The Women for Health programme

In the north of Nigeria, a chronic shortage of female health workers converges with social, cultural and religious norms which impact on women's access to health care to produce some of the poorest maternal and newborn health indicators in sub Saharan Africa. In 2013, Nigerian women faced a one in nine lifetime risk of maternal death; 23.8% girls were married before age 18. Only 19.5% and 12.3% of deliveries in the North East and North West of Nigeria were attended by a skilled provider, compared to 82% in the South East and South West. Moreover, rural deliveries in the north were three times less likely than those in urban areas to be attended by a skilled provider[1].

In the northern Nigerian context, social norms prescribe that women receive reproductive care from other women. Yet the seriously low number of female frontline health workers in rural areas meant that few government health facilities had trained midwives, health workers or female nurses. Moreover, government efforts to recruit female health workers from the south to fill rural vacancies had had limited success, mostly because of the social and cultural differences between the north and south.

The context

In response to this challenge the UK aid funded Women for Health (W4H) programme focused on a sustainable approach – recruiting young women already residing in the rural areas for training so that they return to their home community to provide culturally appropriate health services for girls and women. At the same time, the programme empowered these women to act as local champions, transforming attitudes to women and girls and helping to shift gendered social norms.

Since it began in November 2012, Women for Health has worked in five northern Nigerian states of Jigawa, Kano, Katsina, Yobe, and Zamfara, strengthening stakeholders' capacity to address the female health worker crisis, improving the management, quality of teaching and gender-responsiveness of health training institutions, and engaging rural communities to support young women to train and practice as health workers. The W4H programme was extended to include the conflict-affected Borno state in April 2018..

The challenges faced

The recruitment of young northern women for health professional training is challenging for a range of complex reasons including socio-cultural disadvantage and exclusion. Poor educational provision in rural areas means that most young women do not have the level of education to succeed in nationally-accredited training courses. Moreover, restrictions on women's mobility and the deep-seated expectations around appropriate gender roles constrain opportunities for career development of young women.

As well as addressing the recruitment and training of health professionals, the W4H programme has also sought to support graduates after they complete their training, most of whom will be posted to rural health facilities as part of their mandatory year of service back in the sponsoring community. For the newly-graduated midwives, nurses and CHEWs to succeed, it is crucial to support them during the often challenging transition from being students to being trained professionals practicing in rural health facilities.

