

# Improving Quality of Health Service Delivery through Strengthened Supportive Supervision

## Policy Brief



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## Introduction

Supportive supervision has been promoted by the World Health Organization (WHO) and others to lead supervisors away from the control and inspection mode of supervision to a more supportive and mentoring approach. Supportive supervision has the potential to improve quality and management of healthcare and build capacity of healthcare workers). However, many international and national supportive supervision guidelines still emphasize the role of supportive supervision to ‘determine staff performance’ and ‘identify gaps and address them’, rather than emphasizing the coaching role of supportive supervision. Coaching provides guidance, promotes staff learning and works with the staff to determine measures to address areas for improvement. If these ‘coaching’ roles are identified in supportive supervision guidelines, they are often seen as a secondary rather than the primary purpose of supportive supervision. Most countries have developed guidelines and other documents to assist supportive supervisors to change their behavior, but there is growing evidence that the control and inspection mode of supervision is difficult to change without on-the job training.

Most supportive supervision guidance emphasize the ‘what’ of supportive supervision (often yet another set of healthcare quality standards) rather than the ‘how’ of supportive supervision. The ‘how’ means the supportive supervisor uses personal and other tools to openly communicate, identify and solve problems with the supervisee and to facilitate teamwork and empower health service providers to improve their own performance.

A situational analysis conducted by CSIH in 2017 identified that the existing supervision paradigm in Tanzania had significant gaps. Many supervisors lacked the knowledge, skills, and tools for effective

supportive supervision. The national supportive supervision policy favours quantity of supervision visits over quality of supervision with minimal use or training in the recommended use of coaching and mentoring. In addition, the new health governance concepts, theories, models, and practices are not adequately covered during most of professional training of health sector employees. Findings were consistent with literature on supportive supervision published about Tanzania and other countries in the region (see references and other useful resources at the end of the policy brief).

The 2017 Tanzanian supportive supervision guideline calls for supervisors to provide leadership and support to empower health service providers to monitor and improve their own performance through self-assessment, peer assessment, and community input.

Tanzania has adopted the policy of Decentralization-by-Devolution, thus the project focused on Regional Health Management Team (RHMT) and the Councils (District) Health Management Team (CHMTs). In Tanzania, national policies exist, but these can be adapted at regional and district level to suite their situation. As such the project worked with different regions and councils to see how they implement the Supportive Supervision policy in their respective areas and worked with them to adapt or develop supportive supervision tools relevant for their situation. Currently, visits are often carried out sporadically and in an inspection mode with visit results insufficiently communicated, recorded and followed-up. This leaves facilities unmotivated to improve and both facilities and supervisors without clear, agreed action plans. In effect, such supervision visits are not a good use of resources

## Approaches and Results

### i. Methodology used/approach

CSIH worked with selected RHMT and CHMTs through a mix of training, workshops, and on-job-trainings to strengthen the 11 steps of Supportive Supervision. On-the-job-training (OJT) was provided to allow the supervisors to apply their new skills and attitudes in a realistic work setting. Central to the change in behaviour is the GROW supportive supervision approach, this approach used many of the concepts promoted in the 2017 Government of Tanzania supportive supervision guideline. The GROW Model is a coaching model based on the theory that using questions rather than instructions will foster change more readily. Thus, the facility staff are gently encouraged towards identifying their own issues, exploring their own options, and are included in developing a joint action plan, rather than being

ordered to undertake certain activities. During a two-part series of workshops designed by CSIH on Health Systems Governance, this approach was introduced and practiced by RHMT and CHMT with support by CSIH facilitators. The final workshops focused on strengthening this coaching and mentoring process amongst all RHMT and CHMT supportive supervisors.

During the trainings the current regional and district supportive supervision tools were reviewed, revised and new tools developed using an iterative approach. The tools and guidance were then compiled in a protocol for District Supportive Supervision Process. This protocol will assist the supportive supervisors in their learning and activities, it also provides a standardization of the supportive supervision process to be scaled up in other districts and regions.

