Strengthening Routine Supportive Supervision of Primary Healthcare in Tanzania through an Innovative Approach Using an Electronic Tool

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Introduction
Effective supportive supervision of healthcare services is crucial for improving and maintaining quality of healthcare. However, this can be challenging in an environment with chronic shortage of qualified human resources for health, overburdened healthcare providers, multiple roles of district managers, high doctor fragmentation and ineffective or inefficient allocation of limited financial resources. Thus, simple, timely, accurate and cost-effective solutions building on existing structures are required. Given these circumstances we systematically evaluated an approach developed in Tanzania to strengthen routine supportive supervision of primary healthcare providers through their Council Health Management Team (CHMT).

The e-TIQH approach
In a first step of this sequential approach a systematic assessment of quality of care was carried out in all health facilities within a council using the so called electronic tool for Improving Quality of Healthcare – in short e-TIQH. The CHMT formed the core of the assessment team, but to increase objectivity and reduce bias community representatives and healthcare providers from the public and private sector were also included. The assessment consisted of an immediate, constructive feedback to the healthcare providers and subsequent joint discussions about how to address the identified quality gaps. In a second step, an annual stakeholder meeting at council level was conducted to further discuss the findings and decide on ways forward. This then provided important inputs for the third step, the routine annual council health planning and budgeting process (Fig. 1).

Method
Mixed methods were used to compare the e-TIQH approach with routine supportive supervision. An economic costing analysis was carried out by conducting informal interviews with CHMT members and analyzing council documents in three out of eight intervention councils (Fig. 2). Cost of staff was estimated based on their salary and time spent. One time set-up cost and recurrent cost for one round of supportive supervision per quarter was calculated separately. Cost spanning multiple quarters were divided equally over the relevant time period. Qualitative data was collected through in-depth interviews, whereas observational data and informal personal exchanges recorded in a field notebook as well as materials collected during the field work complemented the data set. 24 interviews were done with purposefully selected respondents at council and health facility level in the same three districts as above.

Results
Table 1 shows that e-TIQH supportive supervision reduces person time and cost spent during quarterly supportive supervision. This is even the case when the fact that the assessment team in the e-TIQH approach consisted of two more assessors (12 in total) than in the routine approach (10 in total) in order to increase objectivity and reduce bias. If an equal amount of assessors were to be used the decrease in cost and person time would be more pronounced, but this reduction in assessor is likely to impact effectiveness. Main driver was the number of days spent conducting the assessment, which could be reduced by seven days because less time was needed at the health facility itself.

Conclusion
The here presented results showed that compared to routine supportive supervision, the e-TIQH approach increased data quality, acceptance, motivation and ownership, while reducing resources required. Consequently, the approach made supportive supervision more effective, efficient and sustainable. Therewith, it facilitated addressing and maintaining crucial quality standards and provided valuable evidence for decision making, which ultimately lead to improvements in quality of primary healthcare.