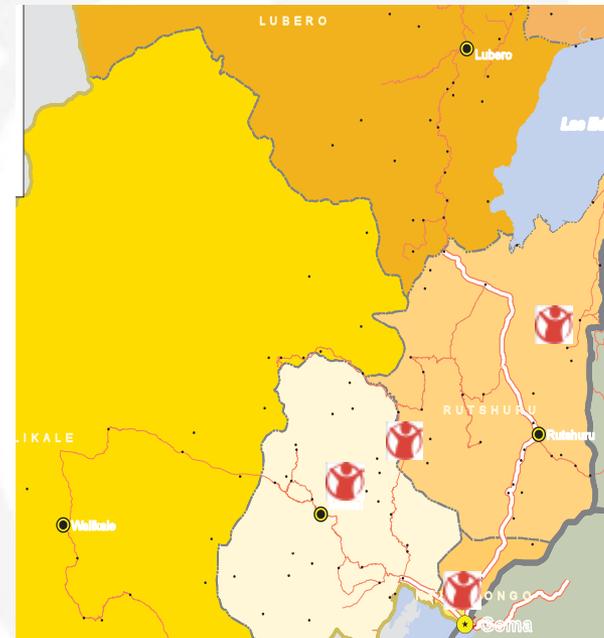
A grayscale photograph of three young children, two boys and one girl, smiling warmly at the camera. They are gathered around a book, with their hands resting on its pages. The background is slightly blurred, suggesting an outdoor or semi-outdoor setting.

The Effects of Supportive Supervision on Key Program Indicators and FP and PAC Service Delivery

*Findings from conflict-affected North Kivu, DRC.
Katie Morris
FP and PAC Program Support*

The Context (DRC):

- Over a third of the 3 million people displaced in DRC are located in North Kivu following decades of conflict
- DRC's Modern CPR: 8% (DHS 2013-14)
- 28% of **married** women have an unmet need for FP (DHS 2013-14)



UN OCHA, 2013

The Response:

- Since 2011, Save the Children has worked with the Ministry of Health in DRC to implement a FP and PAC program with the objective to:
“Increase access and utilization of FP and PAC services among Internally Displaced Population (IDP) and host families in the conflict-affected North Kivu province”

Key Program Components:

- Provision of Complete Method-Mix of Modern Contraceptives
- Links to quality comprehensive Post-Abortion Care
- Competency-based trainings for all MOH providers and SCI Staff



Supportive Supervision Model

- FP and PAC services are provided by trained MOH employees at 40 supported health facilities
- Save the Children Staff, nurse supervisors and medical officers, have been trained in supportive supervision techniques to monitor program implementation and offer constructive feedback and on-the-job training to service providers at the facility level
- Supervision visits are conducted in conjunction with a representative of the MOH when possible



Supportive Supervision Model

- Routine visits are planned to all supported health facilities
 - **General Observation Checklists**
 - Procedures (IUD & Implant insertion or removal, MVA)
 - FP and PAC Counseling
 - Infection Management
 - Equipment and Supplies
 - **Coaching for trained providers**
 - Track procedures performed by each provider
 - Offer additional practice on anatomical models
 - **On-the-job trainings**
 - Post-partum method insertion
 - Supply Chain
 - Infection Management



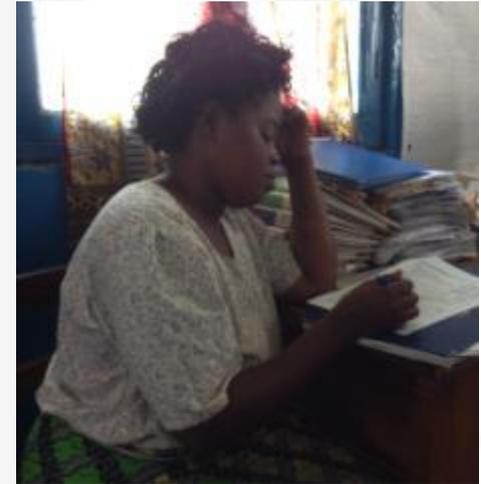
Impact of Supportive Supervision?

- October 2014 Workshop with all Supervision Staff
- Identified Strengths and Gaps in current implementation
- What effects do we see supportive supervision having on our program indicators?



