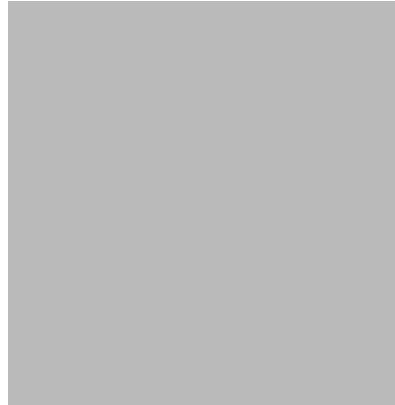
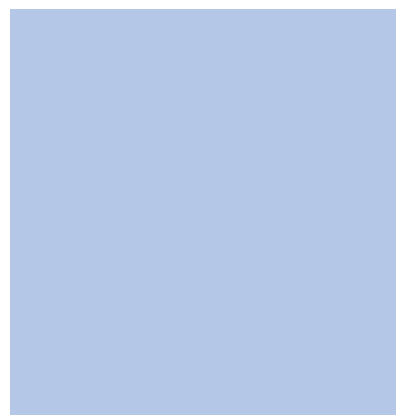




**USAID**  
FROM THE AMERICAN PEOPLE

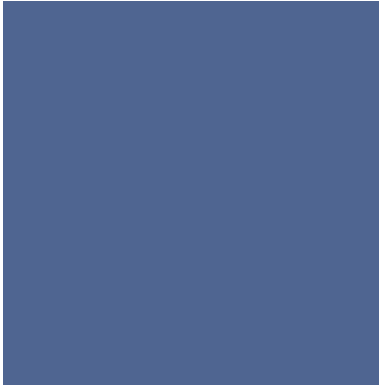
**HRH2030**  
HUMAN RESOURCES FOR HEALTH IN 2030



# Optimizing health worker performance : Reflections and paths forward for digital approaches for supportive supervision

December 14, 2021

**WELCOME**  
Please share your name, location & who/what has supported you during this year!



*Supervision team in complete PPE to one of their supervision visits in a private facility, December 2020.*

**Thank you, health workers!  
#ApplauseIsNotEnough**



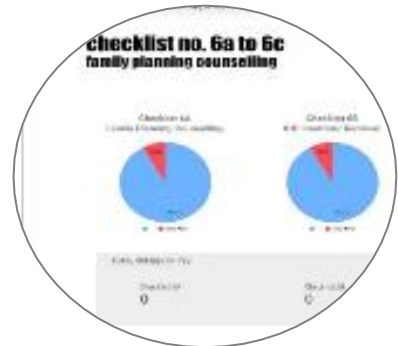
# Session overview

- Opening remarks
- Moderated discussion
- Q&A
- Closing remarks

# Philippines digital supervision interventions



1. **Digital supervision checklists for supervisors** on basic emergency obstetric neonatal care (BEmONC) and family planning (FP) using ODK, deployed on Android tablets for use during quarterly external supervision visits.



2. Services quality **data dashboard for supervisors** to facilitate relevant and timely information access and performance feedback to support both supervisors and supervisees, web- and tablet-based.



3. **Digital supervision checklists for service providers to conduct facility self-assessments** as an internal quality improvement process, to complement quarterly supervision visits.

# Aim & research questions

**Aim:** To assess the effects of **digital supervision support and facility self-assessment** on supervisor and health worker competency and performance, client satisfaction, data use, and/or health service delivery within an existing functional supervision system.

