Kaduna State Primary Health Care Board

Report of the Revised Integrated Supportive Supervision strategy (ISS) conducted Q1&2 2021

October 20, 2021

Introduction Board's focus

The State Primary Health Care Board (SPHCB) is responsible for organizing, providing and managing the Primary Health Care System in Kaduna State. The Board delivers its mandate through 3 Zonal Offices, 23 Local Government Health Authority Offices and 1,068 Primary Health Care Facilities.

❑ VISION

A Board that facilitates delivery of the best, comprehensive and sustainable Primary Health Care services.

❑ MISSION STATEMENT

To advance health and wellbeing through facilitation of health care services, which are qualitative, comprehensive, integrated, person-centered, responsive, affordable and sustainable in collaboration with all stakeholders.

❑ MANDATE:

- Formulating Primary Healthcare policy and plan, and supervising primary healthcare facilities to ensure implementation and compliance
- Managing the required resources of the Board including Human, Material, Financial and other intangible resources
- Developing robust performance management system for the purposes of programme monitoring and evaluation as well as staff performance assessments
- Coordinating the activities of all relevant partners and stakeholders and consideration for gender and vulnerable groups in primary healthcare policy formulation and implementation

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Background

- Kaduna state commenced the roll out of a revised Integrated Supportive Supervision (ISS) strategy aimed at improving overall PHC outcomes in July 2021
- This is in line with the state's strategy to transition to an integrated approach of service delivery to improve primary health care
- The ISS was piloted in 345 health facilities (15 per LGA) across all 23 LGAs in the state
- Subsequently, it is expected that this revised strategy will replace the traditional standalone Routine Immunization Supportive Supervision conducted across PHCs
- This document outlines the revised RISS strategy, potential challenges and successes as well as how the state intends to bridge identified gaps with the old RISS strategy
- Participants at different levels – LGA: LGA team; Zone: all 3 ZCs and 21 ZTOs; State: Directors, Deputy Directors, M&EOs, RH, HMISOs, DSNO, SNO,

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

This document aims to achieve 3 main objectives

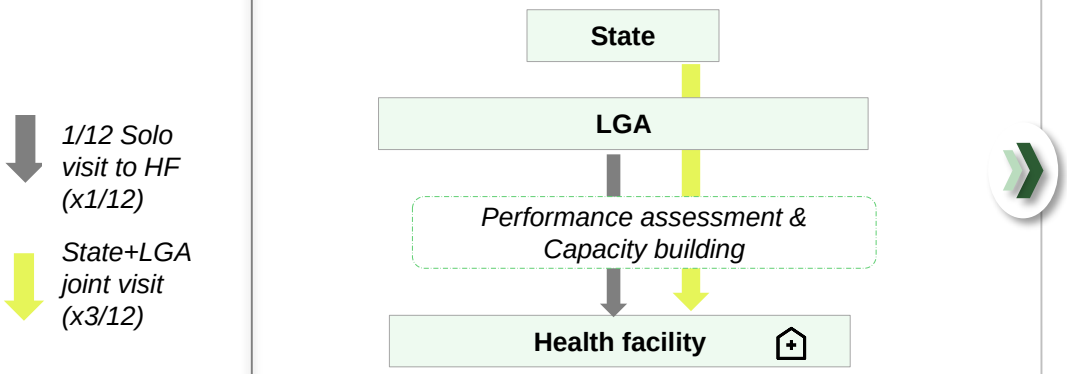
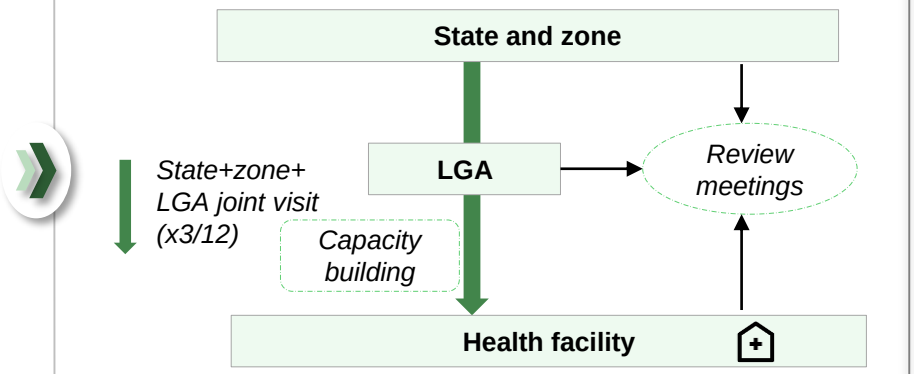
01 **Discuss the overview of the revised supervision strategy**

02 Showcase how the revised strategy addresses challenges faced during the old RISS

03 Review the preliminary result of the Q1 & Q2 ISS implementation

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

1 The State's revised supportive supervision is targeted at ensuring implementation of the Minimum Service Package (MSP) requirements…

