BUILDING CAPACITY OF HEALTH WORKERS THROUGH SUPPORTIVE SUPERVISION

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Dieudonne Ndatimana; Assumpta Kayinamura Mwali, MD; and Samson Radeny, PhD; IntraHealth International.

BACKGROUND

Despite the great strides made by low- and middle-income countries (LMICs) to deliver optimal health care to their populations, these countries' health systems still face a myriad of challenges, a major one being the low numbers of qualified and motivated health workers, which hinders the delivery of quality health care leading to poor health outcomes for mothers, newborns, children, and adolescents (Willcox et al. 2015). In light of staff shortages, it is paramount to find ways of retaining and motivating the often-burdened health workers as well as increasing their competency to deliver essential health services to patients without compromising quality. One intervention to boost the performance of health workers is continuous supervision of health facilities and providers to ensure that equitable health care is delivered to patients using evidence-based clinical guidelines (Martin et al. 2019). Supervision links health workers and the central health system so that providers have the tools needed to diligently carry out their duties while ensuring that service delivery is aligned to national protocols, standards, and guidelines (Avortri et al. 2019).

Despite recognition of the importance of conducting health care supervision in LMICs, supervision systems are often weak or even absent (Manzi et al. 2012). When carried out in resource-poor settings, supervision visits are often conducted infrequently and in a fragmented nature, rendering them ineffective in improving health care delivery standards (Bosch-Capblanch et al. 2011). Traditionally, supervision has involved authoritarian inspections and issuance of orders and audits aimed at fault-finding, which has been shown to be ineffective and demotivating to health workers (Mboya et al. 2016). A study carried out in Rwanda showed that health facility supervision was conducted in this conventional manner, relying heavily on performance evaluations that caused a great deal of fear and anxiety among providers (Schriver et al. 2017). This apprehension was exacerbated by what health workers felt was a power balance tilting heavily toward the supervisors that did not take into account the views of staff on the ground. Findings from this study are not dissimilar from research carried out in other LMICs that reported health workers felt targeted by supervisors who only looked for faults, often delivering feedback in a non-constructive fashion, which devalues the efforts of service providers and does not help them meet their personal and professional goals or equip them to improve health care delivery (McAuliffe et al. 2013).

Supportive supervision is defined as a process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality services (WHO 2020). It fosters a collaborative and facilitative environment where supervisors, facility administrators, and health providers work as a team to monitor performance of health facilities and identify and address gaps through continuous quality improvement (QI) while putting in place safeguards preventing poor management and clinical practices from becoming routine (Bailey et al. 2016).

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Supportive supervision has been shown to lead to improvement in clinical skills, competency, adherence with protocols, and reducing patient complications (Snowdon et al. 2017). Involving health workers to have a say in identifying and fixing issues also increases workplace morale, motivation, job retention, and satisfaction, which has led to improvements in infrastructure, management of staff and services, record-keeping, and technical competencies to provide quality, standard-driven health care (Suh et al. 2007).

The USAID Ingobyi Activity, a five-year cooperative agreement led by IntraHealth International to improve the quality of reproductive, maternal, newborn, and child health (RMNCH) and malaria services, builds upon the tremendous gains Rwanda has made in the health sector as well as previous USAID investments in the sector. Ingobyi prioritizes continuous supportive supervision as a strategic approach for knowledge transfer and skills building for health workers to address critical service gaps affecting quality health care delivery in 26 hospitals and 325 health centers in 20 supported districts. Complementary interventions include clinical mentorship, clinical training, routine data analysis and use, and peer learning, among others.

INGOBYI ACTIVITY'S SUPPORTIVE SUPERVISION APPROACH

SELECTION OF HEALTH FACILITIES FOR SUPERVISION

Every health facility receives at least one joint supportive supervision visit per quarter from a team made up of Ingobyi Activity technical staff, Ministry of Health (MOH)/Rwanda Biomedical Centre (RBC) officers, and health facility leaders. Ingobyi also employs a need-based approach to identify and prioritize struggling facilities in need of more urgent and/or frequent supervisory visits. These struggling facilities are identified through routine monthly review of health indicators, data from district and national health management information systems, mentorship reports, reports from previous supervision visits, and progress on already implemented QI projects. This routine analysis enables Ingobyi to identify health facilities that are performing below expected targets and support them to reverse the trends. The supervisory team uses information from the analysis to set objectives and tailor action plans to address identified needs.

