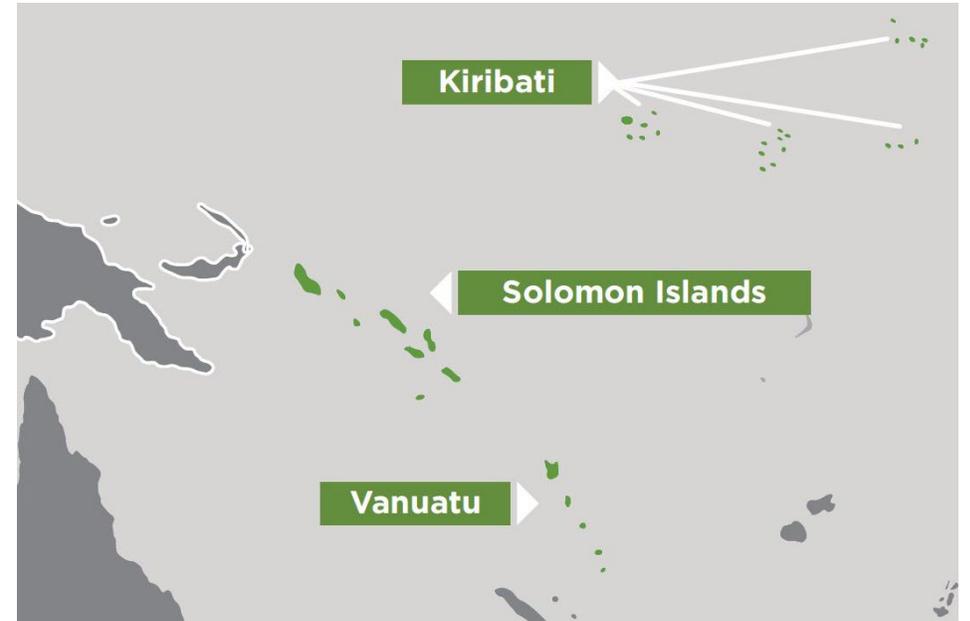




Did supportive supervision improve quality of primary care in Kiribati, Solomon Islands and Vanuatu?



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All health workers, Ministry of Health staff who participated

Context

- Three lower-middle income countries (LMIC), combined population of over 1.1 million, dispersed over island chains.
- Predominantly publicly financed, and publicly delivered health services, differing levels of devolution to subnational health offices.
- Historically, strong focus on primary health care, e.g.: Healthy Islands Vision put forward by the Pacific Health Ministers.
- Progress in reducing under five mortality has plateaued in comparison to the average other low and middle income countries.



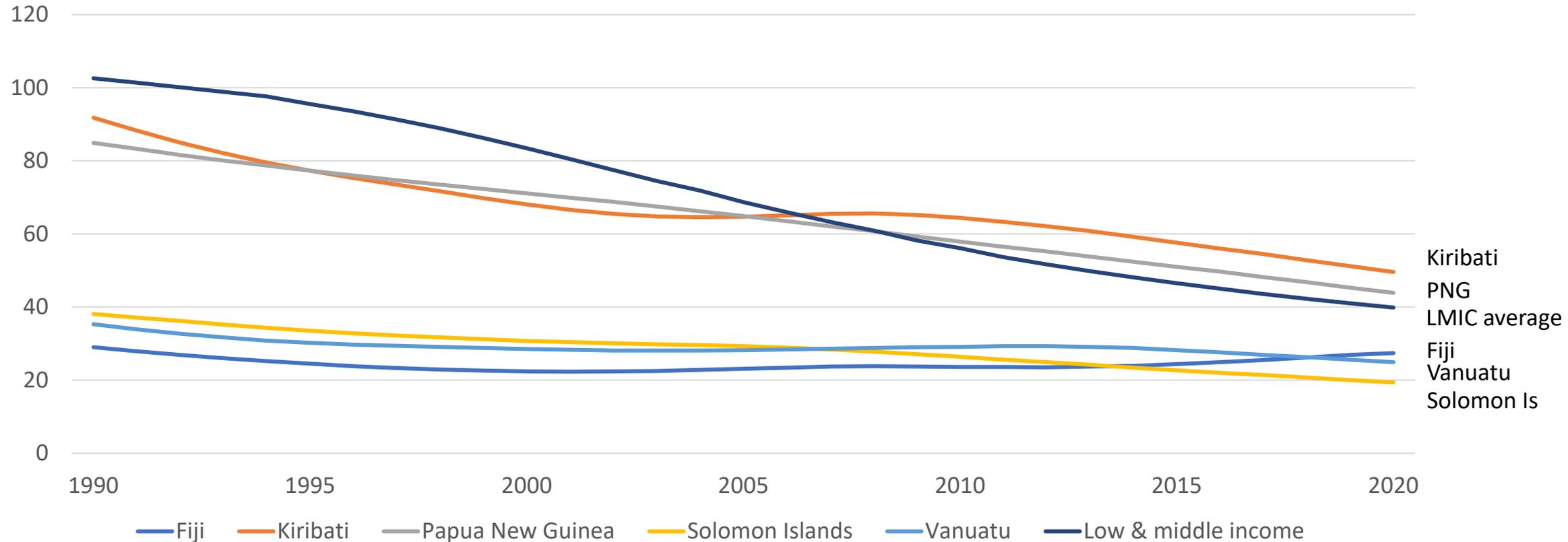
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Under five mortality rates



