



**IMPACT OF MENTORING PROGRAMS ON HEALTH WORKER'S  
PERFORMANCE IN ZANZIBAR**

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**ABSTRACT**

*The study examined the impact of mentoring program on health worker's performance in Zanzibar Reproductive and Child Health Service (RCHs). The study covered the following objectives: To explore the perception of RCHs' employees on role model and health worker's performance, to determine relationship between psychosocial support and health worker's performance and to examine the relationship between knowledge transfer and health worker's performance in RCHs. The study used quantitative and qualitative approaches. The population of the study was 152 comprising of the health workers in RCHs' Unguja based on Yamane 1974 sample size strategy. Data was collected using questionnaires and interviews and analysis was done using reliability bivariate correlation analysis approach by SPSS program. It was analysed in percentage and frequencies. The data relevant to the study was finally presented in table format. The findings of the study revealed that, health workers have positive perception on role model through mentoring in their performance in the organization, because it is an exposure for them to maintain positive behaviour and attitude. Also the results revealed that, Psychosocial support  $r = .631^{**}$  and knowledge transfer have strong relationship ( $r = .512^{**}$  and the significance value produced 0.000 was less than 0.05, the reliability is 0.649 on health worker's performance. The study concludes that, the mentoring program has positive relationship and health worker's performance in RCH clinics in Zanzibar. The study therefore, recommends that, the management and program coordinators in general should continue to take the issue of mentorship (role model, knowledge transfer and psychosocial support for improving health worker's performance) as a way of improving worker's performance at their working places.*

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## Introduction

Human resources are the most important resources that organizations depend upon, whereby it requires mentoring for its performance (Solkhe and Chaundhary, 2011). In order for human resource to enhance organization competitive advantage, employees must possess technical skills, knowledge and attitude to cope with globalization and technological advancement. In most modern organizations, effective organizational performance is achieved through globalization and technological advancement (Nyamori, 2015). As argued by Gray *et.al.*, (2011), human resource need to be mentored in order to be well trained on how to improve their production levels and quality of the services in their organizations. Mentoring is very usefully and beneficial to both the mentee and organizational performance directly and indirectly by transferring information and knowledge assemble through many years of experience (Masalimova and Sabirova, 2015). According Kim *et.al.*, (2016), mentoring is becoming more important and influential concept for better development of organizations. Mentoring worldwide was built from a concept that there is qualified mentor for every specialty. In many developing countries, supervision activities focus on data collection, auditing and report completion rather than catalysing learning and supporting system quality improvement. To address this gap, mentorship and coaching interventions were implemented in projects in five African countries (Ghana, Mozambique, Rwanda, Tanzania and Zambia) as components of Health Systems Strengthening (HSS) strategies funded through the Doris Duke Charitable Foundation's African Health Initiative (Manzi, 2017).

Due to the importance of mentoring, many African countries such as South African had in 2006 indicated that, she needed to call back people who had earlier on retired to re-join the public sector so as to share and transfer their knowledge to current employees. Similarly, in East African countries with an estimated population of 438,975,200 million people who face severe Human Resources gaps for Health (HRH), the governments have made inroads to increase HRH production over the past ten years by introducing new clinical cadres such as associate clinicians, reducing the educational training of nurses from four to three years and plans to triple the number of associate clinicians by 2020 as observed by Ojemeni *et.al.*, (2017).

In Tanzania, clinical mentorship comes at the right time when there is global and national level renewed focus on strengthening the delivery and improvement of the quality of Reproductive Maternal New-born Child and Adolescents Health (RMNCAH) as outlined in the National RMNCAH policy document of 2016. There are several clinical mentoring

programs in the country on RMNCAH interventions that have demonstrated effectiveness in building the skills of health care providers and improved service delivery in terms of clinical outcomes. With integration of RMNCAH services, there is a need to harmonize different clinical mentorship approaches which lead to develop the different guideline, National Reproductive Maternal New born Child and Adolescent Health Clinical Mentorship Guideline (2016).

Clinical mentorship through integrated approach will add value by further reinforcing skills and practice. RMNCAH services are labour intensive and demand skilled health care providers for delivery of quality health services. Inadequate skills of health care providers directly affect patient care and the related clinical outcomes. It is expected that clinical mentorship will compliment supportive supervision to address clinical knowledge, attitude, and skills gaps of health care providers. This Integrated RMNCAH Clinical Mentoring will accelerate and scale up comprehensive delivery of quality RMNCAH services.

The full scope of RMNCAH clinical mentorship system in Tanzania is led by the Reproductive and Child Health section under the Directorate of Preventive Services. The Reproductive Child Health Services (RHS) implements comprehensive RMNCAH interventions in order to accelerate reduction of preventable Maternal, New born, Child and Adolescent morbidity and mortality rates in Tanzania. The RCHS implements interventions under the following units; Family Planning, Safe Motherhood Initiative, New-born and Child Health, Reproductive Cancers and Elderly, Prevention of Mother-to-child Transmission of HIV, Management Information System, Immunization and Vaccines Development (IVD), Adolescent Reproductive Health and Gender Reproductive Health (National Reproductive Maternal New born Child and Adolescent Health Clinical Mentorship Guideline, 2016).

For the case of Tanzania, many mentoring programs have been established under the support of United States Government (USG) through the Global Health Service Partnership. The United States Government (USG) is investing resources in critical training programs and mentorships for improving maternal and neonatal health with provision of health workers with adequate training and continuing professional development. Mwanza – Tanzania is one of the areas where this program is implemented (Maternal, Neonatal and Child Health in Tanzania, 2015). Also there are different projects conducted in Tanzania in improving the health status of all Tanzanians, with an emphasis on women and children in targeted regions by promoting a positive pregnancy experience Ikamba, (2016).

