

Technical and integrated supportive supervision

The challenge: little, if any supervision

Supervision activities are non-existent in many states in Nigeria. Largely for cost reasons, supervision occurs randomly and seldom. In many cases, programmes conduct vertical supervision activities with separate checklists, further increasing the fragmentation of the health sector in Nigeria.

The response: new systems ensure support

Regular supportive supervision is the glue that binds the health system. Within PRRINN-MNCH, the focus has been on building supportive supervision systems that ensure managers and clinicians can be in the field supervising on a regular basis (monthly or quarterly).

Integrated supportive supervision (ISS) is concerned with the supervision of systems and services and the focus is on managers at different levels. Technical supportive supervision (TSS) is more concerned with the supervision of quality of care and the focus is on practitioners.



Key messages: Ongoing supportive supervision helps health workers develop and ensures consistent quality of service.

- 1** Cost and other factors mean that ongoing supervision of health workers in Northern Nigeria has been intermittent at best, non-existent at worst.
- 2** PRRINN-MNCH has identified a two-pronged approach: integrated supportive supervision (ISS) which focuses on managers to supervise systems and services, and technical supportive supervision (TSS) which focuses on health workers to improve quality of care.
- 3** Supervision is the most important factor in improving healthcare. The two initiatives working together are cost-effective and have led to ongoing improvements in health service delivery across all four PRRINN-MNCH states.

ISS

ISS consists of three core elements:

- 1. An organisational framework** with integrated, trained supervision teams that report to a coordinating structure at state level.
- 2. A supervisory process** with regular ISS visits which:
 - Are comprehensive, not just 'in-and-out visits'
 - Keep to an agreed timetable
 - Include three main aspects: review of key areas; some on-the-job capacity building; discussion of key problems and agreement on follow-up actions by both sides (supervisors and supervisees)
- 3. Review mechanisms** which include:
 - Feedback to management from the visiting team
 - Summary visit reports and verbal feedback to facility management and

managers at the State Ministry of Health (SMoH) or equivalent

- Progress/review meetings, at least quarterly, of managers of facilities/LGAs (local government areas) and supervisors. These meetings take place at levels appropriate to the state (eg at zonal/district/Gunduma level for some states and at state level for others)

TSS

TSS consists of the same three core elements – an organisational framework, a supervisory process and review mechanisms.

Each state TSS team includes experts in obstetrics and gynaecology and paediatrics from the state's Federal Medical Centre as well as other doctors and midwives, who are usually trainers on MNCH issues, such as KMC (kangaroo mother care), FANC (focussed antenatal care), PNC (post natal care), FP (family planning), IMCI

THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME

(integrated management of childhood illnesses), LSS (life-saving skills) and EmONC (emergency obstetric and newborn care).

The state ISS team includes managers from different departments and programmes. The composition of ISS teams (managers) and TSS teams (clinicians) is repeated at sub-state and facility levels.

A combined approach

The four PRRINN-MNCH states have established multidisciplinary integrated supportive supervision teams at state and LGA levels. These teams regularly visit health facilities to monitor service provision and to supervise and support health care providers.

To complement the work of the ISS teams, the TSS teams formed at state level focus on the clinical aspects of MNCH services and provide supportive supervision and follow-up of health workers after in-service training to ensure that what they have learned is put into practice.



Comprehensive TSS and ISS manuals have been developed by PRRINN-MNCH.



Other achievements of ISS and TSS include:

- Improved documentation of service statistics (eg improved use of registers and monthly summaries of statistics posted on walls)
- Reconstitution and reactivation of quality improvement (QI) teams
- Maternal Death Reviews conducted, with their benefits widely recognised by participating staff
- Maternity Local Engagement Consultants (LECs) mentored to provide better supportive supervision and to build the supervisory capacity of LGA staff
- Appropriate placement of clinical protocols and orientation for better use

There have also been improvements in the quality of care and service delivery, including:

- Increased use of partographs to monitor labour
- Increase in cleanliness of delivery rooms and maternity section
- Placement of emergency drugs in maternity/delivery rooms (emergency cupboard or refrigerator for oxytocin) to improve timely management of maternal complications

- Tables for newborn resuscitation and resuscitation equipment provided by EmOC (emergency obstetric care) health facilities

Policy implications

Both ISS and TSS are important and need managerial and clinical support if the service is to flourish. Splitting supervision into these two components and developing a layered approach is key to implementing a successful supervision system.



Conclusion

Supervision is often seen as a costly exercise. However, it is probably the single most important activity in improving health care. Good supervision helps both the supervisor and the supervisee and ensures that the health team functions as a team in resolving issues that affect health service delivery.



Partnership for Reviving Routine
Immunisation in Northern Nigeria;
Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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