



A Five-Year Assessment of a Surgical Mentorship Programme on Essential Surgery Volume and Outcomes in Northern Ghana's District Hospitals

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Abstract

District hospitals in Northern Ghana face challenges in providing essential surgical care, including a shortage of trained providers. Mentorship programmes are a proposed capacity-building strategy, but robust long-term evidence from low-resource settings is scarce. This study assessed the five-year impact of a structured surgical mentorship programme on the volume and outcomes of essential surgeries in Northern Ghana's district hospitals. A retrospective, longitudinal analysis used routinely collected surgical logbook and patient record data from four district hospitals. Surgical volume and key outcome indicators, including postoperative complication rates, were compared before and after programme implementation. Thematic analysis was conducted on qualitative interviews with surgical staff. The programme was associated with a sustained increase in the annual volume of essential surgeries, with a mean increase of 58% across the hospitals. Postoperative complication rates demonstrated a non-significant decreasing trend. Qualitative data identified improved surgical confidence and teamwork as key facilitators. The surgical mentorship programme contributed to a substantial and sustained increase in essential surgery provision at the district hospital level over five years, supporting the role of long-term mentorship in strengthening surgical care systems. Health policy should integrate sustained surgical mentorship into strategies for decentralising surgical care. Future programmes should incorporate more robust mechanisms for tracking patient-centred outcomes and securing long-term funding. surgical mentorship, task-sharing, essential surgery, district hospitals, Ghana, surgical outcomes, capacity building This original research provides long-term evidence on the impact of a surgical mentorship programme in a low-resource African setting, informing the implementation of national surgical plans.

Keywords: *Surgical mentorship, District hospitals, Essential surgery, Sub-Saharan Africa, Capacity building, Programme evaluation, Surgical outcomes*

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