Zanzibar has made considerable progress in child survival over the last decade. The 2015/2016 TDHS shows a reduction of under-five mortality from 73 per 1,000 live births in 2010 to 56 per 1,000 live births in 2015. Improvements have also been made in reducing malnutrition - a major underlying cause of child mortality. Stunting had declined from 30% in 2010 to 24% in 2015 and the number of children experiencing wasting has been almost reduced by half over the same period. However, critical maternal and new born health indicators remain a significant concern with Maternal Mortality Ratio (MMR) record of 276 deaths per 100,000 live births in 2016 (MOH, 2016) – meaning that, 94 mothers died from delivery or during immediate aftermaths in Zanzibar in 2016. The neonatal death rate has remained stagnant with only one-point decline from 29 to 28 per 1000 live births between 2005 and 2015, with major causes of death being asphyxia, low birth weight and infections (Final Evaluation of Afya Bora ya Mama na Mtoto Project 2015-2018).

As in other organizations in the world, health sector as well depends on mentorship for its performance. The Ministry of Health (MOH) of Zanzibar together with implementing partners' interest in RMNCAH have developed several RMNCAH clinical national protocols and training packages. Many reproductive and child health interventions are being implemented nationally, yet not all of these services meet the desired standards of care as being observed during supervision (National Reproductive Maternal New born Child and Adolescent Health Clinical Mentorship Guideline 2016).

Therefore, in 2016, the Revolutionary Government of Zanzibar through together with the United States Government under the Peace Corps (through the Global Health Service Partnership) in collaboration with Johns Hopkins Program for International Education in Genecology and obstetrics (JHPIEGO) under US Aids Boresha Afya Project and UNFPPF, the Ministry of Health Zanzibar established and started implementing mentoring program in the area of National Reproductive Maternal New Born Child and Adolescent Health (RMNCAH) for improving maternal and neonatal health (National Reproductive Maternal New born Child and Adolescent Health Clinical Mentorship Guideline, 2016). This study aimed at examining the influence of mentoring practices on health worker's performance.

## Statement of the Problem

The child and reproductive health services have raised a world concern and are among the global health problems due to the increased maternal mortality ratios and neonatal fatality rates (Zanzibar Bulletin, 2016). The services are respectively referred to as medical services provided to children having health problems like disease and/or infections from the qualified healthcare professionals and medical services given to people for complementing their mental, physical and social well-being and implied to all reproductive processes, functions and systems at all stages of life of an individual. Zanzibar has experienced the unprecedented increase of both maternal and neonatal fatality rates as a result of challenges associated with child and reproductive health services. Currently, the maternal mortality rate is estimated to be 219:100,000 (Zanzibar Bulletin, 2016) while neonatal rate was from 29 to 28 per 1000 in 2005 to 2015. This has provided an emphasis on establishing mentorship programs for health care providers in Zanzibar so as to build new skills and improving the quality of health service delivery (National Reproductive Maternal New Born Child and Adolescent Health Clinical Mentorship Guideline, 2016). The program was also intended to develop careers, psychological support and knowledge transfer and building the successful networking among the healthcare workers. The impact of this program towards the improvement of both reproductive and child health care has not been analysed/documentated/reported/tested/verified. It is recommended to investigate the impact of mentoring on Health Worker's performance in Zanzibar at RCHs that will enhance experience and develop more knowledge to the employees by identifying the strength, opportunity and weakness on applying mentoring program to the clinics through RCHs Unguja and other public organizations for developing the performance level of their future.

## Objectives of the Study

The general objective of this study was to examine the impact of mentoring program toward health worker's performance in Reproductive and Child Health services (RCHs) facilities in Unguja - Zanzibar. The specific objectives were twofold:

- 1) To determine the relationship between psychosocial support and health worker's performance of RCHs in Unguja and
- 2) To examine the relationship between knowledge transfer and health worker's performance of RCHs in Unguja.

### **Hypotheses**

- 1) There is significant relationship between psychosocial support and Reproductive and Child Health Services Health Worker's performance in Unguja?
- 2) There is significant relationship between knowledge transfer and Reproductive and Child Health Services health worker's performance in Unguja?

### **Literature Review and Theoretical Framework**

The study adopted Social Learning Theory, the Social Exchange Theory and the Theory of Performance to establish the linkage between the study variables i.e. mentoring and performance. According to Bandura (1997), Social Learning Theory explains that "Learning would be laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them on what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others, one forms an idea of how new behaviours are performed and on later occasions, this coded information serves as a guide for action. This theorist highlighted the part played by models in transmitting specific behaviour, attitudes and emotional responses in different circumstances. Also, it explains that people learn, absorb, process and retain knowledge during learning because watching the behaviour of other people. Therefore, this theory can help the study to appreciate how people can cope and influence their attitude and emotional reaction as well as getting experience through learning process and will ensure that they will retain their knowledge through learning process because social learning creates feelings of intimacy and companionship. Mentoring is a training strategy that is especially consistent with the beliefs of the Social Learning Theory Ofobruku, ( 2015). The role modeling aspect of the psychosocial functions of mentoring particularly strengthens the theorist's argument that modeling is a social learning technique that guides peoples' actions and makes learning less laborious. Mentoring is an exercise of combining inexperienced individuals with expert for them to 'learn the new things.' When a mentee 'learns the new thing', he or she watches the experienced person perform different asks

with a view to re-enacting them. But Performance Theory which was developed by Schechner in 1977 indicates that to perform is to produce valued results. This means that, out of the valued results, the concept of performance may remain vice versa. A performer can be an individual or a group of people engaging in a collaborative effort. Developing performance needs and extra efforts, where the best and required outputs result into better performance. Otherwise, performance could not perform.

