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Improving supervision practices in resource-limited settings: Opportunities to sustain short-term gains from external technical support

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1. Introduction

Proficient immunization personnel are an essential component of effective immunization systems in low- and middle-income countries (LMICs) [1]. And, improved quality of supervision through use of tools such as checklists, job aids, guidelines, and mobile technology has potential to enhance health care and improve health worker performance [2]. Supportive supervision is “*a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources – promoting high standards, teamwork, and better two-way communication*” [3]. Health care workers who were provided with direct, targeted supportive supervision have demonstrated improved performance, technical knowledge, and workplace coping skills [4]. Building immunization capacity and strengthening supportive supervision are some of the main goals of the 2011–2020 Global Vaccine Action Plan (GVAP) developed by the World Health Organization (WHO) [1].

2. Global Donors and Immunization Workforce Development Efforts

In recent years, the global immunization donor community has emphasized the importance of immunization workforce development and has allocated considerable financial resources to this purpose; many Health System Strengthening (HSS) grants from The Vaccine Alliance (Gavi), include activities aimed at improving supervision and capacity development [5]. Furthermore, Gavi-supported Targeted Country Assistance (TCA) efforts frequently support immunization capacity building and supervision activities [6]. Organizations and

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agencies such as the WHO, United Nations Children’s Fund (UNICEF), and the United States Centers for Disease Control and Prevention (CDC) are also engaged in activities to strengthen the immunization workforce and supportive supervision in LMICs. In partnership with the Bill & Melinda Gates Foundation (BMGF), CDC undertook an immunization workforce development project in selected LMICs to strengthen supportive supervision skills among mid-level managers named Strengthening Technical Assistance for Routine Immunization Training (START) [7]. In this commentary, we describe our experiences and lessons learned from the START project in the context of sustainable workforce development in LMICs.

3. The Strengthening Technical Assistance for Routine Immunization Training (START) Project: An Overview

Between July 2013 and February 2019, CDC conducted the START project, an immunization capacity building effort using supportive supervision techniques and adult learning methods in Ethiopia, Indonesia, Kenya, and Uganda with funding from BMGF. The objective of the START project was to strengthen routine immunization systems by building capacity of district- and health facility-level personnel at selected under-performing health facilities through on-the-job training (OJT) and repeated mentoring visits. Consultants with previous immunization experience were recruited from a pool of applicants, trained for one to two weeks, and then deployed to selected districts and health facilities to conduct mentoring and OJT in collaboration with mid-level immunization officers for an implementation period of six months to two years. In Uganda, Kenya, and Indonesia, teams of four to thirteen consultants worked in assigned districts and health facilities for six to nine months and were redeployed to new districts and health facilities after the implementation period ended, for a total of one and a half to two and a half years. In Ethiopia, one team of ten consultants was deployed to the same districts and health facilities for an implementation period of two years. Consultants conducted repeat visits to districts and health centers to reinforce learning and support application of learned skills. Implementation of the project was routinely monitored using consultants’ daily activity reports while project performance was monitored using pre- and post-implementation assessments of key immunization performance indicators, as well as interviews with START consultants. In total, the START project reached approximately 310 districts and 2,464 health facilities across the four countries from July 2013 to February 2019.

4. START Project Accomplishments

Based on our project monitoring data, strengthening supportive supervision practices among district immunization staff and operational level health workers yielded a positive short-term performance change across indicators in the target countries. Positive outputs were observed in all performance areas, namely immunization microplanning, updating vaccination monitoring charts, vaccine forecasting, use of the Reaching Every District (RED) prioritization tool, and immunization defaulter tracking [7,8]. For example, at district level, the availability of updated micro-plan was seen at 13.8% of the project districts at baseline and this rose to 79.3% by the end of the project. At health facility level, the

availability of up-to-date vaccination coverage monitoring chart increased from 48.4% to 97.8% by the end of the project. Furthermore, START consultants reported the project helped improve district immunization officers' supportive supervision techniques, as well as frequency of supportive supervisory visits. Overall, staff at all levels recognized the benefits of strengthening supportive supervision and were eager to continue practicing the principles of the START project after its completion. Some local managers in Kenya and Indonesia indicated an interest in exploring efforts to maintain supportive supervision visits after the START project phased out.

