Peer and group supervision for improving motivation and performance of Health Surveillance Assistants: Lessons from a quality improvement intervention in rural Malawi

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Community Health Workers (CHWs) are key to both resilient and responsive health systems. Health Surveillance Assistants (HSAs) in Malawi are the core cadre extending health services to communities. Their performance is hindered by poor supervision, which tends to be irregular and unsupportive.

To improve these supervision related challenges, we piloted an innovative peer and group supervision approach in hard to reach areas in two districts in Malawi. The peer supervision involved block leaders (often senior HSAs) meeting fortnightly with small groups of HSAs. This was combined with monthly larger group supervision meetings at the health centre level. All supervisors were trained in supportive supervision approaches including providing feedback, mentorship and problem solving. In addition, a performance appraisal system at the block level was introduced. We assessed the perceptions of stakeholders involved on the impact of the intervention on motivation and performance of HSAs.

Community constructed bridge in hard-to-reach areas - a woman walking to a health facility for care

METHODS

A range of qualitative methods were used to assess the impact: a programme assessment tool, in-depth interviews with HSAs and their supervisors; focus group discussions with community representatives; and key informant interviews with health system managers and professional health workers.

All qualitative data were recorded, transcribed, translated, coded and thematically analysed.

RESULTS?

Frequency of supervision

The peer and group supervision brought improvement in frequency of supervision. 520 peer supervision meetings and 486 monthly group supervision meetings were conducted compared to none before the intervention. 16 health facilities participated in the intervention (8 per district), 1040 peer supervision meetings and 618 monthly group supervision meetings were supposed to take place:

"REACH Trust identified a few HSAs who were trained in supervision and they are helping with supervision of blocks and we are seeing some changes in supervision. The supervision is becoming more frequent."
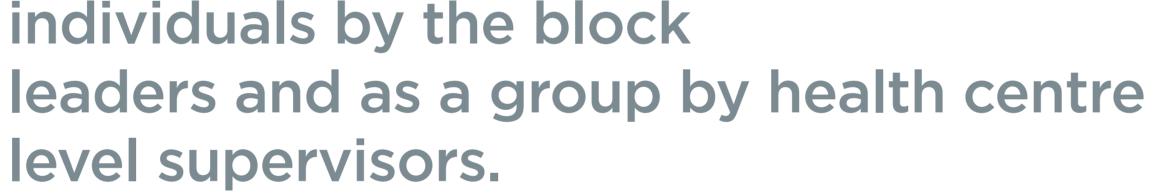Male HSA Salima Mal

"We meet maybe 6 HSAs per block… This system is good because we are having ownership and becoming accountable to what we are doing unlike in the past."
Male HSA Mchinji

Team Spirit among HSAs

HSAs perceived the 'block model' to be the most supportive as it enabled a good working environment and promoted team work as their performance was assessed both as individuals by the block leaders and as a group by health centre level supervisors.

A team of HSAs conducting peer supervision meeting

"It has brought about team work because the problem that was there was that we all used to work individually but now we work as a team and therefore work is easier."
Female HSA Mchinji

"We are lucky that we have been organised into a cluster or a block in our area. We work equally. When a job is too involving for one person to do, we go together as a team to the area of one person and do the job as a team… In this way, the job is not as cumbersome."
Male HSA Salima

Commitment and accountability

HSAs felt block leaders and Senior HSAs were better empowered in providing supportive supervision compared to district level supervisors and that supervision from cluster and district-level supervisors had dwindled. The new model of supervision was seen as leading to work undertaken with commitment and accountability:

"We meet maybe 6 HSAs per block… This system is good because we are having ownership and becoming accountable to what we are doing unlike in the past."
Male HSA Mchinji

Strengthened planning and organisation

HSAs perceived that the group supervision approach helped in proper planning. It also promoted feedback:

Best performing block members with their awards

"If you have planned your work the wrong way, the supervisor may come and correct you so if what he says makes sense you can take it and use it."
Female HSA Salima

Problem Solving

Peer supervision played an important role in motivating HSAs:

"To me, supervision is very important…, you would never complain if there is supervision… This has made our work much easier and improved. He already knows our problems and is able to provide solutions."
Female HSA Mchinji

Ongoing health systems challenges remained: HSAs reported that factors such as high workload, shortage of drugs, equipment and supplies, transport constraints contributed to demotivation:

"Lack of equipment can cause people to think you are not managing your work properly, because you can only work effectively if you have all the equipment… It affects us because we do not do the work as it was supposed to be done, so it discourages us from doing our best, and the community becomes deprived of some health services."
Female HSA-Salima

DISCUSSION AND CONCLUSION

Innovations in strategies to support CHWs are critical. In Malawi, group and peer supervision approaches are contributing towards supervision that is more supportive and promoting a stronger collective approach to work, with the potential to enhance both HSA motivation and performance. Simple checklists for performance appraisal of blocks of HSAs can contribute to this as well. However, for the approach to have more impact, supervision needs to occur at all levels (including district) level and be embedded in broader district health systems strengthening approaches.

REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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