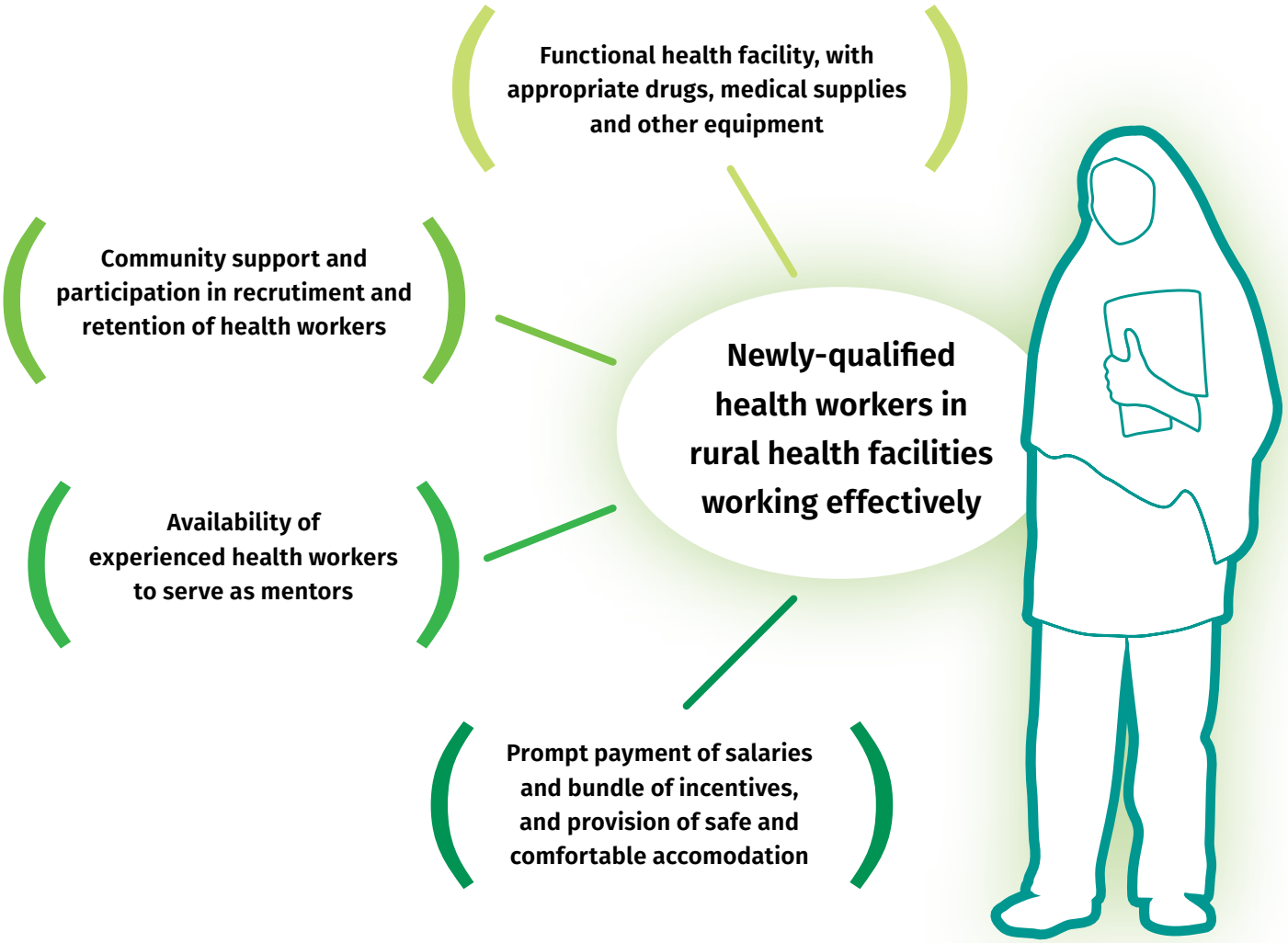
1. 2013 Nigeria Demographic Health Survey, National Population Commission, Nigeria.

Mentoring improves performance and retention

Prior to launching a mentoring scheme, W4H conducted two studies into the impact of a pilot scheme offering mentoring support for newly-graduated midwives. The results the studies in 2016 and 2017 showed there was a significant improvement in newly-qualified midwives performance after six months participation in the mentoring scheme; with the median assessment score rising from 56.4% to 62.8% over that period. The pilot confirmed that the performance and retention of newly-graduated midwives in their first posting were significantly improved by the support they received

As newly-graduated health workers transition from the health training institution environment to the real world of professional practice, mentoring provides them an opportunity to consolidate the skills and competencies they acquired during their training, and also gives them social and emotional support so they develop the confidence needed to function effectively with less supervision in rural health facilities, which are often ill-equipped and poorly supplied.

Figure 1: Success factors for providing effective mentoring of newly-graduated midwives during their transition to midwifery practice in rural health facilities.



Stage 1: Needs assessment

When starting to develop a mentoring programme, it is advisable to carry out a needs assessment focusing on whether health training educators, health professionals, health managers, and policy makers see the need for such a scheme. The scheme can only be implemented and sustained if key stakeholders recognise there is a need for it and are willing to collaborate and invest time and resources to implement it. Firm commitments are necessary for successful implementation of a mentoring scheme.

Objectives of W4H's mentoring programme

- To improve patients' clinical outcomes
- To support transition and adaptation of newly-qualified health professionals to the workplace
- To support provision of health care delivery with high-quality of care
- To strengthen the communication skills of newly-qualified health professionals
- To strengthen problem solving and clinical decision-making skills of the new professionals
- To build their capacity to identify, manage or refer unfamiliar or complex cases as appropriate

The needs assessment should also examine the relevant capacity available in the area where the scheme is going to operate. For example, are local health facilities adequately supplied and equipped? Are there enough experienced and qualified senior or retired health professionals to train and deploy as mentors? Are the resources and political goodwill available to launch and fund a mentoring scheme on a sustainable basis?.

