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SUPPORTIVE SUPERVISION OF FRONTLINE HEALTH WORKERS: A CASE STUDY OF INNOVATIONS TO IMPROVE THE QUALITY OF ROUTINE IMMUNISATION IN NIGERIA

Background

Supportive supervision (SS) is an effective approach to improving the performance of healthcare workers by providing knowledge and skills to health workers to improve quality and efficiency in their work functions, addressing problems onsite, optimizing resource allocation, and promoting teamwork and communication among the facility health team and their counterparts from higher levels.

Under the leadership of the National Primary Health Care Development Agency (NPHCDA), Nigeria has implemented a supportive supervision strategy for routine immunization through the National Routine Immunization Supportive Supervision (RISS) framework.

This framework assesses health facility performance, identifies bottlenecks, and imparts knowledge to health workers during supervisory visits. However, issues such as inadequate numbers and poor motivation of supervisors, non-standardized protocols, and gaps in goal setting and tracking have led to suboptimal outcomes.

To address these challenges, a team of technical partners, including Solina Centre for International Development and Research (SCIDaR), supported the six Memorandum of Understanding (MoU) states to implement innovations to enhance performance management through supportive supervision.

Approach: Synopsis of innovations tested

A. Focus on capacity building, and joint problem solving rather than facility performance assessment

A key innovation we tested in Damaturu local government area (LGA), Yobe state, was to **decouple capacity building and problem-solving from assessments of service quality at the facilities**. In this way, LGA supervisors focused on capacity building and mentoring health workers during their RISS visits, while a separate team of monitoring and evaluation (M&E) officers conducted unbiased assessments of facility performance at less frequent intervals (See figure 1). In the pilot facilities at Damaturu LGA, overall facility performance improved by 24%, with significant improvements across all themes.

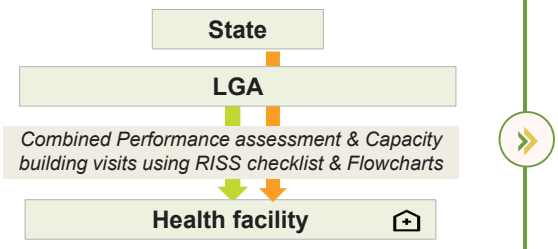
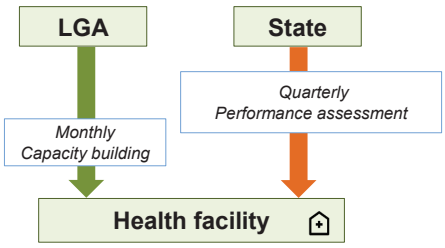
	Old RISS strategy	Revised RISS strategy
		
Approach	• Selected supervisors to visit the health facilities to administer the National RISS checklist and build the capacity of the health workers during each visit • The supervisors optionally use a flowchart to support the capacity building of health workers during each visit	• Select supervisors visit the health facilities to support HFs' improvement on specific thematic areas (using a comprehensive flowchart) and building HW capacity • The capacity building team IS required to paste the HF performance on the wall after each visit • A different set of supervisors visit facilities to assess the performance using a modified checklist
Frequency of visits	• One LGA visit per month per HF • One joint monitoring visit with the LGA team to HF	• One capacity-building visit per month • One performance assessment visit per quarter
Supervision team	• State and LGA supervisors	• Capacity building is conducted by the LGA supervisors only • Performance assessment is conducted by the State team only
Tools	• National checklist • Flowchart (Optional)	• Modified RISS checklist (Selected priority indicators and included action items for each indicator)

Figure 1: The revised RISS strategy approach differs from the traditional RISS strategy

B. Prioritization of poor-performing health facilities for focused supervisory visits and continuous mentoring

The State Primary Health Care Development Agency (SPHCDA) M&E/SS teams tested **time-limited focused facility selection and mentoring to trigger rapid improvements in the performance of target health facilities** across six states in Northern Nigeria. The aim was to steer limited resources, especially the insufficient number of supervisors and limited funds, toward facilities needing the most support. In Bauchi specifically, the Supportive Supervision Working Group (SSWG) prioritized 511 of 1071 RI-offering health facilities in Q2 of 2021 based on the key performance criteria. This led to immense cost savings of about 31% and improved efficiency in focal facilities.

