Designing and strengthening Integrated Supportive Supervision
What is this technical brief?
This brief summarises MAPS’ support for institutional strengthening in nine Nigerian states.

What is the purpose of this brief?
To share MAPS’ experience in institutional strengthening with other institutions implementing malaria control and elimination programmes.

Who is this brief for?
Planners and managers working with national or state malaria control and elimination programmes, particularly in Nigeria.

What other information is available on IS?
This brief is part of a series, including: Final Report, Technical Briefs, Case studies and Success stories, which provide further descriptions and brief examples of how institutional strengthening activities have improved delivery of malaria programmes and how institutional strengthening is linked to other important processes, for example, annual operational planning and integrated supportive supervision.

Acronyms used in this brief

AOPs = Annual Operational Plans
DHIS = District Health Information System
HSS = Health System Strengthening
IPTp = Intermittent Preventive Treatment in Pregnancy
IPT2 = Intermittent Preventive Treatment
IS = Institutional Strengthening
ISS = Integrated Supportive Supervision
LGA = Local Government Authority
LGAMT = Local Government Area Management Training
LLINs = Long Lasting Insecticidal Nets
MAPS = Malaria Action Program in States
MoH = Ministry of Health
mTWGs = Malaria Technical Working Groups
NMEP = National Malaria Elimination Programme
NMSP = National Malaria Strategic Plan
NToT = National Training of Trainers
OJCB = On-the-Job Capacity Building
PHC = Primary Health Care
PMI = Presidents Malaria Initiative
SEMO = State Executive Management Orientation
SLMT = State Level Management Training
SMART = Specific, Measurable, Attainable, Relevant, Time-bound
SMEP = State Malaria Elimination Programme
SToT = State Training of Trainers
SuNMaP = Support to National Malaria Programme
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1. Introduction

This Technical Brief provides insight into how the Malaria Action Program in States (MAPS), adapted and implemented the national policy and strategy for integrated supportive supervision (ISS).

ISS was identified as a key area of management support to address the challenge of low staff capacity across all the states. ISS is an important tool for supporting capacity improvement, as well as promoting procedures and guidelines for the management and treatment of malaria.

To provide a guide and common understanding of what is meant by ISS, the National Malaria Elimination Programme (NMEP) summarised ISS in its training module as:

Integrated supportive supervision is a harmonised supervisory system which uses a common tool and reporting format based on a collection of indicators from as many initiatives/programs as possible. It is driven by a common supervisory team which ensures that managers are in the field on a regular basis (monthly or quarterly) to assess the performance of subordinates and help them to improve on their competencies and output.

MAPS adopted this definition and used it to provide a guide to all supported states. The core principles are: it is a process, it ensures quality in the health system and it builds on relationships. It is about changing attitudes of supervisors and ensuring they view supervision as a capacity strengthening activity and not a fault-finding exercise.

This technical brief explores how the concept of ISS relates directly to strategies identified under the national health policies and strategies. It also discusses the steps and processes used in supporting states to implement national strategies on ISS. The key successes and results (as well as challenges and lessons learnt) are outlined and supported by evidence from both beneficiary and supervisor perspectives.

An important lesson is that implementing ISS is part of the investment process in any initiative to strengthen health systems. It costs money and time and allocating adequate resources is critical to its success. It is a continuous process and the training of supervisors shouldn’t be viewed as a one-off activity – it complements other efforts to improve the quality of services.

2. Alignment with national policies

The Government of Nigeria has over the years, adopted various reform initiatives to strengthen health management systems to reduce the burden of disease. The National Strategic Health Development Plan (2010 -2015) identified institutionalisation of health management and supportive supervision systems as key to improving the quality of health services. The plan specifically identified ISS as an important strategy for ensuring that health workers are adequately supported.

