"*Now we are talking of supportive supervision*": findings from an intervention to improve the quality of community health worker supervision in Kenya

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Supervision of community health workers– known as Community Health Volunteers (CHVs) in Kenya - contributes to good performance, motivation and retention in community health service delivery [1, 2]. Responsibility for delivering community health services is a responsibility of 47 semi-autonomous county governments. Inadequate supervision may be due to capacity gaps and lack of supervision tools [3-6]. REACHOUT in Kenya designed an intervention to train supervisors of CHVs on supportive supervision and provided supervision checklists.

METHODS

The intervention was implemented in 4 community units in Nairobi and Kitui Counties between April and December 2015. 48 Supervisors were trained on supportive supervision for 6 days - focusing on educative, administrative and supportive components, problem solving and advocacy using experiential and participatory approaches. The training manual was adopted from the Kenyan supportive supervision curriculum for community-level HIV service providers. Baseline data was collected before the training and 6 months using a mixed methods approach.

Table 1: Number of participants in the study at both baseline and 6 month follow-up

Data collection method	Objective	Sample size
Supervision tracking tool	Assess changes in frequency and approaches to supervision	29
In-depth Interviews	Explore perceptions, experiences, and motivation of providers and supervisors	23
Perceived supervision scale questionnaire	Understand relationship between perceived supportive supervision and motivational outcomes	51
Structured observation of supervision sessions	Assess how supervisors implemented the skills covered in the training	7 group supervision sessions

Qualitative and quantitative data were analyzed in Nvivo and SPSS, respectively.

RESULTS

1. Intervention positively changed supervision approaches

Following training, the focus of supervision sessions shifted from controlling and administrative approaches to coaching, mentorship and problem-solving. Supervisors and CHVs reported the use of dialogue during supervision after the intervention:

> *"Because then, we were using the orders, so instead of orders, it is dialogue, instead of forcing, it is agreeing. And also we do share, before we do anything, there must be something to talk about, so we do talk about and be in the same journey."*
>
> (CHV Team Leader, Nairobi_ Follow up IDI).

Figure 1 Group supervision session of CTC providers in Kenyan rural setting

2. Frequency of supervision did not improve after the intervention

There were mixed results in the frequency of supervision 6 months after implementation of the intervention. There was an apparent increase in reported group supervision in two of the home visits or spot-checks after the intervention. The lack of change may be attributed to numerous administrative changes that were happening as healthcare was being devolved to counties during the study period.

3. Relationship between supportive supervision and motivational outcomes of close-to-community providers

There was a moderate, positive relationship between perceived supportive supervision during the follow up phase and supervisees' community commitment (r=0.424, p=0.028) and conscientiousness (r=0.479, p=0.011) in Kitui county. This relationship was not statistically significant in Nairobi County. External factors such as transfer of supervisors in the study sites may have confounded these findings since close-to-community providers were not supervised for long periods of time.

CONCLUSION AND RECOMMENDATIONS

The supportive supervision intervention had a positive effect on the approach to supervision, helping supervisors shift from fault-finding to more supportive supervision. The relationship between the intervention and motivation of CHVs was not clear. Supervisors took up the skills that were imparted to them during the training and attributed these changes in approaches to supervision to the training they received. In view of these findings, authors recommend that County Health Departments recognize the vital role of supervision in achieving the goal of quality community health services. It is therefore important that as counties expand community health service coverage they also factor in recruitment of adequate numbers of supervisors, with logistical support and supplies for supervision in the annual county public expenditure estimates.

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