







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"?

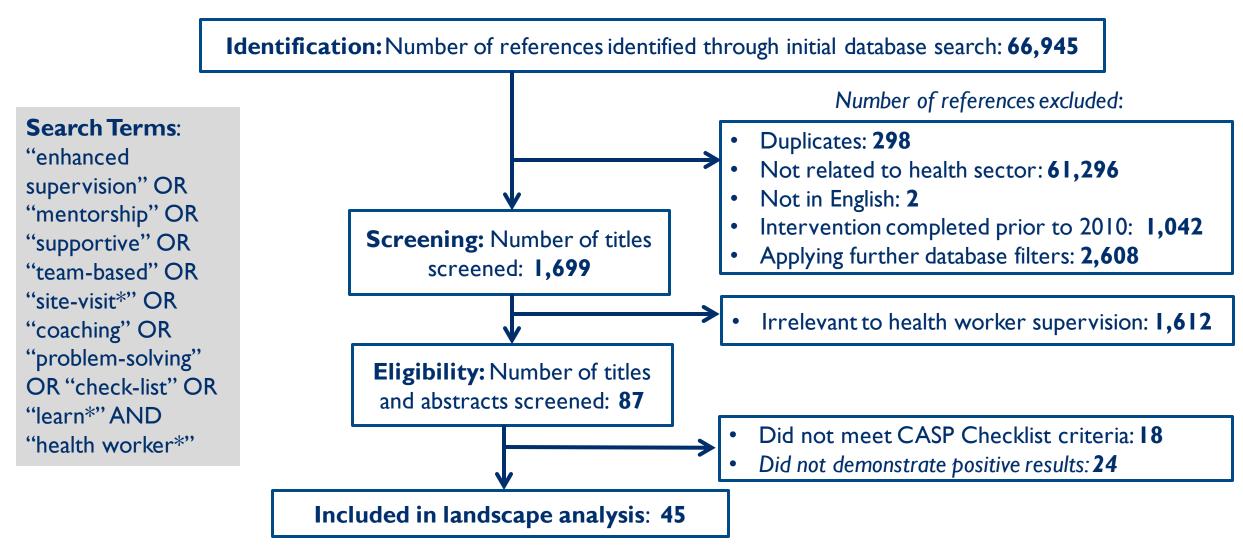
What is enhanced supervision?

"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."

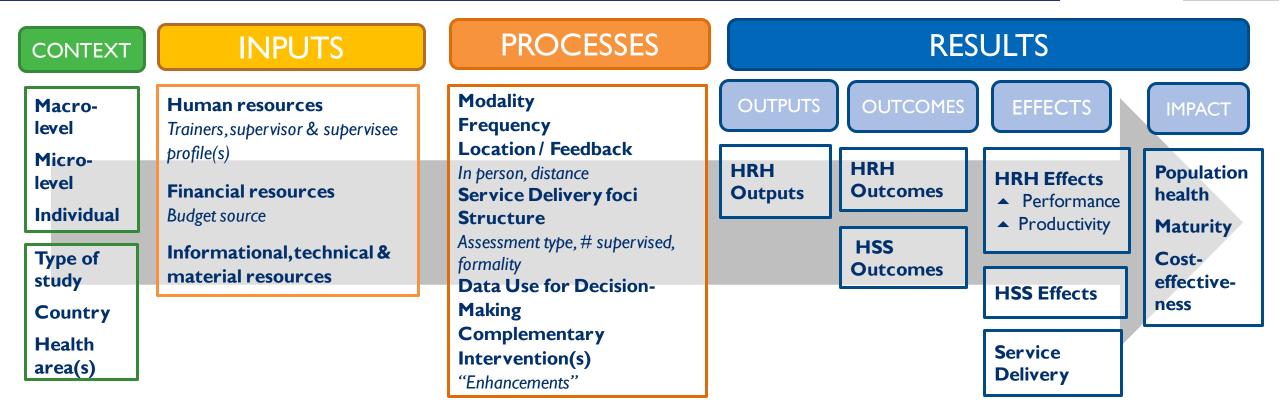


AOTC Report: USAID, 2017

Database search methodology



HRH2030 Landscape Analysis Framework



- I. Positive results?
- 2. Supervision enhancements? (e.g., inputs, processes)
- 3. Scaled and/or sustained?