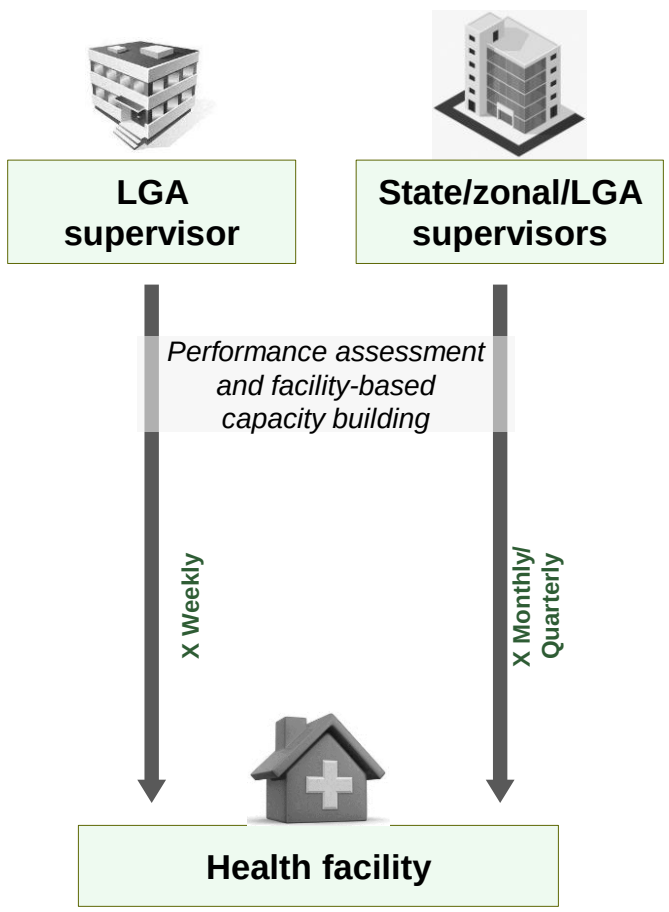
	Old RISS strategy	Revised ISS strategy
		
Objective	▪ To improve HF Routine Immunization performance through capacity building of health workers	▪ To ensure implementation of the MSP requirements across the 3 domains of the PHC structure
Description	▪ LGA supervisor: Conduct RISS and support HWs to improve on specific RI thematic areas through capacity building and OJCB and mentoring ▪ LGA PHC team: Oversee day-to-day management of RISS at the LGA level ▪ LGA supervision coordinators and the M&EWG mentor LGA supervisors, facilitate LGA review meetings and oversee RISS at the state level including budget planning	▪ Select supervisors (senior and mid level POs) across the state, zone and LGAs visit the health facilities to administer the harmonized checklist via ODK ▪ Checklist contains key MSP requirements across all programs and administrative department ▪ Identified gaps are bridged through OJCB and mentoring, follow up visits by LGA supervisors and LGA review meetings redesigned to build capacity of HCWs
Frequency of visits per team	▪ 2 supervisors constituting a team visits 3 HFs per month (1 HF per week)	▪ Weekly visit by the LGA ISS team; Monthly visit by the Zonal ISS team and Quarterly visit by ISS team (all levels)
Tools	▪ National RISS checklists: Paper-based assessment tools classified into analyzable domains of RI ▪ Paper-based flowcharts for on-site CB on each thematic area ▪ MS excel-based dashboards for performance assessment LGA and state-level dashboards ▪ The ODK tool is also used where available	▪ Facility daily reporting forms/registers – *paper based* ▪ Modified state checklist (ODK) – Harmonized for all programs

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

1 …while streamlining the focus of visits by assessing HF performance across all programs and administrative structures

Focus	Description
Objective	▪ **To improve HF performance** through an integrated approach of health care delivery
Principles	▪ **Human-centered** capacity building ▪ **Results-oriented**; with **emphasis** on integration of services
People	▪ State supervisors across all MDAs ▪ Zonal supervisors ▪ LGA supervisors
Description	▪ Assess all program areas and administrative structures based on the MSP requirements using an integrated state checklist (ODK) ▪ Conduct OJCB for identified areas with gaps ▪ Agree on next steps and remedial actions to be tracked and monitored by the LGA supervisors
Frequency of visits	▪ Quarterly
Tools	▪ State's integrated ODK checklist for supervision

Schema of revised RISS strategy



The revised strategy is also aimed at empowering the LGA team to innovatively solve problems and mentor the health worker in a truly supportive manner to guarantee changes

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

1 The strategy is guided by a simple theory of change that will stem from implementing 2 key interventions

If we …	It will allow..	Which will lead to..	And result in…	And thus..
1 Integrate supervision of the programs at health facilities	Holistic view of service delivery across primary health care interventions	Improved collaboration and knowledge sharing across program	Quality primary health care service provision	Improved PHC service delivery
	Supervisors to objectively assess facility performance across maternal and child health indices	Visibility into HF performance for continuous feedback		
	HCWs to better plan and schedule clients for services	Improved client satisfaction – *time management*		
2 Build the capacity of selected supervisors on problem solving and action point development	Supervisors feel empowered to innovatively derive clear action points to resolve HF challenges	Better resolution of issues identified during visits		
	Supervisors to prioritize impact over perfunctory documentation			

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Following the pilot of the ISS, a few challenges were identified by the M&E team and remedial actions were proposed to address the gaps

Focus	Issues	Remedial actions
Geo coordinate issues	▪ Duplicated geo coordinates were submitted for different health facilities visited	▪ Complete ODK tools including geo coordinates at the HF being visited
	▪ Some team leads submitting before team members	▪ Team leads should be the last to send after all team members have sent
Timelines for remedial actions	▪ Unrealistic timelines for the completion of action points – Nature of issues and available resources were not considered	▪ Factor in the nature of the issues and the available resources to carry out the action point – Timelines should however not exceed 3 months
Recommendations / action points	▪ Issues affecting only one program area were highlighted defeating the purpose of integrating the supervision	▪ Capture all findings and issues identified across all programs
	▪ Root cause analysis was not conducted for some identified issues	▪ Supervisors were advised to identify the root causes of challenges flagged during the administration of the ODK tool

- The Kaduna State Bureau of Statistics has released the analysis of the result of the ISS and created the website for visualizing the data based on the request of the SPHCB data team
- The website have been activated and open to all MDAs following the dissemination of the results
- Report also is hosted on the website for download and use by stakeholders

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

This document aims to achieve 3 main objectives

01 Discuss the overview of the revised supervision strategy

02 **Showcase how the revised strategy addresses challenges faced during the old RISS**

03 Review the preliminary result of the Q1 & Q2 ISS implementation

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

The M&E WG identified key issues with supervision in the state and developed recommendations to address them

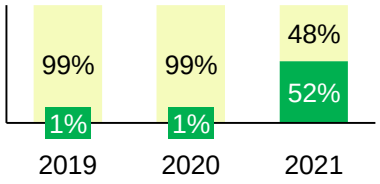
Focus

Level	Issues identified	Root cause	Recommendations
People (LGA supervisors)	▪ Supervisors do not identify or resolve major problems e.g. suboptimal client turn out at HFs	▪ Inadequate problem-solving skills or knowledge by some supervisors	▪ Train supervisors on practical problem solving techniques ▪ Co-design SOPs with supervisors to aid identification & resolution of problems during visits
	▪ Supervisors do not spend adequate time at HFs during visits	▪ Competing activities which divides supervisors time and attention e.g. SIAs at the LGA	▪ LERICC need to consider setting a week aside in their monthly workplans for all supervisors to conduct RISS visits
Process & Tools	▪ Completing the RISS tool is time consuming; and thus takes away from the focus of building HW capacity	▪ The RISS checklist contains too many questions due to wide range of interventions covered	▪ Redesign the strategy to separate performance assessments using checklists from capacity building efforts
	▪ Supervisors focus more on filling RISS checklist (data collection) than on solving identified problems	▪ Placement of emphasis on checklists from the strategy and its use in validating conduct of visits	▪ Refocus strategy on problem solving, OJCB and mentoring
	▪ Supervisors did not conduct community surveys during visits	▪ Security issues in communities ▪ Cultural issues as males cannot enter houses	▪ Select safe communities and visit settlements with available community resource groups/structures to address cultural issues

These recommendations will be factored into subsequent supervision sessions

SOURCE: KIIs with Stakeholders, observation during visits, Team analysis

Suboptimal conduct of visits and poor evidence of capacity building activities were also identified as issues