C. Health facility adoption and mentoring model in MoU states

SCIDaR consultants worked with LGA teams to test a **facility adoption and mentorship approach to improve healthcare facility performance** in six Northern Nigerian states from Q4 of 2020 to Q4 of 2021 as part of SCIDaR's technical assistance and performance tracking efforts at the facility level.

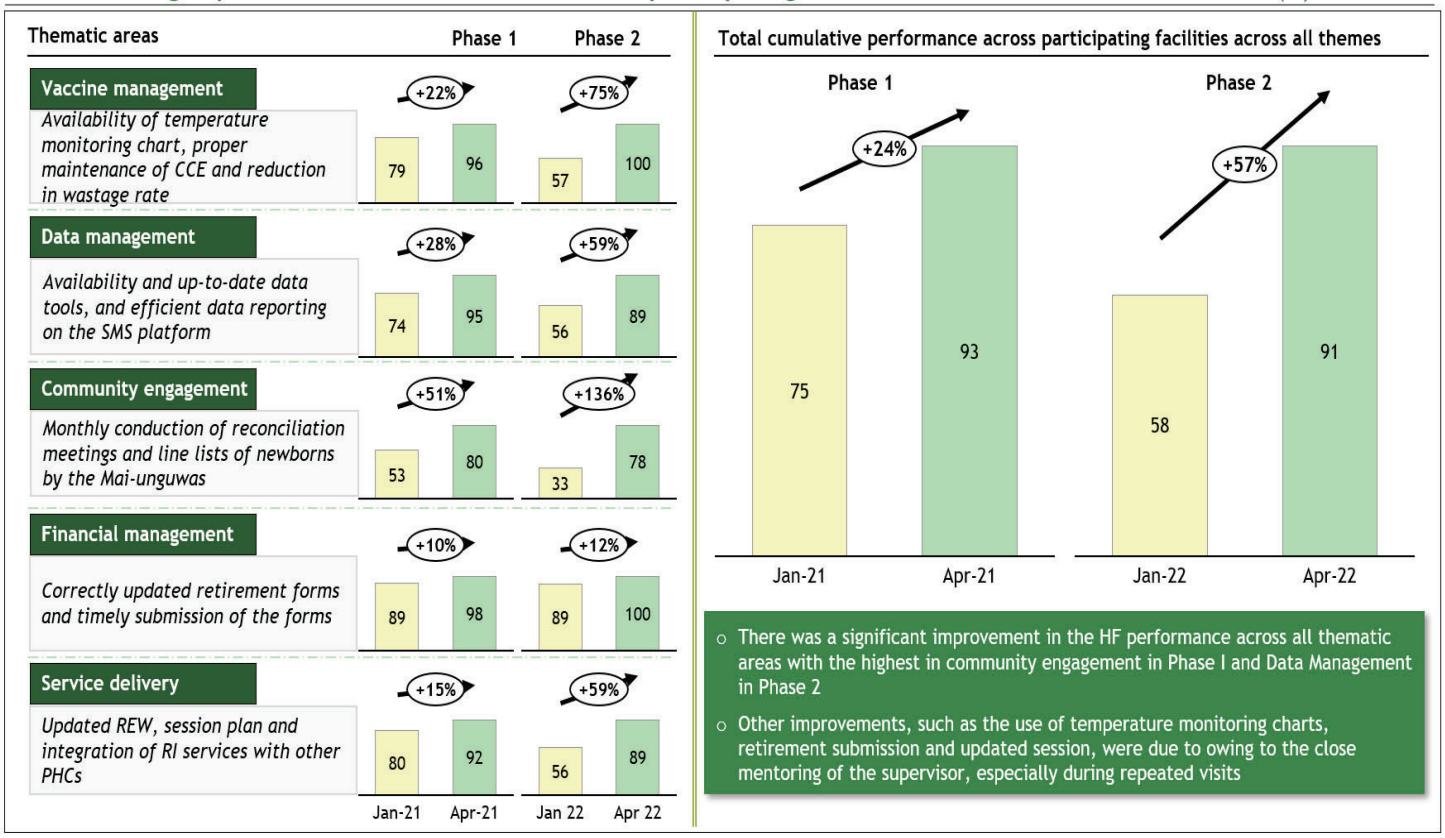
The approach prioritized poor-performing health facilities and adopted them for at least three months to provide continuous mentoring and address poor action point follow-up. Tools structured to identify issues across themes and provide on-the-spot problem solving and capacity building were deployed for this purpose.