World Development Indicators. Washington, D.C, available at: <https://data.worldbank.org/>



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Context

- Concern over decline in coverage and quality of PHC services (e.g.; 20 year review of the Healthy Island Vision), but limited published literature as to the strengths and weaknesses of health system performance.
- On the demand side (unpublished research by UNICEF) suggested:
 - Health literacy and social norms
 - Direct and indirect health care costs
 - Geographic barriers
 - Trust



Context

- On the supply side: Greater increase in current health expenditure and nurse ratios over the last 20 years

	Current Health Expenditure per capita, PPP		Nurses per 10,000 pop.	
	2000	2019	2000-05	2018/2019
Fiji	216.5	545.3	20.3	39.6
Kiribati	136.9	247.0	28.7	38.3
Solomon Is.	77.1	131.1	14.1	21.6
Vanuatu	74.4	110.6	17.6	14.2
LMIC	178.0	571.5	16.4	25.5

World Health Organization. Global Health Observatory. Geneva. Available at:

<https://www.who.int/data/gho>

World Health Organization. Global Health Expenditure Database. Geneva. Available at:

<https://apps.who.int/nha/database>



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Context

- Greater increase UHC Service Coverage Index in LMIC over the last 20 years

	UHC service coverage index	
	2000	2019
Fiji	45	61
Kiribati	30	51
Solomon Is.	35	50
Vanuatu	40	52
LMIC	39	65

UNICEF adopted supportive supervision to improve quality of care

- In addition to its support for key maternal, neonatal and child health interventions, supportive supervision was one of three strategies UNICEF Pacific pursued to improve quality of care across the three countries.
- Other strategies included
 - Cash assistance to MoH on plan, on budget and on system
 - Institutionalising approaches to improving the quality of PHC – health worker engagement with communities

