

# Effects of Supportive Supervision on Improved Quality Healthcare Service Delivery

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This paper examined the effect of supportive supervision on improving the quality of health service delivery in primary healthcare in Nigeria. Specifically, the study ascertained the levels of supportive supervision that can lead to improved quality of health service delivery at primary healthcare centres (PHCs), and analysed empirical findings from different literatures. The content analysis approach was employed to discuss the levels of supportive supervision and the empirical findings from other literatures. The study indicated a paradigm shift in the level of supervision in the selected districts. Therefore, it is recommended that the government should focus investment in high-quality supervision and increase efforts to ensuring compliance to integrated supportive supervision protocols at PHCs for significant impact on improved health service delivery. Supervisory teams should ensure and encourage completeness of records for supportive supervision through adequate documentation for quality data analysis outcome. Program managers should ensure timely implementation of supportive supervision, i.e., monthly, quarterly or biannually, using qualified supervisors and tools. The use of bulk SMS is suggested, should there be any restriction to field visits, like curfew or lockdown. The authors conclude that high-quality supportive supervision can help defaulting health workers to change their poor attitude to health service delivery and attain full potential, as well as people achieving optimal health.

**Key words:** *Supportive Supervision, Health service delivery, Primary Healthcare Centres, Content Analysis, Improve, Quality.*

## INTRODUCTION

Effective health systems depend on quality primary healthcare services, (Friedberg, Hussey & Schneider, 2010). According to Kruk, Porignon, Rockers and Lerberghe (2010) PHC has improved community health in low- and middle-income countries. Measures which will ensure quality PHC services for equitable and secure health services at the level of the community has been recommended by the World Health Organization (WHO, 2008). Looking at the Nigerian context, Kress and Wang (2018) mentioned that the performance of PHC services is poor despite a fair distribution of PHCs across the country, which is attributable to inadequate supply chain, patients' financial access to PHC, infrastructure, drugs, equipment, vaccines, and health worker performance. Due to this problem, the health indicators for Nigeria have reduced, with the country bearing 10% of global disease burden in this decade and showing little signs of improvement (WHO, 2019).

Supervision is a core systems function that is poorly understood and often undervalued. Supervision is often incorrectly viewed as policing or as an unnecessary expense, but when properly designed and implemented, it can yield significant rewards in terms of quality of care, productivity and retention of health workers (Henry, Lauren & Steve, 2014). According to them, the main objectives of supervision are to improve the quality of services, exchange information and create a supportive work environment. Supervision enables a supervisor or a concerned institution to identify appropriate interventions that will lead to improved worker performance and delivery of high-quality services. It mobilises resources from many different sources to implement interventions through informed decision and ensure that interventions have the intended effect.

An example of such interventions is the malaria program. Malaria is a serious infectious and most common transmitted disease in malaria endemic regions which include Nigeria and its States. Malaria has consequences for everyone (pregnant women, foetus and newborn child, men) which are largely preventable (Hill et al., 2013). Exposure to mosquito bites during pregnancy leads to high transmission. However, the adverse effect of malaria can be prevented through sleeping inside insecticide treated nets, consumption of adequate doses of Sulphadoxine-Pyrimethamine (SP) for pregnant women, keeping the environs clean, and treatment of confirmed malaria cases with Artemisinin-based Combination Therapy (ACT). Adequate and improved supervision of this kind of intervention will go a long way in reducing the burden of malaria including maternal and neonatal mortality thereby improving national health indices. Prior to now, different institutions have traditional supervision where supervisees are scared of their supervisors, due to the disrespectful approach of the supervisors. Figure 1 illustrates the view of traditional supervision.

Figure 1: How supervisees respond to traditional supervision visits



Source: System generated, 2019

This figure illustrates the attitude of health workers when they notice the arrival of traditional supervisors who tend to punish unnecessarily, instead of correction.