Current level of performance depends holistically on context, level of knowledge, levels of skills, level of identity, personal factors, and fixed factors. Three axioms are proposed for effective performance improvements. These involve a performer's mindset, immersion in an enriching environment and engagement in reflective practice. while Social Exchange Theory transmitted by George Homans in 1958 based on the social psychological, sociological and philosophical views on human relationships, Allen et.al., (2006). This Theory provides the conceptual basis for understanding the process through which mentoring is initiated and sustained. The theory suggests that, individuals exist in an exchange relationship that is strengthened to the extent that, both parties are willing to fulfill the desires of each other. The Social Exchange Theory argues that, social change and stability is a process where parties involved negotiate exchanges and that human relationships are formed after parties involved weigh the cost and benefits of the relationship and compare alternatives, Rose *et.al.*, (2013). The theory has been supported by various studies key among them (Bannet et.al, 2013 and Ndung'u, 2016). Therefore, this theory can help the study to appreciate the fact that everyone exists and depends on others for fulfilling their demands.

Chokwe (2017) conducted a study to explore the perception of professional nurses on student mentorship in clinical areas in Polokwane Municipality hospitals. Data was collected using in-depth individual interviews to collect data from sixteen operational managers who were managing all unit activities, including student mentoring. The findings revealed that, mentoring was perceived as a valuable tool to apply in the preparation of student nurses for future professional roles. The study recommended that, student mentorship should be improved in both clinical practice and in the college to develop student nurse professionally and personally. Ndung'u (2016), conducted a study to determine the effects of mentoring on career success in Nairobi hotels and primary data was used to achieve the stated research objective. Descriptive statistics; frequencies and percentages were used to analyse respondents' demographic data. The results showed that, holding all other factors constant, a unit increase in the mentoring function affects the career success among staff in Nairobi's star rated hotels.

This study was limited to an extent that, it took a short duration to study the effects of mentoring on employee career success in Nairobi's star rated hotels. The researcher recommended an in-depth and comprehensive study on the effect of mentoring on career success in Nairobi's star rated hotels to support these findings and to determine if continuous mentoring of employees is the major contributor to the career success of employees. Shah (2016), conducted a study on the impact of mentoring and organizational performance in small and medium enterprises, Malaysia. Findings of the study depicted that, mentoring has a positive impact on business performance. Also recommended further studies could be carried out on another human resources development function that leads to career success; for example coaching. Ofobruku (2015), conducted a study to investigate the effects of mentoring on employees' performance in family business in Abuja. The study employed a survey research design using both quantitative and qualitative approaches. The data collected was analysed using Pearson correlation coefficient statistics technique. The findings of the study revealed that, mentoring had positive effects on employees' performance; career support had more positive effect on employees' performance than psychosocial support. The researcher recommended further studies could be carried out on another human resources development function that leads to career success; for example coaching.

Mundia (2014) conducted a study to investigate the Role of Mentoring Programs on the Employee Performance in Organizations in Nyeri. The findings of the study showed that, the mentoring program is an important employee development method practiced in successful organizations. The data was analysed qualitatively and quantitatively by using descriptive and inferential statistics to measure the formulated objectives so as to establish the relationship between the independent and dependent variables. Recommended that further studies could also be carried out on another human resources development function that leads to career success; for example coaching. Pop (2013), conducted a study to determine the Role of Mentorship in the Retention of Graduates in a South African Information Communication and Technology (ICT) company. A Mentorship role survey and retention survey were administered. Results showed that, mentorship was statistically significantly related to the graduate intern's intention to quit the graduate internship programme. Results further showed a practically significant relationship between the opportunity to apply mentorship skills and the mentor's intention to employ the graduate intern upon completion of the programme.

Dourherty *et.al.*, (2013), in their study on mentor status, occupational context and mentees career outcomes. The researchers confirmed that, male and female mentees equally achieved