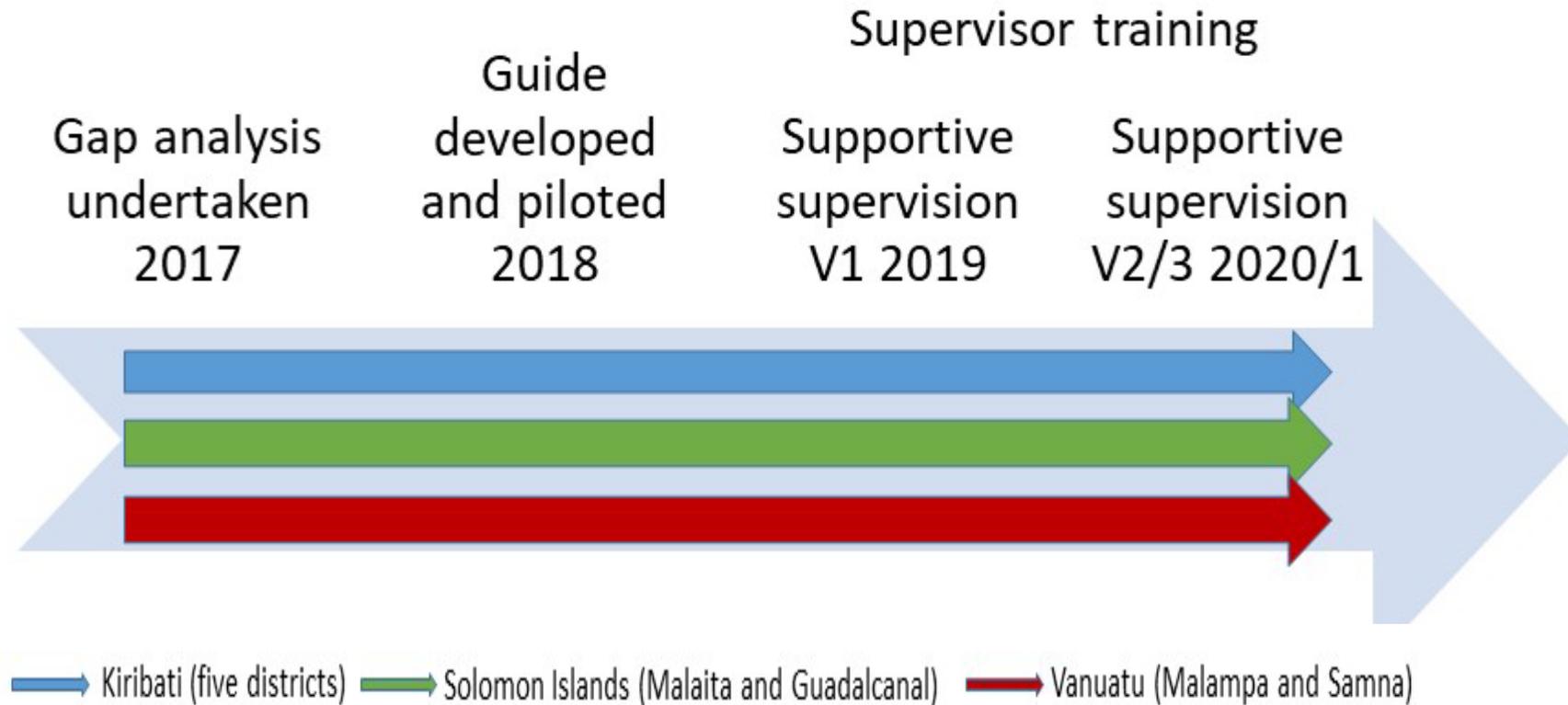


UNICEF adopted supportive supervision to improve quality of care

- Improving quality from a systems perspective at the level of “readiness” drawing on the health systems maturity model.
- Focused on package of services for PHC in role delineation plans. Reflects a comprehensive approach – not just maternal and child health focussed
 - Checklist covered provider patient interaction, availability of clinical guidelines, availability of staff, drugs, equipment and water and sanitation facilities against standards, and outreach.
- Supervisors were provincial or district health office staff
- Facility focussed rather than focussed on individual staff



UNICEF adopted supportive supervision to improve quality of care



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Evaluation aim and questions

- Nossal Institute for Global Health, together with Fiji National University (FNU), and independent researchers in each of the countries, were commissioned to undertake the research
- The evaluation aimed to understand what is working well, in what contexts, and how, in order to inform decision making on components across the three programme strategies to be continued, adapted and/or expanded. Both formative and outcome oriented.
- Question: Where and how has the approach to improve the quality of care for child health and nutrition through supportive supervision been effective?
- Ethics approval received from FNU and the Health Media Lab (HLM) Independent Review Board in Washington D.C.



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Methods: data collection

	Kiribati	Solomon Islands	Vanuatu	
1. Secondary data analysis				
Review of project documentation	✓	✓	✓	
Review of secondary data	✓	✓	✓	
Review of project M&E data	✓	✓	✓	
2. Primary data collection				
KII with programme staff, MoH policy makers and development partners (remote interview)	5 analysed	6 analysed	5 analysed	
KII with sub-national officials (face to face interview)	5 analysed	5 analysed	2 analysed	
KII with health workers (face to face interview)	12 analysed	16 analysed	20 analysed	
Survey with health workers (telephone)	32 analysed	33 analysed	22 analysed	



