![Chemonics - Development works here.]

GUIDANCE ON REMOTE SUPPORTIVE SUPERVISION DURING COVID-19

Background

Chemonics developed this guidance to support field teams and advise local stakeholders on how to conduct remote supportive supervision when in-person visits are not possible due to the coronavirus pandemic.

This guidance is intended for the following staff:

- **Supervisors:** health service delivery/supply chain implementing partners; national, regional, or district health and/or supply chain managers
- **Supervisees:** frontline health workers, pharmacists, supply chain workforce, and community-based health workers. The supervisee workplace or site includes public and private sector health facilities, hospitals, clinics, medical stores, pharmacies, and other health sites in urban and rural locations

> **Supportive supervision** is a process of helping staff to continuously improve their own work performance. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits to improve knowledge and skills of health staff.
>
> - It encourages open, two-way communication and builds team approaches that facilitate problem-solving.
> - It focuses on monitoring performance toward goals and using data for decision-making.
> - It depends on regular follow-up with staff to ensure that new tasks are being implemented correctly. (*WHO, 2004*)

Goals, Considerations, and Recommendations for Remote Supportive Supervision

GOAL #1: Ensure supervisees' safety and well-being
Considerations

- In addition to the physical and biochemical occupational safety and health challenges, supervisees may face psychological risk from fear, stigma, burnout, trauma, and witnessing high death rates in their workplace, including the potential loss of their colleagues' lives.
- Interprofessional and team dynamics need to be established or supported according to changes in staffing configurations — such as surge staffing and absenteeism because of infections or illness — as well as the role of additional COVID-19 task forces' engaging and exerting authority across the health system. Gender dynamics should be assessed to keep supervisees safe and effective.

Recommendations

- **Assess workplace safety** using the COVID-19 infection prevention and control standard precautions (see for long-term care facilities). Digitize checklists so that supervisees may complete them and supervisors may review. If digital checklists are not an option, supervisors may complete checklists with the supervisee by phone. Assess health worker COVID-19 risk and exposure. Identify and implement no-or low-touch service modifications.
- **Respond or follow up on broader health systems gaps that put supervisees at risk** on the job, especially in terms of personal protective equipment; access to adequate water, sanitation, and hygiene; alcohol-based hand rub; medicines; equipment; and other supplies.

- **Communicate and consult with health and supply chain workers using existing technologies and connectivity** through telephone, text messages, WhatsApp, Viber, Skype, or other means. If a database of site or supervisee contact information is available, contact each directly. Discuss the site and supervisee's specific priorities. Ask open-ended questions on how you can support them, then listen and take note, acting on or referring needs to appropriate authorities.

GOAL #2: Prevent, detect, and respond to COVID-19
Considerations

- Health workers should feel confident and safe performing their work while ensuring that their skills align with the national response strategy.
- Some sites are more adversely affected than others.

Recommendations

- **Deliver priority COVID-19 resources for skills building via eLearning.** Refer to [WHO technical guidance](#), [WHO Academy app for COVID-19](#) for mobile access to the latest resources, and national guidance.
- **Reinforce COVID-19 competencies** through immediate post-training follow up to narrow the "know-do" gap. For standard COVID-19 trainings, such as IPC, encourage virtual support to interprofessional post-training sessions.
- **Prioritize support where COVID-19 cases are suspected or confirmed**. Review most recent COVID-19 epidemiological data to identify priority sites: those in COVID-19 hotspots (often urban), and designated referral hospitals.

GOAL #3: Ensure the continuity and quality of essential services
Considerations

- Community trust in health facilities may be diminished, and fewer people may seek care due to fear or increased costs and barriers to reaching a facility. There is evidence that health system inequities are exacerbated in a crisis; vulnerable populations and minorities experience more adverse effects due to factors that include social determinants of health.
- Gender-based violence and child abuse are reported to increase during quarantine.
- Many promotive and preventive health services, including immunization campaigns, are being postponed due to COVID-19.

