

Using Technology for Supportive Supervision for TB in Nigeria

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Background

- Nigeria is ranked 4th among the 22 high TB burden countries in the world
- There was need for strengthening supportive supervision (SS) to improve performance and treatment outcomes
- Nigeria was open to exploring new and innovative ways of strengthening supportive supervision.
- As a result, HS 20/20 in collaboration with the National TB program proposed an activity to revise SS program in Nigeria, focusing initially in 16 facilities in of 4 states (**Abia, Kano, Lagos, and Rivers**)

TB Supervision in Nigeria: Before Intervention

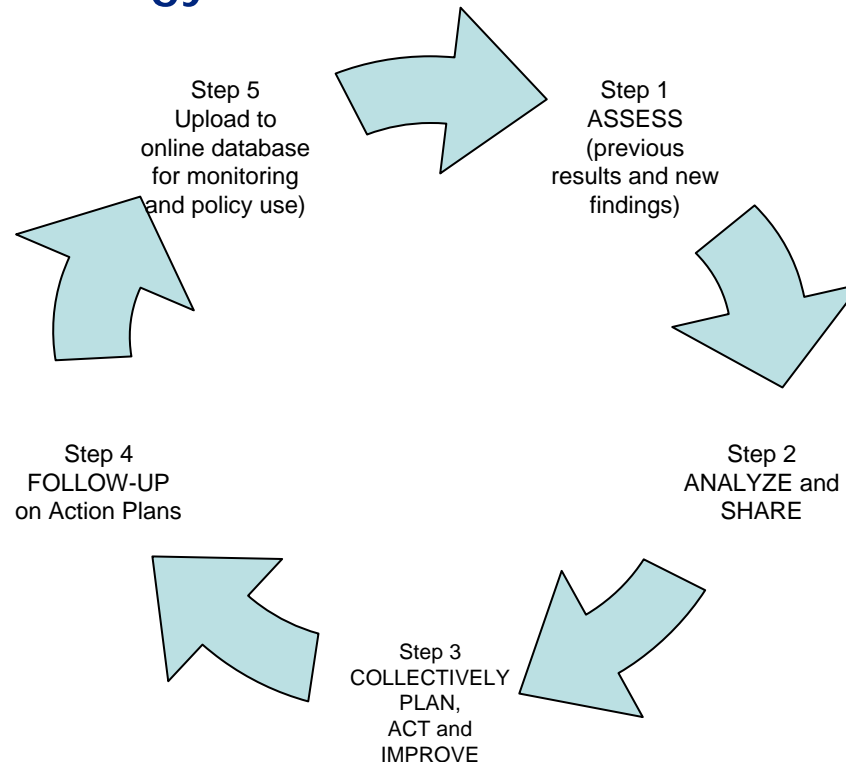
- Entirely paper-based (cumbersome)
- Each state using different paper-based checklists
- Results of paper-based data collection not available for immediate feedback and corrective action
- Checklists structured in a way that rapid review of results is not possible
- Data compiled quarterly at state-level meetings; data entry and analysis time consuming and prone to human error

Objective of the SS revision

- Move away from long paper-based checklists that do not support timely quality improvement at the facility
- Support the overall TB M&E
- Move toward supervision that concentrates on the performance of clinical tasks and resolution of problems experienced by the health worker, as well as to increase feedback from supervisors
- Introduce PDAs or Smartphones for data collection. The **purpose** of the shift is to improve the supervision, assessment and creation of action plans for quality improvement in facilities where TB is diagnosed and treated.

Our Approach and Process

- Execution of the supportive supervision process with the PDA follows this methodology:



It is critical to note that steps 1-3 happen while the supportive supervision team is on site at the facility. This process fostered collective action planning among all key stakeholders.

Methods

- Situation analysis
- Feedback to stakeholders
- Reviewed and updated the existing paper-based checklists (and consolidated them)
- 20 PDAs purchased for the initial implementation
- Consolidated checklist developed, programmed and loaded onto PDAs
- Supervisors trained on PDA use
- Data managers trained on programming and maintaining forms on PDAs
- 16 facilities selected for initial implementation; 4 in each of 4 states
- Supervision conducted with 2 rounds of data collection to pre-test the approach
- Reviewed the checklists and PDAs reprogrammed based on field experience

Opening of the TB SS Initial Training



During the training in Kaduna



Field Test after the training



Results: The System Now

- A reviewed and consolidated checklist now available
- SS tool using PDA now available
- Capacity built to program and update the checklist
- 20 supervisors in 4 states trained to use the consolidated checklist and PDAs
- Rapid review of critical indicators allows for immediate feedback and corrective action at the facility.
- Supports efficient data collection for TB/HIV M&E.
- Supervisors have noted both the ease of the tool for information collection purposes but also in highlighting corrective action. This allows for more time to be spent on problem solving.

Next Steps: Scale Up through Sept 2012

- Develop, launch and roll out online database
 - Provide online data aggregation for analyzing and disseminating data.
 - Provide quality control system for data; including online government approvals of data being published and used.
- Develop and implement change management processes for forms and database
 - Design and distribute new/updated forms to PDAs and working with the programmers to acquire these skills
 - Implement same survey updates to the online database structure

Next Steps cont'd....

- Expand the use of Smartphones in more facilities
 - Implement the new process in additional facilities so that at least 2, but up to 4 States are completely covered
 - Introduce the use of Smartphones vs PDAs
- Institutionalize capacity for training new supervisors and managing technological inputs
 - Interactive training materials being developed (CD-Rom)
 - Ongoing mentoring and support through scale up for Zaria trainers, supervisors, programmers and database managers

Lessons Learned: Keys for Success

- Strong in-country leadership to facilitate stakeholder buy-in
- Careful selection of technological inputs
- Don't rush— new systems and technologies take time to get right, start small and then build once the issues are resolved
- Incremental and planned scale up
- Strong programmers and database managers necessary
- Open-minded and flexible supervisors and facility managers needed
- Technology is sustainable with the right inputs in human resources and careful selection of hardware

Recap: Take home messages

- Supportive supervision is most effective in improving quality when it focuses on data-driven corrective action.
- Using carefully selected technology to support the supervision process can better identify areas of improvement and allow for the time needed to address these areas.
- Conducting supportive supervision with technology can improve health systems and outcomes over time.

Thank you

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