Improving the quality of Health Surveillance Assistant management through block supervision in Malawi

- Limited financial resources hinder the supervision of health workers in Malawi. This is also a challenge for Health Surveillance Assistants (HSAs) in the community
- Block supervision – where a group of health workers regularly meet and monitor each other's progress – ensures that supervision is more frequent, and enhances work planning, evaluation and motivation of HSAs
- Given that the strategy outlined in this brief was only tested on a small scale in two districts, the Malawi Ministry of Health should consider further testing of the model and roll it nationally should the test results prove promising

Supervision of HSAs is key to ensuring quality health services. Evidence shows that adequate supervision of Community Health Workers (CHWs) ensures that they have clearly defined roles, are motivated, and eventually perform well in their duties. It has also been argued that supervision provides legitimacy to the work of CHWs in the eyes of the other health workers, the communities they serve, and the CHWs themselves. While the advantages of adequate and supportive supervision are known, supervision is often lacking, inadequate, and of poor quality.

In Malawi, there are constraints on the supervision of HSAs due to human resource shortages and lack of financial resources. Often supervisors do not go to supervisions due to transportation problems and heavy workloads. This leaves HSAs with long periods when they do not meet their supervisors for mentorship and problem solving. As a result, HSAs do not plan their monthly schedules and are not consistent in the provision of services to communities in their catchment areas. Irregular and unsupportive supervision contributes to low motivation, low job satisfaction, and poor performance among HSAs.

The new Malawi Community Health Strategy, launched in 2017, indicates that a lack of significant non-salary incentives across multiple CHW cadres – such as housing, transport, performance-based incentives, and limited career paths - sometimes result in demotivation. The strategy has therefore prioritized strengthening of supervision of HSAs and suggests that supervision must be integrated with clearly defined roles and responsibilities and should consist of clinical mentoring, performance management and appraisal, and supportive supervision. In line with this, innovations to promote the supervision of HSAs need to be tried, tested, and adopted where they support the priorities of the strategy.

Health Surveillance Assistants

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The intervention

In 2015-2016 block supervision of HSAs was introduced in Mchinji and Salima by the REACH Trust to improve the quality of work done by HSAs. It included the following components:

- Training of peer supervisors, also known as block leaders (mostly senior HSAs)
- The creation of supervision blocks with four to six HSAs grouped together under the leadership of a block leader, who met once a month to plan and evaluate their work
- Training of centre supervisors, who led monthly meetings attended by all blocks within the catchment area. During these group supervision meetings, progress was tracked against planned actions and problems and possible solutions were identified
- Introduction of performance appraisal. HSAs were asked to fill in and submit self-assessment forms to the block leader. The block leader then assessed all HSAs, before handing over to the centre supervisor. The supervisor assessed progress against set criteria based on the self-assessments and issues that transpired in group supervision meetings
- Availability of work plans, submission of reports in time, availability of minutes for block meetings, and evidence of work evaluation were all used as criteria for assessing winning individuals and blocks. Winning individuals and blocks were rewarded at the end of one year. Prizes for individuals included back packs, raincoats and gumboots to aid then in their work. Winning blocks were given bicycles for their members to use in their work.
- HSAs and supervisors were provided with stationary to help them with the work planning and evaluation.

Assessing the intervention

The research objective was to measure the (self-reported) motivation and perceived supervision among HSAs in eight selected health centres catchment areas in Mchinji and Salima districts, over the period of QI cycle 1 and 2 (January 2015 – July 2017). We assessed the influence of the intervention on the motivation of HSAs in comparison to the baseline that was conducted at the beginning of the intervention. We administered a motivation questionnaire to 100 HSAs (50 in Mchinji and 50 in Salima) and followed those over four time points: in January 2015, November 2015, June 2016, and July 2017. After each round, motivated and de-motivated HSAs from both districts were selected for an in-depth interview. In these interviews, factors influencing (de) motivation were explored in-depth. Finally we also inspected their document folders to check the availability of work plans, work reports, and other documents. Those with more up to date documents scored more points.

A group supervision session

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What we found

- *Work planning among HSAs:*

Because supervision was a group activity, every HSA planned for the work they were to do in a month. HSAs felt accountable to their peers, so they could not afford to lag behind on having a work plan. HSAs also evaluated the work they did in a month against the work plan they had developed. This enabled them to (jointly) re-plan the work they did not manage to accomplish in the preceding month.

"[T]he supervision changed. They are supportive...they are able to suggest how things should be done according to the environment of the community if they notice that there is an issue somewhere. The formulation of work plans also motivated us because you are able to check what you were able to do and what did not work and find out why some of the things you had planned failed, so...you try to do the work that had initially failed."

HSA Katawa

- *Coordination of activities in the HSA catchment areas:*

In the catchment areas of the intervention services were provided more equally because the work plans meant that coverage was assessed regularly and possible gaps were highlighted and attended to. HSAs with larger areas to cover were assisted by their peers.

"When I have an under-five clinic day in my catchment area some of my colleagues come from the facility to help me and so I feel that is the support that I get from them. I am motivated when they come to help me out during my under-five clinic sessions."

HSA Chioshya

- *Frequency of supervision:*

It became easier to supervise HSAs because in one block supervision session four to six HSAs discussed successes and challenges with their block leader and peers. This meant that problems could be solved by the group and work became easier for the HSAs. It was reported that 520 block and 486 monthly group supervision meetings were conducted within a 10-month period;

Award ceremony

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50% and 79% respectively of the expected number of meetings. Centre supervisors experienced a decreased workload because of this arrangement.

"This is very helpful, I no longer work to collect reports from 26 HSAs, and instead, I deal with reports from five blocks. Division of labour has really taken place".

Centre supervisor (Senior HSA) Mchinji

- *Motivation of HSAs:*

The HSAs reported an increase in motivation because of the constant supervision and assistance from peers. The motivation also arose from the performance appraisal component. However, in some areas the competition and subsequent awards led to demotivation, because HSAs felt that they were not well enough briefed about the appraisal criteria. This was related to the fact that the self-assessment forms were seldom used. In addition to awards, verbal recognitions of good performance of HSAs by the block and centre supervisors during the group and block supervision meetings motivated the HSAs.

"I have been in contact with REACH Trust for the past two years...They introduced the block system which motivated us. Some of us were trained about the block system but I was not one of them. We then selected block leaders. We have block A, B and C... we have meetings where we discuss what needs to be done, what we have done and what we have failed. We also discuss what needs to be done on the work which we have failed or the work which did not go well. All this is guided by the work plans that we have...I feel that being a part of a group is a great thing because that's how you learn from each other. As a matter of fact, I want to congratulate the one who suggested the block system because a lot of things have improved. Our coverage has improved because we encourage one another. We have block leaders who approach each one of us with love to encourage us to do better or to enquire why we were not present at a certain meeting."

HSA Chitala

- *Organisational commitment:*

From the motivation questionnaire survey it was observed that the organisational commitment of the HSAs increased from a mean of 4.21 (sd .57) at the start of the intervention to a mean of 4.42 (sd .55) towards the end of the intervention because of the supportive supervision that was offered.

Conclusion

Block supervision is a promising strategy for enhancing performance of HSAs in the constrained Malawian health system. It promotes work planning and work review, enables better coordination of activities and programmes, increases supervision frequency, reduces the workload of the center supervisors and increases motivation of HSAs. The Malawi health sector should consider adopting this approach as it would ensure that communities are better served by the HSAs.

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