## Research questions

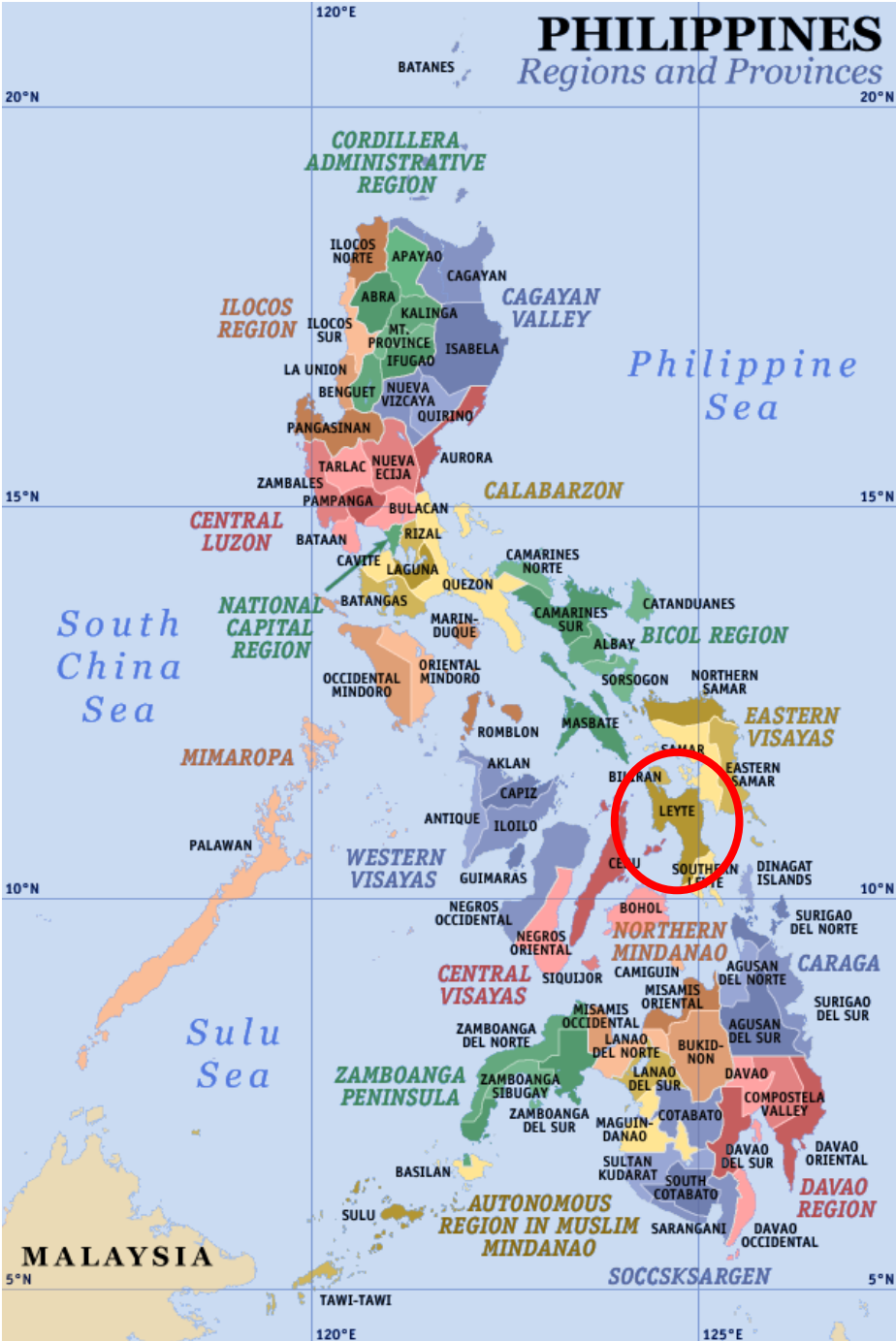
Does digital supervision support and facility self-assessment lead to improved:

1. Health worker competence and satisfaction?

2. Supervisor performance, interaction and satisfaction?

3. Data use?

4. Health service readiness, provision and client satisfaction? (Quality)

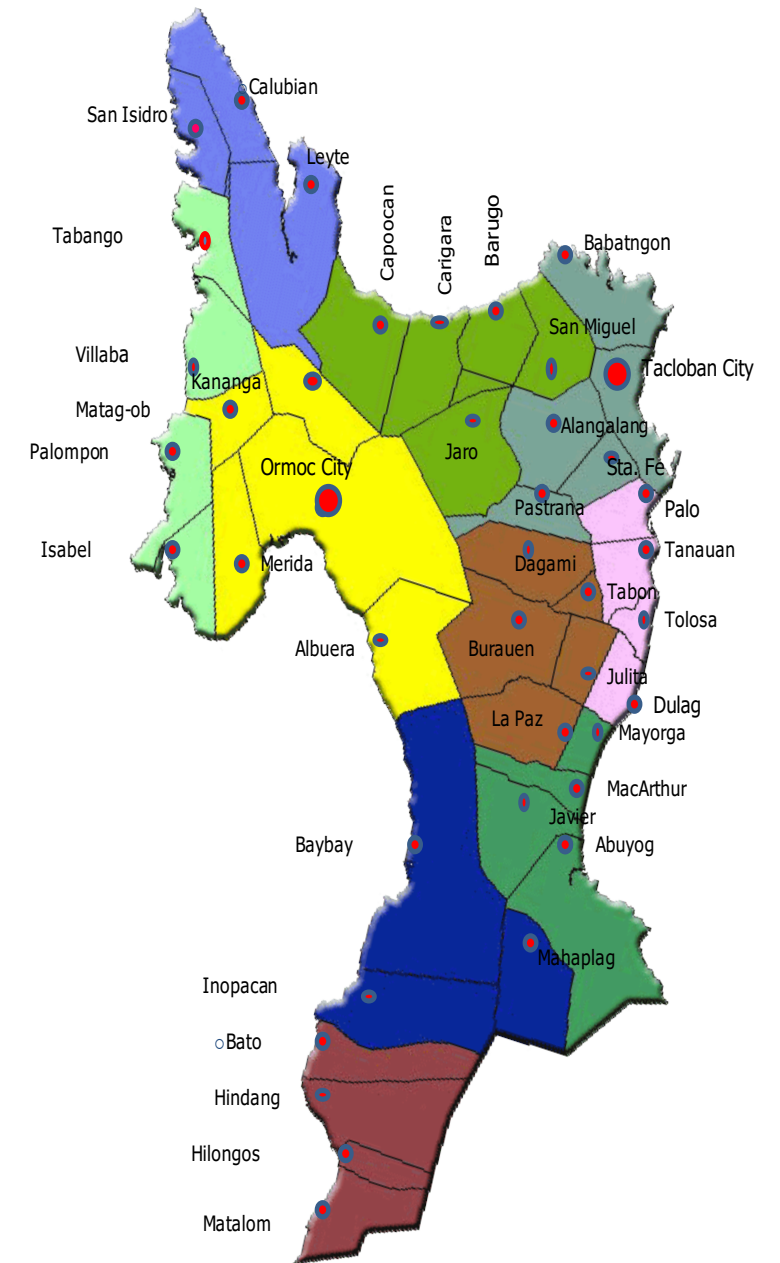


# Supervision in Leyte, Philippines

## Integrated Local Health Zones (ILHZ)

e.g., Philippines' District Health System

- Consistent quarterly visits to public and private PHC facilities
- Adequate number of service providers and supervisors
- Approved provincial supervision checklists for BEmONC and FP services
- Uneven connectivity and emerging digital infrastructure
- Adequate financing for supervisor transport
- Strong leadership and political will to improve supervision