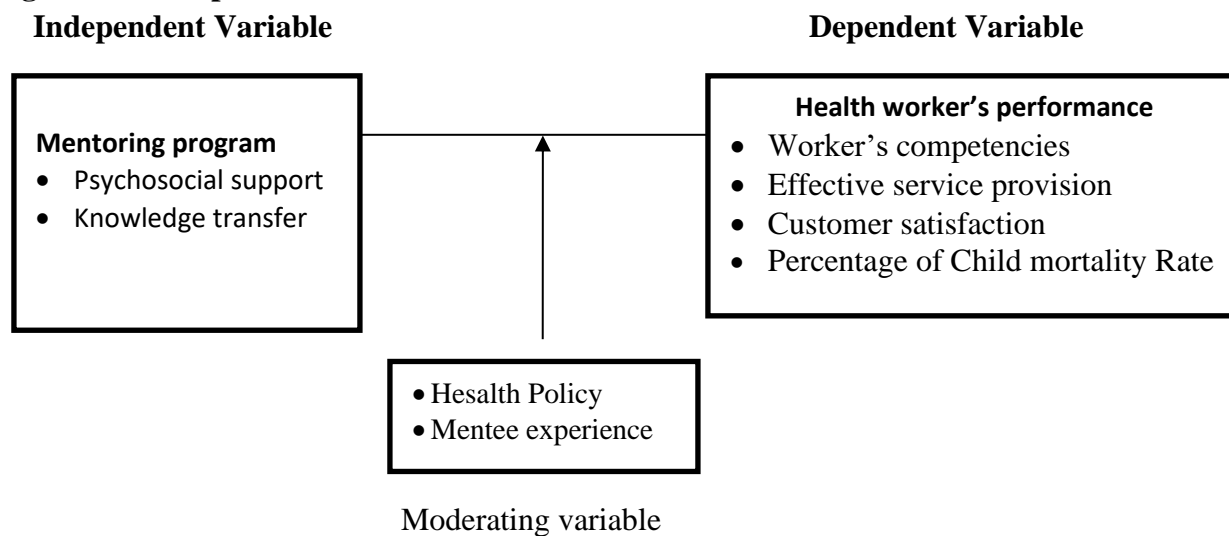


a higher rate of compensation in such a way that, mentee with no mentors received less pay than those with mentors. However, the researchers noted that, in both studies, female mentees with senior mentors had a higher compensation rate than their male counterparts with senior mentors. The results of this study showed the significant role played by mentoring in increasing career returns for mentees. The study was faced with time limitation though. Swanapoel (2012) carried out a study to determine the effects of mentoring on the development of leaders in Pretoria. The research was of a qualitative and In-depth interviews. Also, the study found that there is a connection between mentoring and leader development and mentoring can be used to develop leaders. Ramaswami *et.al.*, (2010), carried out a study on examining the moderating effects of mentee's sex orientation and organizational context on relationships between senior-male mentors and objective and subjective career outcomes among midcareer managers and professionals. Extending Signalling Theory and using a 3-way interaction, they found that, associations between senior-male mentoring, cash compensation and career progress satisfaction were greatest among women working in male-gendered industries. By contextualizing the mentee sex-by-mentoring interaction and by considering key mentor attributes, the results of this study provide important insights into where, why and for whom access to a senior-male mentor is related to career success and contribute to building more complete models of the career attainment process.

### **Conceptual Framework**

The conceptual framework of the study as illustrated in Figure 1, seeks to give description of the research concepts together with the variables such as the independent variables (I.V), intervening variables and dependent variable (D.V) as isolated but work in a unified system of relationships. These variables are based on the literature reviewed on mentoring program on organizational performance at RCHs. The conceptual frame work of this study is.

**Figure 1: Conceptual Framework**



Source: Researcher, (2020)

## Research Methodology

### Research Design

Cooper and Schindler, (1998) defined research design as the plan or the blueprint to be used for realizing objectives and answering questions. Determining the most appropriate research design is a function of the research objectives and the specific information requirements Creswell, (2000). This study adopted a correlation research design. This design was selected based on the nature of the variables investigated per the objectives mentioned above as done in previous studies by Schoonenboom & Johnson (2018). This study used a mixed approach which was determined by the research objectives, research questions, purpose of the study and magnitude of the study population. The research approaches were both qualitative and quantitative. This study used quantitative techniques to test the impact and assessed the significance of each parameter in the model by explaining the influence of mentoring program and performance. Qualitative approaches allow a researcher to explore provided there is in-depth knowledge of the respondent on the topic Salaria, (2012).

## Study Population

The population of this study is 434 including all medical doctors, nurse midwife, mentor and Programme Coordinators of the RCHs Clinics in Unguja who were engaged and participated even once in mentoring as shown in Table 1.

**Table 1 Study Population**

Carders	Kivunge PHCC	Makunduchi PHCC	Mnazi Mmoja Hospital	Mwembeladu Hospital	K/Chekundu RCHs	Grand total
MD	13	8	167	-	-	188
Midwife	13	7	206	-	-	226
Mentors	4	4	4	4		16
Managers					4	4
<b>Total</b>						<b>434</b>

Source: MOH database, 2020

## Sample Size and Sampling Technique

Borg and Gall (1996) defined a sample as a small proportion of a target population selected using sound systematic procedure for the study. It is not possible to cover all the RCHs clinics in Zanzibar. Therefore, a representative sample was used, the study applied Yamane (1967) sample size formula to get the sample size.

**Table 2: Distribution of Respondents**

Population	Population	Sample fraction (0.1) (n)	Sampling technique
Medical Doctors	188	65	Random
Nurse midwife	226	69	Random
Mentors	16	14	Purposive
Programme Coordinators	4	4	Census
<b>Total</b>	<b>434</b>	<b>152</b>	

Source, Researcher, 2020

## **Sampling Technique**

A probability sampling technique was used to select respondents i.e. random probability sampling technique was used to get respondents like Medical Doctors, nurse midwife staff, Programme Coordinators and mentors from RCHs clinics and hospitals. Random sampling is a part of the sampling technique in which each sample has an equal probability of being chosen. A sample chosen randomly was expected to be an unbiased representation of the total population (Cresswell, (2000)).

## **Collection Methods**

Cookie (2017) argues that, data collection is a component of research in all fields of study including physical and social sciences, humanities, and business. While methods vary by discipline, the emphasis on ensuring accurate and honest collection remains the same. The method applied in gathering the data for the answering the questions raised in this study was Questionnaire and interviews. These methods were used collect data from primary sources.

## **Interview**

Kothari (2004) defines a research interview as a structured social interaction between a researcher and an interviewee who is identified as a potential source of information, in which the interviewer initiates and controls the exchange to obtain quantifiable and comparable information relevant to the research questions. In this study, semi structured interview was used and interview guide used to collect data. The interview session took place in the respondents' offices because they were such conducive environment for them and easy getting other needed useful information from their work places. Eight (8) interview sessions were conducted because of saturation stage, the Time interval was 25 to 30 minutes and the session outcomes were recorded in note books.

