



# Optimizing health worker performance to improve health care quality in low- and middle-income countries

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## *Preliminary findings*

# HRH2030 Landscape Analysis on Enhanced Supervision Approaches:

Best practices to improve  
health worker performance  
and service quality

# The untapped potential of health worker supervision

- The supervision “status quo”
  - Limited accountability, supervisory capacity & resources
  - Fragmentation of private sector and community-based workforce
  - Limited continuity & data integration within health information flows
- Beyond other HSS interventions, enhanced supervision is estimated to have the highest potential impact (USAID 2017)

- How can enhanced supervision improve service quality? Impact population health?
- What are supervision “enhancements”?

## What is enhanced supervision?

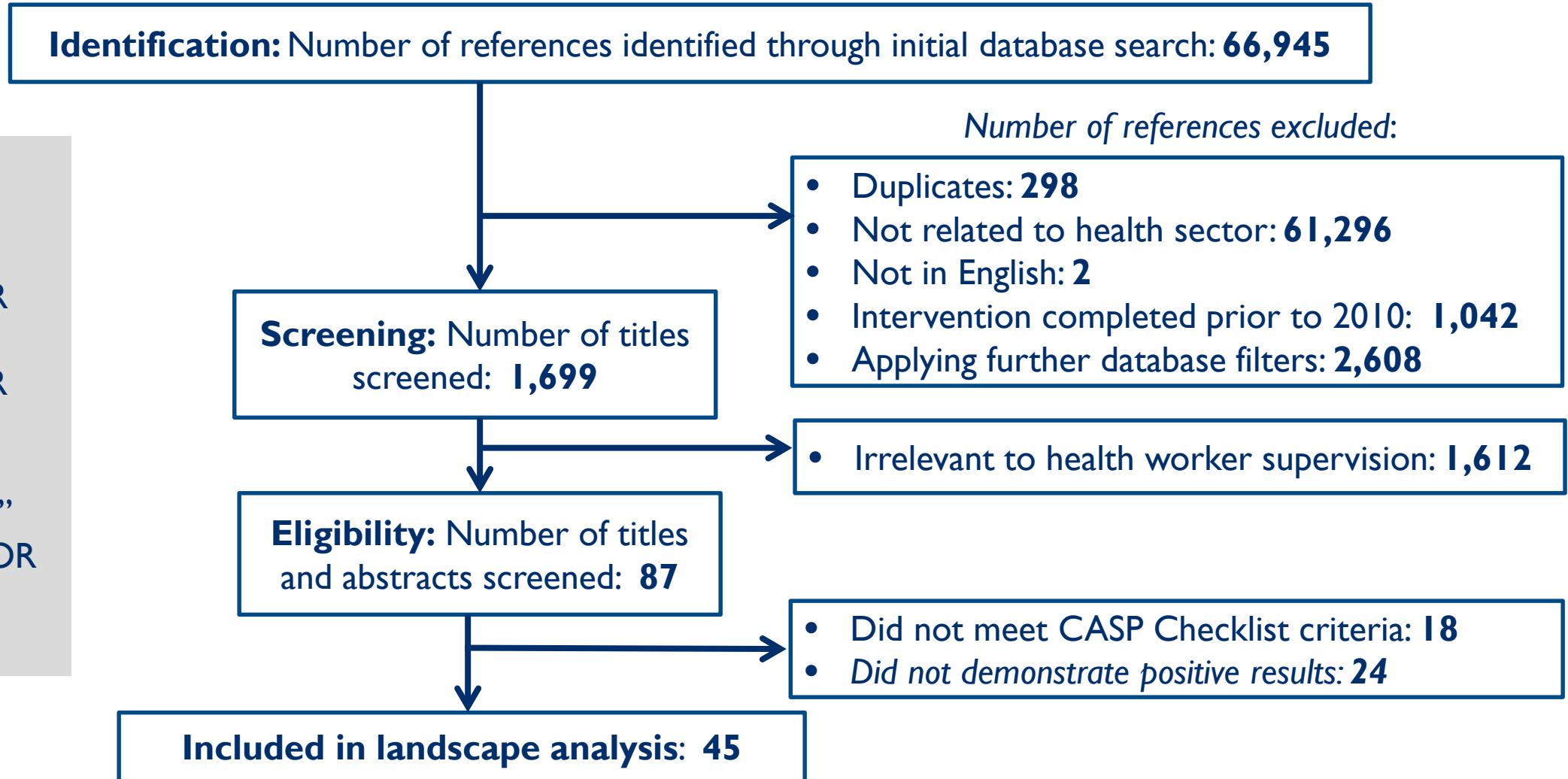
“A broad set of supervisory interventions that improve provider performance through team-based, learning approaches, including supportive supervision, the use of checklists, and in-person visits.”