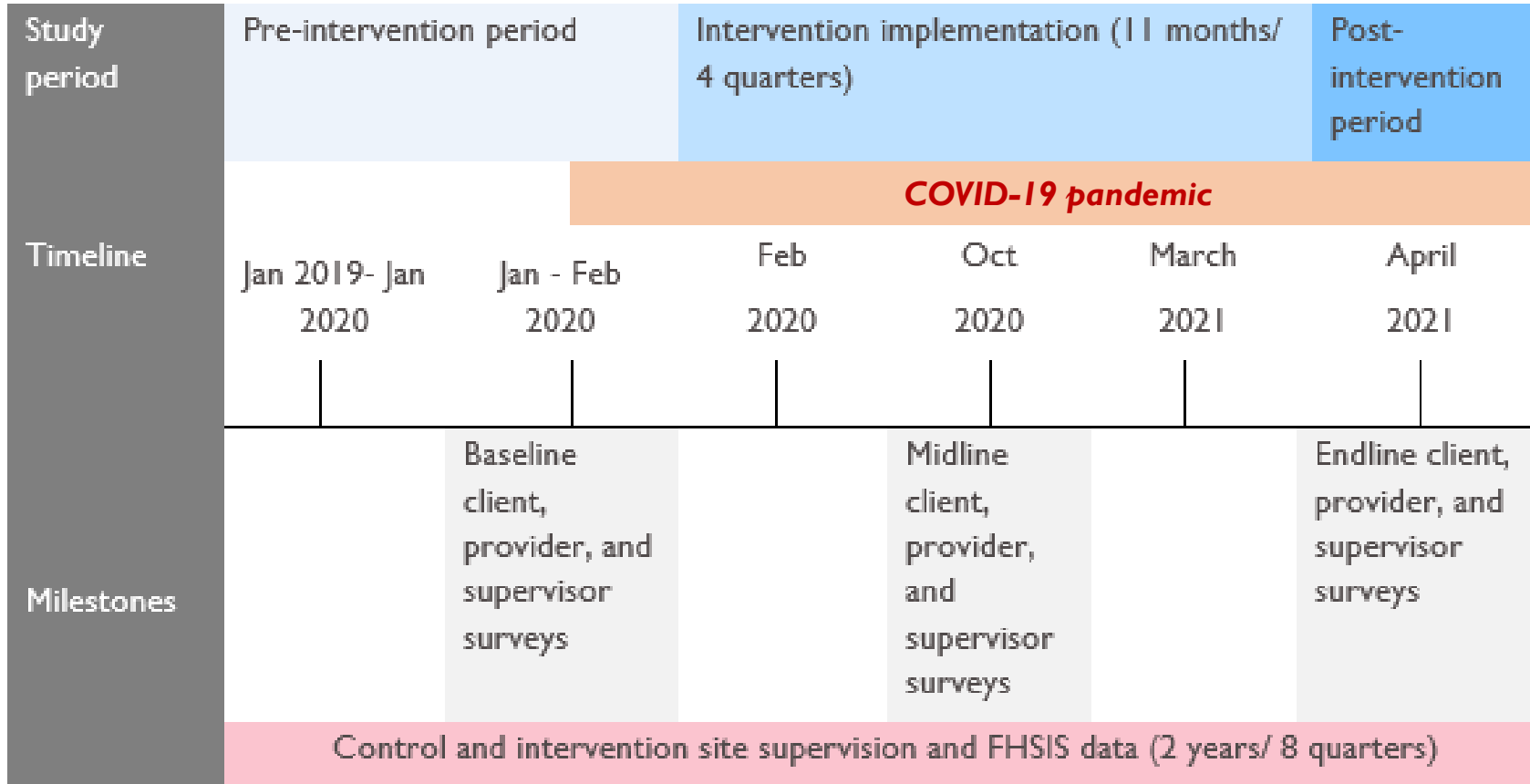


**Map of Leyte Norte**





# Study design



- Control group: 5 ILHZ, 32 public and private facilities, 59 staff
- Treatment group: 5 ILHZ\*, 44 public and private facilities, 67 staff
- Focus on basic emergency obstetric and newborn care (BEmONC) and family planning (in private facilities only)

\* Covered by 4 supervisor teams



*SSV teams continues to conduct supervision visits to different facilities despite COVID-19 pandemic, August 2020.*



*Virtual consultative meetings with the SSV teams and supervisees, July 2020.*

# HNQIS Dashboard

Period: Y Q M / Year  
 Health Areas: All Location: All Facility Type: All Score >= 90%: All

