

Technical Brief

Supportive Supervision for Improving Malaria Case Management and Malaria in Pregnancy Services in Ghana

Background

The Ghana Promoting Malaria Prevention and Treatment (ProMPT) project, funded by the United States Agency for International Development (USAID) through the President's Malaria Initiative (PMI) and managed by University Research Co., LLC (URC), supported the country's National Malaria Control Program (NMCP) to implement a number of interventions to improve prevention and management of malaria in pregnancy (MIP) and case management of malaria. One of the earliest interventions was training more than 10,000 health workers in malaria case management and MIP between 2009 and 2011.

While training is important to build technical competencies, it does not fully prepare health workers to recall and apply everything that they learned during training. Trained health workers may return to their places of work to find that they lack the supplies, drugs, or other support needed to implement what they learned. In addition, frequent staff rotation means that trained health workers are transferred to new posts or positions, and new, untrained service providers step in to replace them. To help address these issues, ProMPT supported the Ghana Health Service (GHS) to train 642 supervisory staff in supportive supervision techniques in all seven regions where the project worked. Subsequently, ProMPT provided grants to the Regional Health Directorates to implement supportive supervision of health workers. The grants were structured to enable district health teams to supervise health facilities with technical support from regional health teams. ProMPT partnered with the Institutional Care Division (ICD), the division within the GHS responsible for health care quality assurance, to monitor the implementation of supportive supervision and to mentor district- and regional-level supervisors in applying supportive supervision techniques. This brief outlines the process used by ProMPT and GHS to implement supportive supervision in Ghana and presents some of the findings and recommendations from the experience.



A joint supportive supervision team made up of ProMPT, ICD, and regional and district health staff provides feedback to health workers in the Ashanti Region of Ghana.

The Role of Supportive Supervision

Supportive supervision is based on the principles of cooperative goal-setting, problem-solving, and staff empowerment. Rather than issuing orders and handing out discipline, a supervisor works as an intermediary who can facilitate the implementation of institutional goals, local-level problem solving, and quality improvement (QI).¹ He or she serves as a mentor or coach (see call-out box), working with his or her supervisees as a team to discuss and analyze performance standards, establish measurable performance targets, and identify and implement strategies to meet those targets. When performance falls short of targets, the supervisor helps the team to identify barriers, and develop and test strategies to overcome them. Part of supportive supervision involves the supervisor helping supervisees develop the analytical skills to implement this approach

¹ Salem, B. and Beattie, K. Facilitative Supervision: A Vital Link in Quality Reproductive Health Service Delivery. AVSC Working Paper No. 10. AVSC International. New York, NY, 1996. http://www.k4health.org/sites/default/files/facilitative%20supervision_eng.pdf.

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Supportive Supervisor as Coach and Mentor

A supportive supervisor is:

- A facilitator who works with you and your team to develop your skills;
- A trainer who passes on knowledge;
- Someone who helps you develop both professionally and personally; and
- A QI specialist, who helps you understand and apply QI principles and tools to your work.

Adapted from: "Job Aid for Coaches." USAID PISAF Benin Project, managed by URC.

(monitor performance; identify barriers; and devise, test, and modify solutions) independently and to design, implement, and monitor facility-based action plans.

Supportive Supervision Interventions and Preliminary Results

Figure 1 outlines the process followed by ProMPT and GHS to implement supportive supervision of health workers in case management and MIP.

After round one, ProMPT and ICD reflected on round one experiences with supportive supervision and analyzed the feedback received on the post-supervisory questionnaires. This process resulted in several modifications in the implementation process, including:

- Giving more clear-cut guidance for Regional Health Directorates on the role of supportive supervision and the expectations for their participation in it;
- Streamlining reporting requirements; and
- Increasing the role of ICD in providing monitoring and coaching support to the implementation of supportive supervision in regions, thus helping put a system in place that would be sustainable beyond the life of ProMPT.

Feedback from Health Facility Heads

"The support visit is a friendly one. It is now clearly understood that IPTp protects the fetus and ensures fetal safety."

"The visit was most appropriate and very important because of the effect of malaria on pregnancy and child bearing. The team was very friendly and informative. Hope more of such visits will be conducted in future."

"The supervision helped upgrade me in the management of malaria in pregnancy."

Figure 1. ProMPT/GHS Supportive Supervision Process

ProMPT and GHS trained 642 supervisory staff from seven regions in supportive techniques.