Recommendations

- **Prioritize support to lowest-performing sites.** Review available routine health systems information data streams, such as service delivery volumes, key performance indicators, previous supervision visit records, human resource information systems, and training records.
- **Leverage the 360-degree performance review,** including peer-to-peer support and feedback from community groups, local health committees, traditional authorities, professional associations, councils, and other networks, such as franchises.
- **Evaluate, communicate, and follow up on issues and needs beyond supervisory capacity to appropriate authorities** such as local government, traditional authorities, ministries of finance, or private sector partners. Such needs may include improved access to water, sanitation, and hygiene; regular remuneration; transportation of supervisees and/or supplies and medicines; or community support.
- **Maintain documentation, protocols, and communication for remote supervision as with in-person visits.** Follow the same calendar as for routine in-person visits so that all parties may prepare, but also

allow for informal, impromptu communication. Continue using nationally endorsed supervision checklists and documentation whenever possible to measure and act upon the quality of services.

CASE STUDY: Using Remote Supportive Supervision to Assist Supply Chain Professionals in Mozambique

Faced with two challenges, cyclones and COVID-19, Mozambican personnel's movements were restricted, so they were unable to provide in-person supervision visits. In response, the USAID Global Health Supply Chain Program‑Procurement and Supply Management (GHSC-PSM) project developed an innovative and responsive remote supportive supervision system across 1,100 sites in Mozambique. Beginning in provinces with reported COVID-19 cases — Maputo, Cabo Delgado, and Nampula — Provincial Medical Store (DPM) managers remotely supervised supply chain professionals at 24 sites in three districts with oversight from GHSC-PSM's provincial advisors. With several goals — 1) provide technical assistance; 2) improve pharmaceutical commodity management support; 3) ensure adequate supply of products for HIV/AIDS; tuberculosis; maternal, newborn and child health; family planning; and nutrition; and 4) reduce waste — the supervisors focused on updating and synchronizing data from the national health commodity logistics information systems and electronic logistics management information systems, SIMAM and SIGLUS.

Preparation

- The project held remote training for logistics professionals from health units and DPMs on the use of remote collaboration tools (TeamViewer, UltraViewer, Microsoft Teams, and others) to facilitate data review and to develop action items and implementation plans.
- In April 2020, the remote supportive supervision model was tested and improved in Maputo. In May 2020, it was piloted at 24 sites in Maputo, Nacarôa (Nampula province), and Nhamatanda (Sofala province).

Approach

- Remote supportive supervision must be conducted by any DPM technician, with the direct support of the GHSC-PSM advisor, visiting at least eight health units in the same district per month.
- Supervisors and supervisees have the flexibility to communicate, share information, and extract data using TeamViewer, UltraViewer, Microsoft Teams, WhatsApp, VideoCall, and/or a normal phone call.
- Standardized reports must be a maximum of three pages, include SIMAM backup/update data and SIGLUS synchronization data, and shared through email or WhatsApp within the DPM (supervisors) and Health Provincial Directorate no later than three days after the visit. As of May 2020, data indicate that 66 percent (1,047 of 1,580 sites) are actively reporting logistics information to SIGLUS, with a target of achieving coverage in 1,200 sites by the end of FY20. This represents roughly more than 75 percent of all public health facilities in the country.

Preliminary Results

- By reviewing data from information systems, supervisors captured commodity stock levels at the provincial and service delivery points and could easily identify problems, document observations, and deliver and follow up on recommendations and action items. Remote supportive supervision reports will be discussed with the Health Provincial Directorate to validate the action plans.
- Supervisors have remarked that supervisees appreciate the remote supportive supervision approach and that it helps support and motivate them.

Example of a remote supportive supervision report, including standard performance dashboards and narrative for problems, recommendations, and action items.

Lessons Learned

- Training the end users is a top priority because the system's success depends on users' utilizing software features to their potential and enabling relevant and meaningful data collection.
- When supervisors and supervisees use data and visualize the stock status together, supply chain management improvements can be made remotely.
- Remote supportive supervision still motivates the staff remotely and provides moral and technical support when in-person visits are not possible.
- SIGLUS synchronization, delayed product entry, and internet connectivity were the greatest challenges.