2016 2017 2018 2019 2020 2021



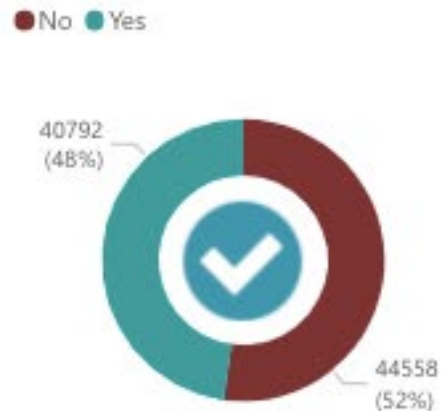
**8430**  
HFAs Assessed

**85K**  
HNQIS Assessments

**77%**  
Avg QA Score

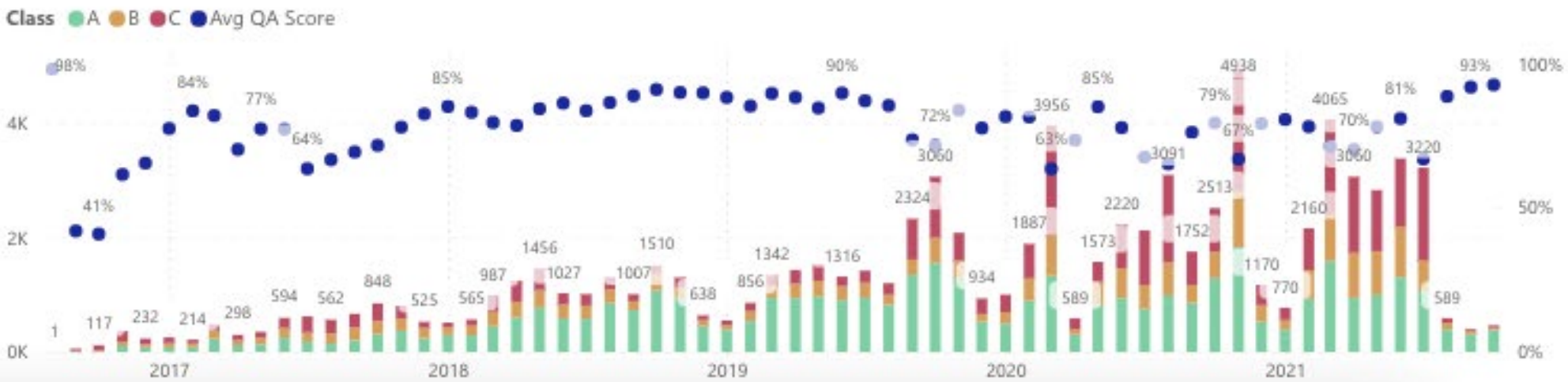
**74%**  
HFAs w/ Score >= 90%

### Assessment Score >= 90%



Country	Total Assessments	Total Assessments 90+	Avg QA Score	Total HFAs Assessed	Total HFAs with Score >= 90%	HFAs with Score >= 90%
Angola	18174	6998	81%	532	457	86%
Benin	6659	4844	90%	281	273	97%
Burundi	380	139	84%	63	47	75%
Cambodia	8202	5444	91%	1008	524	52%
Cameroon	1313	250	73%	312	160	51%
Côte d'Ivoire	227	110	79%	77	49	64%
DRC	4690	895	50%	193	174	90%
El Salvador	8	8	100%	5	5	100%
Ethiopia	60	32	88%	25	18	72%
Ghana	5232	1346	43%	530	469	88%
Guatemala	3	1	88%	3	1	33%
Haiti	373	95	81%	213	80	38%
Kenya	5103	1877	66%	509	374	73%
<b>Total</b>	<b>85350</b>	<b>40792</b>	<b>77%</b>	<b>8430</b>	<b>6254</b>	<b>74%</b>