Supportive Supervision in Districts

- ProMPT provided grants to seven Regional Health Directorates to implement supportive supervision in two rounds. Round one was conducted in five regions, and round two was conducted in six regions.
- Trained supervisors from the district health teams supervised health facilities to identify and resolve barriers to good quality malaria services.
- Where feasible, supervisors worked with facilities to develop action plans to address key issues related to malaria case management and MIP.

Technical Assistance for Supportive Supervision

- Teams composed of ProMPT, ICD, and Regional Health Directorate staff provided coaching to support and monitor supportive supervision at the district level.
- The teams visited 97 districts in round one and 62 districts in round two.
- In round two, ICD took the lead in conducting monitoring and coaching visits and focused on districts most in need of support.

Review Meetings

- Midway through round one, ProMPT supported the regions to hold supportive supervision review meetings on lessons learned to date and to make midcourse corrections to the process.
- Meetings focused on helping supervision teams plan for supportive supervision and provide constructive feedback to health facilities.

Assessment

- To obtain facility feedback on their experience, facility heads completed post-supervisory questionnaires.
- In round one, 81% of respondents indicated a very high level of satisfaction with the first supportive supervision visit.

Across both rounds of grants, approximately 21,000 health workers from 2,000 facilities received a supervisory visit.

"This is so far the best supervision I have been involved in, where supervisees are given prior notice of the exercise and both supervisors and supervisees all sit together to provide possible solutions to some problems pertaining to the facility."

Disease Control Officer, Tano North District, Brong Ahafo Region

Collaboration on Supportive Supervision from the Ghana Health Service Perspective

Susana Larbi Wumbee is the Deputy Director for Nursing Services with the Quality Assurance Department of ICD at the GHS, where she has served for the past five years. The Division is mandated to promote quality health care delivery in all GHS facilities. To achieve this mandate, the Division develops policies, protocols, and clinical guidelines to support clinical decisions and health care delivery and monitors adherence to these standards. Mrs. Wumbee shared her perspective on the collaboration between ProMPT and ICD.

On the Partnership between ProMPT and ICD: “ProMPT and ICD have been working together for the past two years on malaria case management and malaria in pregnancy, using supportive supervision to monitor activities and coach staff trained in malaria and other health care practices to improve the quality of care. The collaboration between ProMPT and ICD starts at the national level and runs through the regional and district levels. The two groups form a formidable multidisciplinary team with both clinical care and public health backgrounds.”

On the Advantage of Supportive Supervision: “Supportive supervision is much more flexible than traditional monitoring practices, which more or less police or find fault with staff. Traditional monitoring practices reportedly put staff under stress. During supportive supervision, both the supervisors and supervisees are appreciative and describe supportive supervision as a non-intimidating process that helps them to identify their strengths and weaknesses and make improvements.”

On the Results of ProMPT and ICD’s Collaboration: “The collaborative work between ICD and ProMPT has brought the following gains:

- Strengthened the link between the district directorate and the sub-district facilities.
- Ensured that most non-clinical staff in health facilities has knowledge on malaria case management and malaria in pregnancy (whereas before, only nurses and doctors had knowledge on these areas). One nutrition officer explained, ‘I know how to treat and prevent malaria because of the ProMPT training; therefore, I can take care of myself when I have malaria and advise my community members on its treatment and prevention.’
- Prepared and distributed malaria case management and malaria in pregnancy guidelines and protocols, which are resource materials for staff and aid training in malaria case management and prevention.
- Ensured that midwives are more knowledgeable on SP counseling and administration. Now, midwives spend more time with clients and provide direct observed therapy (DOT).
- Helped to sharpen and broaden the scope of care delivered by midwives for pregnant women with malaria. Previously, many midwives thought that malaria symptoms were normal during pregnancy, but now they know how to treat for malaria.”

On Sustaining Results: “To sustain these gains and many more, we hope that ICD will continue using supportive supervision to strengthen the districts’ and sub-districts’ capacity to manage malaria cases.”



A supervisor observes a nurse interact with a patient in Ghana’s Volta Region during a supportive supervision visit.

Mnemonic Devices for Steps in Supportive Supervision

Many supervisors found it challenging to internalize all of the recommended steps in planning for and carrying out supportive supervision. At the review meetings, ProMPT shared mnemonic devices with the attendees to help them remember the essential elements of supportive supervision.

