

STRENGTHENING SUPPORTIVE SUPERVISION AT THE DISTRICT HEALTH LEVEL IN THE PACIFIC

Health Workforce Management Policy Brief

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Augustine Asante & Graham Roberts



visit our **website**: www.hrhub.unsw.edu.au

or **email**: hrhub@unsw.edu.au

SUPPORTIVE SUPERVISION IS ESSENTIAL FOR HEALTH WORKER PERFORMANCE

Supportive supervision is widely recognised as essential for improving health worker performance and achieving the health Millennium Development Goals.¹ It is a process whereby managers and supervisors guide and encourage personnel to optimise their performance in a supportive environment and recognise them when they attain a high level of performance.² Unlike traditional approaches to supervision, in supportive supervision the supervisor works closely with people he or she supervises to establish goals, monitor progress and identify opportunities for improvement. If carried out properly, supportive supervision can lead to:

- higher health worker motivation
- increased and sustained job satisfaction
- improved service quality, as staff learn and improve skills on-the-job
- efficient use of resources, as staff are supported to prioritise activities and allocate resources accordingly
- enhanced equity in access to services, as staff are reminded of the health needs of the population and encouraged to work towards meeting these needs.

CHALLENGES TO OVERCOME IN THE PACIFIC

Health systems across the Pacific region lack supportive supervision. It is for this reason that countries such as Papua New Guinea and Solomon Islands rate poorly on health systems strengthening.³ A Human Resources for Health Knowledge Hub review⁴ of health management and leadership capacity and performance in three countries – Papua New Guinea, Fiji and Solomon Islands – reveals a number of key obstacles to providing supportive supervision in the Pacific region:

- I. *Lack of clear policy on supervision*: There is no clear policy on supervision despite the general consensus about its importance.
- II. *Budgetary constraints*: No specific budget allocation for supervision is available in the Pacific region.
- III. *Inadequate skills for supportive supervision*: Most district managers with clinical, medical or nursing training have not had adequate training in health management to enable them to carry out effective supportive supervision.

- IV. *Low motivation*: Most district health managers, like other health workers, are not sufficiently motivated to carry out supervisory functions due to low salaries, limited incentives and limited opportunities for career development as a manager.
- V. *Lack of transport and logistics*: District health managers often have limited access to transport and other logistics required to enable them to undertake frequent supervisory visits in their districts.
- VI. *Heavy workload*: The majority of district health managers in many countries perform clinical roles (as they have clinical backgrounds), which leaves them with very little time to perform their managerial and administrative functions.

RECOMMENDATIONS: THE ROLE OF GOVERNMENTS

The inadequate supportive supervision in health systems in the Pacific region is due to factors related to both district health managers and the system in which they operate. Following are some recommendations for overcoming the current challenges:

- I. *Develop a policy for supportive supervision*: Such a policy should identify the purpose of supervision, the implementation process including the responsibilities of managers undertaking the supervision and the role of staff being supervised.
- II. *Earmark funding for supervision*: It is essential that specific funding is earmarked to implement a supportive supervision policy.
- III. *Develop personnel management skills of district managers*: Supportive supervision requires a unique set of skills. Managers must be trained to provide mentorship and to identify and respond to good performance. It is essential that training is driven by the supervision needs of particular districts.
- IV. *Provide incentives*: Both financial and non-financial incentives for employees who show greater engagement in their jobs and maintain high performance.
- V. *Provide adequate transport and logistics*: These are key ingredients to effective supportive supervision.
- VI. *Assess clinical workload of managers*: District health managers with clinical backgrounds who perform dual roles as clinicians and managers need to have their workloads assessed to ensure they can have time for their managerial functions.

RECOMMENDATION: THE ROLE OF FUNDING AGENCIES

Donors may provide financial and/or technical inputs to directly support district health authorities in establishing and sustaining a program of supportive supervision. Such support may cover the development of a supportive supervision policy, funding for its implementation and training of managers in how to effectively carry out supportive supervision.