In line with national policy perspectives, the NMEP formulated the 2014-2020 strategic plan for malaria. The plan aims to achieve a marked reduction in malaria in Nigeria to pre-elimination levels by the end of 2020. It was designed to significantly scale up high impact control measures to accelerate the reduction in malaria morbidity and mortality in the country. One of the strategic areas of focus was enhancing staff capacity to deliver better quality services through improved supervision. The plan set a clear direction for harmonisation of tools and scaling up of supportive supervision at all levels.

MAPS was designed to support the realisation of the goals set under the National Malaria Strategic Plan (NMSP). It aimed to achieve:

1. Increased household access to LLINs (long-lasting insecticidal nets) and Intermittent Preventive Treatment in Pregnancy (IPTp)
2. Improved malaria diagnostic and treatment services in state and Local Government Authority (LGA) areas
3. Increased awareness and knowledge of malaria control interventions at state level
4. Improved capacity for monitoring and evaluation of malaria programs at the national, state and LGA levels
5. Increased malaria management capacity at national and state levels

Introducing ISS processes within MAPS was aligned to intermediate results (d) and (e) above. These result areas also link directly to the strategies outlined in the NMEP strategic plan. Overall, the ISS system also responded to the other intermediate results areas as they are interlinked.
3. Establishment of ISS in MAPS supported states

The introduction of ISS in seven of the nine MAPS supported states was part of the broader aim of strengthening the management of malaria interventions. The beneficiary states were: Benue, Cross River, Ebonyi, Kogi, Nasarawa, Oyo and Zamfara.

The introduction of ISS systems was aligned with policy and informed by the situational analysis undertaken at the inception of the project. Among the findings was the need for a system to ensure effective supervision of malaria interventions implemented through the State Ministry of Health/SMEP.

The introduction of ISS followed key steps:

### Review of existing supervision systems

Before establishing ISS, a critical review of the existing supervision systems in each state helped to gain an in-depth understanding and to design systems appropriate to the needs of the states.

The review found:
- Supervision was equated with monitoring visits
- Existence of parallel approaches for supervision and use of multiple tools
- Ineffective or non-existent feedback mechanisms
- Lack of skills to critically analyse the information generated, among others

This statement, taken from one of the review reports, sums up the general situation:

_Cross River state had not established structures, procedures and tools for ISS and least of all, one with a focus on malaria. The feedback from the meetings indicated that parallel supervision systems existed without coordinated review and responsive mechanisms._

### Design of ISS institutional structures

One of the key requirements for an effective ISS system is an institutional arrangement to anchor and drive the process. This has often been referred to as the ‘institutional home’ for ISS. The approach identified the most suitable institutional structure within the state that could be the driving force. Various options were explored and that helped the states to take decisions on the most appropriate home for ISS.

Discussions also helped to design different levels of management structure to oversee the implementation of ISS. Decisions on the types and levels of structures were influenced by:
- Identification and selection of a group of policy makers to steer ISS and provide leadership
- Creation of coordination and implementation mechanisms at state and LGA levels to ensure ISS was periodically planned for and executed
- Identification of various funding sources to ensure ISS remained an integral component of health systems strengthening
- Understanding of the link between communities and ISS and how to engage them in the process

Based on these, each of the states defined an institutional home and structures to suit their needs and peculiarities. While some states located ISS within the Primary Health Care (PHC) Department of the State Ministry of Health (SMOH), others located it within other institutions. Some of the factors influencing the decisions included not just leadership and capacity, but access to political decision-makers. Establishing structures at the lower levels of governance, the Local Government Authorities (LGAs), was easier. The Primary Health Department of the LGA was adopted as the institutional home at that level.

