

Title: “Redesigning Joint Integrated Supportive Supervision to Improve Quality of Health Care In Liberia”

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Context

- The Ministry of Health (MOH) of Liberia, in collaboration with stakeholders, has made significant progress in improving healthcare quality through several initiatives.
- Adoption of strategies and guidelines: The MOH has implemented important strategies and guidelines, such as the National Health Quality Strategy (NHQS) for the period 2017-2021 and the Essential Package of Health Services (EPHS).
- Enhancing healthcare worker capacity: The MOH has prioritized the development of healthcare workers by offering comprehensive training programs, mentoring, coaching, and other support mechanisms.
- Provision of tools: The MOH has provided resources such as the EPHS core standards and the Joint Integrated Supportive Supervision (JISS) tool to assess the quality of health services.
- Implementation of supportive supervision visits: The MOH has effectively conducted supportive supervision visits using the JISS tool, which involves multidisciplinary teams assessing various technical areas. The frequency of visits varies by level: district (100% of health facilities, monthly), county (75% of health facilities, quarterly), and national (25% of health facilities, biannually).
- Each JISS visit includes an entry meeting, post-supervision feedback, scorecards for health facilities, and the development of specific action plans.
- However, despite previous JISS implementation in Liberia, recurring gaps in healthcare quality have been consistently identified without significant improvement.

Activity Description

- The Ministry of Health's Health Care Quality Management Unit (HQMU), in collaboration with the USAID Strategic Technical Assistance for Health (STAIP), implemented various interventions:
- Collaborated with HQMU and USAID to finalize a Quality Improvement (QI) Orientation Package, which included course details, syllabus, agenda, presentations, and supporting documents.
 - Supported the printing and distribution of the NHQS for the period 2017-2021.
 - Conducted training for county and district-level supervisors in all counties on the revised JISS tool and quality management strategy.
 - Provided technical and logistical support for the quarterly implementation of JISS in supported counties.
 - Promoted the utilization of the electronic JISS tool on the DHIS2 platform for real-time data collection, enabling improved decision-making efficiency.
 - Facilitated dialogues to revamp the JISS approach in Liberia, aiming to achieve meaningful and sustainable improvements in the quality of care. Stakeholders were actively engaged in reflecting on the JISS process.

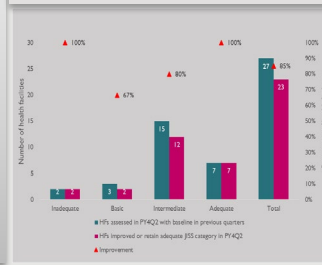
Activity Impact

- The comprehensive approach of in-person orientation, mandatory online courses, and moderated community of practice has yielded significant positive outcomes for the CHOs:
- Improved Leadership Capacity:** The orientation and training sessions have enhanced the CHOs' leadership capacity, enabling them to excel in co-creating activities with partners, providing effective oversight and monitoring, and ensuring efficient project implementation in their respective counties. They have acquired the necessary skills and knowledge to navigate complex health systems and effectively manage their teams.
 - Enhanced Efficiency and Effectiveness:** With their improved leadership capacity, the CHOs have streamlined processes, made informed decisions, and achieved greater efficiency and effectiveness in project implementation.
 - Delegation and Empowerment:** Notably, the CHOs have shown improved ability to delegate tasks and empower their staff. They recognize the importance of building a competent and motivated workforce within their counties. By effectively delegating responsibilities and empowering their team members, the CHOs have fostered a supportive and productive work environment. This approach boosts staff morale and enables the CHOs to focus on higher-level strategic activities, maximizing their impact.
 - Overall, the combination of in-person orientation, mandatory online courses, and moderated community of practice has significantly enhanced the leadership capacity of the CHOs. Their improved skills in project oversight, task delegation, and staff empowerment have resulted in more efficient and effective implementation of health initiatives in their counties.

Evidence

- During the second quarter of Program Year 4, 90% (162 out of 180) of the health facilities assessed in the eight Government-to-Government (G2G) counties displayed an improvement in their overall JISS scores. These facilities either moved up by at least one category or maintained the "adequate" category.
- In the four counties affected by malaria, 85% (23 out of 27) of the health facilities assessed showcased improvement in their overall JISS scores. They either moved up by one category or maintained the "adequate" category.

Proportion of health facilities by JISS performance across the 5 JISS clinical standards in 4 Malaria counties in PY4Q2



Facilitators

- The success of this approach was facilitated by several factors, including:
- Robust collaboration among the MOH, donors, the USAID, STAIP, and other stakeholders.
 - The presence of experienced and dedicated CHT, district, and health facility staff, supported by the leadership and management of the HQMU within the MOH.
 - The willingness of CHT supervisors to utilize their personal smartphones for the electronic JISS tool.
 - Continuous support from USAID, both in terms of technical assistance and financial resources, throughout the entire process.

Challenges

- The frequency of JISS visits at the national, county, and district levels requires significant resources and varies in implementation across different counties. However, global evidence does not support the current frequency of JISS visits. The current practice of quarterly visits for county health teams (CHTs) and monthly visits for district health teams (DHTs) is not sustainable or affordable, and it is not producing the desired results.
- The current emphasis of JISS visits is mainly on individual provider performance rather than encompassing facility-wide clinical governance or service readiness. This approach does not align with established global standards for facility supervision tools.
- Moreover, the current size of the JISS tool, which exceeds 100 pages, is impractical and does not lead to the desired outcomes.

Lessons Learned

- To improve the effectiveness of JISS visits and align with global evidence, it is recommended to reassess their frequency for long-term sustainability and enhanced healthcare quality.
- Instead of solely focusing on individual provider performance, the approach should be revised to encompass facility-wide clinical governance and service readiness, in line with established global best practices for facility supervision tools.
- To address persistent issues identified during JISS assessments, it is crucial to strengthen engagement with higher levels of authority and involve the community, ensuring a comprehensive approach to addressing common gaps.
- Compared to traditional paper-based tools, the eJISS is a cost-effective solution that eliminates printing costs, simplifies data completion, enables result visualization, and incorporates data quality measures. Thus, widespread adoption and scaling up of the eJISS approach are recommended.