Challenges	Description	How does the revised strategy address this
Suboptimal conduct of visits	▪ The submission of ODK tools administered during visits have been suboptimal over the years 	▪ M&E/accountability framework to be adapted
Poor follow up of action points	▪ This is in line with the suboptimal conduct of the visits ▪ Poor quality of action points (action points were not clear and did not really address challenges)	▪ M&E/accountability framework to be adapted – Including rewards, sanctions and feedback from back end data managers
Poor evidence of capacity building activities	▪ The use of flowcharts were mostly deprioritized during supervisory visits due to the unavailability of flowcharts and time constraint ▪ The collation and submission of flowcharts by the supervisors at the LGA, Zonal and State levels were suboptimal – This ultimately posed challenges in collating findings from visits and tracking performance improvement	▪ Reporting template highlighting outcome of the visit as well as capacity building plans is in use

While the time consuming shortfall with respect to tool administration in the old RISS strategy was not addressed in the new strategy due to the integrated nature of the tool (constituting all PHC programs), the new strategy proposes each supervisor focuses on one-to-three program area during the supervision

Source: 05062021 download of submitted ODK files on the WHO website, SCIDaR and M&E team analysis

The M&E WG has identified potential challenges with the revised supportive supervision which borders around the conduct and frequency of visits

Focus	Description	Responses from the RISS/M&E WG
Conduct of visits	▪ Inherent challenges with routine immunization supportive supervision were not factored in the design of the ISS – Suboptimal conduct of the visit – Improper use of the ODK checklist	▪ An M&E framework/accountability structure is still being reviewed by the SMOH and should address these concerns
	▪ Prolonged time for administration and little time to implement OJCB trainings while bearing in mind suboptimal HRH across PHCs – 1 staff could be responsible for a lot of the thematic areas	▪ The ISS schedule allows for at most 2 sites be visited in a day by all supervision teams with each supervisor focusing on different program areas
Frequency of visits	▪ The ISS is designed to take place quarterly while the Routine ISS was designed to take place weekly and monthly to ensure timely identification of gaps and implementation of remedial actions	▪ ISS focused only on service delivery is being proposed to take place monthly ▪ This will address issues identified from the quarterly ISS and also any other implementation gaps

- Due to the sensitivity of service delivery and the need for frequent supervision, the M&E WG has proposed a weekly, monthly visit and quarterly to HFs which has been added to the 2022 AOP
- The M&E WG will also continue to provide remedial actions to tackle identified gaps as they continue implementation of this strategy

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

This document aims to achieve 3 main objectives

01 Discuss the overview of the revised supervision strategy

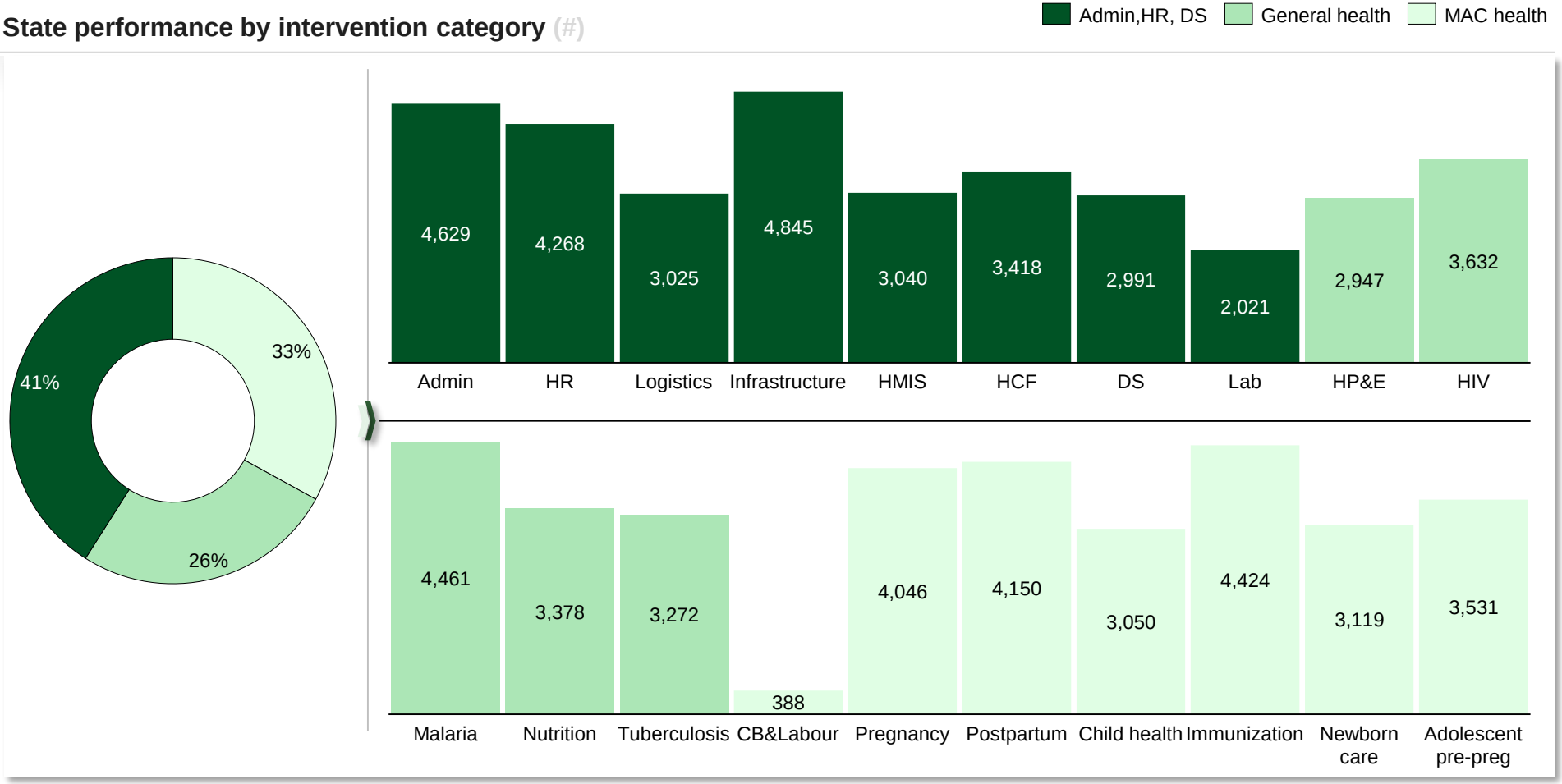
02 Showcase how the revised strategy addresses challenges faced during the old RISS

03 **Review the preliminary result of the Q1 & Q2 ISS implementation**

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Summary of performance shows Kaduna State performed best on Infrastructure and least on the Child birth and labour assessment area