Step 1

Conduct a situation analysis

It is important to start by clarifying the issue (the lack of a structured mentoring scheme in the state) through a root cause analysis and examine the situation from the perspective of key stakeholders involved in the training, recruitment, and supervision of midwives, nurses and CHEWs. A situation analysis is a critical step in recognising the different components of the problem and can help you develop a comprehensive and sustainable approach to establishing a mentoring scheme.

Step 2

Determine current and projected needs for the mentoring programme

Determining the main skills and knowledge gaps that the mentoring programme should address is paramount to designing and implementing an effective scheme. Other important components your analysis needs to determine are: the availability of competent mentors; the training needs of mentors; and the number of health facilities and their suitability (in terms of adequate equipment and supplies). This information could be gathered through consultative meetings with the leaders of health training institutions and experienced practitioners to identify the principal skill and knowledge gaps that the mentoring should seek to address.

Step 3

Explore views of key stakeholders (trainers, health managers, health professionals)

Your needs analysis will also require consultations with health managers and policy makers on the state of the health facilities in the area where the scheme will operate to determine the availability of appropriate equipment and supplies, and the availability of experienced mentors and mentoring supervisors. It is important to work out, by informed projection, the numbers and trends in the supply of graduating health workers to ensure future mentoring needs can be met by available resources.

Step 4

Determine the capacity of health facilities for effective mentoring

In this context, mentoring is essentially a process of transferring knowledge, skills and competencies to a newly-graduated health professional (mentee) by a more experienced and competent senior health professional (mentor) in the relevant specialisation (midwife, nurse or CHEW). As well as ensuring that appropriate mentors are available in the area, it is important to assess the suitability of the health facilities themselves to ensure they are equipped to support the mentoring programme. In the case of mentoring for midwifes, critical midwifery procedures require specific equipment to be available and functioning, as well as general health supplies such as gauze, cotton wool, disinfectants and drugs.

Step 5

Determine resource needs and sources of sustainable funding

As part of the planning process it is essential to determine the required inputs (material and human resources) and where they will come from. To implement a mentoring programme one has to determine the best ways to find, recruit and incentivise experienced qualified senior or retired health professionals to train and deploy as mentors. You also need to work out how to produce the required mentoring tools and the best way to train the mentors.

It is also very important to determine the potential sources of funding. W4H advocates for planning for the long term – and the most sustainable source of funding based on our experience is to embed the mentoring strategy into local and regional governments' plans and budgets.

Step 6

Define expected outcomes and objectives

It is important to clearly define the expected programme outcomes from the outset. Be clear about the intended results and the processes required to achieve the desired result. The overall objective of W4H's mentoring scheme is to equip newly-graduated health workers with the clinical knowledge, skill and attitudes to achieve competence and confidence in the provision of high-quality care and also to support them as they transition to the work environment.

Stage 2: Engaging key stakeholders

Examples of key stakeholders

- State Ministry of Health
- State House of Assembly
- Retired and/or experienced midwives
- Health training institutions
- Development partners
- Community leaders

The planning and implementation of a new mentoring scheme requires the support and collaboration of key stakeholders in the area. It is important to map these stakeholders and determine what each could contribute and how to best leverage their resources, influence, and sustain their interest. Engaging key stakeholders is particularly important if the programme relates to women due to the religious and cultural complexity of northern Nigeria. This stage consists of three iterative steps.

Identify and map key stakeholders

Through a process of brainstorming, consultations and discussions, carefully identify and list all key stakeholders whose activities, power and influence could positively support plans to establish and sustain a mentoring scheme. For example: in the community, we have identified traditional leaders, religious leaders, health facility heads, community health workers and other interested groups. At state level, we also identified the Commissioner for Health, the Director of Nursing services, the Executive Secretary Primary Health Care Agency, the Executive Secretary Hospital Services Management Board and the Director of Budget and Planning, all in the Ministry of Health. Depending on the state, it may be worth involving the senior stakeholders from other bodies, such as the State Nursing and Midwifery Council (SNMC), the Community Health Practitioners Registration Board (CHPRB) zonal office and the Ministry of Local Government and Chieftancy affairs (MoLG&CA).

