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Adapting Clinical Supervision and Mentorship of Health Service Providers to the COVID-19 Pandemic: **Lessons Learned**

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COVID-19 has brought widespread disruption to essential health care throughout the world—including sexual and reproductive health (SRH) services. During the first eight months of the pandemic, Pathfinder International teams across the globe worked rapidly to adapt service delivery, training, quality assurance, and social and behavior change (SBC) programs. The lessons learned provide insight for SRH program preparedness in the event of future emergencies and for resiliency of global health supply chains and collaboration systems. This brief is part of a series on Pathfinder International’s COVID-19 response strategies, impact, and lessons learned.

The Pathfinder Approach

Pathfinder has worked with governments, communities, and other partners to maintain access to critical SRH information and care. Supportive supervision and mentorship were among Pathfinder’s key activities before and during the COVID-19 pandemic. Rapid adjustments to Pathfinder’s approaches have helped to ensure that providers had the support they needed to do their jobs safely and effectively. Pathfinder’s COVID-19 learnings and successes denote opportunities for lasting, positive change. Each of the following approaches has proven critical to mitigating the negative secondary impacts of COVID-19 on the supportive supervision and mentoring of SRH providers:

- Modify onsite supervision and mentoring to limit the risk of COVID-19 transmission.** Even as the pandemic strained budgets, reallocating human and financial resources to support supervision of SRH providers helped ensure that health workers had the support they needed to operate in environments made more challenging by the pandemic. Where infection prevention and control (IPC) protocols posed logistical challenges, staggered meetings and hybrid approaches consisting of limited on-site supervision along with virtual engagement were effective in maintaining standards.

- Pivot to virtual mentoring and supportive supervision.** Adapting mentoring and supervisory activities to virtual platforms facilitated support and encouragement of health workers with minimal travel and in-person contact. To succeed, all parties needed access to the internet, data, and platforms required to successfully participate. Exchanges needed to be concise, focused, and digestible. The pandemic has provided ministries of health a valuable opportunity to ramp up investments in technology. The growing use of technology to track service data has assured that data gathered is more timely, accurate, and actionable than ever before.

“**Adapting mentoring and supervisory activities to virtual platforms facilitated support and encouragement of health workers”**

Background

Early in 2020, as the COVID-19 pandemic led to physical distancing and quarantine restrictions around the world, traditional modalities for supportive supervision and mentoring of health care providers were ill-advised. Yet there was an urgent imperative for health workers to continue to provide essential, lifesaving care to their communities—both for acute COVID-19 response and to maintain other essential health services. As service-delivery protocols shifted, evidence rapidly evolved, and health systems were strained by the pandemic. Providing professional, mental, and emotional support to frontline health workers and staff was essential to maintain their ability to safely deliver quality health services. Governments and organizations quickly developed COVID-19-sensitive supervision and mentorship strategies to maintain quality health services.



PHOTO: Ricardo Franco

Nurse Abelarda da Silva works at the Xipamanine health center in Mozambique.



PHOTO: Somya Parikh

Youth Voices for Agency and Access (YUVA) project in India rerouted resources allocated for face-to-face training toward conducting online training sessions and setting up more mentorship on the ground. The team also added supportive supervision to the job descriptions of district coordinators who supported district-level partnership management and program implementation.

Although rigorous evaluations are needed, current findings suggest that supervisory and mentorship visits were effective in strengthening providers' COVID-19 prevention knowledge and skills and in enhancing their ability to provide essential health services like maternal and child health and contraception during the pandemic.

LESSONS AND RECOMMENDATIONS

- Given the strain of the pandemic on budgets, creative solutions from reallocating resources to expanding job descriptions can help ensure that service providers have access to the supervision and mentoring they need.
- Hybrid approaches consisting of limited on-site supervisory support, along with virtual engagement, particularly for mentorship, can be effective in maintaining both working relationships and supervisory standards.
- Some staff scheduled their supervisory or mentoring visits at separate times from those of government officials to make physical distancing easier to maintain.
- When government directives differed from organizational protocols for operating during the pandemic, Pathfinder provided remote logistical support to government teams who carried out in-person supervision and mentoring.
- When IPC protocols do not allow for vehicle sharing, virtual meetings can reduce exposure not only during meetings, but also during travel to meetings that might otherwise require public transportation.