Landscape analysis taxonomy for classifying enhanced supervision approaches

CONTEXT

INPUTS

PROCESSES

RESULTS

Macro-level

Health system, socioeconomic, labor market, bolitical

Micro-level

Workplace, community

Individual

Managers, health workers, clients

Type of study

- Case control
- Case study/report
- Cohort
- Cross-sectional
- Longitudinal
- Mixed methods
- Nonrandomized controlled trial
- Pre-post
- Post-test only
- Qualitative
- RCT

Country / Region

Health area

- Child health
- Community health
- HIV/AIDS
- Nutrition
- PHC services
- RMNCH

Supervisor profile(s)

Clinical mentors

Human resources

District staff

facility staff

Facility staff

Ministry staff

Project staff

Project & facility

Supervisee profile(s)

Expert, district &

CHWs

Doctor

Nurses

staff

ANMs

CHWs

Facility- or

Midwives

Nurses

community

based workers

Obstetric care

providers

- Crowdsourcing
- HMIS
- Supervisee
- Training program material

Material resources

- Camera
- incentive package
- Stipend or allowance
- PHCWs

Financial resources

- Budget source
- Community
- Facility
- District / regional
- Donor/NGO
- Donor/NGO & community
- National

Informational resources

- BCC/IEC materials
- Facility records

- National program reports
- performance data

- lava phone
- Phone, transport & allowance
- Smart phone
- Standard
- Transport

Technical resources

- Action or monitoring plan
- mHealth application
- Scorecards
- Standard checklists. guidelines and/or job aids

- Primary HMIS improvement
- HR Management
- Quality improvement
- Recognition system
- Task shifting/sharing

Secondary

Modality

Approach components

- Community-led
- Evidence-based
- Linked to competencies
- Microteaching
- Problem-based

Frequency

- Semi-annually
- Quarterly
- Monthly
- Weekly/continuous

Location / Feedback

- In person: In community
- At district hub
- At facility
- At both facility and in community

Distance:

- Phone (call/text)
- Email
- Logs, records, reports

Service Delivery foci

- Disease-focused Integrated
- M&E

Structure

- Assessment by: Peer and self
- Peer
- Internal (facility) External
- (district/project) Community

Number supervised:

- Individual
- Group Interprofessional
- Network

Formality:

- Routine interaction
- Scheduled visit
- Spot check

Data Use for **Decision-Making**

- Action planning (individual, facility)
- Case management
- District dashboards HMIS
- interoperability Supervisor followup/ other monitoring

Complementary Intervention(s)

- Clinical mentoring Supervisor training
- (non-clinical, clinical) Supervisee training (new skill, refresher)
- Supervisee training & clinical mentoring
- Support to supervisor, supervisee & system

OUTCOMES

OUTPUTS

HRH Outputs

Supply

▲ Skill mix

▲ Distribution

▼ Absenteeism

Retention

■ Working

knowledge or

▲ Communication

conditions

Skills.

attitudes

▲ Data

availability

HRH Outcomes

- Availability
- ▲ Responsiveness
- Competence Motivation

HSS Outcomes

- Quality standards
- ▲ Data use ▲ Utilization
- ▲ HRH training programs

EFFECTS

- **HRH Effects** ▲ Performance
- ▲ Productivity

- ▲ Governance/ leadership
- ▲ Financing

HSS Effects

- ▲ Information ▲ Medicine.
- supplies, infrastructure

Service Delivery

- ▲ Responsiveness
- Ouality of care
- ▲ Referral system

health ▲ Maternal.