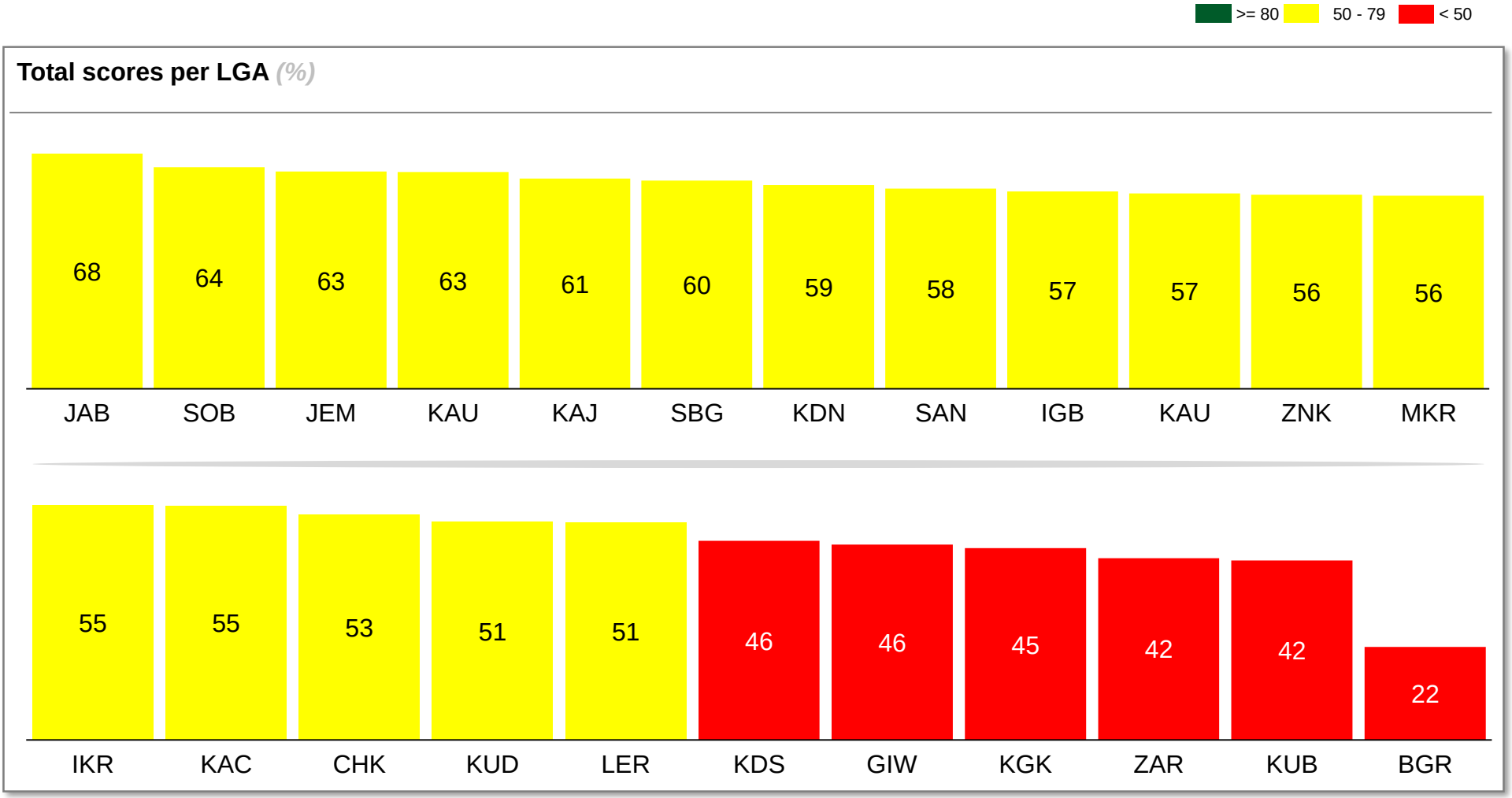
State performance by intervention category (#)



- The M&E team will probe further to understand the factors accounting for poor performance across Child birth and labour, laboratory, logistics and other assessment areas and deploy tailored strategies to resolve the issues across health facilities and LGAs
- On-the-job capacity building efforts will be targeted at improving performance across the affected areas while sustaining optimal performance across board

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Only 17 LGAs scored above 50% across the areas of assessment