Assess stakeholders' interests, power and influence

Determining the main skills and knowledge gaps that the mentoring programme should address is paramount to designing and implementing an effective scheme. Other important components your analysis needs to determine are: the availability of competent mentors; the training needs of mentors; and the number of health facilities and their suitability (in terms of adequate equipment and supplies). This information could be gathered through consultative meetings with the leaders of health training institutions and experienced practitioners to identify the principal skill and knowledge gaps that the mentoring should seek to address.

In a separate exercise, determine how the project will benefit each stakeholder group: what resources will they commit (or avoid committing) to the project? What other interests do they have which may conflict with the project (such as wanting to uphold religious law)? How do they regard others in the list (for example as agents of positive progress or of unwanted 'westernisation')? To what extent are they able to influence other stakeholders' decisions?

Step 3

Engage with stakeholders

The next step is to engage with the key stakeholders you have identified by holding meetings with them and mapping out the role(s) for each of them in mentoring scheme. It is important that you prepare adequately for these encounters with stakeholders by arming yourself with all relevant information needed to gain their support and commitment.

BOX 1

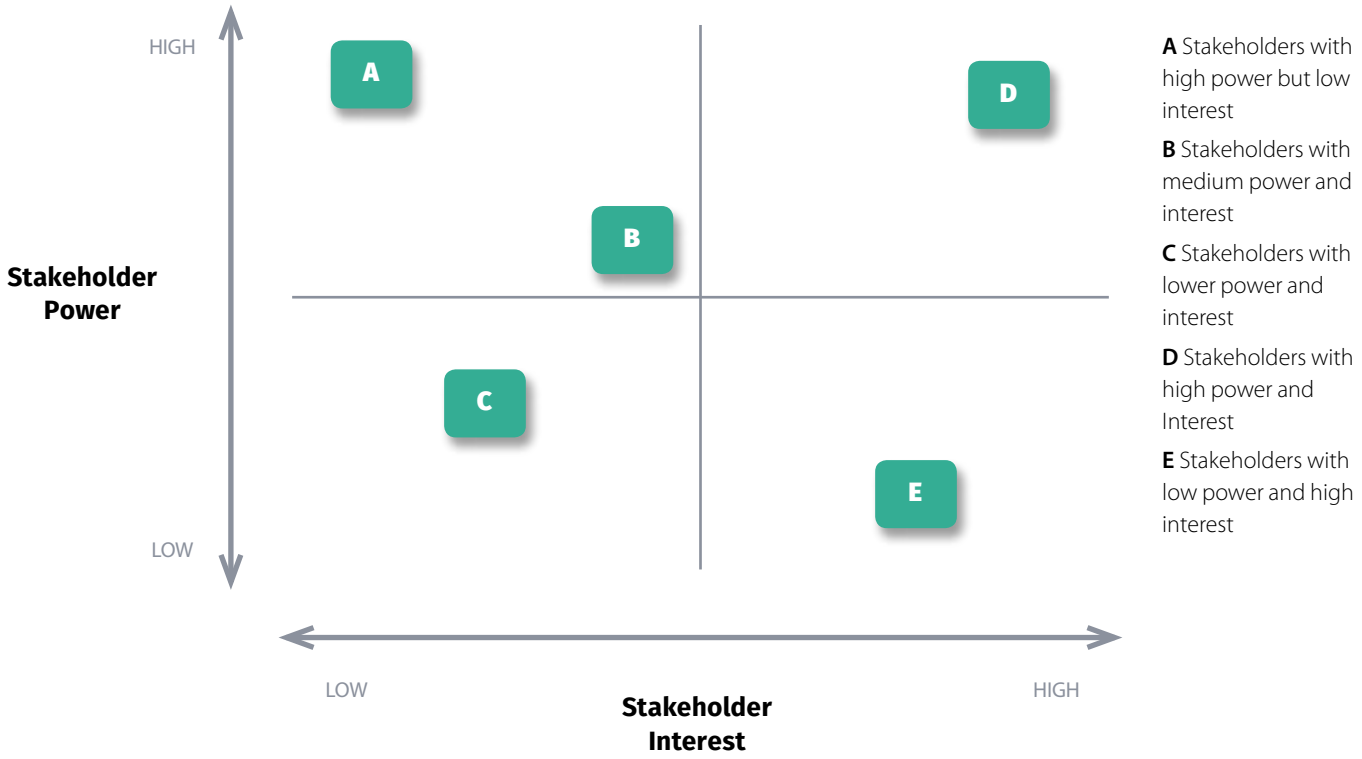
Tips on successful stakeholder management

