The Issue
In many countries including Uganda, supervision visits to health facilities traditionally take on an authoritarian inspection and fault-finding approach instead of problem-solving to improve staff performance. Consequently, health workers often receive little advice or guidance on how to improve their outcomes. In fact, in many settings health workers are unsupervised and have no clear work objectives.

The World Health Organization (WHO) promotes a supportive approach, which entails the coming together of supervisors and health workers to solve problems and leads to improvement in performance. Thus WHO defines supportive supervision as a process of helping staff to improve their own work performance continuously. 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 of health staff.

The MANIFEST Experience
In order to enhance quality of maternal and newborn care, the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study team championed a support supervision programme in Kamuli, Kibuku and Pallisa Districts. The districts selected mentorship teams which underwent a two day training. Specific teams were then allocated particular facilities which they consistently visited from the third quarter of 2013 through the first quarter of 2015.

Supportive supervision sessions ran for at least two days at Health Centre IVs and hospitals, one day at Health Centre III and half day at Health Centre II facilities. The District Health Management Team and other mentors who trained in supportive supervision were responsible for this activity and were supervised by the respective district health officer.
A supportive supervision checklist was used to guide the process. Supervisors would have a feedback session at the end of each supervision process, and indicated areas for improvement that required actions. Progress in implementing actions taken would be assessed and further discussions held where there was no positive change.

Results

- Improved service delivery was reported by the districts due to the feedback given on performance during supportive supervision visits.
- **Enhanced supervisor-supervisee relationship**: Working relationships between the supervisors and the health workers in the districts have been enhanced. This has encouraged openness by health workers about any challenges they face.
- **Increased health worker morale**: Supportive supervision was reported to have improved staff morale as their achievements are recognized and weaknesses discussed during the supervision visits. Recognition of the best health facilities and best health workers in every quarter after supportive supervision motivated staff to work harder.
- **Enhancement of skills and knowledge**: Health workers attributed improvement in knowledge and skills, such as the use of Partographs to monitor mothers in labour to supportive supervision.
- Health workers were reported to have interest in supportive supervision as opposed to prior MANIFEST when they [health workers] would avoid supportive supervision visits.

“…before we go to the health facility we inform them that we’re coming so that we don’t just land on them. Those days we used not to find the in-charges at the facility. They could hide for fear of blame, but when you inform them they know it’s not going to be friction, no blame games, sometimes we find so many health workers,” MNH focal person, Kamuli.

How to get the best from support supervision

- It is important to set clear expectations from the beginning.
- There is need to provide regular feedback.
- Identifying problems, proposing solutions and identifying opportunities should be done continuously through open communication and team work.
- Actions and activities to address performance gaps or opportunities for improvement with clear person responsible.

About MANIFEST

MANIFEST was a 4 year study (2012-2015) involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study was funded by Comic Relief with technical assistance from the Future Health Systems Research Consortium. We used a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design had three major components, with district health teams leading on their implementation. The components included: Community Mobilization and Sensitization; Savings and Transport; and, Health Systems Strengthening.

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