

Quality Health Partners SUCCESS STORY

IN-DEPTH SUPERVISION AND ON-THE-JOB TRAINING IN REPRODUCTIVE AND CHILD HEALTH



Quality Health Partners (QHP) is a five-year USAID project based in Accra, Ghana. QHP is designed to provide evidence-based support to the Ghana Health Service and a range of private institutions to improve the quality of health services in 30 of Ghana's most deprived districts and in other areas identified as priorities for HIV/AIDS and malaria, thereby contributing to improved health among Ghanaians, particularly in the areas of Reproductive and Child Health.

Vivian Quartey, Deputy Director of Nursing Services in Ghana's coastal twin cities of Sekondi and Takoradi, is an experienced Ghana Health Service (GHS) supervisor. Invited to a training on **In-Depth Supervision and On-the-Job Training (IDS/OJT)**, she was at first hesitant. Once the workshop began, however, Vivian quickly changed her mind. She and her supervisor colleagues (one of whom is pictured in the photo) evaluated the IDS/ OJT workshop as *"practical, helpful and an experience out of the ordinary."* Three months later, having practiced IDS/OJT in the field, Vivian and her colleagues are firmly convinced of its value. According to these GHS supervisors, IDS/OJT training and tools have transformed their practice. As Vivian says, *"I've changed the way I work—I've become confident. The*

health providers I supervise are no longer afraid of me—they love the practical technical refreshers. The IDS/OJT guides make supervision easy, clear, and systematic. I now see myself as a change agent." Vivian's opinions are echoed by Dr. Gloria Quansah Asare, Director of GHS's Department of Family Health. Dr. Asare considers IDS/OJT a best practice, stating, *"It has built both the capacity and confidence of health service providers."*

IDS/OJT is a significant shift from conventional training and supervision. Pioneered by EngenderHealth and introduced in Ghana by Quality Health Partners (QHP), IDS/OJT uses evidence-based practices and national standards as a yardstick for quality services. IDS helps providers identify and resolve on-site problems that inhibit high-quality performance. OJT is especially advantageous to reinforce clinical skills that require one-on-one coaching.

Quality of Services and Clinical Skills: Since 2004, QHP has made tremendous progress to improve the quality of care and services in health facilities located in 30 target districts. More than 6,000 health providers working in reproductive and child health services have received in-service training with QHP support. More than 400 health providers and supervisors have been trained in facilitative supervision.¹ A 2007 QHP midterm evaluation revealed many improvements and significant gains, including the number of facilities with quality assurance teams, the appropriate treatment of malaria, the correct management of diarrhea, and active management of the third stage of labor at delivery.

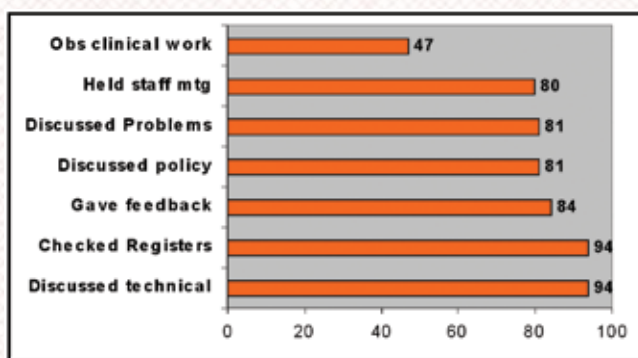
1. Facilitative supervision is an approach emphasizing joint problem-solving, two-way communication, and mentoring.

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The midterm evaluation, however, revealed performance gaps related to clinical skills. For example, while more than 96% of facilities used the new treatment for malaria, only 52% of service providers knew the correct dosage for this regimen. Performance gaps were also noted in family planning counseling and in labor and delivery care; performance was weakest at facilities located in districts and outlying areas. Many of these performance gaps were related to weaknesses in training and supervision. Classroom training does not always succeed in changing health providers' behavior and practices. Application of newly acquired skills is often hampered by a lack of supplies or infrequent opportunities for practice. Supervision is sporadic and tends to focus on administrative issues rather than on technical support. QHP's midterm evaluation showed that supervisors' activities seldom include observation of clinical work (see graph below). Supervisors often have weak clinical skills themselves.

