

Supportive Supervision for Mid level health workers in rural Nepal

April 2016

Project Summary

Project Objectives:

- To describe systems of supportive supervision for mid level health workers and explore their feasibility in the context of Nepalese health system

Specific Objectives:

- To conduct a realist review of the national, international, grey and academic literature about what works to provide supportive supervision, develop theory around how interventions work and identify potentially effective interventions for Nepal
- To describe current systems of supervision for mid-level health workers, and explore how they could be improved to support mid-level health workers
- To learn from national pilot projects that aim to support mid-level health workers
- To explore how a lack of supportive supervision of mid-level health workers affects health service provision and quality of care
- To explore how mid-level health workers prefer to be supervised, and how district managers and central level stakeholders envisage supporting mid-level health workers better
- To explore the management needs of different mid-level cadres, and different genders of health worker in consideration of intervention development.
- To investigate what tools and training would be required to better support mid-levels and what systems changes would need to occur for supportive supervision to be developed.

Background

Shifting tasks to mid level health workers has been recommended as an effective strategy to provide care in rural and remote areas where it is difficult to recruit and retain doctors and specialists (WHO, 2008). But this strategy may only be effective if mid level health workers are provided with supportive supervision systems.

Clinical supervision is important to maintain and update knowledge and skills, and emotional and logistical support is needed to respond to individual and contextual concerns. A commanding style of supervision, which is focused on task completion, is not as productive as relational leadership. Health workers may respond better if their supervisor is aware of their emotional needs, and they build trust through listening, empathy and responding to individual concerns (Cummings et al. 2010).

Action research for supportive supervision in Nepal

HERD International and the Institute of Global Health, University College London have received funds from the UK Medical Research Council to develop an intervention in collaboration with the Government of Nepal which improves the support and supervision of mid level health workers in rural areas. This is a five step process:

Step 1 - Reviewing supportive supervision systems nationally and internationally

We will conduct a realist review of the international literature to understand what works and how it works in supervision of mid level health workers. We will interview international and national experts in Nepal who have implemented supportive supervision systems for mid level health workers to learn and document their experience.

Step 2 – Convening a Technical Advisory Group

We will work with a technical advisory group convened by the Government of Nepal, Ministry of Health and Department of Health Services, made-up of government experts and implementing partners. The advisory group will work with us to describe and critique existing supervision systems, and review alternate systems of support. They will advise on the research gaps and advise the research process.

Step 3 – Field Research with District Managers and Mid level health Workers

We will conduct research in 3 diverse districts: one large, one small, and one mountainous. We will interview mid level health workers to explore their perspectives on supportive supervision, and their experience of being supervised. We will also interview district and regional managers to understand the challenges they face and discuss potential interventions.

Step 4 – Prioritising and designing interventions

We will bring together what we have learned and present this in a workshop with policy makers, programme implementers and district level stakeholders. At least one intervention will be chosen as being feasible to implement in this context. The TAG and researchers will design the detail of the intervention, design a study methodology to evaluate its' impact and also provide information on the cost of the intervention.

Step 5 – Final dissemination of intervention and evaluation methodology

We will present the intervention and study design at a dissemination meeting co-ordinated by the TAG. At this meeting we will also discuss future funding opportunities to pilot and evaluate the intervention.