Population

IMPACT

- child health status
- ▼ Disease prevalence

Maturity

- Nascent (pilot/trial)
- Developing
- Advanced Scaled up /
- sustained Scaled/adap ted to
- multiple contexts

Costeffectiveness

- Evidence for cost effectiveness provided
- Insufficient evidence to demonstrate cost effectiveness

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)



- 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)

CONTEXT

Type of study 24% - Case study/ program report

22% - Randomized controlled trial

16% - Pre-post study 13% - Mixed methods

approach

- 7% Cross-sectional study/survey 7% - Post-test only study
- 4% Qualitative study
- 2% Case control 2% - Cohort study
- 2% Longitudinal study/survey

Region

51% - Eastern Africa

16% - Southern Africa 13% - Asia

9% - West Africa 7% -Multi-country

4% - Latin America & Caribbean

Health area

38% - RMNCH

22% - Community health

18% - PHC

Services 16% - Child health

4% - HIV/AIDS 2% - Nutrition

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

Approach components

INPUTS

Human resources

29% - District

18% - Facility staff

11% - Clinical mentors

2% - Expert, district & facility staff

13% - CHWs

based workers

2% - Not specified

2% - Ministry staff

2% - Project staff

18% - PHCWs

13% - Nurses

9% - Facility- and

community-based

7% - Auxiliary nurse midwives

4% - Obstetric service providers

Financial resources

78% - Donor-

or NGO-funded

16% - Not specified

4% - Donor/NGO funding &

community contribution

2% - National budget

Budget source

workers

staff

Supervisor profile(s)

PROCESSES

Informational

resources

27% - Not Specified 22% - Clinic/Facility

records

20% - Training

Program Material 9% - Nurses 7% - Project and facility staff 11% - HMIS 4% - Facility- and community

7% - BCC/IEC Materials 4% - Crowdsourced

4% - National Program Reports 4% - Supervisee performance

Supervisee profile(s) Material resources 49% - CHWs

53% - Not specified

22% - Smart phone

9% - Stipend or

allowance 4% - Standard incentive package

4% - Transport 2% - Camera / Video recording

equipment 2% - Java phone

2% - Phone, transport & allowance

Technical resources

73% - Standard checklists. guidelines or

iob-aids 16% - mHealth

application

9% - Not Specified 2% - Action Flan/Monitoring Flan

Service delivery foci

71% - Diseasefocused

16% - Integrated 9% - Not specified 4% - M&F

Modality

40% - HR

Management system 16% - Problem-based

13% - Linked to competencies 9% - Recognition system 2% - Evidence-based

36% - Quality

improvement 13% - Not specified

7% - HR Management system 4% - Evidence-based

4% - Linked to competencies 2% - Community-led 2% - Microteachina

2% - Problem-based 9% - Recognition system

4% - Evidence-based

2% - Not specified 2% - Problem-based

9% - Task-Shifting/Sharing

4% - Linked to combetencies 2% - Quality improvement

2% - Recognition system

7% - HMIS & Reporting Improvement

4% - Quality improvement 2% - Community-led

Frequency 60% - Monthly

20% - Weekly or continuous

11% - Quarterly 9% - Not Specified

Location / Feedback In berson:

47% - At facility

20% - In community 18% - At both facility and in community 7% - Not applicable

4% - At district hub 4% - In-person location not specified

Distance:

64% - Logs,

records, reports 24% - Phone (Text/call) 11% - Not specified

Structure

Assessment by

73% - External 11% - Community

7% - Both Internal & External 4% - Peer

2% - Not Specified 2% - Peer and self

Number supervised

42% - Interprofessional team

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

Formality

93% -

Scheduled visit

2% - Not Specified 2% - Routine interactions 2% - Spot check

Data Use for **Decision-Making**

60% - Not Specified

11% - District-level dashboard 9% - Facility-level

improvement/action plan 7% - HMIS interoperability

4% - Supervisor follow-up/other 2% - Case management 2% - Individual improvement/action

Complementary intervention(s)

38% - Support to supervisor, supervisee 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

OUTCOMES

OUTPUTS

HRH Outputs

Improved

knowledge.

or attitudes

22% - Effective

Communication

7% - Not Specified

4% - Improved Working

2% - Improved Retention of

4% - Improved Data

availability

60% -

Skills.