Stakeholders with High Power but Low Interest (e.g. A in Figure 2 below): takes steps to ensure you respond to their concerns and address their interest; e.g. religious and community leaders.

Stakeholders with High Power and High Interest (e.g. D): establish and maintain close and good working relationship with this group; e.g. health managers and political authorities.

Stakeholders with Low Power but High Interest (e.g. E): may be a source of risk and relationships require careful monitoring and management; e.g. midwifery associations, journalists.

Figure 2: Stakeholder Power versus Stakeholder Interest



Stage 3: Developing an implementation plan

Step 1

Organise a planning meeting with all key stakeholders

Good planning entails clarifying your objectives, designing strategies to achieve them, proposing the activities under each strategy and clarifying your expected outcomes. It also involves costing the resources required, including funding to cover the remuneration of mentors. It is important to forecast the number of new graduates expected over a period of time, identify which facilities they would be posted to, assess the functionality gaps of those facilities and what it would take to bring them up to the required level. It is also important to plan for the recruitment and training of mentors, and for the provision of safe accommodation and incentives to new health workers deployed in hardship areas. The planning should involve all relevant stakeholders (see Stage 2) – key decision makers, politicians and state governor – and is best done in a workshop setting.

Step 2

Involve critical stakeholders

Critical stakeholders are those with high power to support the mentoring scheme and an interest in seeing the scheme succeed. In order to win support for the scheme, it is essential to ensure that the people attending the various stakeholder planning meetings are empowered to take decisions. Experience from the W4H programme is that doing this means that decisions reached at such inter-sectoral planning meetings are respected by all. It is worth noting that it is also important to engage the State Governor or the representative early enough in the planning process. Such advocacy meetings are critical in obtaining political commitment to fund the initiative.

Stage 4: Developing mentoring tools and training mentors

This stage involves two main steps as follows:

Step 1

Develop mentoring tools

Experts in health worker training and mentorship should work together to develop the mentoring tools appropriate for midwives, nurses and CHEWs. The tools are needed to train the mentors before the mentoring programme begins. A number of tools were used during the W4H midwife mentoring pilot programme (see Box 2) and copies of these tools are available at the W4H website (www.women4healthnigeria.org).

Step 2

Identify and train mentors

The W4H approach relies on recruiting experienced retired health professionals as mentors. They are selected by a process of consultation and interview. It is advisable to select those who are in good health, are active, up-to-date in terms of core skills, and with good communication and micro teaching skills.

Testimony

"I thought I'd become useless after retirement. Now I feel happy that I am still contributing to society."

Midwife mentor

Box 2

Mentoring tools used in W4H mentoring scheme for newly-qualified midwives

- Mentoring agreement template
- Mentoring goals review form
- Health facility mentoring log book
- Mentoring visit record form
- Midwife mentors' profile sheet
- Midwife mentees' profile sheet
- Midwife mentees' pre- and post-test
- Midwife mentees' skills assessment checklist

With the W4H mentoring programme for newly-qualified midwives, prospective mentors were given training on core midwifery competencies, mentoring techniques and assessment of mentees. W4H conducted a five-day training workshop for the midwife mentors covering different aspects of midwifery and mentorship (shown in Box 6). The training was facilitated by midwifery experts, a public health physician and a communication specialist using a range of training methods (shown in Box 4). Post training evaluation was used to improve the mentoring tools.
The midwife mentors were also trained on all the tools listed in Box 2, to ensure they were competent and confident to use them before. At the end of the training, midwife mentors were evaluated to determine the degree of improvement in their knowledge and skills and to take remedial action where necessary.

