PRIME PAGES

Capacity Building to Support Primary Providers

Strengthening Traditional and Peer Supervision

PRIME II seeks to support an enabling work environment for primary providers of family planning and reproductive health services to deliver quality care to their clients. These efforts include helping supervisors become more effective, particularly in the areas of setting clear work expectations and offering performance feedback. In addition, PRIME has encouraged peer networks among providers to create support when formal supervision is insufficient or unavailable.

Background

Performance needs assessments and other studies conducted worldwide often find weaknesses in supervision systems, which are frequently overburdened and understaffed. When supervisors adopt supportive approaches and other support systems are strengthened, the potential to affect a variety of factors influencing provider performance is high.

Interventions

Senegal: PRIME II provided technical assistance to ten direct supervisors of approximately 70 community health workers and their district-level supervisors in Kebemer district (population 150,000). The assistance included workshops, development of a guide and supervisory tools, and follow-up

Reviewing Results in PRIME II
Oct. 2002–Sept. 2003

Policy, Advocacy and Services
- National RH Policy
- Partnership

Knowledge Advancing Best Practices
- PMTCT
- Scaling-Up PI
- Costing
- **Supportive Supervision**

Support to the Field
- Nicaragua: EONC
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II

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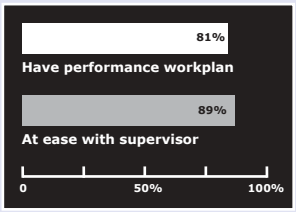
visits to support the supervisors. The intervention complemented a study by the Ministry of Health and the Population Council to explore alternative ways of providing community-based services.

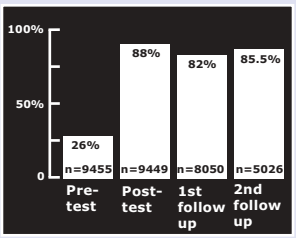
Honduras: In the Olancho health region, PRIME trained 38 supervisors of public-sector primary health care workers in supportive supervision as well as 122 providers and supervisors in peer support. PRIME identified supportive supervision as an important intervention area following a performance needs assessment (PNA) that revealed poor provider performance in prenatal care and FP service delivery.

India: Through a cascade of master and lead trainers, PRIME has trained and supported more than 1,000 Lady Health Visitors (LHVs) in 37 districts of Uttar Pradesh. The LHVs offer supportive supervision to more than 9,500 Auxiliary Nurse-Midwives (ANMs), primary providers offering a range of FP services including IUDs.

Kenya: In Nairobi, Central and Rift Valley provinces, PRIME II has collaborated with the POLICY Project and local partners to strengthen four peer support clusters, formal groups that enable private nurse-midwives trained by PRIME in post-abortion care to supplement the limited support they receive from their formal supervisors, District Public Health Nurses. Workshops on peer support and performance improvement were attended by 46 participating providers.



Community Health Workers
Post Intervention



Auxiliary Nurse-Midwives Average Performance Scores

Results

Senegal: All direct supervisors improved their performance, as indicated by the finding that 8 of 10 supervisors now plan and execute supervisory activities in accordance with the guide, prepare a plan for conducting supervision every two months, and use the checklist included with the supervisory tools; all of these are new performances. After the intervention, 81% of the 60 community health workers sampled had a performance workplan (compared to none prior to the intervention) and 89% felt at ease with their supervisors (no baseline is available since the providers are new to these positions). Preliminary data show improved performance by community health workers in both intervention and control areas.

India: A database on ANM performance reveals that while scores dropped slightly during an initial follow-up assessment a few months after training, they improved at the time of a second follow-up assessment. This return to higher-level performance seems to be due to the support ANMs received from the trained LHVs. All target districts achieved the supervision indicator, a minimum of 50% of supervisors performing at least two interactions per month with their super-

visees. Qualitative data indicate agreement among LHVs and ANMs that supervision has improved as a result of the intervention, with more coaching and emphasis on quality taking place during interactions.

Honduras: Supervisors' performance was measured through provider performance; some areas of performance improved while others did not, but the improvement was not statistically significant. There was no difference between the group with traditional supervision and the group with traditional supervision plus peer support. This lack of effect is most likely due to expecting results and conducting the evaluation too quickly after the intervention.

Kenya: Private nurse-midwives report that learning from peers, problem identification with peers and financial collaboration are among the primary benefits of peer support. Two of the peer-support clusters have become registered associations, with two others in the process of registering. All the clusters have established bank accounts and three are collecting fees from members. The members have either initiated or increased outreach activities in their communities, including visits to schools to discuss FP, STI/HIV prevention and postabortion care services with adolescents. Adolescents had not always been welcome in the private facilities, but peer group discussions helped convince providers to encourage adolescents to access their services and make their facilities more adolescent-friendly. While the final evaluation has yet to be carried out, preliminary data indicate that peer support has been beneficial and that providers see more FP clients because services have improved.

Lessons Learned

Key lessons learned from PRIME II's work in supportive supervision include:

- Many supervision options are available to ensure providers get the support they need. However, several systems need to be in place for supervision and support-related interventions to be successful.
- Consistent follow-up and a minimum investment of time to support the supervisors are required before changes in supervisory practices "trickle down" and affect provider performance.
- While PRIME has explored a variety of supervision alternatives, much work remains to be done, especially in field-testing additional forms of non-traditional supervision.
- Peer support appears to be a viable alternative in situations where traditional supervision is not available, such as with private providers.

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