With the above, supportive supervision becomes imperative, availing both community and facility health personnel the opportunity of knowing standards, guidelines and job aids in the healthcare service delivery for all programs and interventions of interest. Supportive supervision will also help in initial assessment of Monitoring and Evaluation (M&E) systems established by new implementing programs or interventions by partners to collect, manage and report data. With respect to data for decision making, routine supervision of data management and reporting systems and data quality at various levels is crucial. This supervision could be conducted monthly, quarterly or biannually for effectiveness.

Supportive supervision involves directing and supporting health care workers in order to enhance their skills, knowledge and abilities with the goal of improving health outcomes. It is an ongoing relationship between health care workers and their supervisors. The supervisors that embark on supportive supervision work towards improving the capacity of health workers for improved quality of healthcare service delivery, unlike the traditional supervisor. This leads them to increase their knowledge on the areas of intervention to enable them provide on-the-job training for the supervisees. Figure 2 illustrates the attitude of healthcare workers towards supportive supervision.

Figure 2: How supervisees react to supportive supervision visit



Source: System generated, 2019

With respect to health service delivery at the primary healthcare level, supportive supervision explains how both the community and the health system have a role in the supervision of healthcare workers, the services they provide and the data generated in the course of service delivery for decision making. In the primary healthcare level, being the lowest level of health care service delivery, community and facility health workers present numerous inhibitors to quality healthcare services. These range from *laissez-faire* attitude towards learning for improved quality of healthcare services, poor attitudes to clients and patients, truancy, poor record keeping, absenteeism, extortion, etc. This mostly affects health-seeking behaviour, reduces the quality of health indices and in the end posits or informs decisions that are unattainable and harmful to healthcare services.

Again, it is obvious that insufficient and ineffective Human Resource Management (HRM) of staff constrains their ability to provide patients with high quality care. Effective HRM requires that workers know exactly what tasks they are expected to perform, have the necessary skills and resources to perform these tasks, and receive feedback that assists them in improving their performance (WHO, 2010). Supervision serves this purpose well, as it is meant to play a significant role in the performance and motivation of health workers (Bradley et al., 2013).

Unfortunately, the COVID-19 pandemic experience in Nigeria between March and August 2020 posed a negative effect on supportive supervision within the period of lockdown and curfew; which is the period for the study. Again, insufficient data on supportive supervision conducted across the PHCs in States of Nigeria can possibly contradict the positive or significant qualitative results, indicating visible impact of supportive supervision on the healthcare workers and service delivery.

In view of the above, this study analysed the effects of supportive supervision on improved quality of healthcare service delivery in primary healthcare in Nigeria.

The objective of the study is to analyse the effect of supportive supervision on improved quality of service delivery at PHCs in Nigeria.

## RESEARCH QUESTIONS

The study sought to answer the following questions:

1. What are the levels of supportive supervision that can lead to improved quality of malaria in pregnancy service delivery?
2. Is there confirmed evidence of a positive impact of supportive supervision on the primary health care service delivery across Nigeria?

## LITERATURE REVIEW

In this section, papers were reviewed based on their topics, methodology and scope of work. The findings or results were fully discussed in the discussion section.

With respect to malaria in pregnancy, Christian et al., (2019) examined the predictors of IPTp uptake in the last pregnancy among women in Ebonyi State, Nigeria in a community-based cross-sectional study of 340 women of reproductive age selected using multistage sampling technique. Descriptive statistics was used to analyse the data from semi-structured interviewer administered questionnaire. The study concluded that adequate IPTp uptake among women in their last pregnancy was below WHO recommendation. Intervention aimed at improving couple's education could facilitate increase in IPTp uptake in Ebonyi State. While the researcher recommended improving couple's education, this paper will fill the gap to ensure proper communication or information transmission through supportive supervision to the health stakeholders responsible for awareness creation on the need for IPTp.