5. Project Feedback from National Stakeholders

Upon completion of the START project, we sent a short email survey to key national-level stakeholders, including immunization program managers and immunization officers who were the main counterparts for the project in Ethiopia, Indonesia, Kenya, and Uganda about the most critical needs for the health workforce in their respective country, current efforts to address them, and their desired roles of partner agencies to support workforce development going forward. Three of the four countries noted a shortage of health workers, inadequate job skills, and high staff turnover as key challenges in the health workforce. Two countries also reported multi-tasking or task-shifting of staff as a challenge when countries use an integrated approach to health service delivery. Current efforts by countries to address health workforce needs included various training activities (e.g. training of trainers, training for new vaccine introduction, mid-level management training), staff recruitment, and routine or targeted supervisory visits.

Regarding the roles of partners, while all countries indicated the need for external support on capacity building, in-country experts also wished for active engagement of external partners on advocacy to help secure needed resources for national and sub-national immunization programs. This suggests a need for active engagement of external partners on countries' efforts to improve financial sustainability of immunization programs. This may also suggest a need to assist countries in evidence-based message development for countries' effective program advocacy. Furthermore, considering that partner-designed interventions often come with project-specific activity schedules and procedures (e.g. supervision), country experts stressed the importance of and need for partner-funded activities to follow government standards and guidelines. For example, while standard frequencies for supervisory visits may be once a month or once per quarter depending on government guidelines or budget availability, START was designed and financed to conduct more frequent visits, which may not be sustainable once the project implementation was over. For partner-supported projects aimed to change systemic processes and human behavior, such as START, they said it would be important to have long-term partner support to help facilitate the intended changes. One expert in Kenya said, "Include discussion of sustainability of practices from the beginning and provide suggestions for how this can be done by county and sub-county teams. Counties understand the local political, social and cultural environments where scaling up will take place and have the ability to identify and generate some of the needed resources." This expert also stressed the importance of "clearly articulated expectations from the national program that the new practices should be adopted and used at all levels is very key to sustaining a new practice."

6. Sustainability of Short-Term Achievements: Opportunities for Long-Term Success

Based on information collected from stakeholders externally funded and implemented projects like START may have a greater chance at long-term sustainability of project goals and achievements if projects are designed in collaboration with local leaders using a strategic approach considering local policies and practices (email correspondence with key informants). Greatest impact may be obtained when this approach is incorporated early in the project planning process and based on existing evidence, the legal framework, and general practices of national and sub-national governments as well as lessons learned from START and similar projects. Often, technical support projects are designed without concrete long-term sustainability as a core element, are predominantly donor-funded, resource-intensive, and create parallel systems that cannot be supported without external technical assistance [3,9]. While the START project is one of few interventions focusing on improving supportive supervision practices at local levels, questions of sustainability remain

Several key elements can be considered to capitalize on short-term improvements of supportive supervision projects and ensure long-term sustainability. Findings of this project showed, that prior to launching such an initiative, it is informative to work with the Ministry of Health to conduct a thorough review of existing human resource policies, a landscape analysis of past and current supervision-related interventions by government programs and external partners, and an exhaustive review of existing supportive supervision materials (such as training curricula, checklists, monitoring and data management tools). Such an exercise can help identify existing efforts with similar goals, their outputs and lessons learned, and if they are measured appropriately. Furthermore, sustainability has been shown to improve when there is a clear understanding of the status and context of supervision in the target country and a strong unified vision for immunization capacity building among national government, donors, and technical partners providing support [3,9]. Long-term sustainability has been shown to improve when intrinsic enabling factors are present, such as supportive policies, financial resources, and a contextual environment conducive to prioritizing supportive supervision and building on the momentum created by time-limited projects [3]. Supervision interventions as an essential component of health system strengthening activities, can facilitate long-term sustainability of site visits used to mentor and support health workers, and provide a measurable impact on immunization coverage [10]. Such comprehensive changes would likely be most effective with government commitment including complete buy-in of health staff at all levels, and possibly technical assistance from partner agencies over many years.

7. Conclusion

Our project demonstrated that supervision visits focusing on staff mentoring can yield a positive short-term performance change among immunization staff. It also highlighted opportunities for close engagement of national and sub-national leaders to facilitate systemic behavior change and a long-term benefit from an externally supported capacity building project. External efforts for health workforce development in resource-limited settings

would likely have long lasting impact with an agreed upon long-term vision with national governments, clearly articulated and communicated roles and responsibilities of all key stakeholders, and continued government engagement and ownership.

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