



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

DAY 1: Crystal City, April 9, 2019



Rachel Deussom
Technical Director
HRH2030, Chemonics International

@Rachel_Deussom
@HRH2030Program
@Chemonics



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?

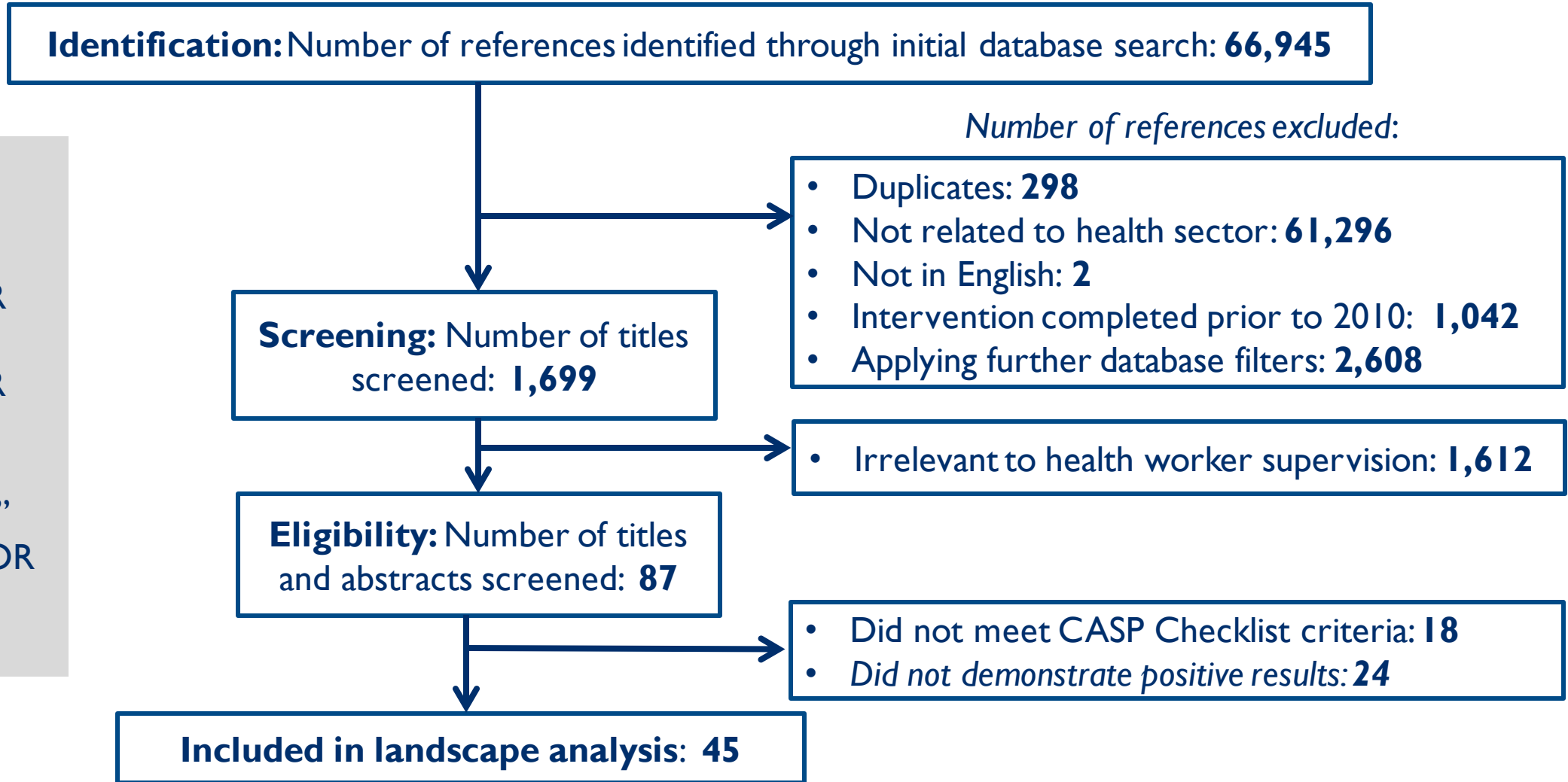
“A broad set of supervisory interventions that improve provider performance through team-based, learning approaches, including supportive supervision, the use of checklists, and in-person visits.”