Before the supervision visit – **TICL**:

- Form a supervision **team** with the requisite skills and experience.
- **Inform** the facility of your visit and the duration and expectations of the visit in advance so they can prepare.
- **Confirm** your visit with the facility a few days before arrival.
- Make sure **logistics** are in place, such as a means of transport and any materials or commodities needed by the facility.

During the supervision – **COLA**:

- Upon arrival, perform the appropriate **courtesies** by greeting the facility head and explaining the objectives of the visit to supervisees.
- Quietly **observe** how the work is being carried out.
- **Listen** to the questions and concerns of the health facility.
- **Ask** questions about progress made, challenges the facility is facing, and/or anything that is unclear.

Before departing the facility – **FAN**:

- Provide constructive **feedback**; discuss the positive things observed and potential areas for improvement.
- Develop **action** plans or review progress on existing action plans.
- Define **next** steps and responsibilities for implementation of action items; discuss the time of the next visit and/or follow-up phone call.

Recommendations for Supportive Supervision

The recommendations below are based upon lessons learned during the two rounds of supportive supervision as well from feedback given by regions and districts and by health facilities receiving supervision.

Planning Supportive Supervision

Plan for the supportive supervision system as health worker training is rolled out so that it can begin shortly after training is complete.

- Review lessons learned from previous experiences with supervision, including those from other programs and countries.
- Develop or adapt a curriculum for training supervisors, which includes a significant practical component.
- Develop or adapt supportive supervision tools and job aids such as mnemonic devices.

Link with national quality assurance expertise (such as ICD) to foster sustainability of supportive supervision from outset.

- Orient national quality assurance staff on national malaria case management and MIP standards and protocols.
- Build skills of national and regional quality assurance staff to provide on-the-ground technical and facilitative support to supportive supervision teams.

Engage regional health directorates early in the planning process.

- Orient directorate staff on the purpose of supportive supervision and their roles and responsibilities.
- Solicit input for locations and content of training and review meetings.
- Involve experts in the region as trainers, including some from the private sector.
- Develop a schedule that suits regions' and districts' needs so that activities can be incorporated into regional and district programs of work.

Implementing Supportive Supervision

Train regional trainers (using the existing cadre of regional trainers).

- Use participatory adult education principles.
- Ensure ample time for practice of essential supportive supervision skills, including coaching, mentoring, identifying challenges, and developing actions to resolve those challenges.

Co-facilitate training of district supervisors to strengthen regional supportive supervision training capacity.

- Use participatory adult education principles.
- Ensure ample time for practice of essential supportive supervision skills, including coaching, mentoring, identifying challenges, and developing actions to resolve those challenges.

Initiate supportive supervision soon after supervisors are trained to reinforce newly-gained skills.

- Inform facilities of the purpose of the visit well in advance.
- For large facilities, plan for a full-day visit; for smaller facilities, plan two visits per day.

- Conduct key activities together with facility staff:
 - Provide on-the-job training for health workers not yet trained in case management and MIP.
 - Mentor and coach both trained and untrained staff.
 - Observe service delivery and facility conditions.
 - Review record keeping.
 - Praise work well done.
 - Meet with the facility as a team to discuss findings.

Mobilize technical support teams (such as those composed of ProMPT, ICD, and Regional Health Directorate staff) for supportive supervision to facilitate coaching and mentoring for supervisors.

- Provide constructive feedback on supportive supervision skills.
- Emphasize the importance of mentoring, coaching and problem-solving, rather than inspection.

Develop facility-specific action plans for improvements.

- Share action plans with managers.
- Plan for follow-up support to facilitate progress in resolving plan implementation issues.

Learning from Experiences with Supportive Supervision

Assess supportive supervision visits.

- Solicit feedback from facility teams on satisfaction with supportive supervision visits and performance of supervisors.

Hold regional supportive supervision review meetings that bring together representatives of supervision teams.

- Present findings, both positive and negative, and follow-on activities.
- Summarize needs requiring regional- or national-level assistance.
- Deliberate on identified challenges, solutions, and action plans.
- Plan for improvements in supportive supervision.

Encourage sharing of lessons and promising practices.

- Advocate for districts to present their experiences at regional and national forums.
- Assist districts to document promising practices identified in the course of activities.

Continue supportive supervision and follow-up of action plans.

- Plan to visit each health facility at least once a quarter.
- Promote monthly follow up (via phone or email) by management with facilities to check on implementation of the action plans.
- Encourage districts to incorporate supportive supervision into budgets.



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