### Developing the ISS process

ISS is different from ordinary supervision for several reasons. Paramount amongst these is its transformative nature – it focuses on strengthening knowledge and skills at service delivery points. Importantly, it also seeks to change the attitudes of supervisors and supervisees alike. Developing the process involved a series of interrelated actions hinged around participation. The key steps in developing the process were:

**a) Establishing teams and frequency of visits**

Supervisory teams drawn from all health-related departments were established in each of the states. The size of the teams varied, depending on the needs of that state. In Zamfara, for instance, the state team consisted of 25 people drawn from different health institutions. In some states, there were up to 30. Team leaders acted as coordinators and organised ISS activities. At the LGA level, the team size ranged from seven to nine people. In some LGAs, staff responsible for maternal and child health services were co-opted to serve on the ISS team. This helped create a blend of the skills needed to support the various service areas and facilitated greater intra-sectoral links.

The larger teams were divided into smaller teams during the supervisory visits, their size depending on the size of the health institution being supervised. In all the states,
teams supervising hospitals ranged from four to eight people; teams supervising LGA PHC Departments were two to three people; and teams visiting PHC facilities ranged from two to four. The teams undertook monthly supervision visits, but the process was designed to ensure all health facilities and institutions were supervised at least once within a quarter.

b) Tools development

The NMEP strategic plan specifically stated the need for a harmonised supervision checklist and tools. Developing the tools involved the review of existing supervision tools used in a state as well as making critical decisions on the entry point for undertaking ISS. In six out of the seven supported states, the decision was made to develop an ISS system that focused on malaria as a first step – the better to help streamline the supervision systems. Later, the process could be expanded to include other health interventions. The outcome was ‘Malaria Integrated Supportive Supervision (MISS)’ within the MAPS project. In Zamfara, there was a broad-based ISS system and tool. The system was maintained but the tool was reviewed and modified to include malaria-related issues.

c) Training of ISS teams

Implementing ISS involves a number of critical steps as shown in the diagram below.

The training of supervisory teams was structured to cover these key areas:

- Understanding of the policy framework as well as the roles and responsibilities of each structure in the sector
- Concept of supportive supervision and what makes it different from traditional supervision
- The steps in undertaking supportive supervision during facility visits
- The relevance and importance of feedback to supervisees and the approach to be adopted
- Preparation of supportive supervision visit reports and dissemination to all stakeholders, particularly those in the facilities visited
- Follow up of findings and providing further support needed to improve staff performance
- Feeding information gathered into quarterly review and annual planning sessions

The training was designed to be participatory as the focus was to change the attitudes of supervisors as well as improving their knowledge and skills. It was also designed to ensure the process for supporting supervisees was interactive and focused on addressing skill and knowledge gaps in the application of guidelines and protocols.

The duration of the training, field visits, information collation, analysis and reporting, lasted between two and three weeks, as all the sessions were interlinked. Training focused on building a common understanding of the concept, how supportive supervision differed from traditional supervision and this was linked to the supervisory steps. Discussion of the steps was linked to understanding of how to administer the checklist. There were field visits to the different levels of health institutions (LGA PHC Department, general hospitals, and primary health care facilities) to practice the process. After the visits, experiences were shared and the information generated through application of the checklist was reviewed and summarised. This was then followed by a training session on report writing and the actual preparation of the field reports. The key emerging issues were summarised and how to disseminate these discussed. The final stage was a discussion of critical action points.

To ensure consistency in understanding of the ISS process as well as in the application of the tools, the training was conducted on a quarterly basis. Through that, the team of supervisors improved their skills and knowledge in the supervision process. Some members were either transferred or assigned other duties, and new people were brought in.
Feedback and reporting

A critical element of the supportive supervision system is the use of information generated to enhance decision-making. The decisions taken by health facility management and policy makers after the ISS visits helped to bring about the transformation expected through ISS. This was to be achieved through the introduction of a feedback and reporting element. The in-built feedback and reporting mechanisms also influenced the institutional set-up established in each of the MAPS states.

