**Title:** Mentorship to strengthen quality of malaria case management and malaria in pregnancy (MIP) in Zimbabwe: lessons learned from one year of implementation

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Despite significant investment in training and supervision of facility-based health workers in Zimbabwe, persistent malaria case management and MIP gaps remain. National Malaria Control Program and US President’s Malaria Initiative developed and implemented a mentorship intervention in five high burden malaria districts to motivate provider performance and ultimately improve quality services. From June 2018 - June 2019, 25 health workers proficient in malaria service delivery were selected and trained in clinical mentorship. These individuals mentored 98 providers at 25 facilities, covering clinical case reviews, bed side coaching, simulations, and records review. USAID’s Zimbabwe Assistance Project in Malaria subsequently assessed the mentorship program through review of patient records, feedback from mentors and mentees, and engagement of stakeholders. Record review compared practices before and after implementation, using a checklist that noted completeness and appropriateness of case management across multiple parameters, including physical examination, diagnosis, classification and treatment. Mentored facilities documented improvements in recommended practices across registers: 58% to 63% for outpatient clinical settings, 53% to 64% for integrated management of neonatal and childhood illnesses, and 72% to 76% for antenatal care. A phone-based e-survey of 49 mentees and 21 mentors elicited positive feedback on the mentorship approach: 62% of mentors were “very satisfied” with the program , 67% reported quality improvement and 86% benefited from learning new skills. Among mentees: 60% were “very satisfied”, 67% said that the program has improved service quality and 97% benefited from learning new skills. Common challenges included mentor transportation, mentee availability, and commodity availability. Through a review meeting, stakeholders recommended the intervention continue, as it was acceptable, feasible and achieved promising results. Recommendations include prioritizing high-volume facilities, integrating management of mentorship into District Health Executive functions and use of low-cost communication platforms to aid virtual mentorship.

Key words: mentorship, malaria case management, health workers