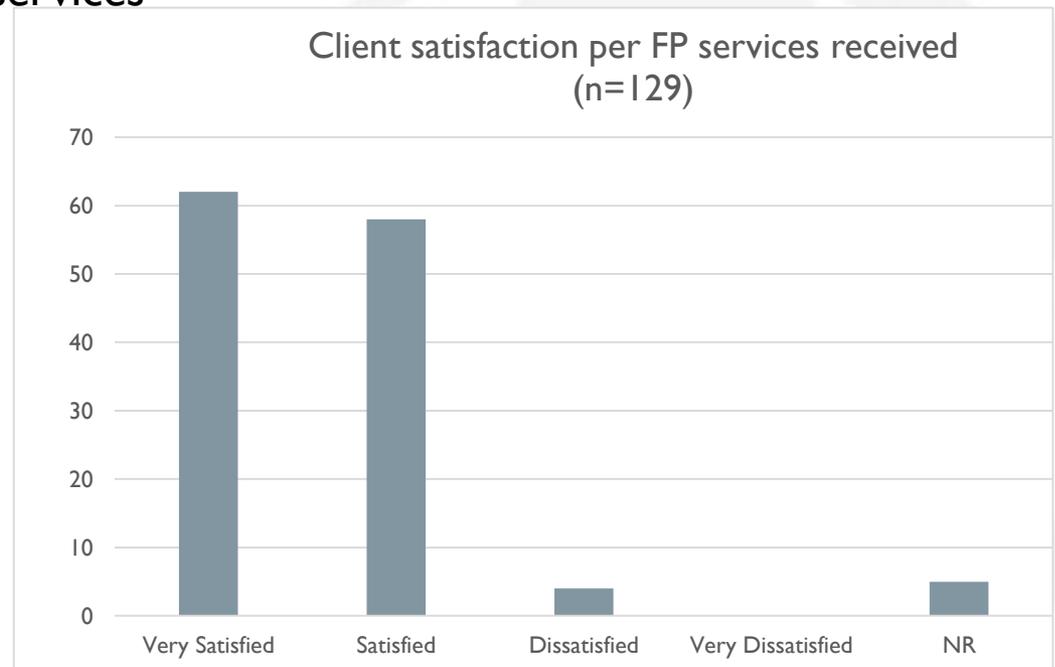
Outcomes of Supportive Supervision Model

- Initial review of 28 supported facilities (did not include the 12 facilities acquired with the Merlin merger in May 2014) to see how the availability and frequency of supervision visits has impacted program indicators
- The Supportive Supervision model seems to be linked to a higher quality of service delivered to clients although not necessarily a greater uptake of services.
 - **Client Satisfaction (Client Exit Interviews)**
 - **More Balanced Method Mix**
 - **Better Counseling for PAC Clients**



Client Exit Interviews:

- Interviews with 415 women exiting our supported facilities about their satisfaction with the quality and availability of services they received that day



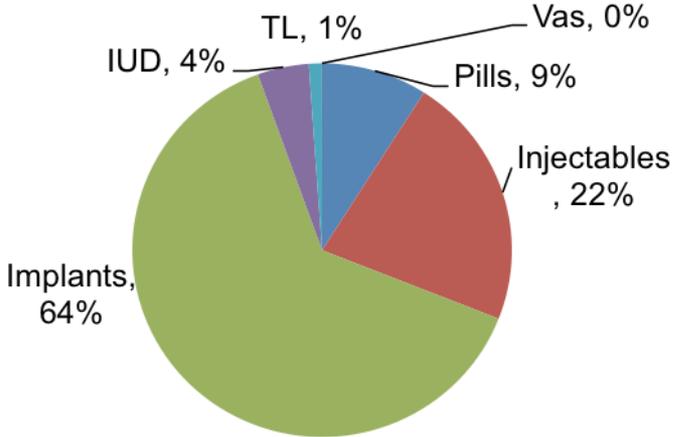
Client Exit Interviews

- High level of satisfaction experienced by women at our facilities reflected on key themes of supportive supervision visits
 - Infection Management
 - Client Participation
 - Eliminating Provider Bias
 - Confidentiality
 - Side Effect Management

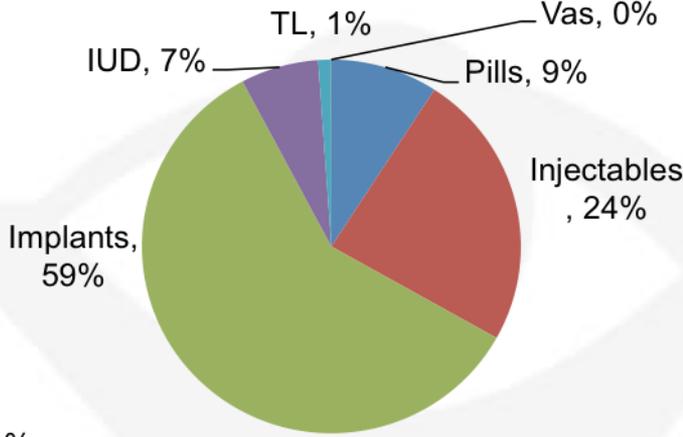
Client Reported That	Percentage
Q3: Satisfied with the comfort and cleanliness of the consultation room	92.2%
Q5: Time spent in consultation was sufficient to discuss her needs	93.2%
Q6: The health worker treated her respectfully and politely	93.7%
Q8: The opportunity to ask questions and clarify doubts was available	86.5%
Q9: Comfortable discussing health care problems with the provider	96.4%
Q7: She believed the information given would be kept confidential	83.8%
Q15: She received the family planning method she wanted	96%
Q17: She participated in the decision about the method received	96%
Q18: Provider taught her how to use the method selected	96.8%
Q19: Provider discussed common side-effects of the method selected	93%
Q20: Provider explained how to take care of side-effects	93%
Q21: Provider discussed the possible serious complications for which she should return	91.3%