In another study, Shafique, Murtala and Aminu (2019) measured the impact of Integrated Supportive Supervision (ISS) on the quality of primary healthcare delivery, with infrastructure, basic equipment, human resources for health, essential drugs, the number of pregnant women screened for HIV, and the number of children receiving immunisation as variables. The study adopted a cross-sectional survey of 34 health facilities in Kastina State and Kruskal-Wallis nonparametric test followed by Dunn post hoc test and ANOVA to compare the mean values of various indicators obtained over six visits of the ISS program from July 2018 to December 2018. Avortri, Nabukalu and Nabyonga-Orem (2018) underscored the need to review the supportive supervision approach to improve its effectiveness, and ensure that facility-based supervision embodies as many of the envisioned qualities as possible in low income countries. The authors made a case for a stronger focus on internal supportive supervision where 'internal'

refers to the health facility/unit/ward level, employing ‘supervisee initiated supportive supervision’. The success of this approach must be anchored on a strong system for monitoring, data and information management at the health facility level, according to the authors.

Still in line with the topic of discussion, Maryse et al., (2018) expatiated the importance of supportive supervision of Community Health Worker (CHW) programmes, which is believed to improve CHW motivation and performance. The study was carried out in Ethiopia, Kenya, Malawi and Mozambique using in-depth interviews and Friedman’s ANOVA and post hoc Wilcoxon signed-rank tests for data analysis. The analysis generated both qualitative and quantitative results as can be seen in the discussion section. Applying supervision in another program, Oniyire Adetiloye (2017) assessed the quality improvement of Family Planning service delivery during ISS visits to secondary health facilities in 2 states of Nigeria. This paper agrees with the method of ISS used by the researcher (Health Stakeholders and Jhpiego collaboration). Two Rounds of ISS were conducted between October 2014 and March 2015. The study concluded that ISS is a key strategy that can help to reduce programming barriers and achieve desired objectives.

Specifically, for malaria in pregnancy study, Godfrey and Paul (2014) investigated the psychosocial, behavioural and health system barriers to delivery and uptake of intermittent preventive treatment of malaria in pregnancy in Tanzania – viewpoints of service providers in Mkuranga and Mufindi districts. The study used both qualitative and quantitative method for data collection and analysis through supervision. The results of the research revealed that majority of Health Workers (HWs) are aware of the use of IPTp in preventing malaria in pregnancy, among others.

Bradley et al., (2013) explored the perceptions of district health management teams in Tanzania and Malawi on their role as supervisors and on the challenges to effective supervision at the district level.

Among the literature reviewed, gaps were found in terms of scope, data used and methods of analysis, and this paper will ensure to fill some of the gaps.

## **METHODOLOGY**

This study adopted content analysis research approach where empirical findings from other literature were analysed with respect to the topic of interest and best practices for effective supportive supervision discussed.

## **DISCUSSION**

Most often implementing supportive supervision face some challenges like: inadequate budget for travel expenses and logistics; sometimes, selected supervisors are not skilled supervisors;

difficulty reaching health facilities with bad or terrible terrain; hard to reach areas; and supervisors compromising quality of supervision and support given to the supervisee. Some supervisors do not understand their role or the context in what to supervise; others are overburdened and poorly prepared. Facility and community health workers most often lack knowledge on the use of data tools, even after training. Poor attitude of health workers and inadequate human resource also contribute to poor quality of service delivery in the primary healthcare service points.

### **PRIOR TO INTEGRATED SUPPORTIVE SUPERVISION**

Prior to introduction of integrated supportive supervision, there existed certain structures in both system assessment and data management, as outlined below.

- ❖ Parallel system of data management along disease programmes:
  - Parallel data collection, reporting/transmission and storage.
  - Multiple M&E/data review meetings.
  - Duplication of effort and resources.
  - Relative shortage of Human Resources for health and for Routine Health Information System (RHIS).
  - Focus on public health facilities; private facilities not reporting.
  - Poor data quality – incomplete, inconsistent, low reporting rate.
- ❖ Poor Supervision.
- ❖ Opportunity for integration:
  - Integrated National Health Management Information System (NHMIS) tools which capture all disease programmes.
  - Disease programme focal persons are available at all levels of reporting.