## **Questionnaires**

Semi structured questionnaire items were raised from the literature review, objectives of the study of this research. The questionnaire was designed to capture relevant information from the field. The questionnaire format was constructed by the researcher under the guidance of the research supervisor who subjected the instruments to theoretical and practical validity. The response rate of the respondents has been identified. 160 pieces of questionnaire were distributed to increase over sample size in avoidance of the risk of having poor responses from questionnaires and to cover for the shortage of responses that might happen. Out of 160 questionnaires which were distributed, 121 respondents which was equal to 76% were successfully filled. In this study, the response rate has met standard of accuracy in terms of the response. The results of this study unquestionably are representative. In order to make provision for reliability of the questionnaire as a major instrument in this research study, the test-re-test reliability method was adopted. The questionnaires were pre –tested by administering 20 copies to health workers. The questionnaire was made up of measurement questions (Likert scales). The choice of using questionnaire in data collection was given greater priority because of its advantages over other methods, as it is efficient, cost effective and ability to capture more information from the source (Saunders *et.al.*, 2012). The reliability of the items of the instruments was analysed using croncbach coefficient alpha aided by the use of SPSS 22. The reliability coefficient shows that, the questionnaire yield 0.649 which indicates that, the instrument is reliable.

## **Validity**

Validity is the extent to which a test measures what it claims to measure. It is vital for a test to be valid in order for the results to be accurately applied and interpreted (Cherry, 2012). The validity was assessed by allowing at least 2 experts to rate each item's relevance, clarity and the time taken to complete the questionnaire. Items that are rated as strongly relevant by both judges were included in the final test.

## Reliability

Reliability refers to the consistency of a measure. A test is considered reliable if the same result is repeatedly gotten (Ibid, 2012). In this study, the tool was assessed for its stability and internal consistency reliability. The stability of a measure refers to the extent to which the same results are obtained on repeated administration of the instrument, mainly focusing here on the instrument's susceptibility to extraneous factors from one administration to the next. The instrument stability was assessed by using test-retest method in which the test was administered to a sample of individuals on two occasions and the scores obtained were compared objectively by computing a reliability coefficient. Reliability coefficient is a numerical index of the magnitude of the test's reliability which ranges from 0 to 1. The higher the coefficient, the more stable the measure. Usually, reliability coefficients of 0.7 are considered satisfactory (Polit and Hungler, 1991). In internal consistency reliability estimation, the reliability of the instrument is judged by estimating how well the items that reflect the same construct yield similar results. There is interest in the results consistency for different items related to the same construct within the measure. Cronbach Alpha ( $\alpha$ ) is one technique to measure internal consistency reliability. Cronbach Alpha is equivalent to the average of all possible split half correlations (Shuttleworth, 2009). In this study, twenty two items were prepared, including three items in three dimensions, health worker's performance, psychosocial support and knowledge transfer with a Cronbach's value of 0.649 (Table 3). The Cronbach's value of psychosocial support value of 0.621 and knowledge transfer 0.733. It should be noted that when Cronbach's Alpha is greater than 0.9, it means that the internal consistency reliability is excellent. When the Cronbach's Alpha is greater than 0.8, it means that the internal consistency reliability is good. When Cronbach's Alpha is greater than 0.7, it means that the internal consistency reliability is acceptable. When Cronbach's Alpha is greater than 0.6, it means that the internal consistency reliability is still acceptable. When Cronbach's Alpha is greater than 0.5, it means that the internal consistency reliability is poor, when Cronbach's Alpha is below 0.5, it means that the internal consistency reliability is unaccepted.

Table 3 Reliability Statistics on mentoring program on health worker’s performance

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.649	.646	22

Source: Field data, 2019

### Data Analysis

Data analysis involve preparing the data for analysis, moving deeper and deeper into understanding the data representing data and making an interpretation of the large meaning of the data (Creswell, 2000). For the purpose of this research, both the qualitative and quantitative data was analysed. Once the work of data entry was completed, data cleaning was performed to ensure reliability of information entered in the data base system prior to starting the process of analysis. The questionnaires were coded and analysed using the statistical package for the Social Science SPSS version 22.0 computer software. The respondents or demographic information for the 121 respondents were calculated using descriptive statistical technique in the questionnaire. The “descriptive statistics are a set of statistical tools that allow the researcher to perfectly define a large volume of data with just a few values” (Ibid). Therefore, descriptive statistical techniques were used to obtain frequencies, analyse and summarise data before making conclusions. The “frequencies command” provides descriptive statistics for total number of study participants. Lastly, the bivariate (Pearson r) correlation is “the examination of the relationship between two variables” Bryman & Cramer, (2009). The second research question sought to determine whether there was a significant relationship between psychosocial support and health worker’s performance and the third research question was to determine whether there was a significant relationship between knowledge transfer and health worker’s performance. For qualitative data, thematic analysis was used to analyse data obtained through interview guide in accordance with Hsieh and Shannon (2005) who defined qualitative thematic analysis as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns. The qualitative data analysis was done to provide more open understanding of the study and how people feel or what they think about particular subject or subjects. The methodology is selected due to the nature of the research problem because it provides the description through interview tool analysed by qualitative method and demonstrate finding

information using words. Firstly; specific attention was paid to the themes, secondly; codes were generated after reduction of un-useful data from what the participants had said by compressing long sentence and labels the useful data needed on a research objective in order to create categories for more efficient analysis, thirdly; codes were combined into themes accurately represent the data and described exactly what the themes meant in each category.

## Findings of the Study and Discussion

### Demographic Information of the Respondents

A total of 152 questionnaires were distributed, 121 were returned representing 80% response rate. Table 4 below presents the demographic information of the respondents' gender.

#### Gender of the Respondents

**Table 4: Gender of the Respondents**

Gender Variable	Frequency	Percent
Male	45	37
Female	76	63
Total	121	100

**Source: Field data, 2020**

The results of the study show that, 76 respondents equal to 63% were female while 45 equal to 37% were male. The assessment findings show that, most of the health workers supported by the health sector in RCHs services in Unguja hospitals and clinics were female (Table 4). However, the situation is not different in most African countries as well as Zanzibar. It shows that, the majority of women are working in different organizations and much more in clinics.