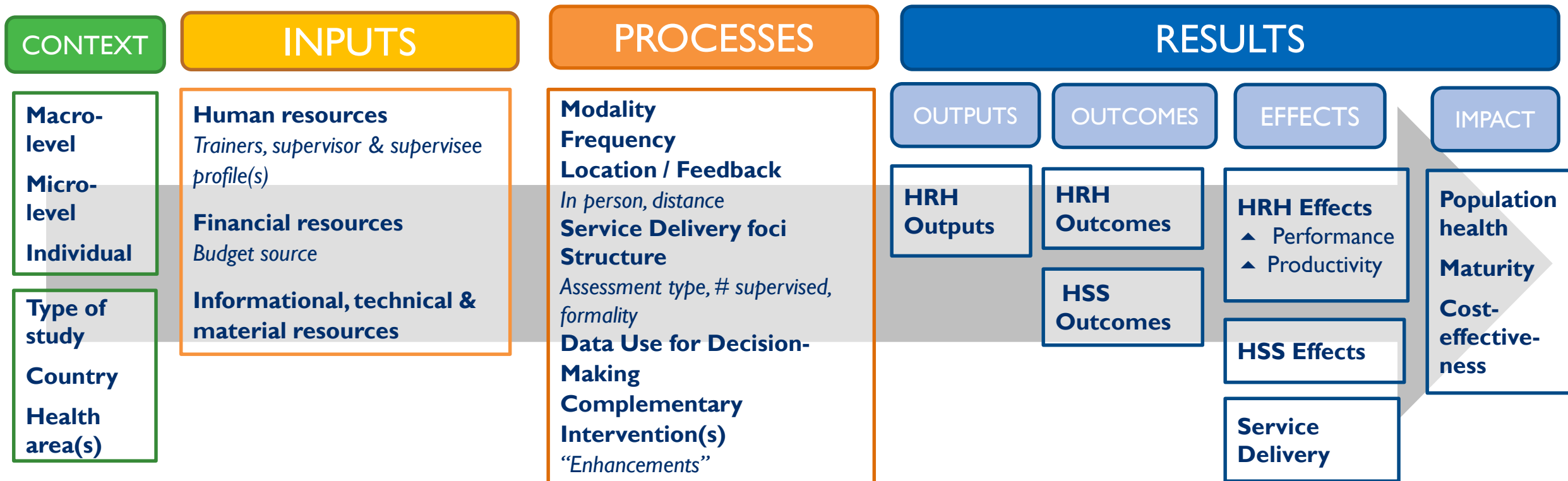
– AOTC Report:  
USAID, 2017

# Database search methodology

**Search Terms:**  
“enhanced supervision” OR  
“mentorship” OR  
“supportive” OR  
“team-based” OR  
“site-visit\*” OR  
“coaching” OR  
“problem-solving”  
OR “check-list” OR  
“learn\*” AND  
“health worker\*”