BOX 3

Topics covered in training of midwife mentors

- Introduction to mentoring, overview of W4H mentoring programme
- Establishing relationships, effective communication and counselling
- Social and cultural aspects of providing care in the community
- Understanding the community; working effectively with the community
- The Nigerian health system
- Behavioral aspects of health and traditional health practices
- Reflective practices; learning approaches and developing mentoring skills
- Participatory action research/ problem solving processes
- Family planning, healthy timing and spacing of pregnancies
- Referral pathways, documentation and record keeping
- Introduction to midwifery competencies; standard obstetric care, parenteral administration of antibiotics, anticonvulsants and utero-tonics (oxytocin), obstetric and newborn emergencies, postnatal care.

BOX 4

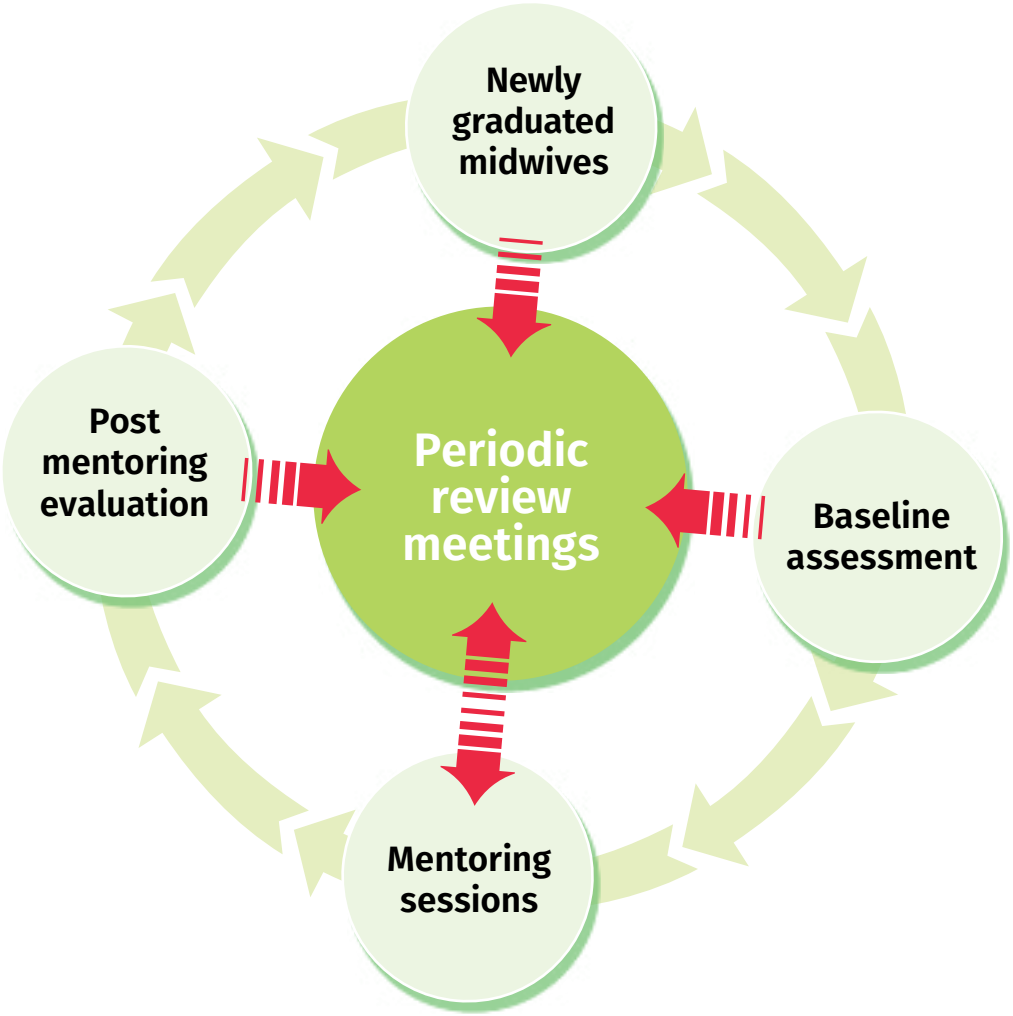
Methods used in the training of midwife mentors