## Respondents' Occupation

**Table 5: Occupation Information of the Respondents**

Occupation	Frequency	Percent
Medical Doctor	24	20
Nurse Midwife	57	47
Mentor	6	5
Officer	0	.0
General Nurses	34	28
<b>Total</b>	<b>121</b>	<b>100</b>

**Source: Field data, 2020**

The surveyed were requested to indicate their occupation. Findings discovered that, 24 respondents which corresponds to 20% were Medical Doctors, 57 equal to 47% were Nurse Midwife, 6 equal to 5% mentor and 34 equal to 28% were specified as others which included General Nurses. The findings indicate that, majority of respondents worked as Nurse Midwife in RCHs facilities.

## Working Station

**Table 6: Working Station of the Respondents**

	Frequency	Percent
Mnazi Mmoja Hospital	72	60
Makunduchi Hospital	22	18
Kivunge Hospital	22	18
Mwembeladu Hospital	5	4
<b>Total</b>	<b>121</b>	<b>100</b>

**Source: Field data, 2020**

The results of the study show that, 72 respondents equal to 60% work at Mnazi Mmoja Hospital, 22 equal to 18% at Makunduchi Hospital, 22 equal to 18% at Kivunge Hospital, 5% equal to 4% at Mwembelau Hospital and 0 equal to 0% (Table 6). The overall assessment shows that, majority of respondents work at Mnazi Mmoja Hospital and this is because Mnazi Mmoja is a referral Hospital.

## Working Experience of the Respondents

**Table 7: Working Experience of the Respondents**

Working Experience	Frequency	Percent
less than 1 year	14	11
3-5 years	52	43
5-10 years	37	31
More than 10 years	18	15
Total	121	100

**Source: Field data, 2020**

The mentee experience of the respondents was also identified. Majority of respondents 52 equal to 43% had some experience of 3 to 5 years, 37 respondents equal to 31% had experience of 5 to 10 years (Table 7). The findings indicate that, majority of respondents had an experience of 3-5 years and 5-10 years.

## Mentorship Areas Studied

**Table 8: Area of Mentoring Program**

Mentoring Programme	Frequency	Percent
Career success	23	19
Psychosocial support	47	39
Knowledge Transfer	51	42
Total	121	100

**Source: Field data, 2020**

The study identified several areas of mentorship on RCHs in health facility. The results showed that, 51 respondents equal to 42% mentors were in the area of knowledge transfer program. 45 equal to 39% were in psychosocial support program and 23, equal to 19% were for career success (Table 8). The findings of the study indicate that, majority of respondents relied more on knowledge transfer to provide mentorship than on other areas.

## Relationship between Psychosocial Support and Health Worker's Performance in RCHs

The following section presents the respondents' performance rating and output on mentoring. The researcher determined the relationship between the psychosocial support and health worker's performance as seen in Table 9.

Table. 9 Bivariate Correlations psychosocial support and health worker's performance.

		Health Worker's Performance	Clear_information	Effective_communication	Working_influence	counselling	conflict_resolution
Health Worker's Performance	Pearson Correlation	1	.209*	-.101	.631**	.309**	.347**
	Sig. (2-tailed)		.024	.324	.000	.001	.000
Clear_information	Pearson Correlation	.209*	1	.037	.245**	.012	.036
	Sig. (2-tailed)	.024		.715	.008	.900	.699
Effective_communication	Pearson Correlation	-.101	.037	1	.013	.145	.124
	Sig. (2-tailed)	.324	.715		.897	.157	.232
Working_influence	Pearson Correlation	.631**	.245**	.013	1	.137	.131
	Sig. (2-tailed)	.000	.008	.897		.142	.166
Counselling	Pearson Correlation	.309**	.012	.145	.137	1	.580**
	Sig. (2-tailed)	.001	.900	.157	.142		.000
conflict_resolution	Pearson Correlation	.347**	.036	.124	.131	.580**	1
	Sig. (2-tailed)	.000	.699	.232	.166	.000	

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Pearson's *r* parametric test of correlation revealed that, there was a significant relationship between psychosocial support and health worker's performance, those variables correlated with each other. Firstly, the results of the analysis in Table 9 show strong positive correlations between mentoring (Psychosocial support) and health worker's performance at  $r = .631^{**}$ . The correlation between health worker's performance concerning the mentoring was as follows: mentors had working influence towards health workers' performance in the units ( $r = .431, p < 0.01$ ); Health workers had enough knowledge for providing counselling to their customers after mentoring program was conducted ( $r = .309, p < 0.01$ ) and the health workers had capability to solve conflicts among their colleagues ( $r = .347, p < 0.01$ ). The correlation between these three variables was statistically significant. Secondly, working influence correlated with clear information ( $r = .245, p < 0.01$ ); enough knowledge for providing counselling to the customers correlated with health worker's capability on conflict resolution ( $r = .580, p < 0.01$ ). The correlation between the various factors of health performance in psychosocial is statistically significant. The findings are presented in Table 9.

This implies that, results of the analysis in Table 9 showed strong positive correlation between mentoring (Psychosocial support) and health worker's performance. The significance value is less than 0.05, which means that, the variation explained by the model is not due to chance. Based on the results shown, there is a significant relationship between mentoring (Psychosocial support) and health worker's performance.

The findings of this study agreed with some of earlier studies. The current results are consistent with previous findings of Ofobruku, (2015). In other words, the increase in effective communication and conflict resolution, counselling and working influence would lead to increase in health worker's performance as the case is in Table 9.