The new reporting and feedback mechanisms were:

a) Feedback to facility management as part of the exit meeting organised at the end of the visit to a health institution
b) Feedback to LGA management and policy makers by the LGA ISS teams (summary findings are presented and discussed)
c) Feedback to State Technical or Coordinating team by State ISS Team
d) Feedback to policy makers at SMOH through the State Steering Committee, usually linked to the quarterly review meetings

The session on reporting during the training helped to generate timely analytical information required by management. The reports helped to enhance understanding of issues influencing the decision-making process. At each of the feedback and reporting levels, decisions reflected what could be done at a particular level. Health facility management for instance during the exit meeting, took decisions relating to issues the staff in the facility had the capacity and resources to address. By the time the policy makers are briefed, cross-cutting issues which are beyond the capacity of the lower level structures are discussed. In situations where particular health institutions had peculiar problems (such as dilapidated infrastructure), these were flagged for the policy makers.

Quarterly review and annual planning processes

ISS was designed to generate information needed by management at the policy level during the quarterly review and annual planning sessions. ISS generated information that helped to explain why certain indicators reported through the District Health Management Information System (DHIS) weren’t being attained. For instance, where DHIS showed the number of rapid diagnostic tests was low, compared to the number reporting with a fever and being treated for malaria, ISS provided insight as to why. ISS provided information such as unavailability of test kits and lack of staff confidence in the use of the kits (even though they’d been trained) to help explain the low numbers reported in DHIS. Such information gave management options when addressing the challenges identified in the delivery of services. It also helped to enrich the problem analysis component of the quarterly review and annual planning processes.

4. Results

The ISS is a mechanism for strengthening capacity with a view to improving the quality of care. But since improving the quality of care has other determinants such as commodity supply and management, human resources, as well as equipment, infrastructure and financing mechanisms, it is very difficult to attribute major results to ISS as a change process. In spite of this, evidence showed some results were achieved. Statements made by different categories of health service providers and managers provide proxy indicators of successes.

Generally, ISS made some impact on the supervisors in a number of ways:

1. It gave the supervisors the opportunity to increase their understanding of the level of services provided as well as the general situation at the health facility level
2. It improved their skills and knowledge in other program areas as well as in facilitating discussions that promoted confidence between supervisor and supervisee
3. It increased knowledge and skills by digging deep into issues and helping to unearth the underlying challenges
4. Skills of team members in analysis and report writing improved
5. ISS training sessions resulted in increased experience sharing
6. The frequency of visits by the team increased the number of visits by the LGA team to the facilities

For the supervisees, ISS resulted in increased knowledge and skills due to the support and on-the-site training. Examples of change included:

- Increased use of protocols and guidelines, including those for universal precaution
- Increased understanding of the importance of using procedures in the provision of services
- Improved planning for the delivery of services
- Sharing of information on new policies
It also resulted in attitudinal changes of some staff towards their work as well as improved communication between community structures and health facility staff.

The facility staff, who are often supervised, observed that ISS had helped to keep facility staff on their toes because of the expectation that supervisory teams would be visiting the facility. It also helped to improve staff attendance due to improved monitoring of staff punctuality and the quality of records kept for services rendered.

The following examples demonstrate how ISS helped to transform service providers:

Cross River State: Transforming Attitudes
From the concluding section of the March 2015 report on the support provided:

The supportive supervisory visits left a team of satisfied facility workers who gained more knowledge and skills on how to better deliver health services pertaining to malaria control. In the words of the Officer in Charge at a PHC facility at Ikom LGA who was supervised by the Ikom Supervisory team, “this group is not like the others that we are often afraid of when they come…”

Nasarawa State: Effect of field support
A Community Health Extension Worker managing Adogi primary health care facility in Lafia Local Government in Nasarawa State said:

“The health facility was hardly visited by those in the LGA headquarters. And we lacked knowledge about the treatment guidelines for malaria so we treated every fever case as a malaria case. Though the facility was supplied with a rapid diagnostic test kit, I wasn’t trained on its use. In 2014, a team visited the facility on several occasions and during the visits, trained us to use the diagnostic test kit. The team explained the importance of the tests, particularly for the pregnant women. Since then, we’ve been using the kit to test all fever cases.”