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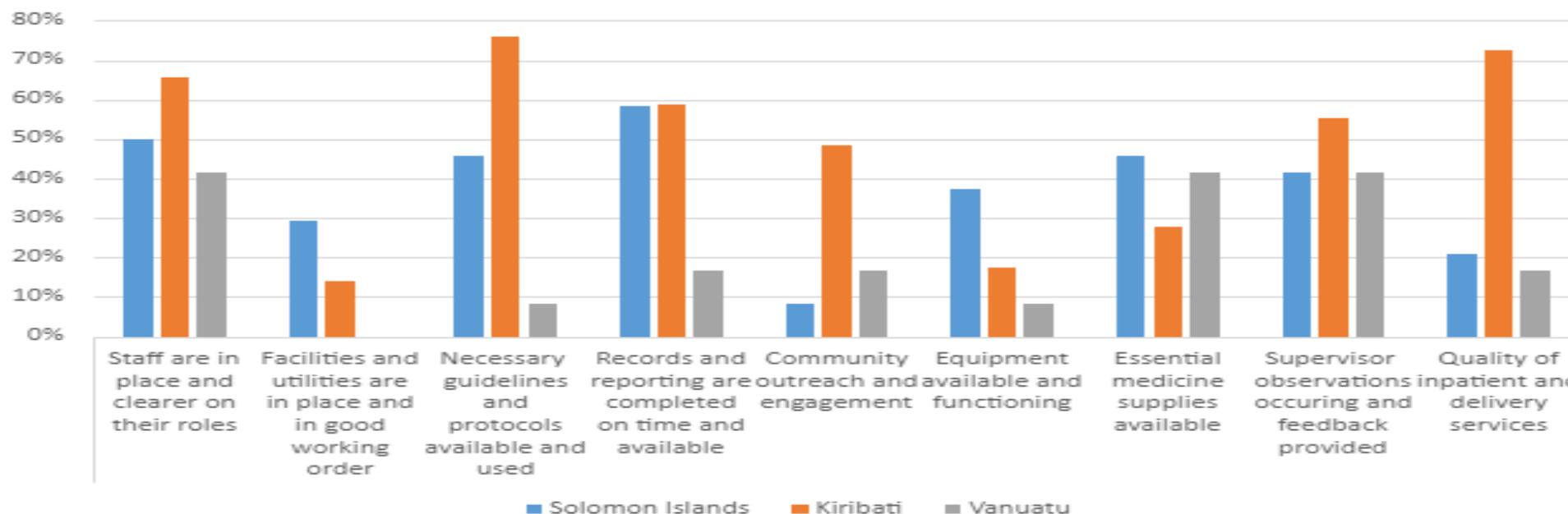
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Findings

- Good emerging evidence indicates that supportive supervision is effective at improving the quality of primary health care for those aspects that are within the scope of health workers, particularly in Kiribati and Solomon Islands (refer graphic below).

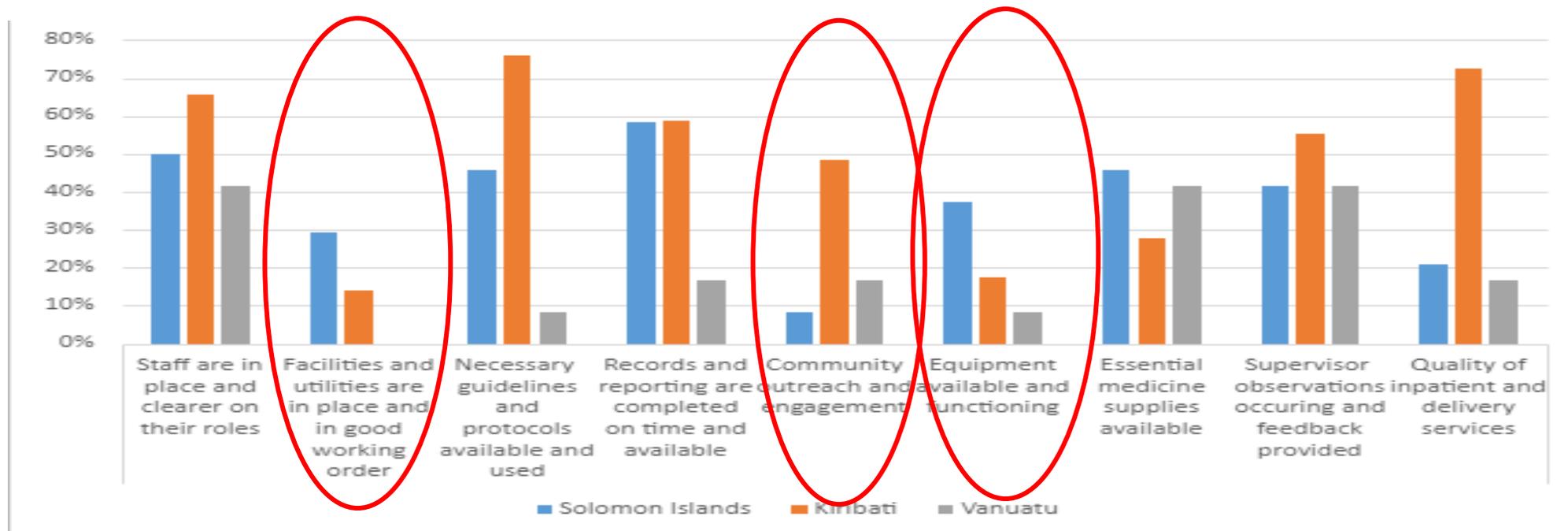
Proportion of health workers reporting major change had occurred as a result of supportive supervision across specific domains (Source: survey data)



Findings

- Good emerging evidence indicates that supportive supervision is effective at improving the quality of primary health care for those aspects that are within the scope of health workers, particularly in Kiribati and Solomon Islands (refer graphic below).