Results

A: The RISS innovation in Damaturu LGA, Yobe State

In 2020, the Yobe State Emergency Routine Immunization Coordinating Centre (SERICC), in a bid to improve began RI program, partnered with implementing partners to redesign and pilot the strategy in Damaturu LGA. Following the evaluation of the strategy via an end-line assessment using a checklist and key informant interviews (KIIs) after implementation for eight months, the results as shown in figure 2 below showed an overall improvement of 24% in phase 1 and 57% in phase 2, with significant improvements across all thematic areas in participating health facilities.

Charts showing improvement in selected indicators for participating health facilities for Phase 1 and Phase 2 *(%)*



SOURCE: Yobe state RISS performance dashboard, Performance assessment checklist, Team analysis

Figure 2: Charts showing improvement in selected indicators for 15 participating health facilities for Phase 1 and 9 participating HF in Phase 2 (%)

Figure 3: Mohammed Sheriff, the RI officer II

"Definitely, routine immunisation supervision has improved so much and greatly influences our daily routine. I can say this because I was around when the traditional RISS strategy was in place. Previously, I did not fill my chart but when the revised RISS strategy commenced, the LGA supervisors taught me to fill the chart without pointing accusing fingers or finding faults. Our supervisors now are like mentors to health workers. They do not only mentor but also motivate us by commending our efforts on the job as well. I can say they treat us like children while building our capacity as well. The revised RISS strategy is highly commendable."

- Musa Shuaibu, RI Focal person, Maissandari PHC

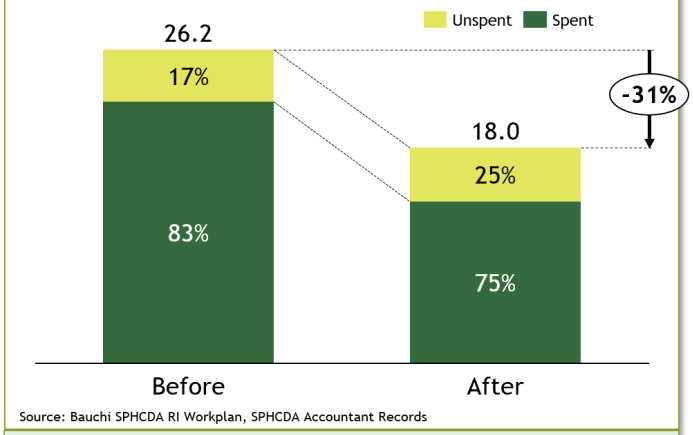
B: The focused RISS approach in Bauchi State

In Bauchi State, the SERICC team's review of routine RISS data in 2020 revealed that only 49% of visits were valid and there was an excessive focus on facility performance assessment rather than capacity-building and joint problem-solving during visits. These findings led to a revision of the RISS strategy end-to-end by re-modelling people, processes, and tools and instituting stronger accountability measures in order to improve the quality of local government health facilities (LG-HF) RISS visits, and, reduce the cost of conducting RISS in the face of shrinking fiscal space for Primary health care (PHC) during the COVID-19 pandemic.