- PowerPoint presentations
- Lecture discourse
- Standardised scenarios
- Role plays
- Practical demonstrations
- Videos

Stage 5: Delivering the mentoring sessions

This stage is about the process of mentoring newly-qualified health workers (mentees) by the trained and experienced senior professionals (mentors). It involves three main steps – a baseline assessment of the mentee before mentoring begins, the mentoring sessions, and a post mentoring evaluation – as well as periodic progress review meetings. Figure 3 shows the mentoring cycle in which batches of new health worker graduates are supported and learning from each cohort is used to improve the quality of mentoring for the next. The entire mentoring process should be monitored by an experienced and knowledgeable health professional who will provide technical oversight, quality assurance and support both mentors and mentees.

Figure 3: The Mentoring Cycle



Step 1

Conduct baseline assessments

This should be done immediately after the official graduation of the new health workers and their posting to a designated health facility. The aim of the baseline is to assess the mentees' knowledge and skills before they receive mentoring support in their new post. This baseline is important in evaluating the effectiveness of the mentoring process. Assessment checklists relevant to each health specialisation are needed – with separate ones for nurses, for midwives and for CHEWs. The tools used in the midwife mentoring pilot can be found at www.women4healthnigeria.org. Three of the tools used with midwife mentees are:

- The midwife mentees' skills assessment checklist which was used to assess skills of mentees on 16 midwifery procedures (shown in Box 5) based on a 4-point Likert scale: 0 = not able to perform, 1= fair attempt, 2 = good attempt but not fully skilled, and 3 = fully skilled and competent
- The midwife mentees' pre-test which comprised of 40 set of multiple choice questions, was used to assess mentees' baseline knowledge of midwifery
- The midwife mentees' self-assessment forms for subjective assessment of their levels preparedness and confidence in handling situations, as well as their ability to establish relationships with the community.

Testimony

"The midwife mentees' performance at baseline was not as high as I had expected. But when I went for supervisory visit three months after commencement of the mentoring intervention, I saw significant improvements in their knowledge and skills, and this progress continued as was evident from the post-mentoring evaluation."

Consultant evaluating the W4H midwife mentoring scheme

Box 5

Example of a skills assessment checklist for midwives

1. Provision of focused antenatal care (FANC)
2. Administration of perinatal antibiotics
3. Administration of perinatal utero-tonic oxytocin
4. Administration of perinatal anti-convulsants
5. Performing manual removal of placenta
6. Performing manual vacuum aspiration
7. Resuscitation of the newborn by face mask ventilation
8. Physical examination of the newborn
9. Spontaneous vaginal delivery/ active management of third stage of labour
10. Filling out and use of partograph
11. Performing episiotomy
12. Bimanual compression of the uterus
13. Diagnosis and management of breech presentation including referral
14. Appropriateness of diagnosis done (case registers in the facilities)
15. Appropriateness of pre-referral treatment given
16. Use of anti-shock garment (ASG)

Please note: new mentoring schemes need to work with stakeholders and specialists to develop skills assessment checklists suitable for nurses, CHEWS and midwives.

Step 2

Deliver mentoring sessions

Mentoring should begin immediately after the baseline assessment so that the newly qualified health workers can adapt to their professional role. The ideal scenario is for mentors and mentees to work at and live near to the same facility. However, the cost of employing and accommodating midwife mentors on a full-time scale could be prohibitive. In W4H we opted for an agreed schedule of visits to the facility by the mentor – with a minimum of one visit per mentee per week. It is important for the mentors to establish a good cordial working relationship with the mentee (and at the first session to ensure that mentees have signed all relevant documents required for the mentoring programme, as outlined in Box 2).