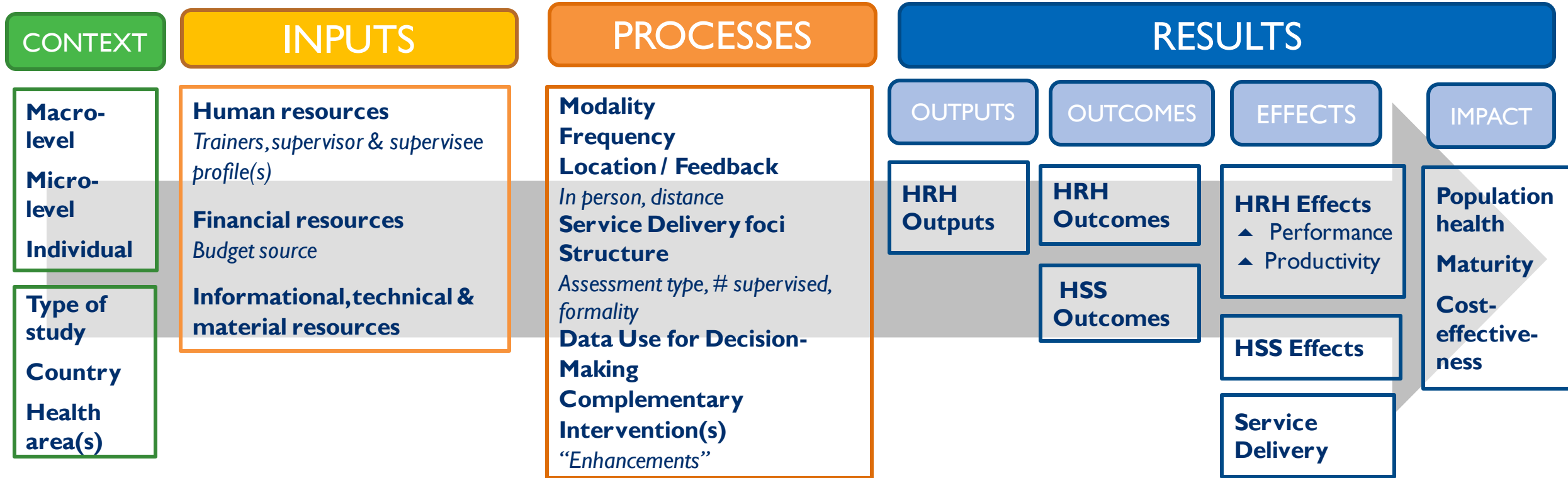
– AOTC Report:
USAID, 2017

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?