Bauchi SPHCDA successfully implemented four quarterly cycles of the focused, innovative RISS approach by June 2022 and the team recorded a 31% decrease in the total cost of RISS visits during the implementation of the strategy compared to the amount previously disbursed due to the prioritization of health facilities to be visited and accountability measures implemented to pay supervisors with valid visits.

The state achieved 31% cost savings on RISS visits

Charts showing budgeted and disbursed RISS fund before and after the intervention *(%, million naira)*



Source: Bauchi SPHCDA RI Workplan, SPHCDA Accountant Records

- The prioritization of HFs to be visited and accountability measures implemented to pay supervisors with a valid visit reduced RISS spending and improved the savings of the state
- The cost savings provides opportunities to channel monies to other high impact interventions for the program

Figure 4: Charts showing budgeted and disbursed RISS funds pre- and post-intervention

Figure 5: Adamu Abdullahi, State RISS Coordinator, Bauchi State

"In addition to the government staff, we have partners who support the supervision. The state pairs the local government supervisors with partner staff as a joint visit. After we administer checklists, the supervisory team comes back to the local government to debrief on the findings from the conducted visits to see where the facilities are lagging and identify cross-cutting issues. For example, if the team observes that the cross-cutting challenges are around the cold chain, the RI LGA supervisors will focus on that issue during the next cycle of supervision"

- Adamu Abdullahi, State RISS Supervisor, Bauchi State

C: Health facility adoption and mentoring model in MoU states

Over the 15 months of implementing the approach, the team recorded notable improvements in the performance of health facilities where the strategy had been adopted. The performance ratings for health facilities visited three times improved from an average of 62% to 84% at the end of the three-month period, with some variations across the states and thematic areas. An example of a facility-specific improvement case study is found in the Bangi Dabaga Clinic in Sokoto State, where the thematic area of compliance with COVID-19 IPC guidelines increased from 0% to 43% with an evident adherence to the practice of face mask usage by health workers and social distancing practice in Q2 of 2021 (see Figure 6). (Also, see the average performance of some health facilities between the baseline and the final visit in Figure 7).