# HRH2030 Landscape Analysis Framework



1. Positive results?

2. Supervision enhancements? (e.g., *inputs, processes*)

3. Scaled and/or sustained?





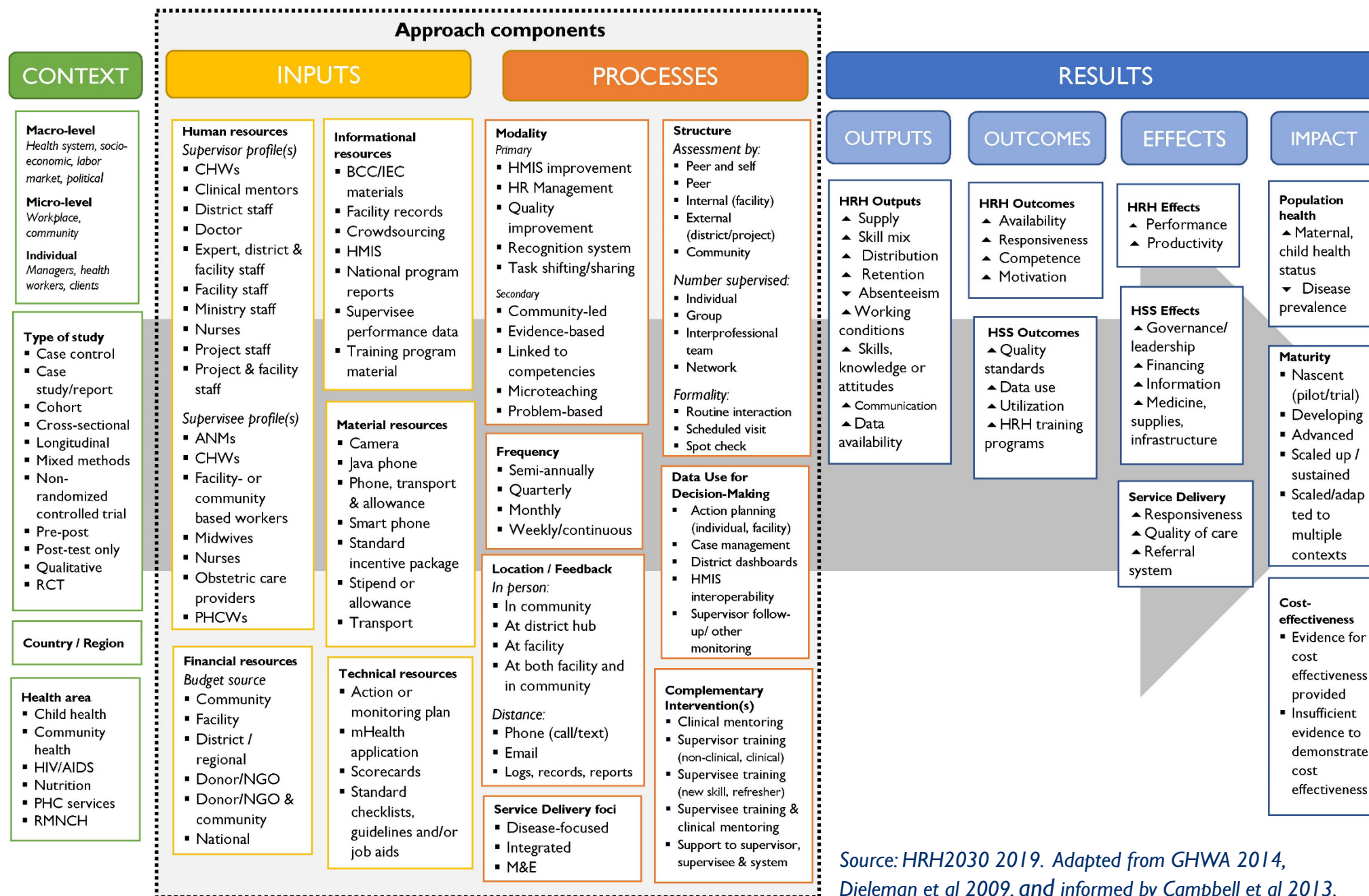
**USAID**  
FROM THE AMERICAN PEOPLE

**HRH2030**  
HUMAN RESOURCES FOR HEALTH IN 2030

## *Preliminary Findings*



# Landscape analysis taxonomy for classifying enhanced supervision approaches



Source: HRH2030 2019. Adapted from GHWA 2014, Dieleman et al 2009, and informed by Campbell et al 2013.