HRH Outcomes

47% - Improved Competence 24% - Increased Responsiveness 20% - Increased

Motivation 7% - Not Specified 2% - Increased Availability

HSS Outcomes

38% - Improved **Ouality**

standards 24% - Not

> Specified 16% - Better Utilization of data 11% - Improved Health Worker Training

Programs 11% - Increased Data

EFFECTS

HRH Effects 42% -

Increased Performance 38% -

Increased **Productivity** 20% - Not

Specified

HSS Effects 31% - Not Specified 20% - Improved

Information management

systems 18% - Improved

Efficiency 16% - Improved access and

availability of Medicine, supplies,

infrastructure 7% - Improved Equity

7% - Improved Resiliency 2% - Improved Governance/leadership

Service delivery effects

36%- Improved quality of care 20% - Not specified

18% - Improved access/ responsiveness

13% - Improved Referral System 11% - Improved efficiency

2% - Improved equity

IMPACT

Population health

64% - Not

enough evidence to show impact

36% -

Maternal, child health status impact

Maturity

53% -Nascent

(pilot/trial) 22% - Scaled

up/sustained 13% - Developing

9% - Advanced 2% - Scaled/adapted to multiple contexts

Costeffectiveness

67% -Insufficient

evidence 33% -

> Study provides

evidence

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



Modality:

Quality improvement (QI) methods

Feedback:

Multi-level, timely feedback loops

Data use for decision-making:

HMIS interoperability

Complementary interventions:

- Clinical mentoring
- Community engagement



Formality

2% - Not Specified

2% - Routine inter 2% - Spot check

Data Use for Decision-Ma

60% - N Specified 11% - District-le

9% - Facility-leve improvement/act 7% - HMIS interc 4% - Supervisor foll

2% - Case manager 2% - Individual imp

93% -Schedule

Outputs, Outcomes or Effects:

Noteworthy achievements



Impact

Scaled up and/or sustained over time

specified

18% - Improved

responsiveness

13% - Improved

Referral System

11% - Improved

2% - Improved equity

efficiency

Complemen intervention 38% - Suppor supervisor, su and system 29% - Supervisor training (non-clinical 11% - Supervisor training (clinical mentoring) 9% - Not Specified 7% - Supervisee training (refresher) 4% - Supervisee training (new skill)

2% - Supervisee training plus clinical

evidence

Population

64% - Not

health

Source: HRH2 Adapted from

Dieleman et al 2009, and informed by Campbell et al 2013. 9% - Not specified

24% - Phone (Text/call) 11% - Not specified

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

Lussiana et al.

HMIS + mHealth app + checklist + QI

Improved quality of care for private sector & CHW providers in malaria and FP services across Africa and Asia

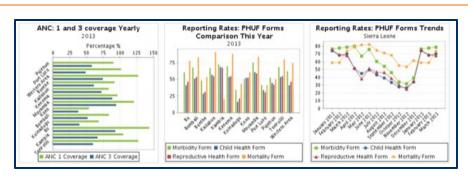
HMIS + mHealth app + mentoring

Increased CHW data use, productivity, and accountability for adhering to iCCM / child health standards of care

Biemba et al. 2017

2016

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 <u>primary</u> modality:

0	u	t	p	u	ts
O	u	T	p	u	TS

• 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

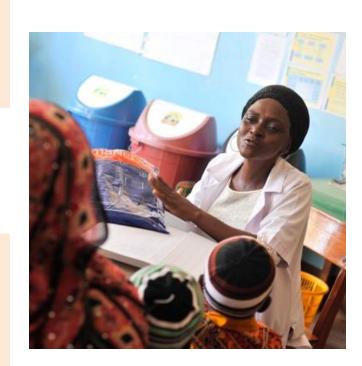
Interprofessional or network support

 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-ofsystem" 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

Discussion & next steps

- 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