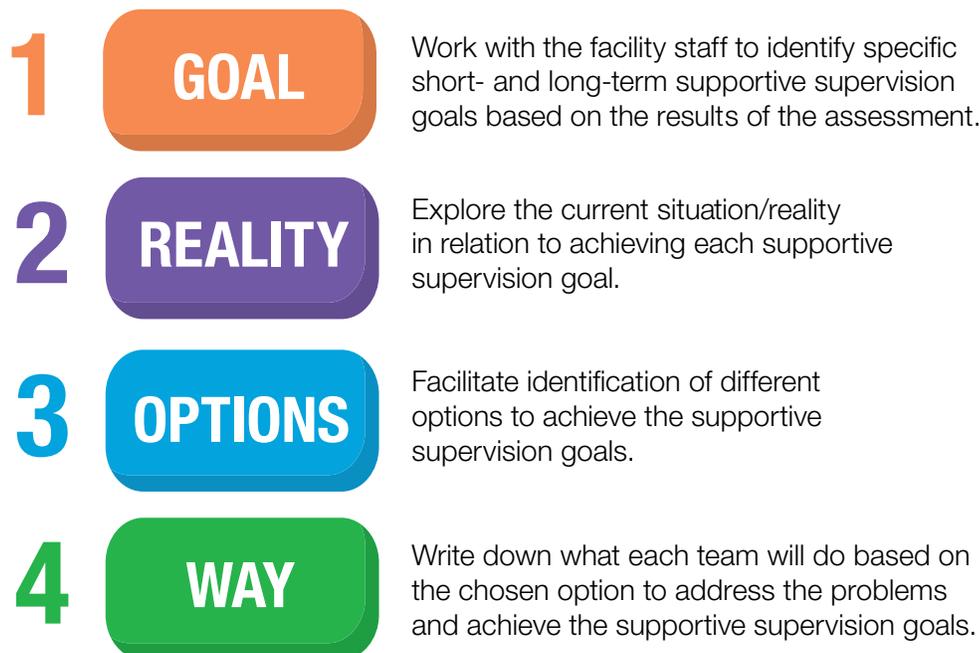


Figure (1) GROW-How to Structure Feedback Coaching Session

## ii. Results

The key results are strengthening of health governance skills with a focus on supportive supervision, training guides and development of a package of practical processes and tools to support the supportive supervision process. The protocol for a District Supportive Supervision Process outlines ten practical tools forming a toolkit for the supportive supervisors to enable more effective and efficient visits. The tools are used during the four phases of supportive supervision: planning, preparation, visit implementation and follow-up. The toolkit covers the full range of these phases of supportive supervision. All tools were developed using an iterative and inclusive process to expediate their use during supportive supervision visits.

Evaluations and feedback on the workshops and On-the-job-training OJT were very positive; participants demonstrated positive changes in skills and behaviour and voiced their willingness to use these in their daily work.

“One of the biggest benefits from GROW model style is that, when you specify the challenges existing in a certain health facility, it helps to provide an opportunity for the participants from that area to tell you how can they handle the existing challenge on their own ways and what will be their solutions? This helps a lot than imposing new techniques from somewhere far outside that specific area like giving them solution from the supervisors. So, this helps a lot