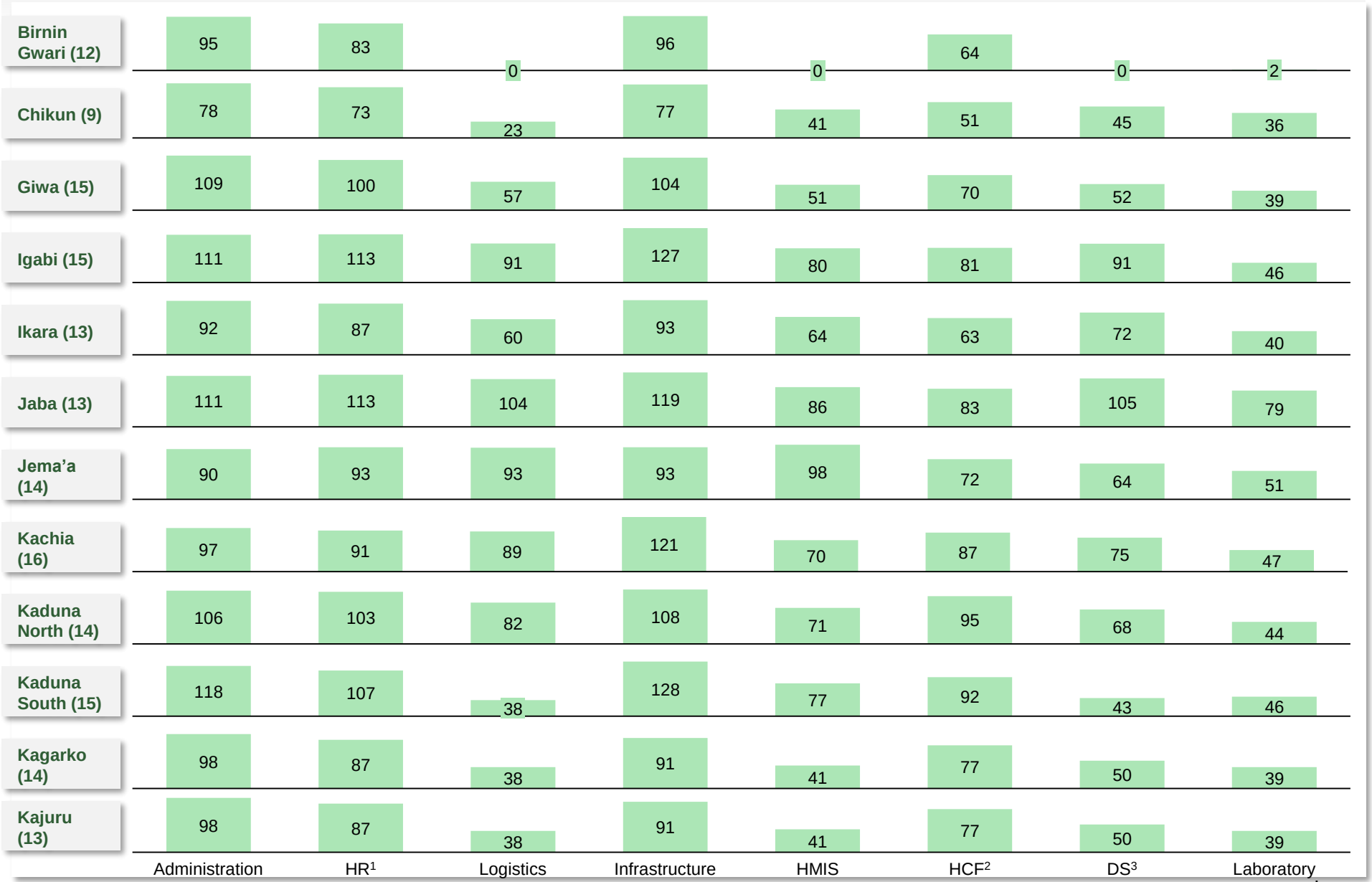


- While 17 LGAs score above the midpoint (50%), it is worrisome that the highest LGA score 68% ie. 32% less than 100%, though 80% if the target
- The poor performance at Birnin Gwari LGA may be attributed to insecurity and unwillingness of supervisors to visit security-compromised areas

SOURCE: PHC ISS analysis, M&E Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (1/6)

LGA performance across the interventions, Admin, HR and Disease surveillance *(#) (xx):Number of HFs visited*

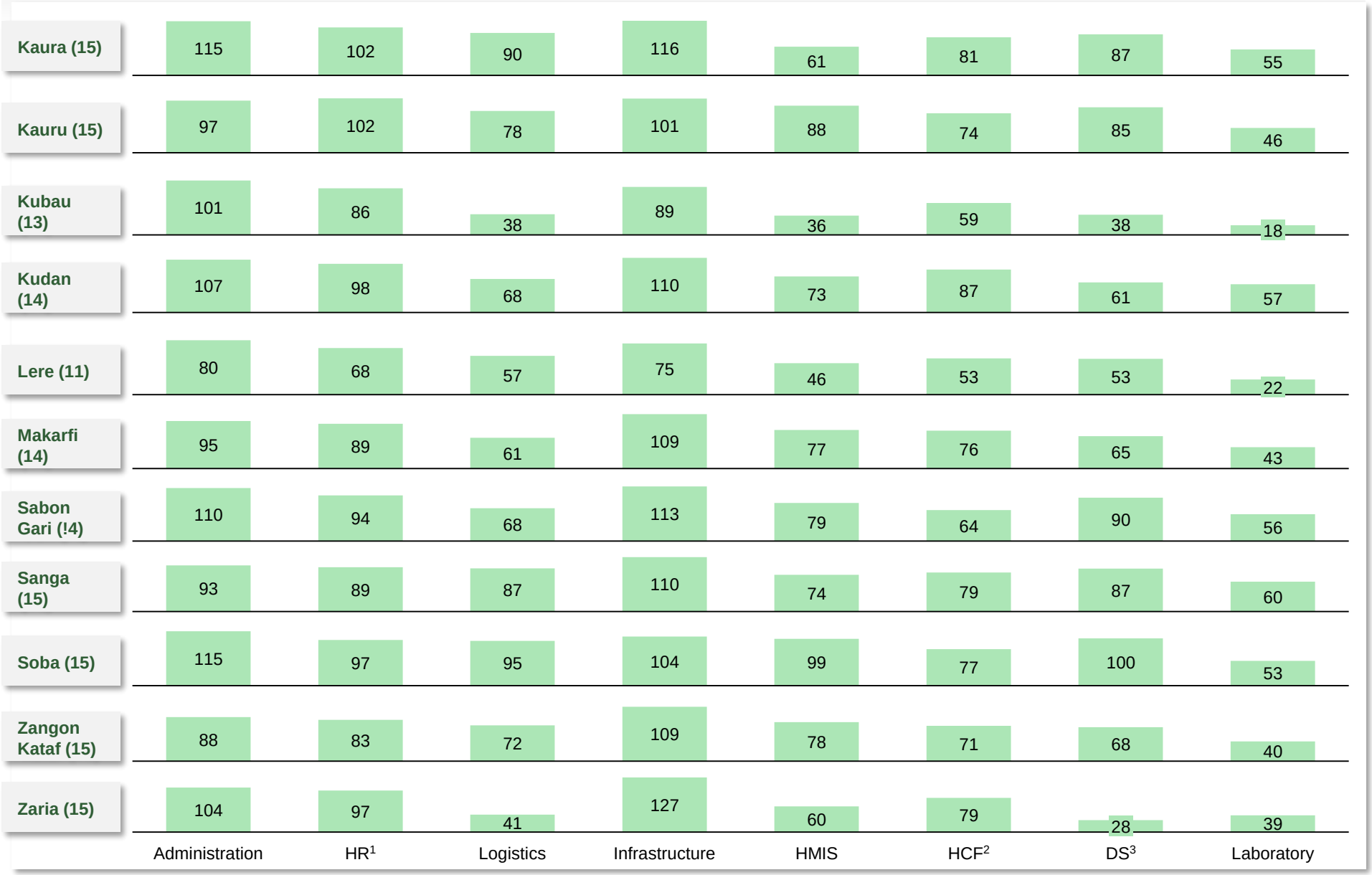


1. HR – Human Resource 2. HCF – Health Care Financing 3. Disease surveillance

Source: PHC ISS analysis, Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (2/6)

LGA performance across the interventions, Admin, HR and Disease surveillance *(#) (xx):Number of HFs visited*