Family Planning Method Mix

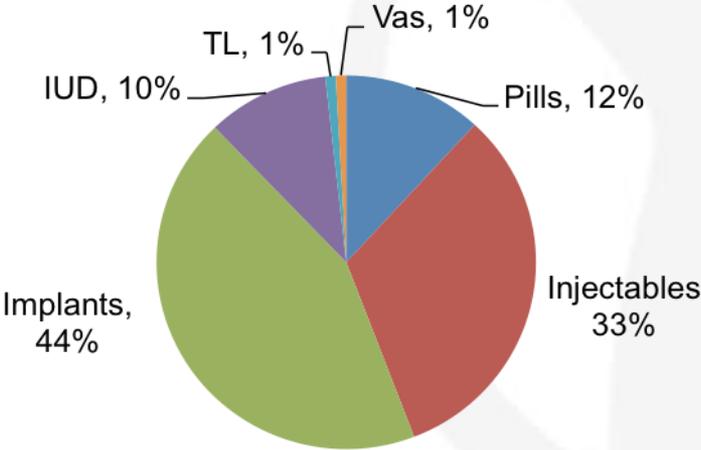
2012



2013

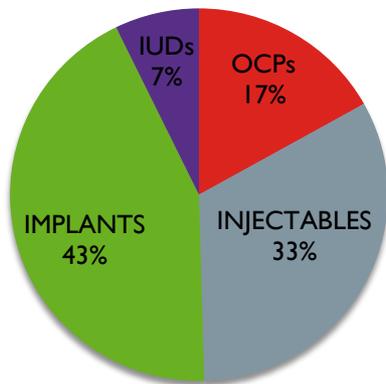


2014

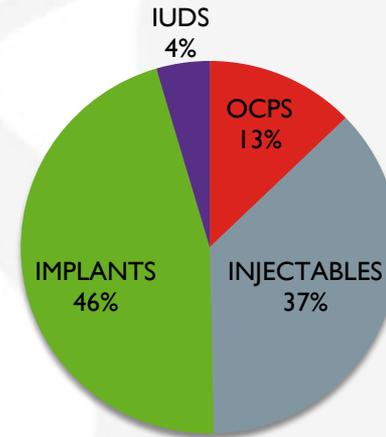


Method Mix according to Supportive Supervision Frequency (2014)

High Levels of Supervision



Low Levels of Supervision

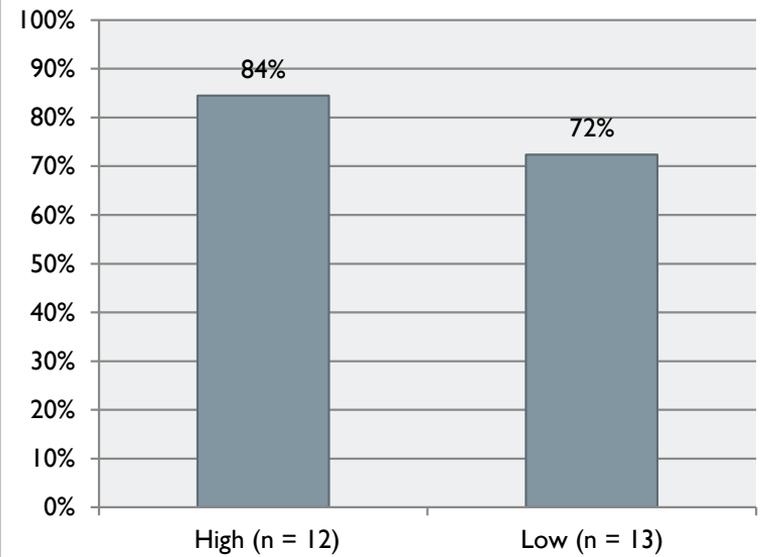


High Levels ≥ 4 visits per year
Low Levels < 4 visits per year
**Referral Centers Not Included

PAC Services

- When we evaluated health center data against the frequency of supportive supervision happening at the center, we found a higher percentage of PAC Clients accepted a FP method before leaving the facility at centers that are supervised at least once a quarter.

Frequency of Supervision vs. % of PAC Clients who Accept a method of FP before leaving facility



** Excludes Referral Centers

Current Areas of Focus

- Supervision organization and planning
- Routinely supervising the harder-to-reach facilities
- Using monthly data to plan targeted supervision visits “Data for Action”
- Expanding supervision themes
- Management of Supervisors



Conclusions



- Further Research
 - Understanding the Impact
 - Improving effectiveness
- Supportive Supervision is an effective model for improving quality of services provided