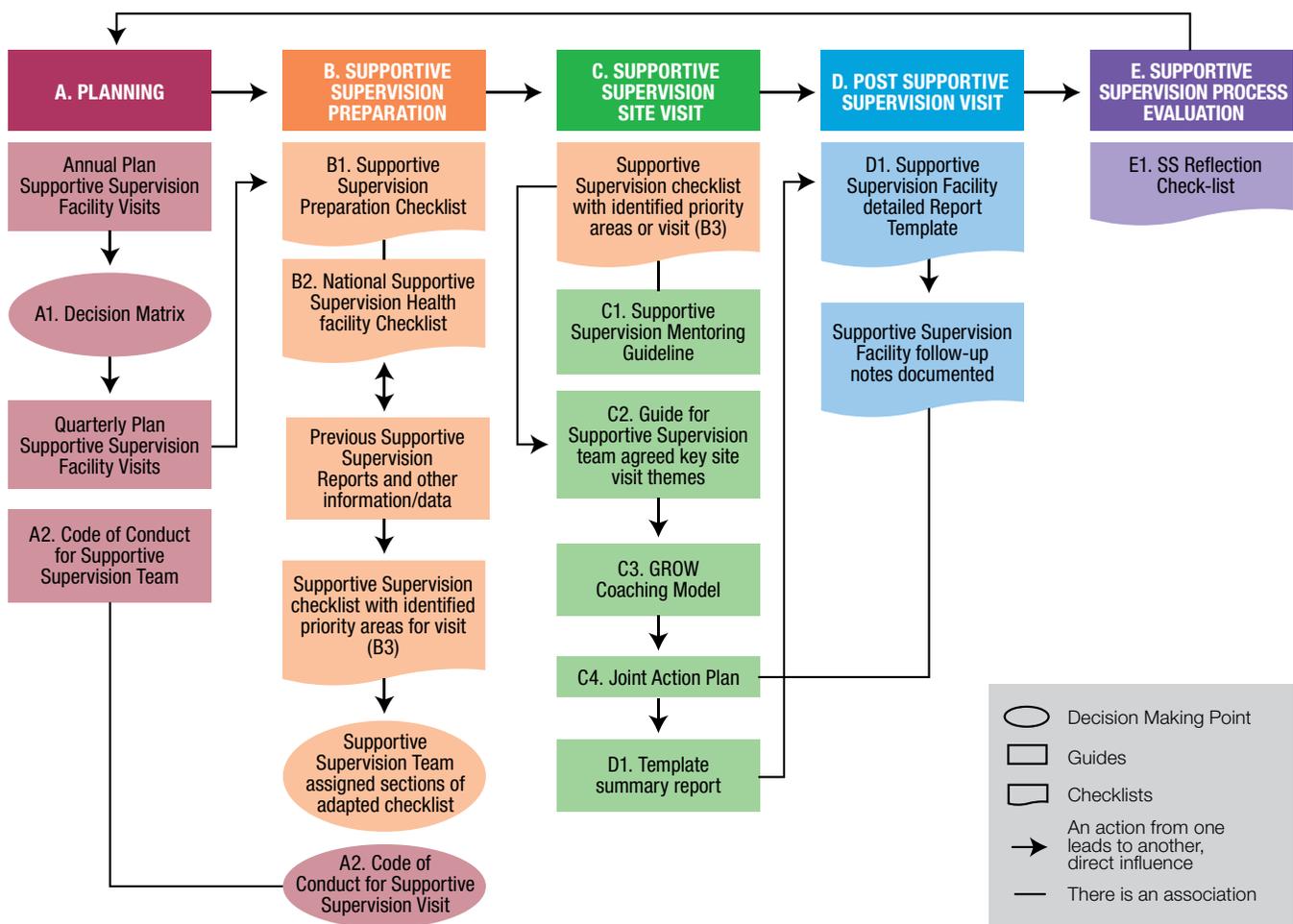
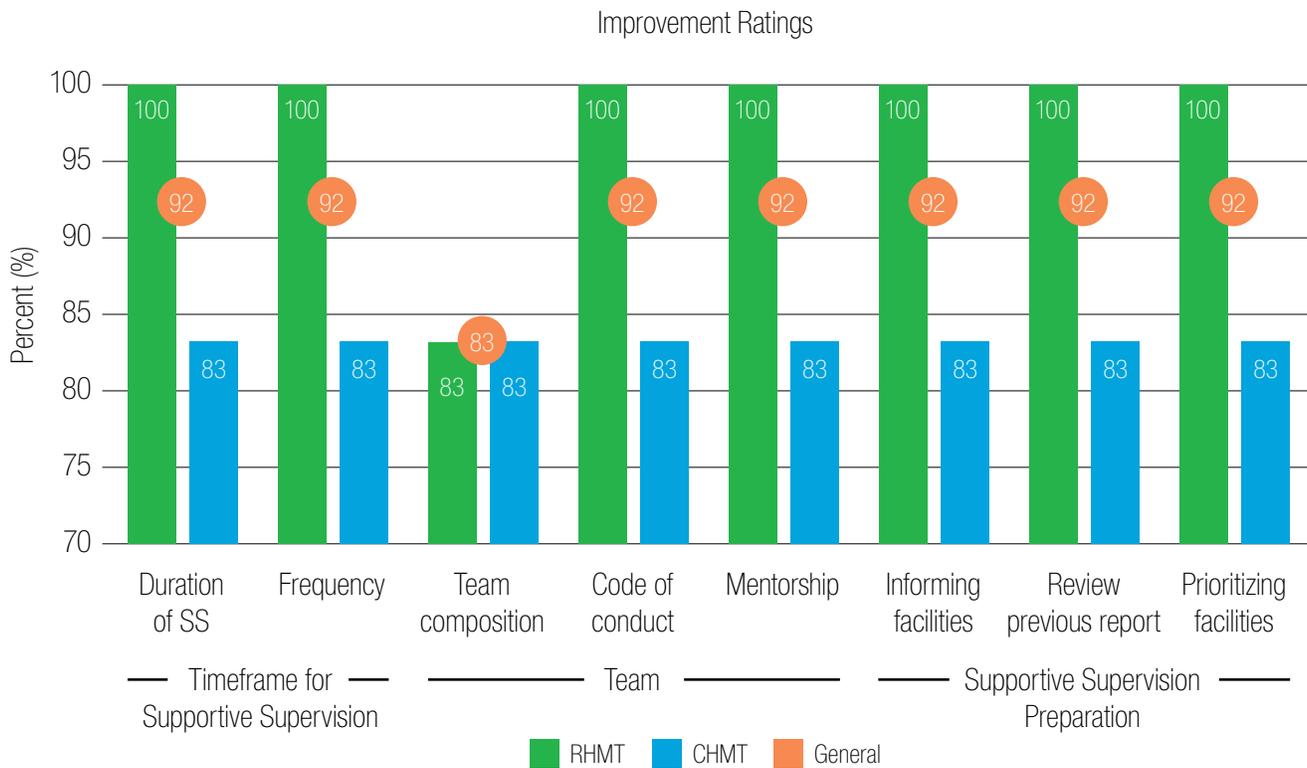