The above implies that, efficient health worker's performance is essential for health facilities success. The RCHs therefore need to understand how mentoring influences worker's performance, the capability of the leaders and management to effectively improve health workers performance in their activities, health facilities are observable to effective mentoring programmes. The extent at which organizations are able to create the culture of mentoring as a strategic and key point to health worker's performance will determine their sustainability in improving worker's performance. The findings of this study tallied with some of earlier studies. The current results also agree with the earlier study that the psychosocial mentoring have strong relationships with health worker's performance (Allen *et.al.*; 2006; and Ofobruku 2015).

**Relationship between Knowledge Transfer and Health Worker’s Performance** The following section presents the respondents’ performance rating and output on mentoring. The researcher determined the relationship between knowledge transfer and health worker’s performance as illustrated in Table 10.

Table. 10: Bivariate Correlations knowledge transfer and health worker’s performance

		Health Worker’s Performance	Sharing_willingness	Knowlede_transfer	Ability_to_Transfer	Capability_of_sharing	Mentor_experience
Health Worker’s Performance	Pearson Correlation	1	-0.053	.388**	.512**	.219*	Health Worker’s Performance
	Sig. (2-tailed)		0.609	0	0	0.018	.000
Willingness to share	Pearson Correlation	-0.053	1	-0.046	0.058	0.045	Willingness to share
	Sig. (2-tailed)	0.609		0.655	0.572	0.665	.699
Knowlede_transfer	Pearson Correlation	.388**	-0.046	1	.735**	.669**	Knowlede_transfer
	Sig. (2-tailed)	0	0.655		0	0	.232
Ability_to_tranfer	Pearson Correlation	.512**	0.058	.735**	1	.599**	Ability_to_tranfer
	Sig. (2-tailed)	0	0.572	0		0	.166
Capability_of_sharing	Pearson Correlation	.219*	0.045	.669**	.599**	1	Capability_of_sharing
	Sig. (2-tailed)	0.018	0.665	0	0		.000
Mentor_experience	Pearson Correlation	0.118	-0.092	0.101	0.085	0.123	Mentor_experience
	Sig. (2-tailed)	0.208	0.37	0.279	0.36	0.188	

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

This research question sought to examine whether there were any significant relationships between health worker's performance and knowledge transfer (willingness to share, knowledge transfer, ability to transfer, capability of sharing knowledge and knowledge transfer experience) in RCHs Unguja. The inferential statistical technique for determining the correlations, bivariate coefficients or Pearson's  $r$  parametric test of correlation revealed that, those variables correlated with each other.

The results of the analysis in Table 10 show strong positive correlations between mentoring (knowledge transfer) and health worker's performance at  $r = .512^{**}$  as well as the effort of health workers to transfer the knowledge to their colleagues ( $r=.388, p<0.01$ ). The relationship increased due to the ability of health worker's to transfer knowledge to their colleagues at the work place ( $r =.423 <0.01$ ). Secondly, knowledge transfer correlates with ability to transfer knowledge ( $r = .735, p<0.01$ ) and the capability of sharing knowledge ( $r=.669, p<0.01$ ).

Finally, capability of sharing knowledge with health workers correlates with the ability of health workers in transferring knowledge to their colleagues ( $r=.669 p<0.01$ ) and ability to transfer knowledge ( $r=.599, p<0.01$ ). The correlation between those four variables was statistically significant. This implies that, knowledge transfer relates more significantly with health worker's performance. In other words, the increase in the effectiveness of mentoring program on knowledge transfer would lead to increase in effectiveness of health worker's performance. Table 10 indicates that, when knowledge transfer was correlated with health worker's performance, the significance value produced was 0.000. The significance value of 0.000 was less than 0.05. The significance value is less than 0.05 which means that, the variation explained by the model is not due to chance. Based on the results shown in Table 10, it is concluded that, there is a significant relationship between mentoring (knowledge transfer) and health worker's performance in RCHs. These findings are in line with the view and position of Social Learning Theory in the transmission of knowledge and skills from older and more experienced hands. The current results also agree with the earlier study and findings (Mundia & Iravo, 2014; and Ofobruku 2015).

During interviews probing into knowledge and understanding of mentorship program by the respondents was crucial to achieve the objective of this study. The key informants from selected hospitals were collected and interviewed. Based on this information, then, the researcher was able to narrate detailed qualitative information and explained how those health workers perceived the mentoring program and how it influences workers' performance at their

working place. The interviewees were asked to explain their understanding and knowledge concerning the mentoring program. The participants had in depth understanding of the mentoring program. The participants were personally engaged in the mentoring program as mentor or coordinator. However, interviewees had different understanding on the mentoring program as they described it in two different themes:-

Four respondents described that, mentoring is a program:

*While some viewed mentoring as program of sharing knowledge between mentor and mentee, others explained mentoring as a program whereby the mentor has taken the commitment to provide knowledge to the junior or new employees. Other interviewees perceived mentoring program as a program of creating relationship for learning. It was further elaborated that mentoring is a program to support learning to improve a person. Moreover, some explained the mentoring is a concept where a mentor, act as a role model in the training and skill development of the mentee.*

In a nutshell, four remaining participants viewed mentoring program as a tool and argued that; ..... *Mentoring is a tool for transferring the knowledge, behaviour and skills from the experienced doctor to the new staff and lead to efficiency on performing their responsibility.*

Therefore, concerning their answers, the researcher concluded that, the health workers have enough knowledge concerning the mentoring program. The interviewees perceived this program as an exposure which enables them to execute their work effectively and diligently. They said that;

*The program being an exposure for them because the employee is given new responsibility at the work place under the guidance of their mentor which enables them to have strong relationship and deal with work activities using the approaches learnt from their superiors, to make independent decisions, employees getting the opportunity to gain the knowledge of their organisation which helps them to performance their work effectively.*