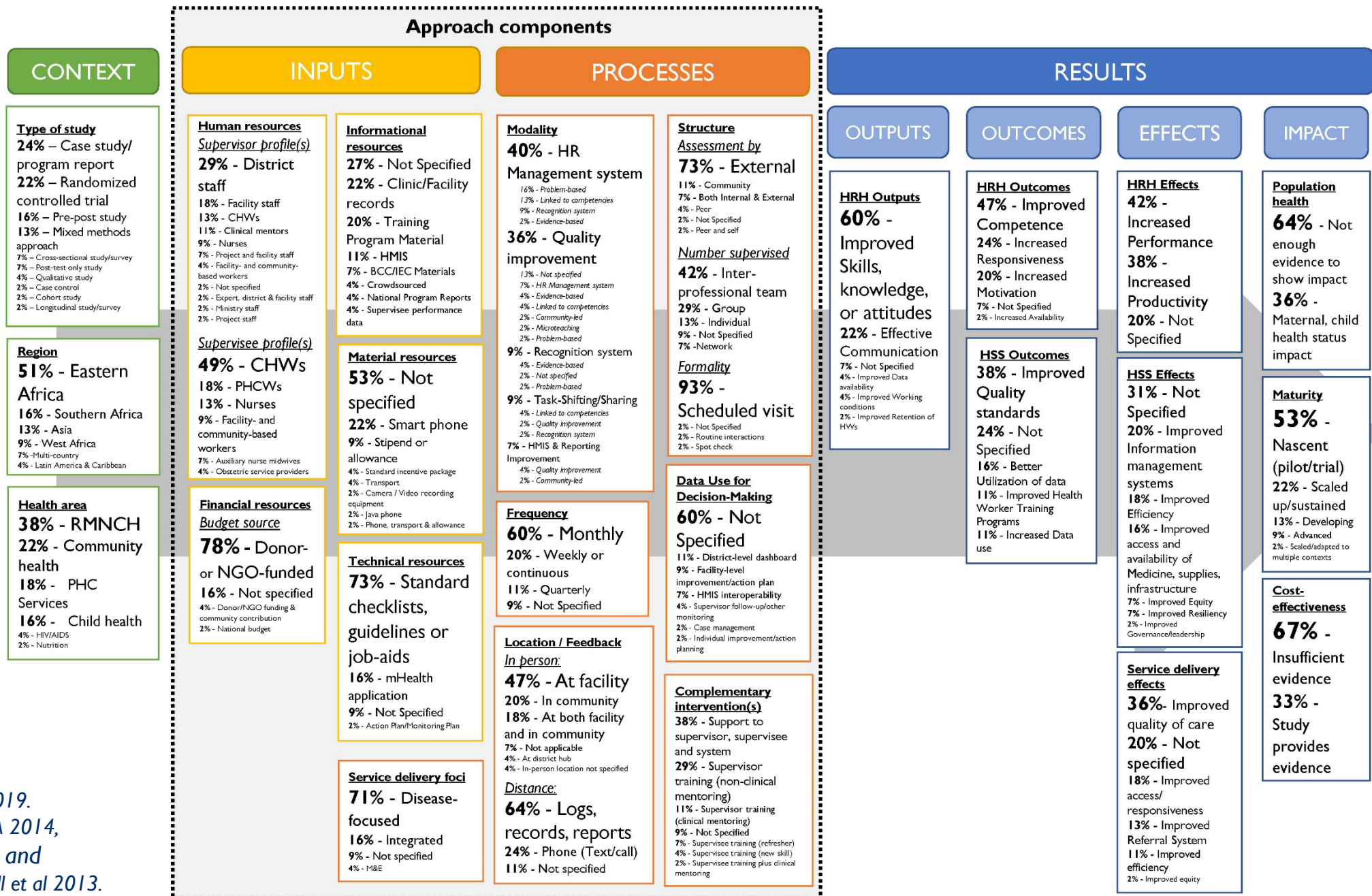
# Characteristics of enhanced supervision approaches reviewed (n=45)