Figure (2) Strengthening the 11 steps of supportive supervision

because the solutions come direct from them, and they realize that by doing this and that we can solve some of the challenges facing our health centers.” – CHMT member, Singida Region

The overall evaluation of supportive supervision feedback demonstrates that many participants have seen improvements in all aspects of supportive supervision. Below is the graphical representation of the evaluation analysis across all three regions

With regards to the supportive supervision preparation, team composition and supportive supervision team aspects, all RHMTs and CHMTs with exception of one team confirmed to have experienced significant improvement . However, on average 92% of all participants felt there has been an improvement in all areas above with exception of the team composition, where issues raised were failure in observing diversity in gender, cadres, and persons with technical expertise.



**Graph (1): Supportive Supervision Improvement for RHMT/CHMT**

## Conclusion and recommendations

With funding from Global Affairs Canada, the Canadian Society for International Health worked with Regional Health Management Teams (RHMT) and the Council Health Management Teams (CHMT) in Shinyanga, Singida and Tabora Regions strengthened supportive supervision capacity through a mix of workshops and on-job-trainings. The key results are strengthening of health governance skills with a focus on supportive supervision and development of three key resources: (1) Health System Governance Training Guides (HSG-1 and HSG-2), (2) On-Job Training Guide for Supportive Supervisors, and (3) a booklet of Supportive Supervision Tools including the guiding protocol. These training guides and the toolbox provide sufficient guidance for Regional and Council Health Management Teams (RHMT/CHMT) to effectively facilitate Supportive Supervision within their catchment areas and should be scaled up to enable a consistent and effective supportive supervision mechanism at facility level in Tanzania.

### We recommend the following:

1. The MoHCDGEC use these results to immediately revise the GoT Supportive Supervision Guideline 2017 with emphasis how to conduct supportive supervision rather than what to supervise.
2. PO-RALG develop a schedule to scale-up the Grow Supportive Supervision Model to all regions.
3. MoHCDGEC, PO-RALG and development partners provide financial, communication and logistical support through the current decentralization process to enable supportive supervisors to prioritize, resource and use the GROW Supportive Supervision Model in all regions.
4. Ministry of health to disseminate Supportive Supervision tools, guidelines and other guidance to Districts and health facilities in Swahili.
5. Strengthen the regional training centres to scale-up the GROW Supportive Supervision Model using mentoring, adult learning mechanisms and on-job-training trainings.

## References and useful resources

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## Project Description

The Canadian Society for International Health (CSIH) partnered with CARE Canada, McGill University, and the Society of Obstetricians and Gynecologists of Canada (SOGC) to design and implement the **Tabora Maternal and Newborn Health Initiative (TAMANI Project)**. The Project is funded by Global Affairs Canada, and is being implemented in Tabora Region, Tanzania, between January 2017 and June 2021. **The ENRICH Project (Enhancing Nutrition Services to Improve Maternal, and Child Health in Africa and Asia)** was funded by GAC, and implemented by World Vision Canada, in partnership with Nutrition International between March 2016 and September 2021. CSIH was sub-contracted by WVC to provide health systems strengthening expertise and support for the project, specifically in Tanzania.



75 Albert Street, Suite 1003  
Ottawa, Ontario, Canada  
K1P 5E7

[info@csih.org](mailto:info@csih.org)

(613) 241-5785

[www.csih.org](http://www.csih.org)