Key Clinical Supervision and Mentorship Adaptations

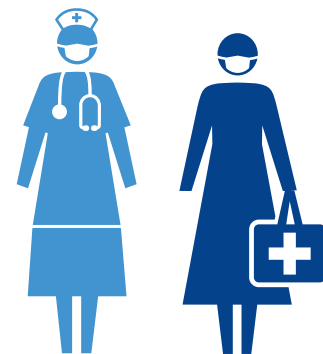
Modify Onsite Supportive Supervision and Mentoring

In countries where services continued during the COVID-19 pandemic, some supervision and mentorship also continued under COVID-19-prevention guidelines. However, often resources were diverted to the COVID-19 response, leaving little funding for supervision of SRH care providers. Creative solutions helped to assure quality and provide support to frontline health workers—for example, identifying and enlisting experienced health workers to mentor their peers in providing quality counseling and contraceptive services. During visits, supervisors, providers, and staff washed hands, wore masks, kept physically distant, and refrained from shaking hands.

While necessary, IPC protocols had the potential to strain relationships. In some settings, certain IPC measures—for example, wearing masks—were stigmatized or not widely used. On occasion, Pathfinder teams experienced pushback when attempting to adhere to protocols. While Pathfinder's travel policy normally allows government officials to travel to mentorship and supervision meetings with Pathfinder staff, COVID-19 IPC guidelines prohibited vehicle-sharing. Without resources to provide separate vehicles, this was inconvenient for the government representatives who in some cases had to take public transport instead.

Pivot to Virtual Mentoring and Supportive Supervision

In countries where COVID-19-related lockdowns and other prevention measures prohibited onsite provision of mentoring and supportive supervision, teams quickly adapted to virtual communications. Phone calls, telegram groups, WhatsApp, TeamViewer, and other online platforms helped programs continue mentorship, coaching, and technical assistance. Even where activities were suspended and formal supervision unneeded, program supervisors stayed in touch with teams by phone.



The transition to virtual mentorship seemed to go smoothly in most settings provided that all parties had adequate access to internet and data. However, virtual supervision was more challenging. Not all ministries of health welcomed adaptations to supervision. Even in places where adaptation was welcomed, supervisory activities like checking registries and equipment and practicing hands-on skills were much easier to do onsite. Programs considered creative ways to

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Virtual supervision is most successful when exchanges are concise, focused, and digestible.”

overcome barriers—for example, using photographs to verify registers. However, even when using photos, data fraud was possible. This risk was mitigated by having multiple sources validate data and check trends in previous reports to detect outliers. However, this required additional time and effort.

Digital exchange was found to work best when the information was concise. Virtual supervision worked well to address specific issues, provide quick updates, and spot check quality of care. However, if too much digital information was exchanged at once, there was a risk that some of it would get lost in the process. At times, supervisors were unable to tell how well their virtual feedback was being understood or digested. And while virtual communication allowed important work to continue, in-person visits tended to spark motivation that was lost in virtual interactions. Particularly when it came to lower-level service provision, face-to-face support and encouragement were still needed.

- Despite these challenges, some teams did transition all supportive supervision activities to virtual platforms, building the necessary capacities and tools to do so. Virtual platforms can help facilitate mentorship and supportive supervision during the pandemic with minimal risk. Even after the pandemic subsides, at least some virtual activities will continue. In areas where facilities are geographically distant, in-person supervisory visits are not always feasible. Virtual check-ins can link providers with low-cost, high-frequency, digestible bits of information and generate practical and timely dialogue.

LESSONS AND RECOMMENDATIONS

- Allocating resources that had been designated for in-person events to strengthen infrastructure for virtual mentoring and supervision can help to connect health workers with the support they need. However, more research is needed to assess the effectiveness, acceptability, and efficiency of virtual mentoring and supervision for different levels of the health work force.
- All parties need access to the internet and literacy in the types of data and platforms required to successfully participate in virtual mentoring and supervision.
- Taking photos and cross-checking data with multiple sources can help verify data collected in virtual supervision meetings.
- Virtual supervision is most successful when exchanges are concise, focused, and digestible.
- The pandemic has provided ministries of health a valuable opportunity to ramp up investments in technology. Growing use of technology to track service data can assure that it is timely, accurate, and actionable.



PHOTO: Arthur Waweru

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