What is the “state of the art?”

About effectiveness of supervision in stable contexts…

• Tools need to be simple
• Competence, accuracy, supervision of SUPERVISORS is key
• Direct observation is a promising practice

• Planned but poorly executed supervision is worse than none at all
What “difficult contexts/”

• Program goal – Increase women’s access to family planning and post-abortion care in difficult contexts

• Program content – training and supervision to front-line primary care providers in family planning and post-abortion care initiative (also demands-side, supply chain, etc)

• Program context: Chad, eastern DRC, Mali, Pakistan, Djibouti; affected by natural disaster, active conflict, fragile state

November 23, 2015
What does success look like?

- # family planning users
- # post-abortion care cases

- % FP clients choosing long-acting family planning
- %PAC clients accepting PAC
- Infection prevention score from supervision checklist

**NOTE** – respectful care and clinical skills should be included – in a perfect world
What were the key elements of effective supervision?

- Community involvement in quality improvement
- Data-driven front-line management
- Regular supervisory visits
## Regular visits

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<thead>
<tr>
<th>Months</th>
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<th>2014</th>
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= Facilities

November 23, 2015
Community engagement, as essential supervision step
Quality Improvement – Method Mix

% Long Acting and Permanent Methods of All New Users

- CHD
- DJI
- DRC.
- MAL
- PAK

November 23, 2015
Quality Improvement – FP among PAC

% Post-Abortion Care Clients who Accepted Family Planning

Nov 23, 2015
Quality Improvement – Infection Prevention scores
The numbers to prove it

• 128,518 new FP users PAC services to 7,341 women, between July 2011 and December 2014

• 68% FP users chose LAPM (Up from virtually 0%)

• 59% PAC clients accepted FP

• Infection prevention scores (on a 1 – 10 scale) improved from below 8 to above 9.5

• Plus, data quality errors were virtually eliminated, and stock-outs reduced significantly in all countries.
In summary

- Regularly (not necessarily frequency) matters
- Include communities for mutual accountability
- Data motivates - Positive competition among stakeholders fuels emulation of effective techniques
- Supervision is a building block across health areas
- Supervision is “high investment” but front-line health workers without it wastes potential
- KISS
Thank you