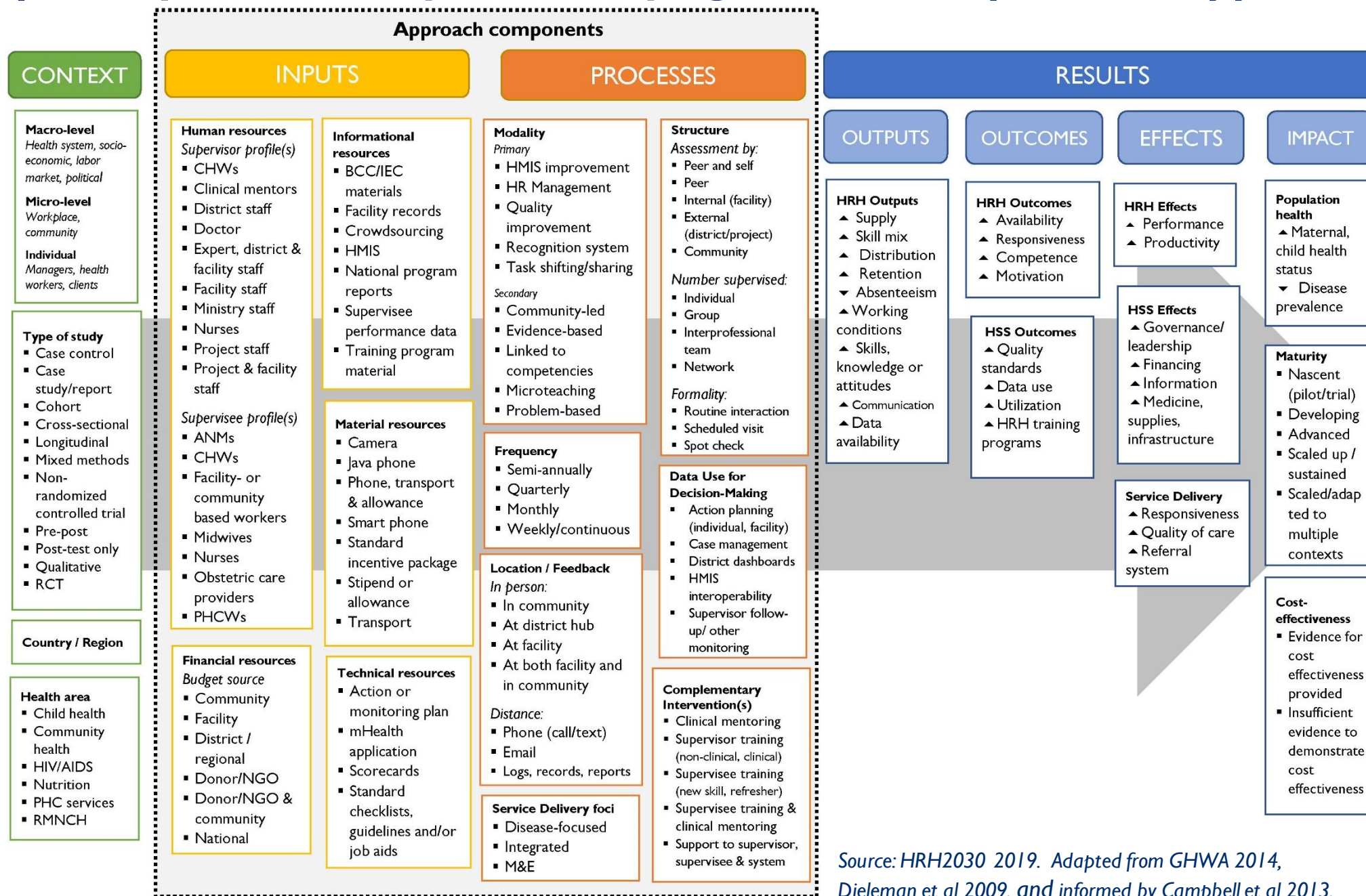
2. Supervision enhancements? (e.g., inputs, processes)

3. Scaled and/or sustained?

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.

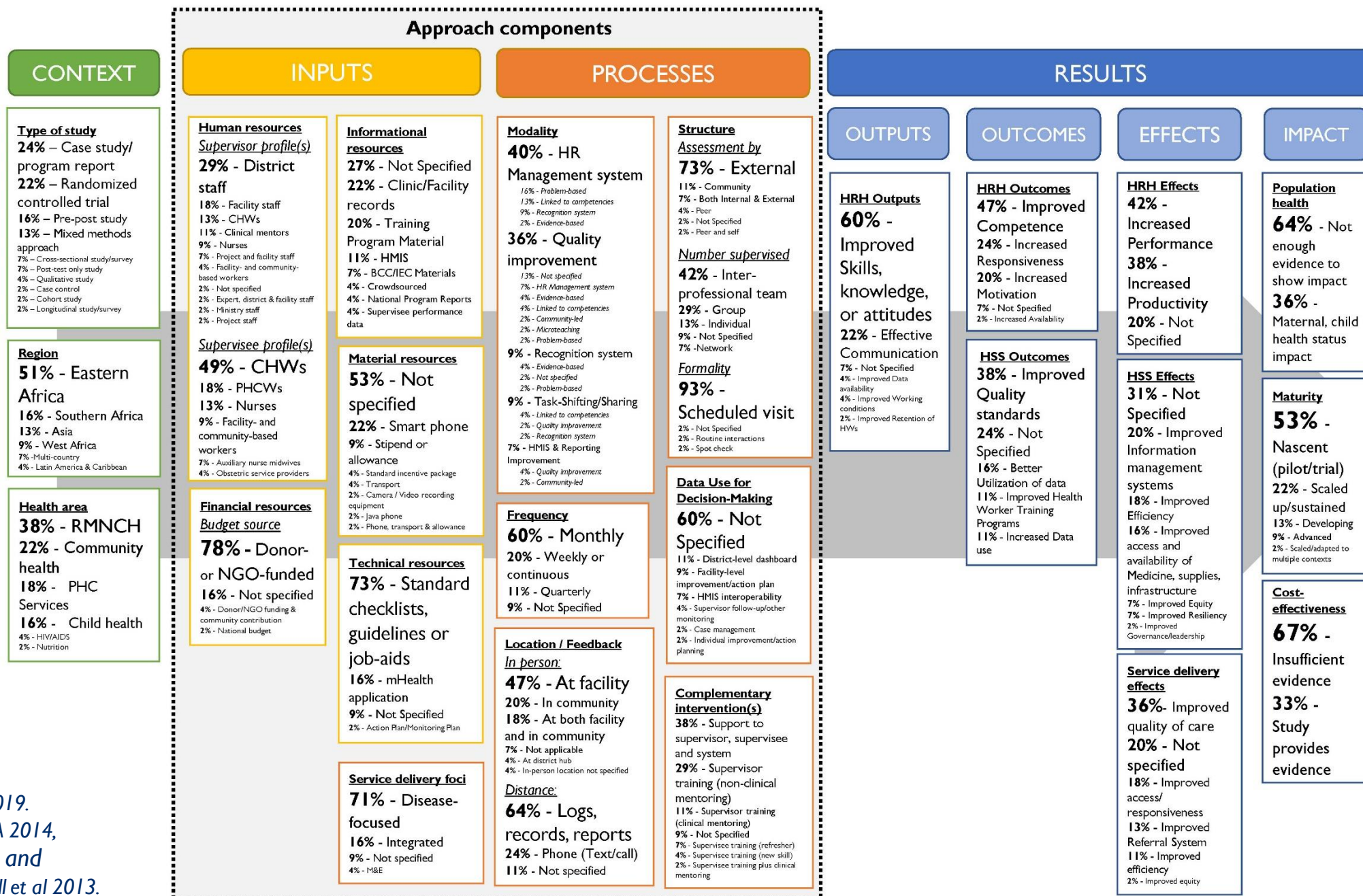
Characteristics of enhanced supervision approaches reviewed (n=45)