PREPARATION FOR THE VISIT

The multidisciplinary team introduces principles of supportive supervision to different stakeholders, who are usually more acquainted with the traditional inspection type of supervision. Prior to a health facility visit, resources needed for supervision such as checklists, data reports, and national clinical guidelines are gathered. Teaching aids like posters, flow charts, and flipcharts are brought along as well as other resources that might be needed to provide on-the-job training based on the priority issues identified from the data review and subsequent facility assessments. The health facility is informed of the supervision visit in advance to enable them to prepare any materials, documents, reports, and data that might be needed to assess facility performance.

ORIENTATION MEETING WITH THE FACILITY LEADERSHIP

Upon arrival at the facility, the supervisory team holds a brief meeting with the facility director and other members of the administrative team to discuss the purpose of the visit and the different activities to be carried out. This meeting allows for an initial onsite review of the facility's service data that might include health data from computerized systems, registers, and patient files. The supervisory team also uses this meeting to discuss the progress of implementation of recommendations from prior supervisory visits and any challenges encountered.

ASSESSMENT OF SERVICE DELIVERY

After the orientation meeting, the team tours all units of the health facility, conducting ward rounds to scrutinize the activities being conducted by health care staff. Supervisors pay special attention to the quality of the work environment by assessing the following: facility protocols, infrastructure, equipment, organization of staff and services, availability of trained staff, infection prevention and control standards, stock management, referral systems, general delivery of services; and adherence to national clinical standards and guidelines. This collection of information and assessment is done through a variety of means including:

- **Supervisory checklists**

The team uses several national and Ingobyi Activity-generated checklists based on expected standards of health service delivery. The checklists guide supervisors to ensure that all priority issues are reviewed. While these checklists are important supervisory tools, Ingobyi encourages supervisors to only use them as a job aid to facilitate observation and technical assistance to health providers, and not for formal data collection. However, information recorded in the checklists is used as a reference point for tracking changes in subsequent supervisory visits.

- **Direct observation**

The supervisory team keeps a keen eye on the work environment, assessing the quality and functionality of infrastructure, equipment, and supplies at the facility. Different activities and processes of service delivery and compliance with national clinical standards and protocols are observed, with supervisors scrutinizing health providers' case management to gauge their knowledge, skills, and competencies when carrying out history-taking, diagnosis, triage, treatment, counseling, and referral of patients.

Direct case management observation is done with the consent of patients after they receive an explanation of its purpose. The supervisors do not interfere in case management unless the provider has missed important steps or procedures that might negatively impact the patient's care outcomes. When the patient has left the room, the supervisor provides constructive feedback in a respectful non-confrontational manner starting by pointing out and praising the strengths before discussing any weaknesses or mistakes and how the provider can improve going forward. The supervisors may refer to job aids like charts, posters, and flipbooks containing training content on how specific clinical procedures are supposed to be carried out based on approved national guidelines.

- **Review of data and registers**

The supervisory team reviews the data management skills of health workers from different facility units, including family planning (FP), immunization, neonatal, maternity, and pediatrics, among others, assessing their ability to collect, organize, and meaningfully process information and records about patients, their admission, demographic data, diagnoses, treatment, and follow-up. Data accuracy and completeness are assessed by looking at discrepancies between data entered in primary sources, such as facility ledgers and registers, compared to reported overall health facility data.

- **Interviews with staff during the visits**

Views from all supervised staff (medical, paramedical, and support staff) are considered when carrying out supportive supervision and not just the facility leadership. When workers are involved in problem identification and solving, they become more engaged, valued, and motivated to carry out their roles. Supervisors ask various health workers about their roles, feelings about their work, and any challenges they face when carrying out their jobs. Such interviews are cordial and courteous, using a friendly tone with positive body language aimed at not only building rapport with the staff but also putting them at ease to air out their views without fear of retribution from their superiors. The supervisors practice active listening that relays to health workers that they are understood and empathized with, and acknowledges that their thoughts are important in decision-making at the facility. If identified problems or critical service delivery gaps can be solved immediately on the spot, supervisors make sure to do so rather than waiting for the debriefing sessions at the end of the supervision visits.