### Assessments Conducted



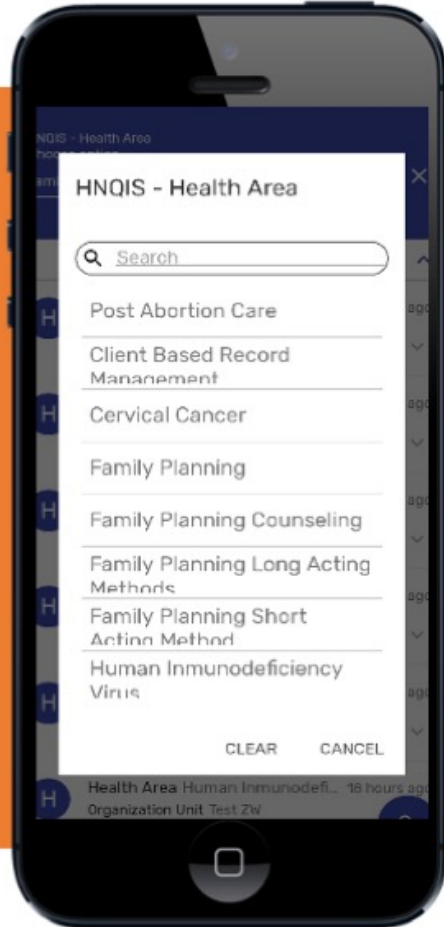
Latest Data:  
 October 2021



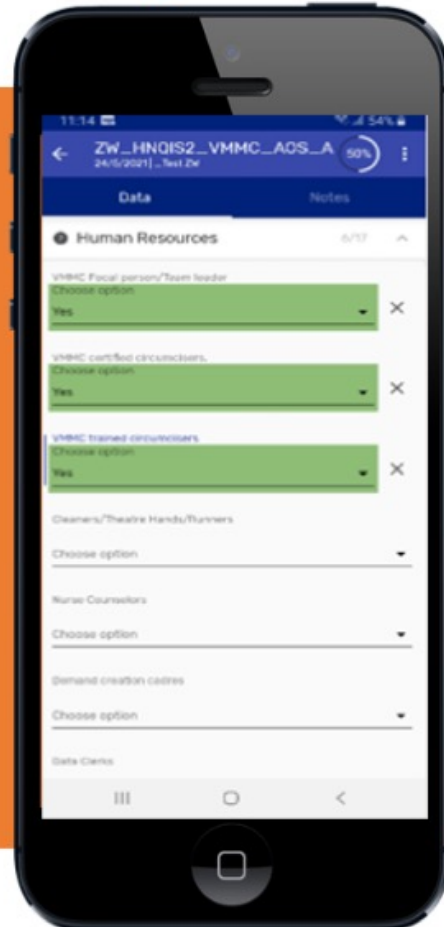
# HNQIS 2.0

Improving quality of health service provision at scale using DHIS2

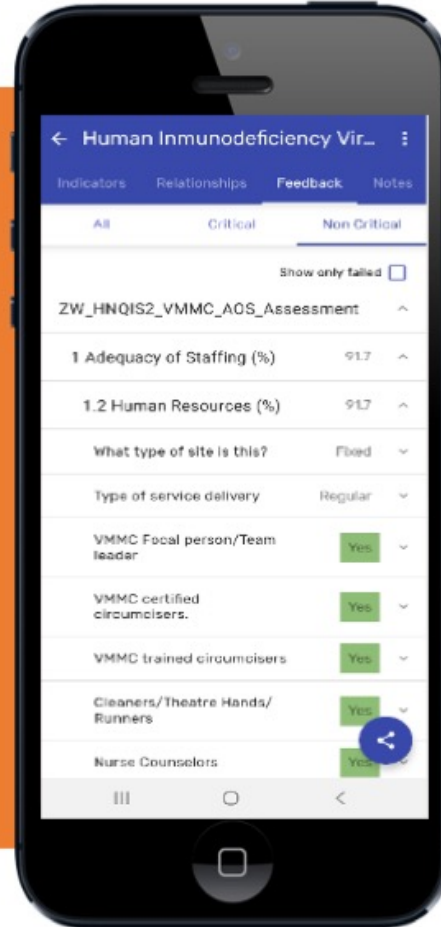
## Select Health Area



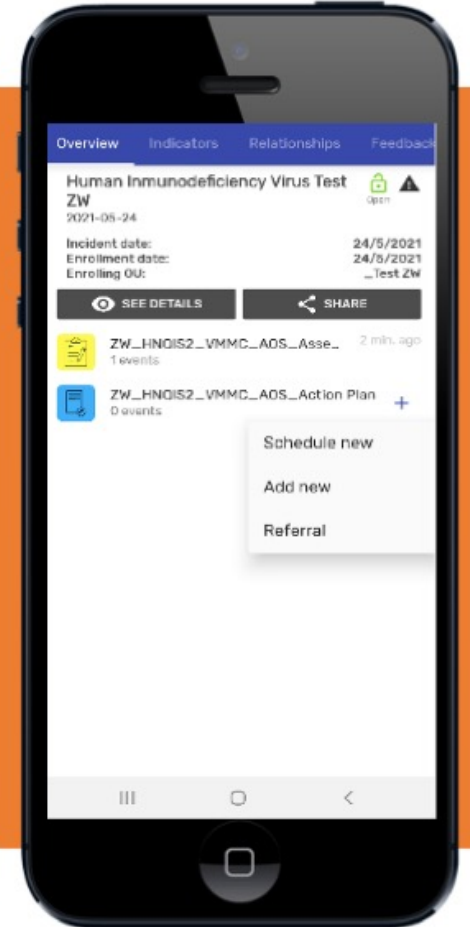
## Assess providers' skills



## Review scores

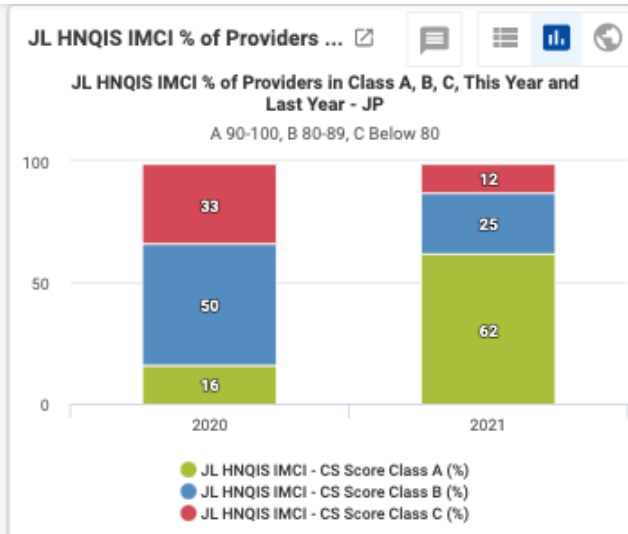
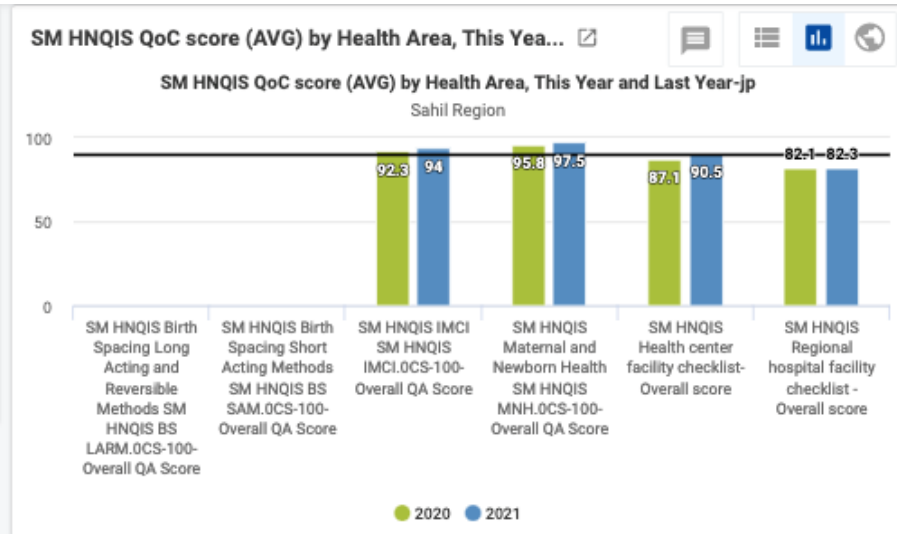


