Digital Supportive Supervision @ JSI

Why Supportive Supervision (SS)?

SS is the process of mentoring staff to improve their own work performance continuously (WHO). It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills. SS is undertaken to ensure health workers have the support and resources they need to do their work, to measure and improve quality of care, and to identify gaps to be able to solve problems as they arise.

What are challenges with current SS approaches?

Despite an overall consensus on the importance of SS, investments over the years have not led to successful uptake of high quality SS practices. There is also limited evidence that current SS strategies -- as implemented -- have improved health worker performance or motivation.

This is due to a variety of challenges, in particular:

- **Framing of Training:** Strong emphasis on formal in-service training that consumes resources and managers' time, and little focus of framing of SS as the continuation of these trainings.
- **Supervision Quality and Feedback:** Supervisors are not trained on how to provide supervision. Since supervision objectives and processes are subjective, checklists are misused, quality of feedback and/ counseling provided to health workers by supervisors is highly variable, completed checklists are often not collected, and supervisees are not given a voice to provide feedback on the content/quality of supervision visits.
- **Planning and Logistics:** Planning is vertical for each program and follow-through doesn't often occur in a timely manner. Supervision is perceived as costly and difficult due to travel conditions. Supervision is not prioritized in resource allocation, so necessary financial and personnel resources are not available.
- **Protocol and Checklist:** SS tools and checklists are not actually supportive, ask too many questions, are not action-oriented, are not adapted to service delivery but focused on technical aspects, and often raise questions which cannot be answered during the visit. Data coming out of SS visits is not analyzed or used.

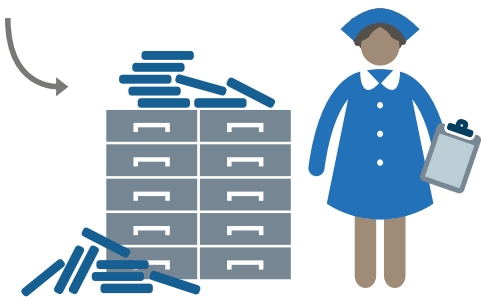
Why digital SS?

Digital tools represent a new way to alleviate some of these SS challenges, as they help **manage, store, and move information, so that the right information is available at the right time.**

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

CURRENT SUPPORTIVE SUPERVISION



DIGITAL SUPPORTIVE SUPERVISION

JSI

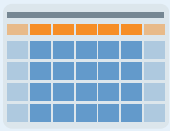
MANAGER TOOL

for program planning and management at national, subnational, and district levels

SUPERVISOR TOOL

for hospital, health facility and community levels

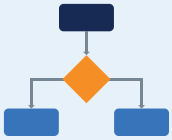
Scheduling & Protocols



Schedule visits

Monitor whether scheduled visits have occured, GPS coordinates and time stamps for audit control

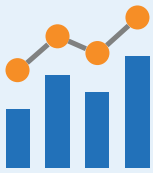
Track & flag follow-up actions from visits



Interactive supervision protocols

Built-in logic in mobile tools to ensure supervisors adhere to protocols

Data Use for Performance Monitoring



View and analyze data from supervision visits

Monitor progress in improving quality services

Identifying common gaps across health workers

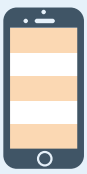
Monitor individual HW performance compared to standards

Provide real-time feedback to health workers on their scores, including mobile graphing to show performance over time

Provide real-time refresher training content, with multi-media support for technical feedback and counseling

Digital Platforms

Likely to be web-based, and usually viewed on a desktop or laptop, though could be configured for tablet as well



Likely to be mobile-based, needs to work offline, could be used on a phone but tablet is probably ideal

Project Example | MANAGER TOOL

Pakistan

In Pakistan, through the Health Systems Strengthening Component of the **Maternal and Child Survival Program**, JSI developed an online dashboard integrating the existing district health information system (DHIS) with other vertical program management information systems. The HSS Component also developed and incorporated systems that allow district and provincial managers to validate the data, plan and track monitoring and supervisory visits, and compare supervision data against district-level health system performance. The vision is to develop a "one-stop shop" where routinely updated information on service delivery, human resources for health and district level efforts to supervise and improve service delivery could be monitored and assessed at the district and provincial levels for evidence-based decision making. 23 districts of Sindh province are submitting monthly reports online and feedback is provided by senior management of the department of health. A similar system has also been developed for electronic SS management in India.