DEBRIEF MEETINGS

At the end of the assessment, the supervisors sit down with the facility leadership, data managers, members of the rapid response team, clinical staff, and QI team members to share their findings. This meeting is also a problem-solving session where everyone brainstorms to identify the root causes of and solutions to issues identified during supervision. The supervisors start by reinforcing the strengths observed and improvements from the previous supervisory visits before pointing out areas of improvement. Critical gaps are prioritized based on their magnitude and impact on health service delivery.

Continuous QI is a key component of Ingobyi Activity's supportive supervision strategy. QI project implementation involves a root cause analysis to determine the most probable causes for each service delivery gap, find solutions, and develop action plans to solve them within an agreed upon time period. A member of the facility management team is selected to monitor the progress of the QI project, which helps ensure management takes ownership to improve health service delivery at their facilities. However, continuous QI involves all facility staff who have to work collaboratively to deliver quality care. During supportive supervision visits, Ingobyi teams review progress of ongoing QI projects with facility leaders and providers and offer coaching to support successful completion. Health facilities are also supported to develop new QI projects depending on the nature of issues identified during supportive supervision.

The role of data in monitoring the progress of QI projects is reinforced during the debriefing sessions. The supervisors use these sessions along with other opportunities during visits to build the capacity of facility staff on efficient use of data in making informed decisions and monitoring facility performance.

The supervision team holds open discussions with data managers, health center managers, and other health workers on data validation/verification procedures, data management standard operating procedures, internal data quality assessments, and the need for routine analysis, presentation, interpretation, and use of facility-level data for improved monitoring of service quality and health outcomes. The supervisors conduct data coaching if they determine that data management skills are lacking at a facility.

After the visit, the supervisors prepare a report detailing their findings and what can be done to improve health care at the facility. This report is shared with facility management to address critical gaps through resource allocation and capacity building through targeted training and mentorship.

POST-SUPERVISION FOLLOW-UP

Supervisors remain in touch with health facility leadership and mentors through different communication platforms, such as telephone calls, emails, WhatsApp, teleconferencing, and coordination meetings to follow up on recommendations from the visit and progress on identified QI projects.

ADVOCACY WITH HIGHER-LEVEL STAKEHOLDERS

Some of the critical gaps identified during supervision visits cannot be solved at the facility level and need higher-level interventions. Ingobyi Activity works with district leadership as well as other stakeholders, including the MOH and RBC, to bring these issues to light and lobby stakeholders who have the level of influence and resources needed to solve the identified issues. Ingobyi uses these meetings to advocate for improved facility infrastructure, human resources, equipment maintenance, and contribution to the development of policies and guidelines.

SUPPORTING DHMT SEMIANNUAL SUPERVISION VISITS

Ingobyi Activity provides financial and technical support to district health management teams (DHMTs) to carry out supervision of health facilities within both supported and non-supported districts nationwide. DHMTs, led by the District Vice-Mayor in charge of social affairs and including district directors of health, hospital director generals, heads of district pharmacies, representatives of health insurance, and health facility managers, are mandated by the MOH to provide governance and management oversight of health facilities to ensure the effective delivery of health services in their districts. This oversight is done through semiannual site visits by DHMT members to all health facilities in their districts to assess whether management and service delivery processes are carried out as recommended. The supervision is conducted using an MOH supervisory checklist that focuses on the management of hospitals, district pharmacies, health centers, and private health facilities and assesses the quality of service delivery and use of data for decision-making and identifies any service delivery gaps for improvement. Feedback is given immediately to the health facilities.

Ingobyi conducts routine orientation training to DHMT members on principles of supportive supervision and provides financial and logistical support for them to conduct district-wide supportive supervision. Ingobyi also regularly arranges quarterly coordination meetings with DHMTs to discuss supervision findings and challenges and brainstorm ways to improve efficiency of supportive supervision at both Ingobyi supported and non-supported facilities.

RESULTS

IMPROVED FACILITY AND HEALTH PROVIDER PERFORMANCE

Supportive supervision has contributed to better performance including an increase in the number of days FP services are offered (from one to five days a week) and improved supply chain management, adherence to infection prevention control protocols, respectful maternity care, service organization, preparedness for emergencies, birth preparedness, referral processes for newborns across different facility levels, and hospital data management. Some of the positive changes reported between baseline in 2018 and 2021 are seen in Figure 1; others include: percentage of newborns put to the breast within one hour of birth (from 92% to 95%); proportion of facilities offering both short-term FP methods and long-acting reversible contraceptives (LARCs) (from 81% to 83%); and proportion of health centers that provide youth-friendly services (from 60% to 77%).