Proportion of health workers reporting major change had occurred as a result of supportive supervision across specific domains (Source: survey data)



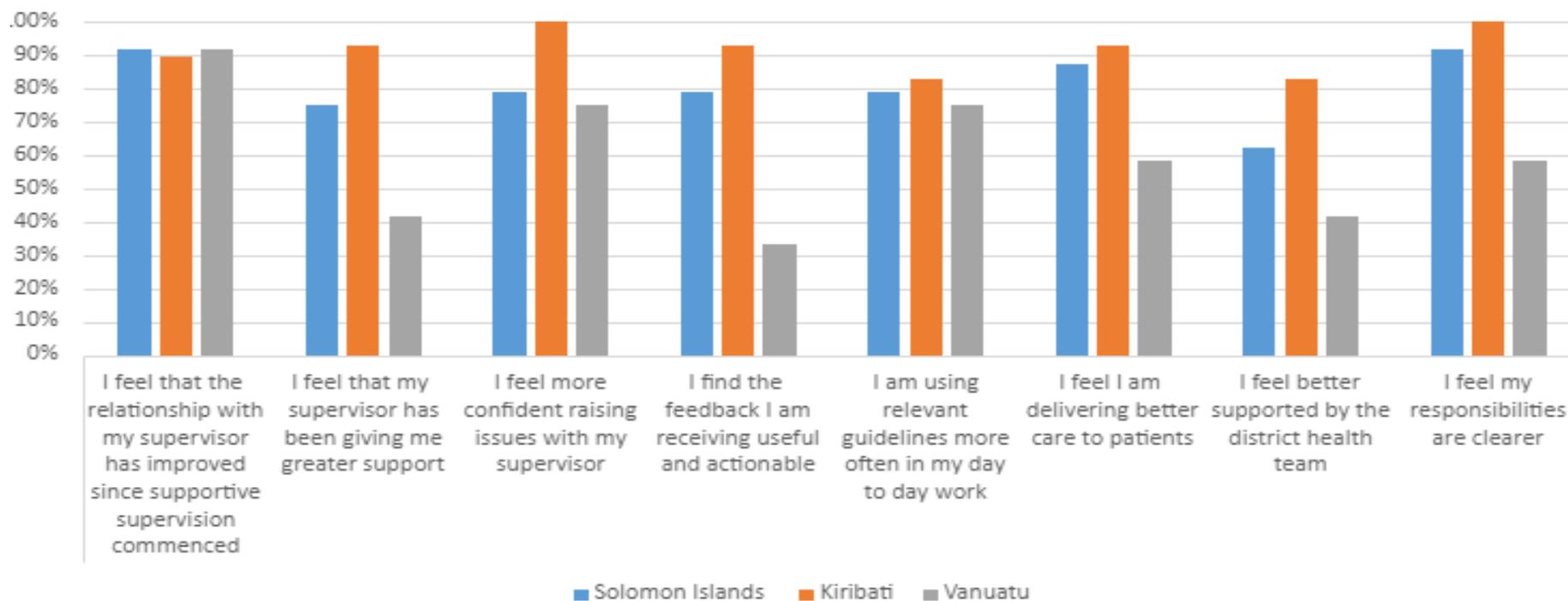
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Findings

- The most frequently reported reason underlying reported changes was improved relationship with supervisors, including greater support, confidence in raising issues, and actionable feedback.

Proportion of health workers agreeing with statements on why change had occurred (Source: survey data)



Findings

- In Kiribati, supportive supervision was associated with increased engagement from Island Councils who also played role in bringing about change at local facilities (to increase the facility's score, in competition with other councils).

“Supportive supervision has given them better structure to assess the delivery of service to that level. And then this has also improved the relationship with island council and the medical teams in outer islands. It has really identified the function of what an island council can do to support their own clinics and identifying these responsibilities, e.g.: it is island councils that support their clinics in providing them with solar lighting and fixing water pumps.” (UNICEF)

“Issues that can be solved at the island level are taken up immediately to those responsible on the island – there is the Mayor, the Council and Clerk. For instance, if there is required maintenance or needs for water and others at health facilities, we report to them as it is their responsibility.” (D/PHO)



Findings

- Yet, health workers reported less satisfaction with follow up action taken in response to issues identified as part of supportive supervision and the limited number of visits.