That's another answer from interviewees that they believe due to their perception on role model in mentoring as the way leading them to hold their assignment effectively with positive behaviour. The respondents said:

*The mentoring program as role model because it enables them to hold their assignment at the workplace effectively and employees model their behaviour at work after of their superiors direct because the health workers are assigned the challenging assignment and they perform it well. Employees are supposed to balance their work activities with their personal life. During work time, the workers getting support from their superior. With all of this, the mentor needs to provide quality service at the health facility.....*

From the question on the perception on career success on health worker's performance, the respondents described it as role modelling as they argued that:

*The health workers change their behaviour, attitude and values at the work place which make them to have positive image to the organization and customers. Through this help, the organization to have the employees who have good values who cope through the approach learnt from their mentor, not only that, t the health workers who participate in mentoring program develop their attitude and willingness to perform their duties effectively which enable the organization to attain their goals.*

In regard to the nature of this study, the researcher interviewed the participants in order to appreciate if the mentoring program needs to be developed in the health facilities. Accordingly, the participants asked about the contribution and suggestions of improving mentoring program? They showed their desire to continue with the program on their facility in order to maintain high quality of services and expressed strong acceptance for the implementation of this mentoring program and advised that, the program be expanded and expedited. In fact, the doctors and mentors said:

Five respondents suggested that mentoring program should be invested in enormously as a special program for health workers;

*They explained that, the Ministry of Health although continues working with this program, for the purpose of developing our staff skills and building their capacity at working place. This Program should continue. However, the results of this effort still not feasible. We tried to find out alternative mechanisms, for example, using direct short training programs to build capacity to generate confidence in workers but with minimal and tangible success!*



Other two respondents suggested that, mentors should improve on training as well as on the process they transfer knowledge to the respondents and these said; *the mentoring program should be focused in different spheres so that they could provide lessons to the mentee of RCHs, rather than focusing at clinics and family planning.* Also, one doctor/mentor in Mwembeladu clinic said:

*Trainings in all areas should be provided to supplement the place of mentoring. Since mentoring is not clear, then, mentoring will have something to generate capability to health worker's performance. For example, when a mentor is to go to a clinic for only one maternity. He/She feels more comfortable supporting other services such as family planning and others in RCHs when they are well grounded in training rather than in mentoring.*

All 8 respondents mentioned their concern on effective implementation and allocation of budget for RCHs. The interview revealed that;

*The Ministry and the Program Coordinator although plan their activities and budget effectively in order to reach their target, it is so happening that they do not have enough equipment and resources during the time of conducting mentoring program. Moreover, the program ends when the doctors and other supervisors provide effective monitoring and evaluation reports to the Units. If well developed, the report would help them to identify the gaps and the workers who will need to be mentored.*

Due to the respondent's views, it is clear that objective one is showing positive impact for the health workers performance because all of them understand career success and health worker's performance.

This study results show that those findings were consistent with the notion under the umbrella of Learning Theory especially the Social Learning Theory, Social Exchange Theory and Role Model Theory. The first three of these theories are concerned with observing another person's behaviour in order to learn from others. For example, Social Learning Theory (following Bandura, 1977) maintains that, human beings tend to emulate the behaviour they see in others whom they respect and admire. Therefore, these theories lead the mentee who acknowledges learning by watching his or her supervisor since he/she considers him/her as a role model. He/she is then more likely to become deeply engaged in his/her work execution. Secondly, trainees with successful careers in health research would be availed in their home countries. Thus, contributing to a shift in attitude about health research careers that had broader institutional ramifications M'Imunya, *et.al.* (2013).

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## Conclusion and Recommendations

The study provided an insight into the relevance of mentoring program on Health worker's performance in Zanzibar. Most of the findings showed Mentoring program on health worker's performance had questionable relationship. The findings of the study revealed that, health workers have minimum experience on mentorship program. Using reliability and the data collected were analyzed using Pearson correlation coefficient statistics technique to examine relationship between psychosocial support and knowledge transfer on performance of health workers and the results showed that, the mentoring program has positive impact on health worker's performance because these two variables are compatible to a higher extent which implies that the relationship is much significant. The qualitative data also revealed that, employees understand and have good perception on career success, on mentoring program and the health worker's performance. The above imply that, improved health worker's performance is necessary for RCHs success. Therefore, the Ministry of Health needs to appreciate the fact that, mentoring has positive impact on health worker's performance, ability to manage and program coordination effectively improve worker's performance in today's world. Guided by the results of this study, the researcher recommends and suggests that on how to make the mentoring program implemented effectively in health facilities and other organizations, for better health worker's performance in Zanzibar and RCHS to provide best services to reach the customer satisfaction, decreasing of MNC rate and using the employees' skills and attitude and good behavior, the management of all Units and health facilities should adopt the mentoring program of employees, through career support, knowledge transfer and psychosocial support of employees, that have strong positive impact on health worker's performance in achieving the organizational objectives. The management and program coordinator should continue to take the issue of mentorship (career support, knowledge transfer and psychosocial support for improving health worker's performance) seriously as a way of improving on worker's performance to their facilities and have continuous provision of monitoring and evaluation reports of the mentees of the organization. The mentoring programme coordinator should insist that the mentor should provide feedback to the mentee at the end of the mentoring programs. This will enable the health workers to understand their challenges and their attitude accordingly and this will effectively guide both the firm and staff to achieve their objectives. The researcher also recommends that, the Government, management and program coordinator should continue taking the issue of mentorship as an effective arrangement as other programs and activities of the firm. Therefore, they should have

enough budget in order to help the mentor to have sufficient resources during the implementation of the program.

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