These concepts were found not to support improved quality of service delivery across institutions, mostly in the health system and at the primary health care service points.

### **IMPROVED LEVELS OF SUPPORTIVE SUPERVISION EXISTING AT PHCS**

There is an indication of a paradigm shift in the level of supervision at the PHCs, from no/low/traditional supervision to ISS for quality of healthcare delivery at large; as can be seen in Figure 1 and 2 above. However, with the poor quality of data generation across programs, an integrated health data management team (IHDMT) approach was introduced. It is a holistic supervisory approach which involves the integration of all the disease programs such as Malaria, immunisation etc. It is an effective strategy for strengthening health systems and community-health facility linkages. This approach brings different program officers from State and Local Government Areas (LGAs) into teams for supportive supervision, data validation and reporting. The implication of this method of supportive supervision is that it minimises



overall cost of implementing routine data collection, transmission, data review meetings, Delivery Quality Assurance, and supportive supervision etc. It allows fewer people to actually do more, with improvement in: the timeliness and completeness of reports; greater involvement of State and LGA personnel in core data management activities; capacity building; ownership; and sustainability. This has improved data availability, completeness, timeliness and access.

Apart from the above level of supervision, we noticed the importance of post training supportive supervision practiced by some intervention areas. This happens as a team of public servants and CSOs jointly supervise and support both community and facility healthcare workers following a particular training. To the later, the program or people in charge would want to ascertain the level of assimilation and improved implementation of best practices on healthcare service delivery by the health workers.

However, none of these levels of supportive supervision could be implemented during COVID-19 lockdowns across States. This implies quality of healthcare service delivery might have been compromised, looking at the frailty of the health workers and health system as mentioned earlier. To this end, the use of SMS (short messages) is suggested to ameliorate and curb the negative effect of no supportive supervision in the primary health system.

## **PRINCIPLES FOR IMPLEMENTATION OF INTEGRATED SUPPORTIVE SUPERVISION**

Since ISS cuts across several programmes, teamwork becomes imperative to actualise effective supervision, using the following steps.

1. Engage all team members in the planning process.

Effective integrated supportive supervision is achieved when all team members are involved in the planning process, this will allow more commitment in implementing the plan.

2. Communicate plans to all relevant Stakeholders.

Ensure that plans, targets, activities and expected outcomes are clearly communicated to all concerned. Following its preparation, circulate copies of checklists, hold meetings to discuss it before embarking on ISS with identified team members.

3. Clearly define and assign roles and responsibilities.

Assign responsibilities and ensure everyone understands their roles and responsibilities, having a work plan that provides a record of who is responsible and accountable for each activity with timelines.

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4. Link supervision with tasks.

Supervision should be clearly linked with the task to be performed, and then followed by an evaluation of the performance of that task.

5. Provide feedback.

Provide effective channels for feedbacks and acknowledge of good practices. Feedback must start from what is done well before addressing what is not properly done. Set up mechanisms for obtaining feedback, for example: meetings, planning conferences, evaluation or post-mortem reviews, personal visits to the work station of the individual, channels for the expression of grievances and one-on-one conferences, etc.

6. Supervisors must play a supportive role.

During actual supervision of workers, supervisors should assume a supporting helpful role for strengthening workers and helping them perform their task better through improving their skills and building their image among their co-workers and those they serve.

7. On-the-job training should be an integral part of the supervisory role.

Supportive role is incomplete without on-the-job training. So, at the point of visit, ensure that performance is observed and then offer help and suggestions for improvement, especially introducing any procedures and ideas that are helpful.

8. Sustain regular contact with programme focal persons.

Members of the integrated supervision team must be conversant with various health interventions and have the relevant clinical skill necessary for supervision of health workers. The team members should maintain regular contacts with the focal persons and secure their commitment for the success of the ISS and refer serious program-related problems discovered during general supervision to the programme managers.

9. Exhibit effective listening skills.

Many supervisors are more interested in talking than listening. Good listening skills are a must in effective supervision. Check to see if what you heard is what was said and use body language appropriately.