Cote d'Ivoire medical facility. Credit: Gildas Gbacada

- 76% from Sub-Saharan Africa
- Diverse methodologies used
  - 24% case study/program report
  - 22% RCT
- All focused on primary or community health care service delivery improvement
  - Half dedicated to supervising CHWs
  - Many disease- or program-specific
  - District management team-led supervision
- Some policy-led approaches
  - PHC, CHWs, service equity, or task shifting
- Majority donor-funded (78% - additional 16% unspecified)

# Preliminary findings from inventory of enhanced supervision approaches (n=45)



Source: HRH2030 2019. Adapted from GHWA 2014, Dieleman et al 2009, and informed by Campbell et al 2013.

# Preliminary findings from inventory of enhanced supervision approaches (n=45)



## INPUTS

### Informational resource:

- HMIS / health system performance data



## PROCESSES

### Modality:

- Quality improvement (QI) methods

### Feedback:

- Multi-level, timely feedback loops

### Data use for decision-making:

- HMIS interoperability

### Complementary interventions:

- Clinical mentoring
- Community engagement



## RESULTS

### Outputs, Outcomes or Effects:

- Noteworthy achievements



### Impact

- Scaled up and/or sustained over time

## PROCESSES

### Structure

#### Assessment by

73% - External

11% - Community

7% - Both Internal & External

4% - Peer

2% - Not Specified

2% - Peer and self

2% - Evidence-based

36% - Quality improvement

42% - Internal

29% - Group

13% - Individual

9% - Not Specified

7% - Network

93% - Formality

2% - Not Specified

2% - Routine interaction

2% - Spot check

60% - Not Specified

11% - District-level

9% - Facility-level

7% - HMIS interoperability

4% - Supervisor follow-up

2% - Case management

2% - Individual improvement planning

38% - Support supervisor, supervisor, and system

29% - Supervisor training (non-clinical mentoring)

11% - Supervisor training (clinical mentoring)

9% - Not Specified

7% - Supervisee training (refresher)

4% - Supervisee training (new skill)

2% - Supervisee training plus clinical mentoring

## RESULTS

### OUTPUTS

#### HRH Outputs

60% -

### OUTCOMES

#### HRH Outcomes

47% - Improved

Competence

### EFFECTS

#### HRH Effects

42% -

Increased

### IMPACT

#### Population health

64% - Not

20% - Not specified

18% - Improved access/responsiveness

13% - Improved Referral System

11% - Improved efficiency

2% - Improved equity

provides evidence

Source: HRH2  
Adapted from

Dieleman et al 2009, and  
informed by Campbell et al 2013.