## Agree and share Action plan Schedule next visit



### SM HNQIS Total # of assessments for all health areas, This Year ...

SM HNQIS Total # of assessments for all health areas, This Year and Last Year-jp												
Sahil Region												
Period / Data	SM HNQIS - BS LARM count	SM HNQIS - BS SAM count	SM HNQIS - IMCI count	SM HNQIS - MNH count	SM HNQIS - Health Center CPHE count	SM HNQIS - HC PI count	SM HNQIS - HCP HSS count	SM HNQIS - Regional Hospital CPHE count	SM HNQIS - RH PI count	SM HNQIS - RHP HSS count	Total	
2020			19	32	8	9	8	6	2	3	87	
2021			10	13	8	9	7	2			51	
Total			29	45	16	18	15	8	2	5	138	



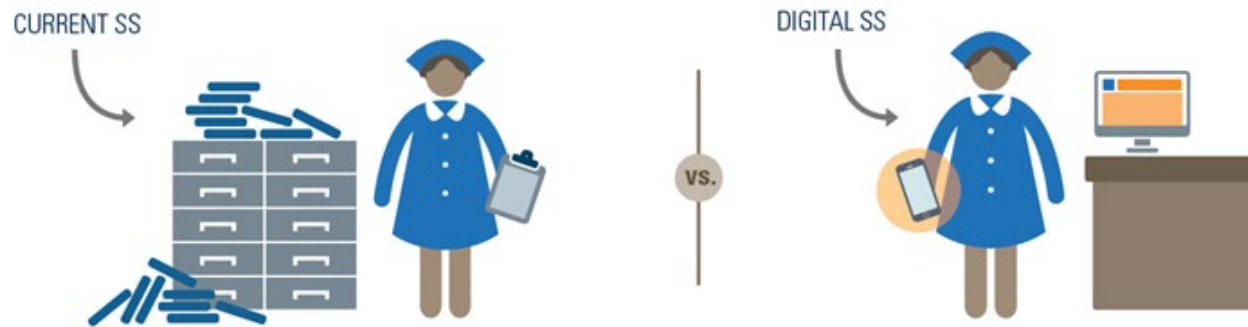
### JL HNQIS Last QOC score by facility, This Year and Last Year - JP

Data	JL HNQIS Birth Spacing: Long Acting and Reversible Methods		JL HNQIS Health Center - Community Participation & Health Education		JL HNQIS Health Center - Personnel and Infrastructure		JL HNQIS Health Center - Programs and Health System Support		JL HNQIS Hypertension		JL HNQIS IMCI		JL HNQIS LARC and PAC Facility checklist		JL HNQIS Malaria HNO	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	
Akara Health Centre			100		66.4	83	83.2	91.3	100	100	88	96			100	94
Belet Health centre			100	100	54	49	71	64	80	90	79	85.5			81.5	81
Dollow Referral Health Centre			100		93.3		91		80	100	87	87	88.5		95	88
Garbaharey Health Centre																

### JL HNQIS Post Abortion Care Action Plans, This Year and Last Year - JP

ID	Date	Facility	Score	Location	Issues	Action Plans	Staff
6	2021-01-26 23:22:14.428	Khalil Hospital	50.0	Nasra	1. Does not determine the clients preference for any method 2. There is no MVA kit available. 3. Patients are not counselled on healthy birth spacing	1. Clients should be enabled to choose their preferred method 2. Patient should be counselled on healthy birth spacing 3. Provision of MVA kits	Ahmed Shuriye
7	2020-11-07 16:25:51.609	Garbaharey Hospital	45.0	Fatuma	1. Provider doesn't counsel client on birth spacing 2. Poor client follow up plan	1. All clients need to be counselled on birth spacing 2. Proper patient follow up should be instituted	Ahmed Shuriye
8	2020-09-20 13:44:21.84	Khalil Hospital	55.0	Nasra	Lack of proper follow up and counselling on birth spacing interventions	Improve in follow up of patients and counselling on birth spacing methods	Ahmed Shuriye
9	2020-03-06 12:07:52.309	Akara Health Centre	36.0	Farihiya	1. Staff not competent in post abortion care 2. MVA kit not available 3. No Birth spacing service to link with	1. Advocate for birth spacing services at the health centre 2. Procurement of MVA kit 3. Train staff members on post abortion care.	Ahmed Shuriye
10	2020-03-05				1. No MVA kit. 2. Clients not	1. Link clients with the birth	Ahmed