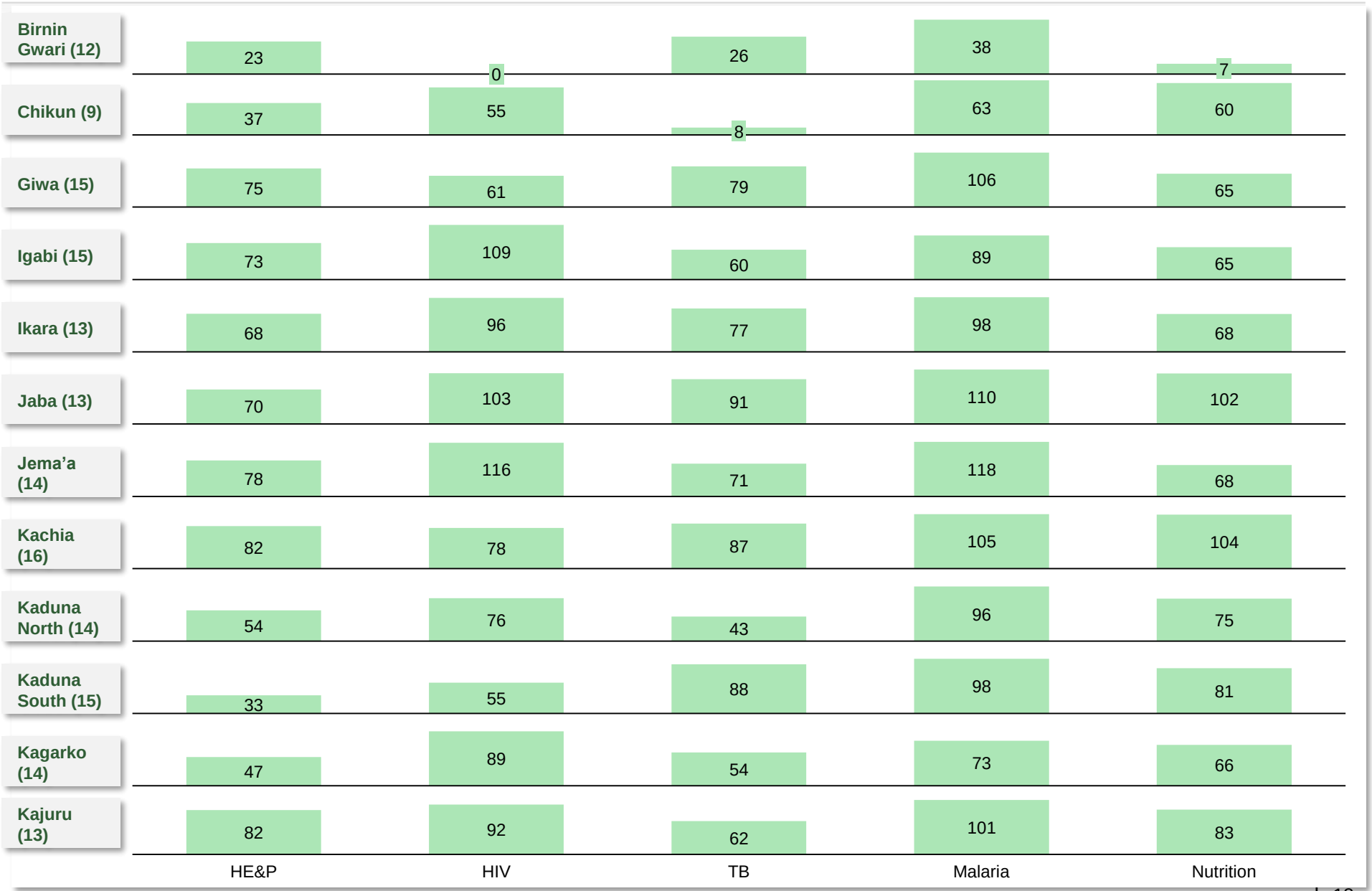


1. HR – Human Resource 2. HCF – Health Care Financing 3. Disease surveillance

Source: PHC ISS analysis, Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (3/6)

LGA performance across the interventions, General Health *(#) (xx):Number of HFs visited*

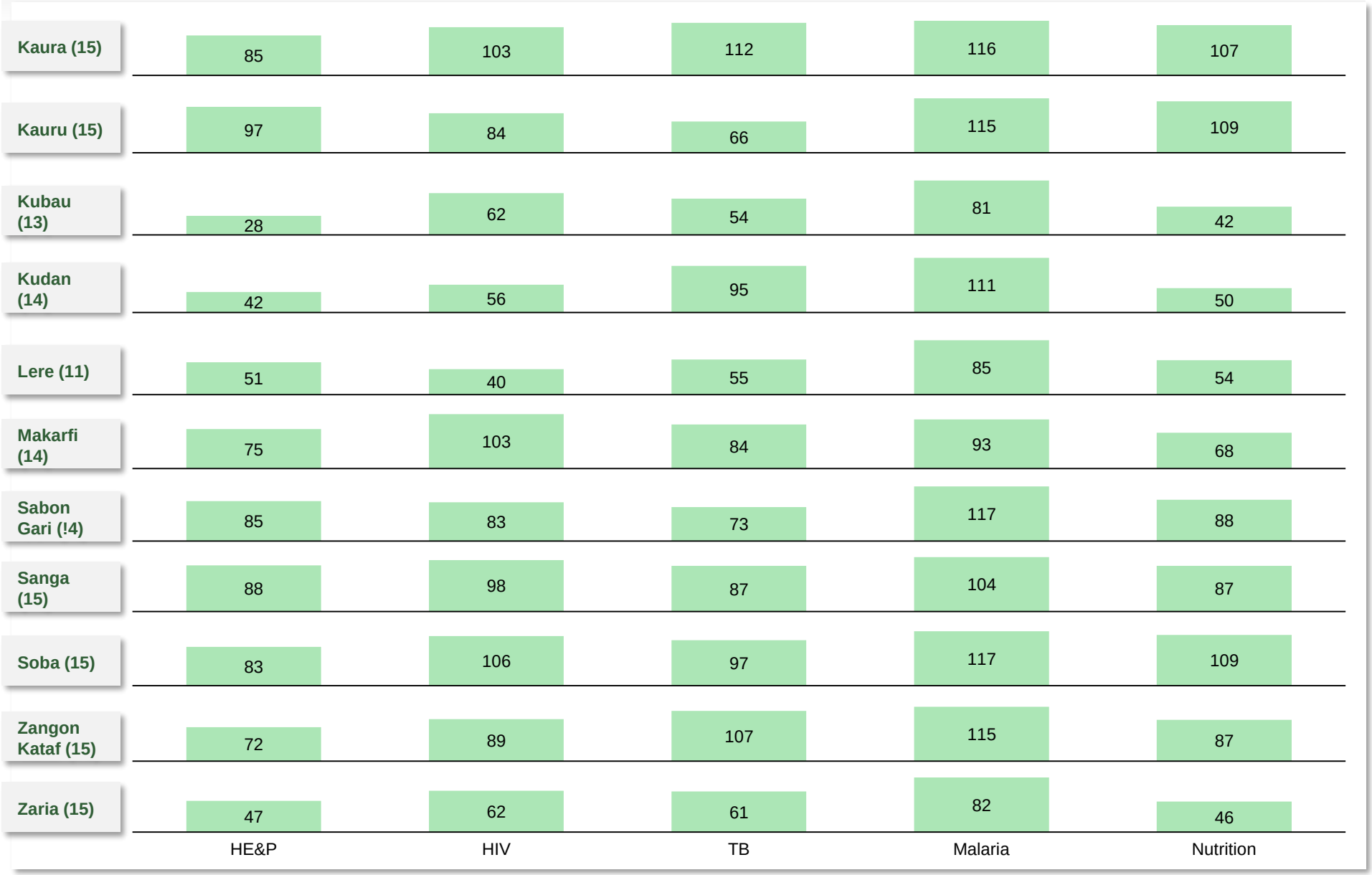


1. HE&P – Health Education and Promotion

Source: PHC ISS analysis, Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (4/6)