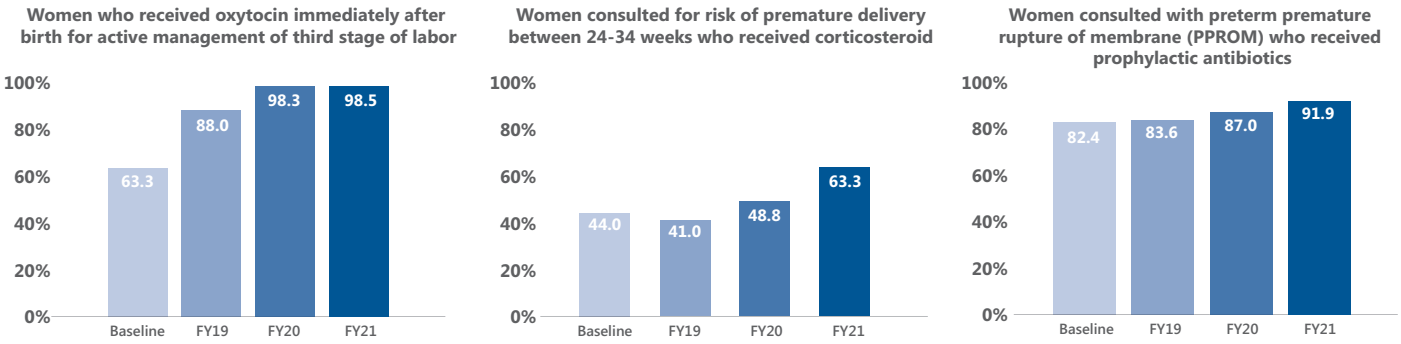
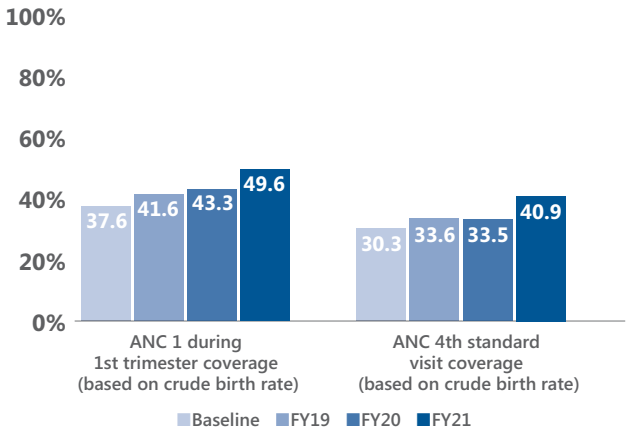


Figure 1. Changes in use of oxytocin for the third stage of labor; women 24–34 who received corticosteroids; and women with PPROM who received antibiotics

IMPROVED DATA MANAGEMENT AND UTILIZATION

At least 91% of Ingobyi Activity supported health facilities are using data to identify gaps in service delivery, guide data-to-action processes, inform QI projects, and monitor health indicators and any persisting performance gaps. Additionally, at least 68% of supported health facilities are implementing and tracking QI projects.

Figure 2. Annual ANC coverage based on crude birth rate (CBR)



IMPROVED HEALTH OUTCOMES

Supportive supervision, through improved health provider and facility service delivery, has contributed to enhanced patient outcomes seen at Ingobyi Activity supported health facilities since the start of the project in 2018 as shown in figures 2-5 on progress made in antenatal care (ANC) visits, active FP users and the contraceptive prevalence rate (CPR), postnatal care (PNC) visits, and resuscitation of newborns.