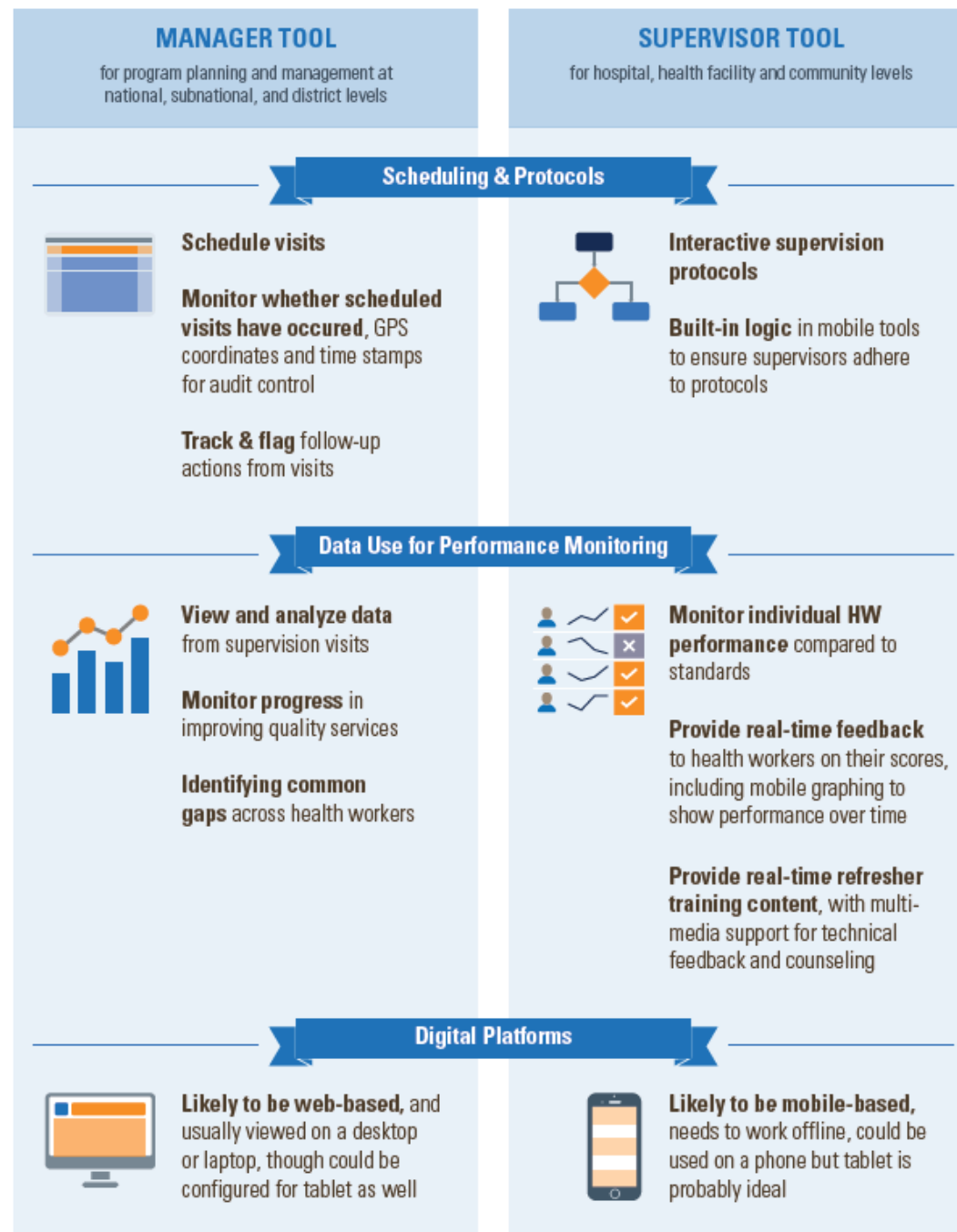
# How Can Digital Approaches Strengthen Supportive Supervision?



## Digital tools can be applied to strengthen SS in assisting:

- **Managers** in knowing if SS visits are planned, when the visits are held, and what are the main outcomes of the visits
- **Supervisors** in evaluating service quality, what needs to be improved and what resources are needed
- **Health Providers** in assessing their own performance, e.g. getting feedback at the time of the supervision

# Framework





*Supervision team in complete PPE to one of their supervision visits in a private facility, December 2020.*

**Thank you, health workers!  
#ApplauseIsNotEnough**