IDS/OJT Start-Up in Ghana: When presented to donors and GHS staff, these findings sparked action. IDS/OJT was adopted as a strategy to link training and supervision more directly to job performance. IDS/OJT in Ghana aims to improve supervisors' abilities to identify and address issues related to clinical skills and the quality of clinical services in family planning, maternal and newborn health (MNH), and integrated management of newborn and child illness (IMNCI).



In 2008, QHP and GHS worked in close partnership to adapt IDS/OJT to the Ghanaian context. A technical working group consisting of GHS, QHP,

and other partners inventoried existing guidelines, standards, and protocols and then produced and field-tested IDS/OJT Training Guides for family planning, MNH, and IMNCI. Training guides included (a) observation checklists to help supervisors rapidly evaluate skills and identify strengths and gaps; and (b) step-by-step instructions for service providers on specific, relevant topics such as infection prevention or counseling a return family planning client. Supervisors were also trained to make an IDS/OJT action plan—communicated to the facility's management team to ensure follow-up. QHP and GHS master trainers trained 132 supervisors, who then carried out IDS/OJT with 522 service providers at health facilities located in the 30 target districts. QHP procured related equipment for family planning, MNH, and IMNCI services, including weighing scales and anatomical models for family planning and maternal health simulation. These models were especially useful at smaller facilities, as several participants can practice simultaneously, and practice is not dependent on the availability of clients.

Results, Successes, and Challenges: IDS/OJT monitoring reports describe many positive changes from multiple perspectives.

Service providers liked the immediate, specific, and constructive feedback. They especially liked the hands-on practice in clinical skills, which boosted their morale and confidence in service delivery. Service providers also appreciated the active engagement of supervisors, who helped them to identify and resolve problems and gaps. Many service providers invited supervisors to come more regularly.

Supervisors felt that IDS/OJT made their work practical, easy, and systematic. They felt more confident in making judgments on the facility's quality of care, because their conclusions were based on objective criteria contained in the checklists, rather than on personal opinions. IDS/OJT allowed supervisors to identify individual providers' strengths and needs: Some improved skills after one round of coaching, while others clearly need retraining and more intense supervision. Many supervisors increased their own confidence as they realized that the quality of supervision does not depend on rank. In fact,

IDS/OJT dramatically changed relations between supervisors and the service providers they supervise: Both spoke of mutual learning and joint problem-solving.

QHP staff have also noticed significant change. According to Janet Tornui, QHP Family Planning Specialist, *"On-the-job training is different. Supervisors really observe what is going on—they see what is achievable, rather than talking down to health providers from their offices!"* Dr. Edward Bonku, QHP Deputy Director, echoes this idea: *"The emphasis in IDS/OJT is on action—supervisors see what really can be done."* Evelyne Lamptey, QHP Child Health Specialist, tells how supervisors trained in IDS/OJT learn to seize practical opportunities for training. At an IDS/OJT visit to midwives at the Jukwa Health Centre, a client arrived with a retained placenta, a condition for which the midwives tended to refer clients to other providers, due to lack of confidence. The supervisors assisted the midwife to successfully carry out the procedure by herself.

Because IDS/OJT is new, many challenges exist. According to Dr. Asare, in many health facilities, *"supervision and follow-up are chronically underachieved and under-resourced."* IDS/OJT success depends on the selection of qualified supervisors who already possess good interpersonal and technical skills. While selection criteria are clear, they are not always respected in practice; for example, some supervisor trainees did not know how to do Jadelle implant procedures. Poor

planning (for example, too many rushed supervisory visits scheduled in one day) lowers the potential for improved results. Many facilities experienced constraints affecting IDS/OJT, such as a lack of vehicles for supervision or funds for training. Some supervisors did not feel comfortable bringing identified problems to the attention of facility management, due to hierarchy.

The Way Forward: Reports and interviews of GHS and QHP staff all show the need for consistent scheduling of supervision (at least twice yearly) and for an extended time during each supervisory visit. And both GHS and QHP staff believe that IDS/OJT should be expanded to other programmatic areas, such as malaria. Dr. Asare would like to see more support to roll out IDS/OJT, stating, *"We're not there yet—we need support to anchor it. [For example,] guidance needs to be printed...and we would like to spread this capacity across all regions."*

Over the next few months, QHP intends to focus on IDS/OJT: Manuals will be updated, printed, and disseminated, and refresher training of supervisors will be held. A final project evaluation was scheduled for May 2009 and will provide more information on results and recommendations for the way forward. QHP is confident that at the regional and district levels, GHS will adopt and integrate IDS/OJT into existing supervision and training systems.