LGA performance across the interventions, General Health *(#) (xx):Number of HFs visited*

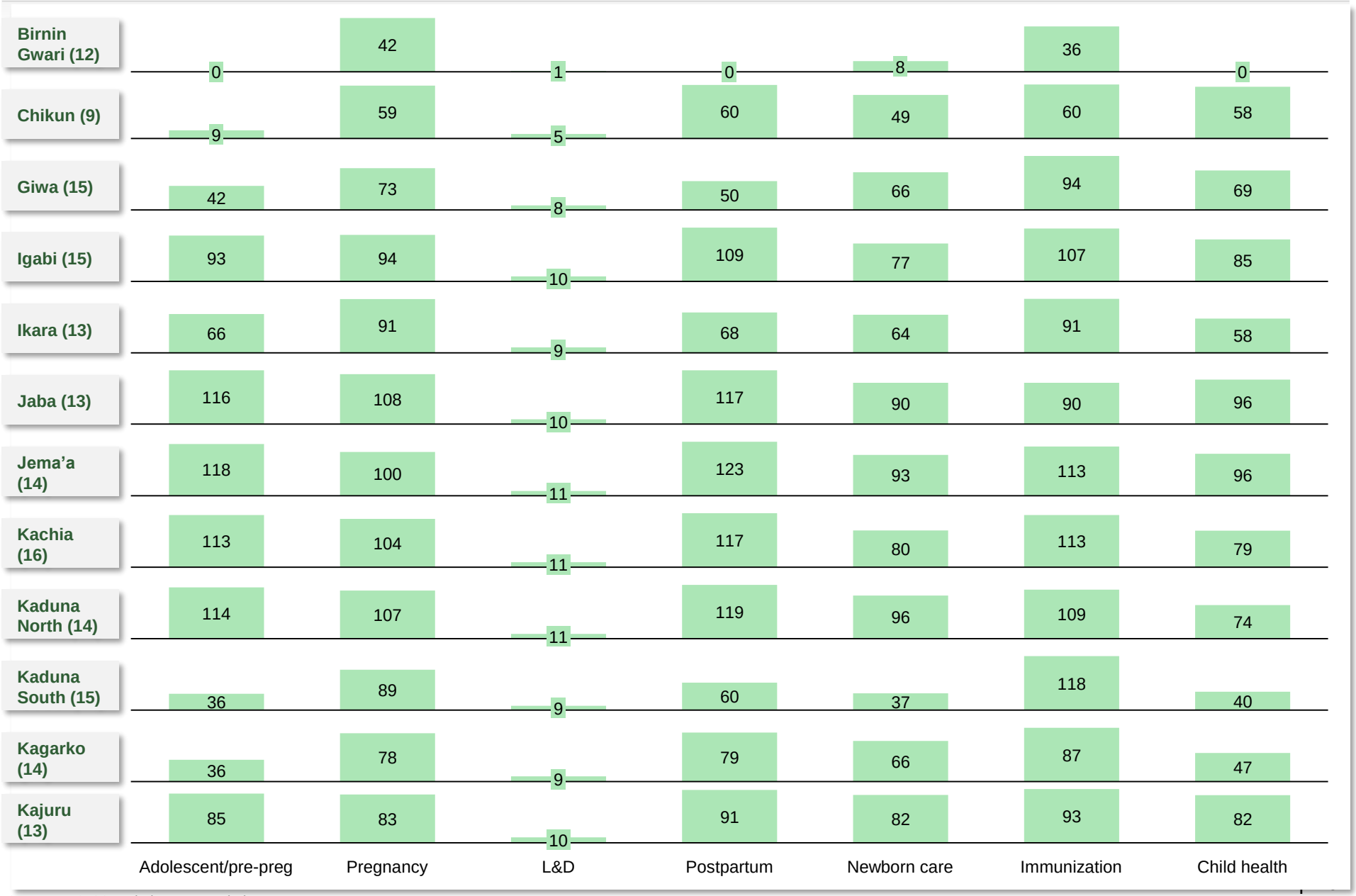


1. HE&P – Health Education and Promotion

Source: PHC ISS analysis, Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (5/6)