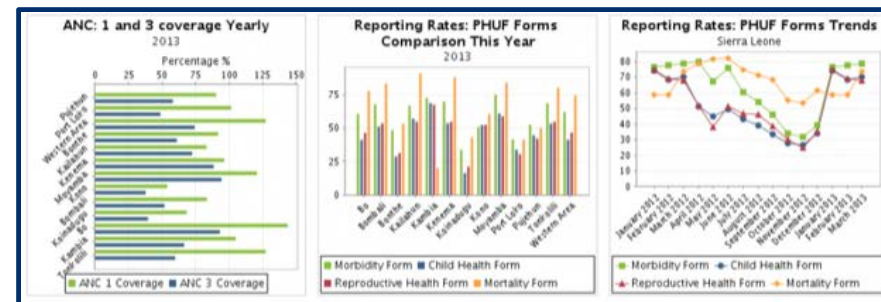




# Supervision enhancement: Use HMIS to inform and prioritize sites and/or service areas

<b>HMIS + clinical mentoring</b>	Achieved task-shifting among mid-level providers for higher-quality HIV and TB services in Uganda	Naikoba et al. 2017
<b>HMIS + mHealth app + weekly calls + job aid</b>	Facilitated performance feedback for CHWs delivering nutrition services in India, who were more motivated, self-efficacious, and solved more technical problems	Kaphle, Matheke-Fischer and Lesh, 2016
<b>HMIS + mHealth app + checklist + QI</b>	Improved quality of care for private sector & CHW providers in malaria and FP services across Africa and Asia	Lussiana et al. 2016
<b>HMIS + mHealth app + mentoring</b>	Increased CHW data use, productivity, and accountability for adhering to iCCM / child health standards of care	Biemba et al. 2017

Potential for **cost-effectiveness**  
(Campbell et al., 2014; Biemba et al., 2017)



# Supervision enhancements: Quality improvement (QI)

*Of the 16 supervision approaches having QI as the primary modality:*

**Outputs**

- 63% [10] improved HRH skills, knowledge and attitudes

**Outcomes**

- 69% [11] improved HRH competence
- 50% [8] documented improved quality standards

**Effects**

- 81% [13] improved HRH performance and/or productivity
- 56% [9] improved the quality of care

**Impact**

- 56% [9] improved population health  
*... compared to 17% [3/18] of HR management as primary modality*





# Supervision enhancements: Digital data integration & multi-level feedback loops



<b>District-level dashboards</b>	<ul style="list-style-type: none"><li>• Promotes efficiency</li><li>• Automates some supervisory tasks</li></ul>	Manzi <i>et al.</i> , 2012 Agarwal <i>et al.</i> , 2016
<b>Interprofessional or network support</b>	<ul style="list-style-type: none"><li>• Reinforces formal visits and promotes self-efficacy</li></ul>	Okuga <i>et al.</i> , 2015 Mkumbo <i>et al.</i> , 2014
<b>Data review meetings &amp; facility improvement plans</b>	<ul style="list-style-type: none"><li>• Improved health worker competencies in data-driven decision-making, including for CHWs</li></ul>	Aikins <i>et al.</i> , 2013 Manzi <i>et al.</i> , 2018





# Supervision enhancements: Complementary interventions

## **Clinical mentoring**

- Addresses pre-service education and performance gaps
- Where CPD is limited; for enhanced/new scopes of practice

Anatole *et al.*, 2013  
Manzi *et al.*, 2014  
Som *et al.*, 2014  
Ajeani *et al.*, 2017

## **“Whole-of-system” approach**

- Strengthens supervisor capacity
- Strengthens health system: enabling environment, safety, equipment and supplies →

Green *et al.*, 2014  
Deussom *et al.*, 2014  
Battle *et al.*, 2015  
Gueye *et al.*, 2016  
Kok *et al.*, 2018