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

PROCESSES

Structure

Assessment by

73% - External

11% - Community
7% - Both Internal & External
4% - Peer
2% - Not Specified
2% - Peer and self

Number sup

42% - Inte

professional
29% - Group
13% - Individual
9% - Not Specified
7% - Network

Formality

93% -

Schedule
2% - Not Specified
2% - Routine interac
2% - Spot check

Data Use fo

Decision-Ma

60% - N

Specified
11% - District-level
9% - Facility-level
improvement/acti
7% - HMIS intero
4% - Supervisor follo
monitoring
2% - Case managem
2% - Individual impro
planning

Complemen

intervention

38% - Support
supervisor, su
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



RESULTS

Outputs, Outcomes or Effects:

- Noteworthy achievements



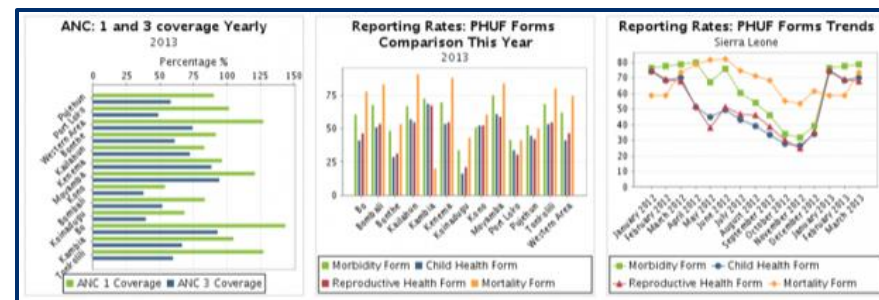
Impact

- Scaled up and/or sustained over time

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

| | | |
|--|---|--|
| HMIS + clinical mentoring | Achieved task-shifting among mid-level providers for higher-quality HIV and TB services in Uganda | Naikoba et al. 2017 |
| HMIS + mHealth app + weekly calls + job aid | 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 |
| HMIS + mHealth app + checklist + QI | Improved quality of care for private sector & CHW providers in malaria and FP services across Africa and Asia | Lussiana et al. 2016 |
| HMIS + mHealth app + mentoring | 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

District-level dashboards

- Promotes efficiency
- Automates some supervisory tasks

Manzi *et al.*, 2012
Agarwal *et al.*, 2016

Interprofessional or network support

- Reinforces formal visits and promotes self-efficacy

Okuga *et al.*, 2015
Mkumbo *et al.*, 2014

Data review meetings & facility improvement plans

- Improved health worker competencies in data-driven decision-making, including for CHWs

Aikins *et al.*, 2013
Manzi *et al.*, 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

Rachel Deussom
rdeussom@hrh2030program.org

Acknowledgements:
Doris Mwarey, Katy Gorentz, Leah
McManus, HRH2030 Core Team