Figure 3. FP active users and CPR at end of month (EOM), 2018–2021

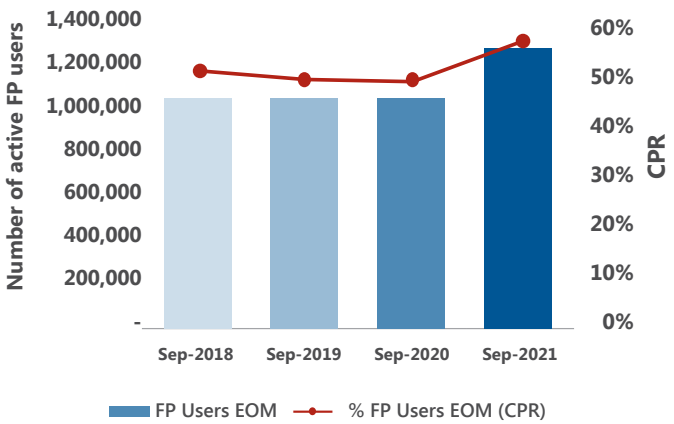


Figure 4. Annual postnatal coverage

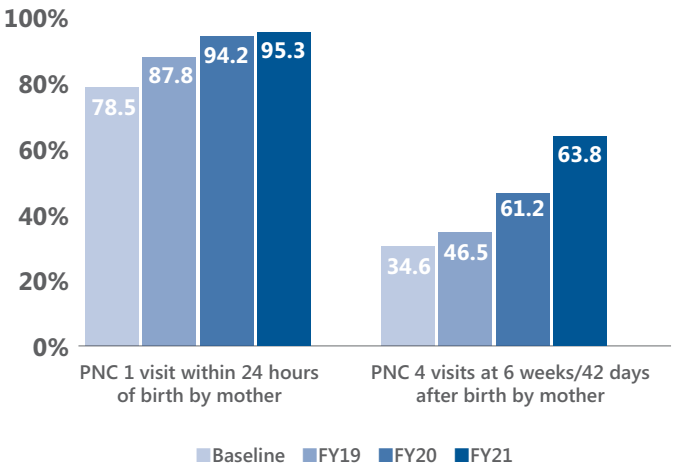
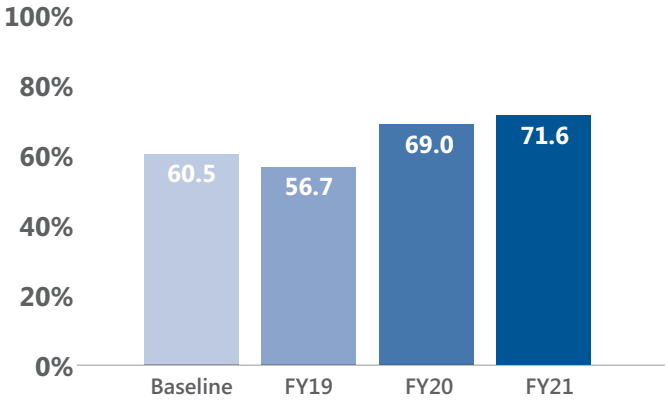


Figure 5. Proportion of successful resuscitation of live newborns who did not cry at birth, 2018–2021



IMPLEMENTATION CHALLENGES

- Shortage of staff at the supervised health facilities impacts the ability of often overburdened health workers to implement recommendations from supportive supervision and deliver quality care to each and every patient. Ingobyi Activity, through routine coordination meetings with DHMTs and other stakeholders, continues to advocate for district and health facility resource allocation to hire more staff.
- Critical systemic gaps like poor infrastructure and equipment sometimes prevent service providers from implementing recommendations from the supportive supervision visits. Ingobyi Activity uses advocacy with higher-level stakeholders to draw attention to and seek their intervention in addressing these gaps.
- Scheduling supervisory teams and visits that include MOH, RBC, mentors and Ingobyi Activity staff can be challenging due to competing priorities. To solve this, supervision schedules are now designed at least a month in advance and communicated early with all stakeholders to allow ample time for preparation before the visits.

LESSONS LEARNED

- When supervisors focus on observation of the environment and QI processes in addition to data collection or checklists, better and more sustainable results are obtained.
- Motivation of health providers is key in improvement of service delivery. When providers feel that they are valued and included in problem-solving, they are more likely to implement recommendations from supervision visits.
- When health facility managers and care providers are equipped with data management skills and tools, they are more likely to make data-driven decisions to improve quality of care.

CONCLUSIONS

Routine supportive supervision is crucial in bolstering quality and safe health care. It is a key component in addressing the critical gaps and barriers that prevent health workers from delivering quality services. The facilitative and participatory nature of supportive supervision actively involves both supervisors and health workers, which enhances mutual trust between supervisors and supervisees and produces results that benefit patients. To obtain desired and optimal outcomes, supportive supervision should be considered a critical piece of the QI package in every health care setting.

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CONTACT

Samson Radeny
Chief of Party, IntraHealth International/Rwanda
sradeny@intrahealth.org

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