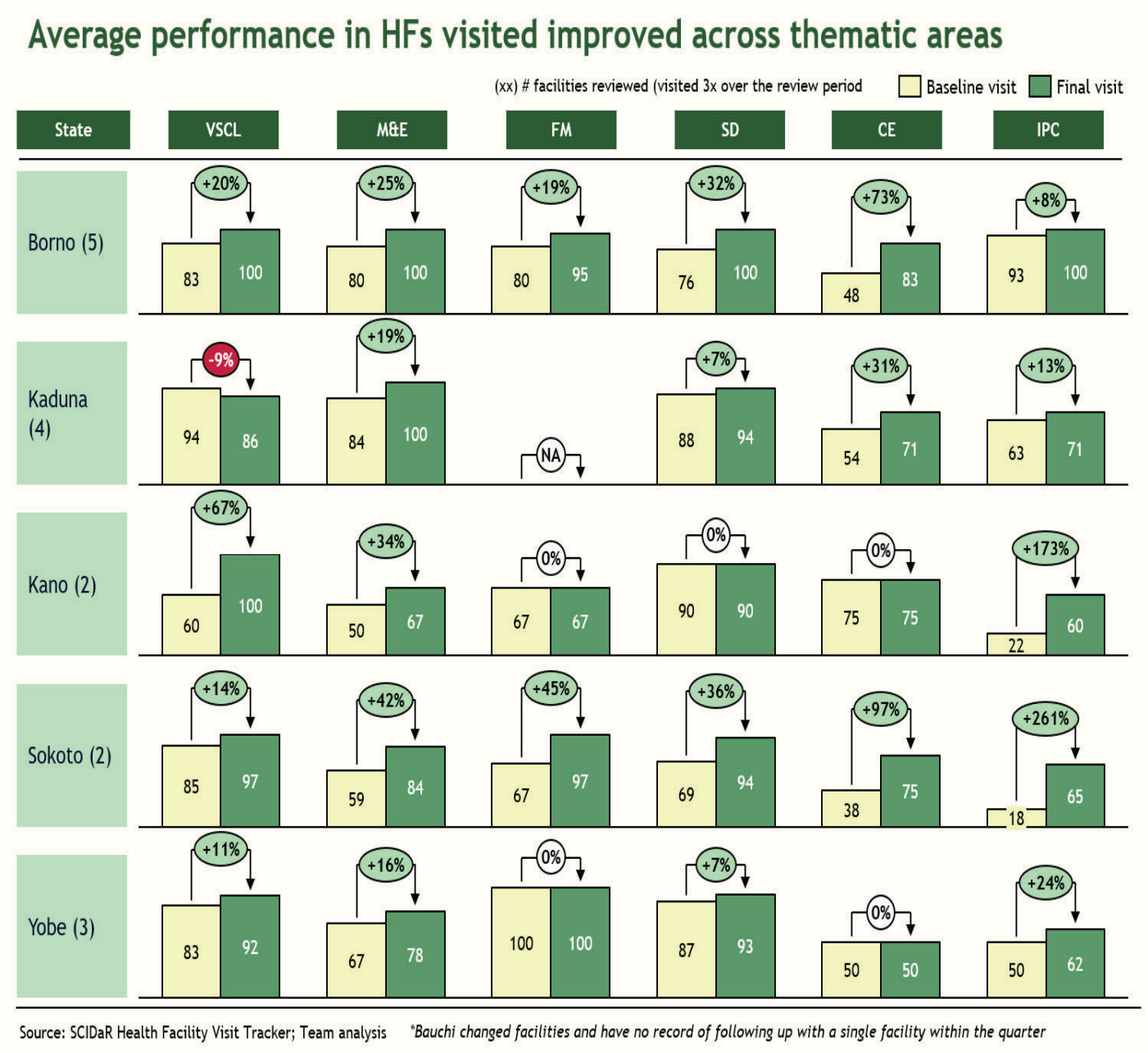


Figure 6: An overview of the improvement in the average performance of sample health facilities visited by thematic areas between the baseline and the final visit in Q2 of 2021

Lessons and recommendations for designing supportive supervision models for RI and PHC programs

Lessons from testing innovative strategies to improve RISS quality in Northern Nigeria have important implications for designing effective supportive supervision for other PHC programs.

1. **Lengthy tools are a barrier to qualitative supportive supervision**. Shorter checklists or no checklists at all may lead to greater opportunities for supervisors to focus on problem-solving and capacity building for facility staff.
2. **Transitioning to problem-solving during supportive supervisory visits requires strong accountability systems and capacity building for supervisors.** Structured accountability frameworks and consistent training and reinforcement are essential to support supervisors in leading problem-solving, supporting on-site health workers, and effectively transferring capacity.
3. **Prioritizing poor-performing health facilities may lead to reduced workload and cost efficiency in resource-limited settings.** By adapting planning processes to ensure that the least-performing, facilities are targeted for improvement, there will be an improvement in the outcomes while reducing the workload for supervisors and costs for the state.
4. **Adopting a human-centred approach in supportive supervision may improve the user experience of supervisors and health workers.** The use of digital innovations and a revised strategy that emphasizes a collaborative and positive approach to mentoring health workers, has resulted in a more supportive and empowering work environment, promoting a culture of continuous learning and improvement, and ultimately improving the quality of care provided to caregivers.

Overall, these lessons may also be applied to designing effective supportive supervision for other PHC programs and can help ensure that such programs lead to sustainable improvements in healthcare outcomes.

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