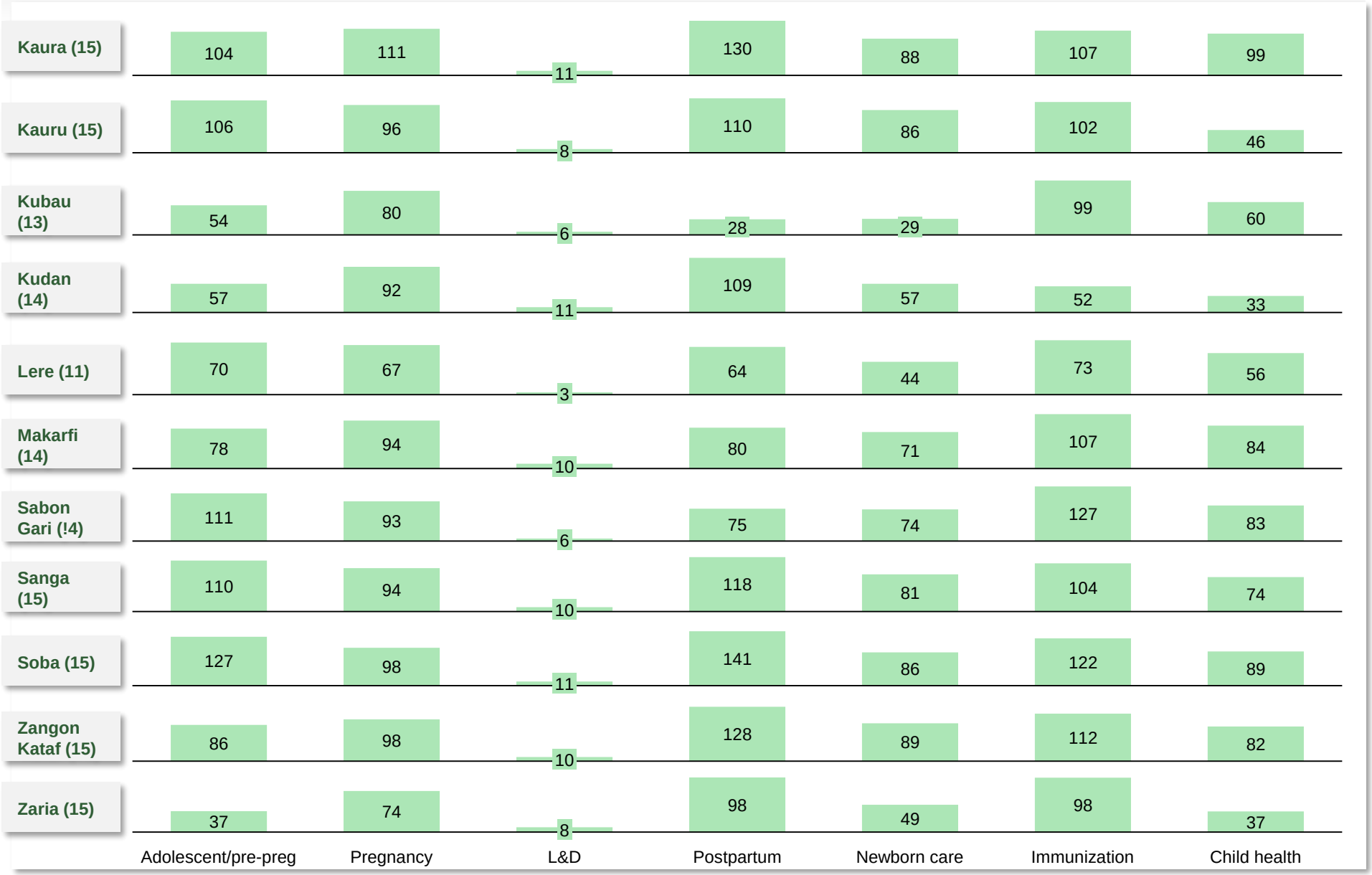
LGA performance across the interventions, Adolescent, Maternal and Child Health *(#) (xx):Number of HFs visited*



Source: PHC ISS analysis, Team analysis

Further deep-dives into the LGA results revealed varying levels of performance across the interventions (6/6)

LGA performance across the interventions, Adolescent, Maternal and Child Health *(#) (xx):Number of HFs visited*



Source: PHC ISS analysis, Team analysis

Potential successes of the revised supervision strategy

Potential successes

- Improved service delivery across PHC programs
- Improved opportunities for collaboration with stakeholders
- Effective use of resources
- Improved accountability of supervisors as well as health facility staff
- Improved visibility into the performance of programs

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Summary

1. ISS is focused on the integration of supervision for all PHC programs based on the MSP requirement
2. The ISS team comprises of state supervisors from all MDAs, zonal supervisors, LG supervisors
3. At least 6 people make up a quarterly supervision team and 3 people make up weekly LGA and Zonal level
4. A harmonized ISS ODK tool is administered during each visit
5. OJCB and follow up remedial actions are decided upon
6. M&E accountability framework is yet to be finalized

Source: M&E and SCIDaR team analysis, Kaduna SPHCB

Back up

KIIs questionnaire (1/2)

Questions	Responses
What is the Routine Integrated supportive supervision?	It is a weekly and/or monthly supervisory visits conducted by LGHA team (weekly) and Zonal/state teams (monthly), this was initially conducted for routine immunization but currently conducted as an integrated program approach. This will enable weekly checks and monthly checks of program for both performance and quality. Based on this approach it has been harmonized into the ISS ODK platform
What is the Integrated supportive supervision?	This is a quarterly supportive supervision based on program intervention and on the job capacity building, which involves senior program officers and mid level program officer, moving as a team to interact with the frontline health managers/workers, with the focus to motivate them for quality of service/intervention provision
What systems exist to monitor the effective implementation of the intervention (to ensure the objectives of the RISS and ISS are met, rewards, sanctions for defaulters)	Data managers at the backend, follow up calls, presentation to executives for action (rewards and sanctions), feedback system
What is the difference between the Routine Integrated Supportive Supervision and Integrated Supportive Supervision?	RISS is conducted weekly by 3 people per team in division of 8 teams within an LGHA (total of 24 per LGHA) and monthly by 2 people (1 from state and 1 from zone as supervisors) with the 24 LGHA team members, while ISS is conducted quarterly by a team of program officers from state and zone, alongside 9 LGHA program officers in each LGHA
Is ISS replacing RISS?	Not at all, they still exist with different focus though have been merged into one approach/tool with a selection mode for quarterly (ISS) or weekly/monthly (RISS)
What is the scope of the RISS (and ISS LGAs, Wards, HFs)?	While the RISS focuses on PHC HFs (both public and private - both outreach and fixed sessions), LGHA, the ISS focuses on both PHC, Private and public HFs and Secondary health facilities
Who is responsible for conducting RISS and ISS	▪ RISS: State, Zone, Partners and LGA teams ▪ ISS: State MDAs, Zone, LGA team and Partners
Who are stakeholders and major decision makers of RISS & ISS	State MDAS, Zone and LGA team

SOURCE:KIIs with RISS coordinators/M&E working group members

KIIs questionnaire (2/2)

Questions	Responses
What is the frequency of the RISS & ISS?	▪ RISS: Weekly and monthly ▪ ISS: Quarterly
What tools and reporting platforms will be utilized in RISS & ISS?	▪ RISS: Integrated ODK checklist, flowchart ▪ ISS: Integrated ODK checklist
How will data flow (from generation through analysis to reporting and informed decision making	From Health Facility to ODK server and analysis is done by RISS coordinator, feedback to SERICC and LGA Health department /Health Facility
Is RISS embedded in ISS, if yes how and if no, what are the plans to integrate RISS into ISS and what components will be integrated?	Yes, the RISS reporting tool (ODK) is embedded in the ISS tool with focus on immunization and other PHC services being integrated
What documents will be utilized in validating conduct of visits and retiring expenses?	Flowchart, Retirement form, ODK submitted in servers and attendance list for RISS
What are the challenges with implementing RISS & ISS	• RISS: delayed payment of LGA team for the conduct of previous month's RISS from January to date due to non approval of RISS in the SPHCB No Objection ▪ ISS: require large funding, sustainability of funding
What are the proposed recommendations to address the challenges of RISS & ISS?	▪ RISS: Approval of RISS workplan and payment for RISS conduct by the stakeholders ▪ ISS: increase funding to suit scope/intended structure

SOURCE:KIIs with RISS/M&E working group members