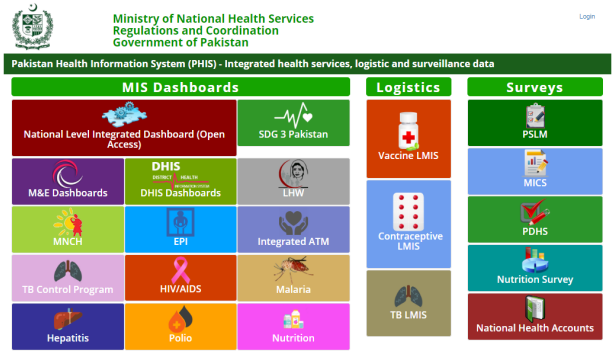


Image credit: JSI

Project Example | SUPERVISOR TOOL

Ghana

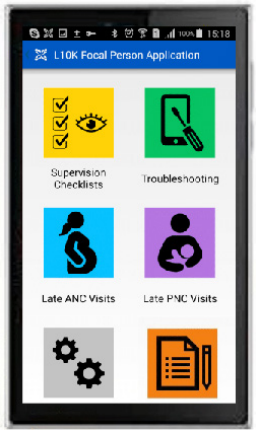
Image credit: JSI and Global Communities

In Ghana, paper checklists for Ministry of Health visits to facilities are often too unwieldy for effective supervision and do not provide feedback to the health workers being observed. The USAID-funded **Resiliency in Northern Ghana** project, a G2G partnership between USAID and Metropolitan Municipal District Assemblies, is tackling this challenge by going digital. JSI and Global Communities are supporting a NRHD/GHS-led pilot using mobile supportive supervision to digitize and streamline nutrition checklists. This approach not only digitizes the checklist itself, but incorporates real-time feedback on health worker performance in the form of scoring and feedback training messages. As the supervisor uses the mobile tool in real-time during a supervision visit, when the observation is completed the tool can provide the supervisor with scoring on each section for real-time feedback on strengths and weaknesses. For areas that need improvement, the tool also provides feedback/refresher training content in the form of short videos and images that the supervisor can relay to the health worker to improve performance. These feedback messages will ensure that the supervisory visits including high quality mentoring and coaching of the health worker to reinforce existing health worker training. The data from the mobile checklists will feed into a dashboard in DHIS2 that will provide the MOH with a snapshot view of health worker performance in the health facility. The project is producing a report on the effectiveness of the pilot, and based on the results and recommendations of this report the project will recommend further scale up in the Northern Region.

Other emerging approaches to digital supportive supervision

Supervisory applications connected to mobile tools for health workers: In **Ethiopia**, JSI is supporting the Federal Ministry of Health to develop a mobile tool for Health Extension Workers (HEWs), the Electronic Community Health Information System (eCHIS). While focused on the HEW level, the tool also includes a supervisory application for the HEW Focal Person at the Health Center level, that allows them to see data being entered at the community level to track HEW usage of the application, as well as view insights in the coverage, quality, and timeliness of the services they are providing.

WhatsApp groups or other networking resources for supervisors: In **Kenya** with **Bull City Learning**, JSI is testing out the use of WhatsApp groups to support immunization officers, with supervisors joining the groups as moderators who can provide advice to mentees. WhatsApp groups can also link supervisors to each other, to be able to discuss common issues and collaborate on planning and resource management.



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