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10. Ensure mutual respect.

The approach used in supportive supervision encourages understanding, supporting and considering the employee's point of view. But it is equally important to be firm in making decisions that affect employees and recommending disciplinary action when required. If such actions are done fairly with facts, then they will be respected and supported by other employees. Firmness, fairness and mutual respect are essential elements of a good supervisory style.

### **SKILLS OF THE SUPERVISORY TEAM**

Supervisors should demonstrate technical competence, facilitate team building, motivate others, facilitate meetings and discussions, identify strengths of staff members and build on positive aspects such as: provide constructive, timely and interactive feedback; communicate effectively with staff and decision-makers; and delegate duties to staff. In the ideal situation, supervisors should have leadership skills and the ability to inspire others, desire to help others achieve their full potential, commitment to the provision of high-quality health services and openness to new and creative ideas.

### **SUPERVISION FOR PERFORMANCE AND QUALITY IMPROVEMENT**

This study elucidates supervision for performance to have: the goal of providing high-quality health services; uses standardised performance criteria; the process of continuous performance and quality improvement; and the style of encouraging inclusive and supportive interaction which involves the people being supervised in identifying their own needs and planning improvements.

### **EMPIRICAL FINDINGS**

However, Shafique, Murtala and Aminu (2019) showed that there is positive effect of ISS on infrastructure, human resources for health, essential drugs, and the number of pregnant women screened for HIV ( $P < .05$ ). Human resources for health and the number of children receiving immunisation were both not affected by ISS ( $P > .05$ ) implying that integrated supportive supervision will strengthen the Kastina State health system, ensure efficient use of the health facility assets and resources utilisation, and improve patient/client satisfaction.

In the work of Avortri, Nabukalu and Nabyonga-Orem (2018) supportive supervision has the potential to improve the quality of health care and management, enhance skills of health workers and improve performance. However, supervisory mechanisms in many low income countries have low coverage, are irregular, unsupportive and demotivating. This means that these countries may have missed the evidence to sustaining and realising supposed gains for supportive supervision. As such, an organised capacity building at the lower levels of service

delivery for internal supportive supervision especially in health facilities will reduce the systemic and logistical implementation challenges.

The result of Maryse et al., (2018) revealed that supervision intervention improved community health workers' (CHW) motivation, while quantitative result stated no significant changes for measures of perceived supervision and inconsistent changes in motivation-related outcomes. It can be deduced from this paper that integrated supportive supervision was not the approach used. Therefore, the authors recommended peer supervision with methods that assess CHW performance and corresponding feedback systems.

Findings from the work of Adetiloye (2017) showed that gaps still exist in number of Secondary Health Facilities reporting poor availability of infection prevention equipment. The study concluded that ISS is a key strategy that can help to reduce programming barriers and achieve desired objectives.

## RECOMMENDATIONS

1. Government should focus investment in high-quality supervision and increase effort to ensuring compliance to integrated supportive supervision protocols at PHCs for significant impact on improved health service delivery.
2. Supervisory teams should ensure and encourage completeness of records for supportive supervision through adequate documentation for quality data analysis outcome.
3. Programs managers should ensure timely implementation of supportive supervision, i.e., monthly, quarterly or biannually, using qualified supervisors.
4. In the case of restrictions like, curfew or lockdown, the use of bulk SMS is suggested. This is to curb possible anomalies that might come up through poor health workers' attitude to quality and improved service delivery.

## CONCLUSION

Supportive supervision is a process of guiding, helping, training and encouraging staff to improve their performance so that they can provide high-quality health services. It is not fault-finding and reprimanding. The load of work, attitude of HCWs and CHW is mostly due to inadequate human resource for health. It requires a focused investment in high-quality supervision that can help these health workers change their poor attitude to service delivery and attain their full potential, as such, people would achieve optimal health. The authors conclude that high-quality supportive supervision can help defaulting health workers to change their poor attitude to service delivery and attain full potential, as well as people achieving optimal health.

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