The mentees' skills assessment checklist is to be used for both assessment and training of mentees, therefore, it should serve as a guide throughout the mentoring period, and beyond. Mentors are expected to cover at least one procedure or competency per mentoring session. For midwife mentees, this may depend on the availability of relevant obstetrics cases. For very rare obstetrics conditions, standardised practical scenarios can be used to train mentees.

Based on consultations with relevant stakeholders, it is recommended that the mentoring process should continue for eight months for midwives and nurses, and 12 months for CHEWs, to allow for adequate skills transfer for each type of practitioner.

Step 3

Hold progress review meetings

It is recommended that periodic progress review meetings be held involving all key stakeholders in the mentoring scheme. The meeting should provide a platform for reporting progress on implementation of mentoring activities, reviewing the methodology and discussing any challenges. It also creates the opportunity for stakeholders to share lessons and experiences and discuss ways of improving the overall effectiveness of the mentoring programme.

Step 4

Conduct post-mentoring evaluation

At the end of the mentoring process, a post-mentoring evaluation is a valuable exercise for measuring the mentee's progress made. The best way to do this is to use the same tools for the baseline assessment to make comparison meaningful. An evaluation like this allows for an objective assessment of the impact of mentoring on the knowledge, skills and competencies of the mentees. In W4H, we observed very significant improvements in the knowledge and skills of midwife mentees at the end of the six months mentoring intervention.

Last words

The transition from the health training school environment to working as a professional health worker based at in a rural health facilities can be challenging. The support of a knowledgeable and experienced mentor can help newly-qualified nurses, midwives and CHEWs to quickly develop the confidence, practical skills and competencies they need to succeed in their roles.

In-service mentoring also promotes the retention of recently graduated health workers in posts in rural health facilities where they are most needed. Health managers and policy makers should seek to make use of the experience and skills of senior and recently retired health workers and recruit and train them to be mentors.

This document provides a step-by-step guide for planning and initiating a mentoring scheme for newly qualified nurses, midwives and CHEWs, based on our experience in the DFID-funded W4H programme. We hope it offers a useful guide for anyone wanting to start a similar mentoring programme for newly-qualified professionals starting work in rural settings with limited resources.

Checklist

Stage 1: Needs Assessment

- [ ] Conduct a situation analysis
- [ ] Determine current and projected need for mentoring
- [ ] Explore views of key stakeholders
- [ ] Determine capacity of health facilities for effective mentoring
- [ ] Determine resource needs and sources of sustainable funding
- [ ] Define expected outcomes and objectives

Stage 2: Engaging key stakeholders

- [ ] Identify and map stakeholders
- [ ] Assess stakeholders' interests, influence and power
- [ ] Engage with stakeholders

Stage 3: Developing an implementation plan

- [ ] Organise a planning meeting with key stakeholders
- [ ] Involve critical stakeholders in developing an implementation plan

Stage 4: Developing mentoring tools and training mentors

- [ ] Develop mentoring tools
- [ ] Identify and train mentors

Stage 5: Delivering the mentoring sessions

- [ ] Conduct baseline assessments
- [ ] Deliver mentoring sessions
- [ ] Hold progress review meetings
- [ ] Conduct post-mentoring evaluation

Acknowledgements

This guide represents a synthesis of knowledge, lessons from adaptive programming and expertise from decades of work in health, education and development. It is based on the wealth of expertise of the Women for Health programme staff and technical advisers who have been involved in adapting ideas and strategies to specific contexts from the outset.

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Glossary of key terms

Stakeholders – All those who have an interest in or can be affected by any action, project or programme.

Acronyms

CHEW – Community Health Extension Worker

FYP – Foundation Year Programme

HTI – Health Training Institution

SNMC – State Nursing and Midwifery Council

CHRPB – Community Health Practitioners Registration Board

MoLG&CA – Ministry of Local Government and Chieftancy Affairs

W4H – Women for Health Programme

W4H
WOMEN FOR HEALTH

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The programme is led by DAI Global Health (incorporating Health Partners International and GRID), in partnership with Save the Children.

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Visit: **www.women4healthnigeria.org** Email: **w4hinfo@women4healthnigeria.org** Twitter: **@W4HNigeria** and **Facebook** July 2019