RECOMMENDATIONS: COST AND RESOURCE IMPLICATIONS

Any plan to strengthen supportive supervision must be accompanied by a detailed costing of all components of the plan. A typical supportive supervision cost may include:

- Recurrent costs such as personnel salaries, wages, benefits, per diems; travel costs including transport, fuel and accommodation; and overhead costs such as printing and administration.
- Capital/one-off costs such as the costs of developing supervision policies, manuals and job descriptions and the cost of acquiring vehicles to be used for supervision.
- Resource mobilisation: The Ministry of Finance must be involved in the process to ensure funding is allocated from the national budget to meet supervision costs. Similarly, local governments must be sensitised and encouraged to support the process of improving supportive supervision in their districts. They too can allocate funds or provide additional logistics to support supervisory activities. Finally, supportive supervision programs and costings must be shared with donors to facilitate broader resource mobilisation.

EXAMPLE: SUPPORTIVE SUPERVISION STRENGTHENING AT THE DISTRICT LEVEL⁵

In Tanzania, following the health sector reform in 1999, the Ministry of Health developed an integrated health package to guide essential health service delivery. A supportive supervision program was included in the package. A team of supervisors were sent to district health facilities to evaluate how services were being delivered, provide feedback and conduct on-site training. Funding for the program came from the Ministry of Health through basket grants funded by various donors. All members of the District Health Management Team (district team) and some co-opted members were given training in supportive supervision as part of the overall training in the objectives of health sector reform. A key supervision and management tool that came out of the training was a supervision matrix.

Before a supervision visit, the district team prepares a matrix listing the months and dates of all supervisory visits, routes and vehicles for each trip, facilities to be visited and members of the supervision team. The district team has to ensure that logistics and supplies needed for the visit are available. The Ministry of Health purchased a vehicle for supervision in each district and trained transport officers after it became clear from the district team matrix that there were insufficient transportation to carry out the needed supportive supervision. Funding for this was provided by the Danish International Development Agency.

For each supervision visit the team develops a supervision checklist using national guidelines and the previous supervision report. Four members of the district team conduct supervision visits on a monthly basis. The teams alternate until all the district health facilities (both public and private) have been visited. When the team reaches the facility, they divide into specific areas of specialisation. The team supervises health workers through direct observation and interviews. Immediate feedback is encouraged and the team debriefs with the head of the facility. It then meets with all staff and provides general feedback, praise and suggestions for improvement. On-the-job training is provided during the supervision visit. If there is a technical problem that the team can not address immediately, the problem is presented to the rest of the district team members or to the area specialist for further action.

After each supervision visit the team goes back to the district headquarters, writes a full report and discusses results with the whole district team core and co-opted members. Action items are listed for challenges that are not resolved during the facility visit. A copy of the supervision report is sent back to each facility visited and to the Regional Health Management Team (regional team). Difficult issues that could not be resolved by the district team are referred to the regional team. The process then continues until all health facilities in the district have been reached. Supervision at the regional level by the regional team follows the same process and format. Difficult problems are sent to the Ministry of Health for further discussion and possible resolution.

Since the supportive supervision system was implemented, health workers have noticed a significant improvement in supervision. Supervisory contact has become more frequent, problems have been resolved and on-the-job training has been conducted. Supervisory visits have become an opportunity for health workers to resolve problems and learn additional skills. Health workers have no longer been afraid to address challenges and are now able to work with the district team to resolve any issues.

FOR MORE INFORMATION

The authors welcome all queries:

Augustine Asante: a.asante@unsw.edu.au

Graham Roberts: g.roberts@unsw.edu.au

¹ Djibuti, M, et al. 2009, The role of supportive supervision on immunization program outcome – a randomized field trial from Georgia. *BMC International Health and Human Rights* 9 (Suppl 1).

² USAID 2010, *Uganda Ministry of Health and USAID Deliver Project – Encourage Supportive Supervision*, USAID.

³ AusAID 2009, *Australian Aid to health service delivery in Papua New Guinea, Solomon Islands and Vanuatu: Evaluation Report*, Australian Government: Australian Agency for International Development, Office of Development Effectiveness, Canberra.

⁴ Asante, A, Roberts, G and Hall, J 2011, *A review of health leadership and management capacity in Solomon Islands*, Human Resources for Health Knowledge Hub, University of New South Wales, Sydney.

⁵ Program for Appropriate Technology in Health 2003, *Guidelines for implementing supportive supervision: A step-by-step guide with tools to support immunization*, PATH, Seattle, USA.