Oyo State: Relevance of Feedback
ISS was initiated in 2012 in the state with the first ISS visit undertaken in 2013 to the Ring Road State Hospital:

The Ring Road State Hospital is a referral centre and when the ISS team visited, the facility lacked infant weighing scales. This affected the ability to accurately and effectively treat infants with malaria. At the end of the visit, a feedback session was organised and the findings presented to the management of the State Hospitals Management Board. During the discussions, the management took a decision to address the situation. Within 24 hours, the hospital was supplied with infant weighing scales. This improved the capacity of the facility in the management and treatment of malaria cases in infants using the correct dosage of IV Artesunate.

These reports indicate that ISS has the potential to promote change. However, that change takes place over a period of time. The consistency in the quarterly visits and the level of support received increases the benefits expected of the ISS process. It is when supervisors realise the relevance of the visits to the work they do that they adopt the new knowledge acquired. The interactions and support boost their confidence and this motivates them to work within the guidelines.
5. Challenges in implementing ISS

Regular supportive supervision visits are important but critical challenges include:

- The process in the majority of states was driven by MAPS and this creates the challenge of sustaining interest in the process after funding has been withdrawn
- Promotion, retirement and transfer of staff erodes the size of the pool trained on the supportive supervision processes
- Feedback sessions at state level is a particular challenge because most directors in the policy arena do not appreciate the value of the information
- Delays or non-responsiveness to issues identified at facility level demotivates the supervisors and supervisees

6. Lessons Learnt

ISS is an integral component of management as it helps to promote adherence to service standards and involves investment in time and money. To ensure ISS plays a critical role in health systems strengthening, there is a need to explore innovative ways of funding it. The pool (basket) funding mechanism as introduced in Zamfara State1, is an example.

Promoting attitudinal changes in supervisors and supervisees involves time. The training of supervisors over a long period of time helped in transforming them. Their attitudes changed from ‘this is how we do it’ to ‘this is how it is to be done’. One-off training sessions on ISS are inadequate in improving skills in participative supervisory processes.

Supervisory teams are often drawn from various units and departments. Not all the team members have a clinical background to provide the support facility staff need during the visits. Introducing program-specific topics during training of the teams helps to build their confidence as they are better prepared to assist staff with skill gaps.

7. Conclusion

A critical element of ISS is the difficulty in measuring the immediate results, unlike other activities such as distribution of nets and other commodities. As a result, the relevance and credibility of the process is often doubted, by both policy makers and funding partners alike. The intrinsic value of the ISS process is that it creates opportunities for assisting the service provider to understand the relevance of procedures used in the delivery of health interventions. It also creates a platform for refresher training on the application of tools, guidelines and other standards. It is therefore not easy to measure the level of change attained over a short period of time.

The ISS teams take responsibility for explaining why it is important to diagnose a fever case or why it is important to routinely distribute nets. The on-site interactions help in broadening understanding of the policies, as most of the front line service providers are not those targeted for training. In addition, it gives opportunities for supervisors to discuss the ‘how’ with the service providers.

Introducing supportive supervision processes in the MAPS supported states has created a pool of mid-level managers with skills in supervision and support. These managers will be climbing the ladder as directors and other positions within the health sector. This creates opportunities for continuous use of the knowledge and skills acquired. These same categories of staff have been beneficiaries of other training activities related to development of annual operational plans and management systems strengthening. These newly acquired skills are resources from which the states will continue to benefit.

1. The Zamfara state basket fund – A transparent and efficient funding option to improve health services. PRRINN-MNCH 2013
   http://resources.healthpartners-int.co.uk/resource/the-zamfara-state-basket-fund-a-transparent-and-efficient-funding-option-to-improve-health-services-prrinn-mnch/
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