“...the things we report as our needs - here it is the inhaler, this seems to have been broken for some time and it has not been replaced. We have no scale for weighing children and it has never been provided. My experience from the outer islands also showed this occurrence. There is no point in having these supportive supervision visits if our needs to improve are not addressed.” (Health worker).

“From my experience over the years we go on supportive supervision and then submit reports all the time, but it seems like nothing is done to address issues raised. I have queried our supervisors... whether they actually take note of the reports submitted or they are just being put aside – because the issues raised ten years back are still recurring. We would like to know your feedback to our reports.” (D/PHO)



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Findings

- Major barriers to improving quality of care reported by health workers were consistent across all three countries with the top three being:
 - insufficient human and financial resources;
 - COVID-19; and
 - infrastructure or equipment not being available.



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Findings

- There were two examples of the use of data from supportive supervision to inform resource allocation (Kiribati and Solomon Islands) – there is potential for this to be done and made available in a systematic manner.

“I think this year we are more focused on quality... He said that it's time that we start to put our house in order. So in other words, it's like, how can we strengthen our health system. We've got a lot of gaps. We've got a lot of areas, a lot of things and a lot of challenges on the way. But it's good to start with some simple thing. And I think that the reference place to start is to start with this supportive supervision, and the data are collected being used to make decisions. So it's a big change in the way we do things, like we have budget done in the past years. It is based on probably just an estimate, an assumption. But now we have a budget that is built around some evidence-based information.” (D/PHO)



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Findings

- Yet this was not done in a systematic manner. The approach was not yet contextualised, institutionalised and linked to resource allocation processes to enable a response to financing, human resource and infrastructure issues raised. For example
 - Specific responsibilities at the national, sub-national, facility and community level for undertaking and responding to issues were not identified nor monitored.
 - Data generated from supportive supervision was not analysed, disseminated and utilised by district/provincial health offices, nor shared with communities and national MoH. UNICEF TA playing a role in doing so somewhat.



Discussion

Sub-national MoH staff can lead supportive supervision to remote PHC facilities, and these visits are welcomed by health workers, and achieved some change at the facility level, yet the strategy needs to be more deeply connected to other processes (information management and resource allocation) to lead to structural changes.

Findings are consistent with reviews on the topic which suggest:

- Structural change that depends on external actors is more difficult to achieve (Bailey et al)
- Change is more likely if approach is embedded in sector reform/improvement processes (Avortri et al)
- Community involvement strengthens outcomes (Bailey et al)
- Concerns about the sustainability of donor funded supportive supervision strategies (Avorti et al, Bailey et al, Deussom et al)

Avortri GS, Nabukalu JB, Nabyonga-Orem J. Supportive supervision to improve service delivery in low-income countries: is there a conceptual problem or a strategy problem? *BMJ Glob Health*. 2019 Oct 11;4(Suppl 9):e001151.

Bailey C et al. A systematic review of supportive supervision as a strategy to improve primary healthcare services in Sub-Saharan Africa. *Int J Gynaecol Obstet*. 2016 Jan;132(1):117-25.

Deussom, R., Mwarey, D., Bayu, M. et al. Systematic review of performance-enhancing health worker supervision approaches in low- and middle-income countries. *Hum Resour Health* 20, 2 (2022).



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Recommendations

Continue supportive supervision in Kiribati, Solomon Islands and Vanuatu:

- Advocate with the Ministry of Health at the national and subnational level **to set standards for supervisors to undertake supportive supervision twice annually**. Monitor delivery and performance, specifically learnings.
- **Define roles, responsibilities, and accountabilities** of national, subnational, facility and local stakeholders in supportive supervision and follow up actions.
- Develop and implement a plan to **strengthen capacity** of the district/provincial level **to analyse, synthesise and formulate action plans** based on checklist data. Pilot the use of simple electronic tools for the input of data relating to the supportive supervision checklist and monitoring of follow up actions.
- In Kiribati, **evolve from a focus on readiness to deliver quality services** to the next phase of strengthening the quality of primary health care services.
- In Solomon Islands and Vanuatu **continue current areas of geographical focus** until the current approach is institutionalised.



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Questions or clarifications?

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