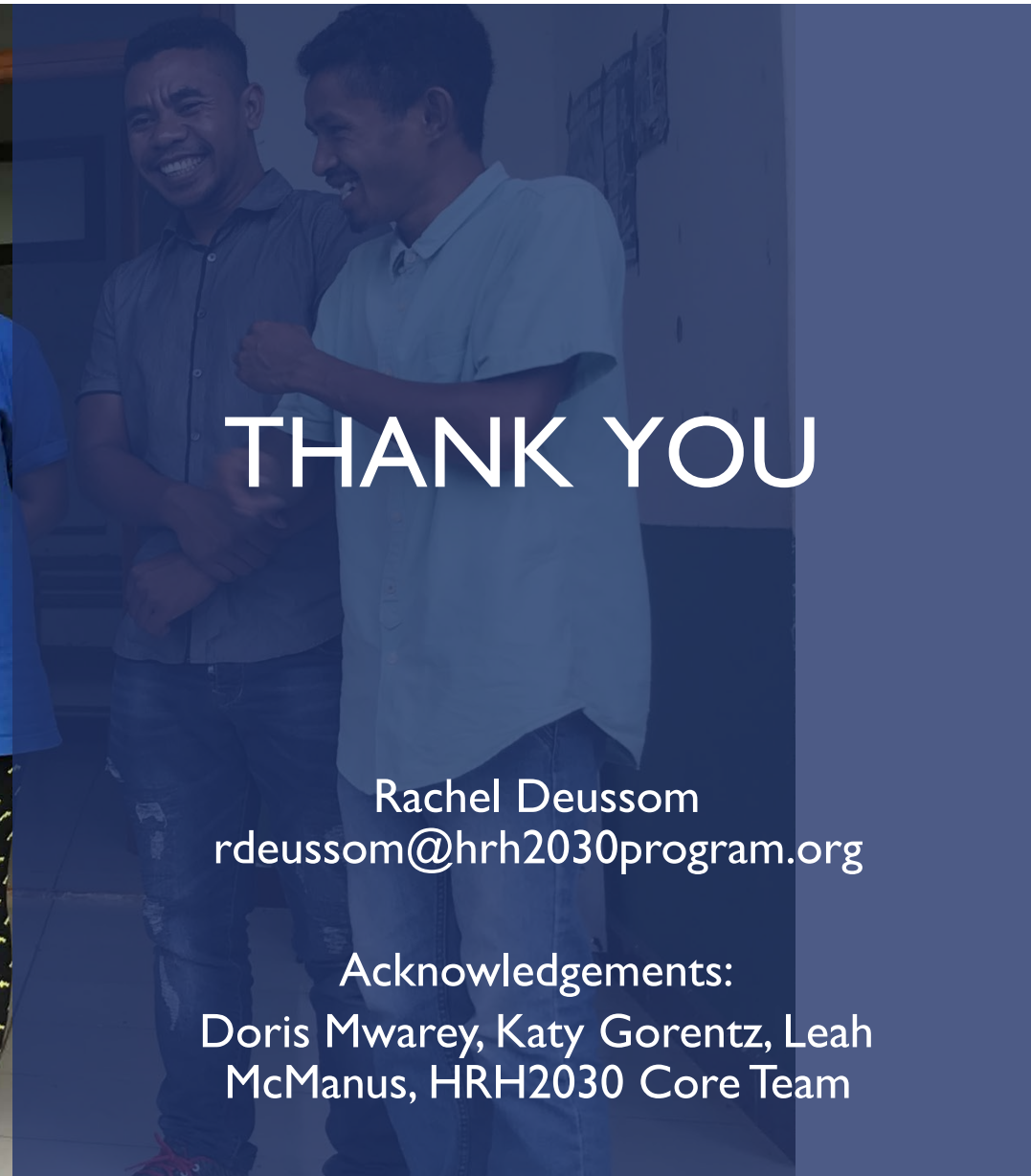
## **Community engagement**

- Provide feedback on service quality / utilization, especially for CHWs
- Problem-solve; maintain or improve facility; advocate
- Appropriate where there are issues of accessibility, perceived quality, trust, and/or utilization

Okuga *et al.*, 2015  
Gueye *et al.*, 2016

- More country-led assessments of more advanced approaches; longer evaluation periods
- Limited detail of implementation approach, resource requirements
- Limited comparisons of supervision enhancements in different contexts, with different objectives
- We know what works. How can we scale and sustain it?
- Using the conceptual framework and taxonomy to review supervision enhancements (including the HCPPR) could help strengthen the evidence base & further define trends

Data-driven prioritization for supervision | QI methods | Effective feedback loops |  
Community engagement | Clinical mentoring | Address broader health system shortcomings



# THANK YOU

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