Outreach Training and Supportive Supervision *Overview and Operational Manual* 

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### Introduction



At Bogo District Hospital a nurse prepares injectable artesunate, a malaria medicine, under OTSS supervision. Photo credit: Mwangi Kirubi,

- Brief history of OTSS
- Overview of OTSS and evidence for effectiveness
- Importance and contents of the operational manual



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# What is Outreach Training and Supportive Supervision (OTSS)?

**OTSS** is a competency-based quality improvement (QI) approach to enhance health facility readiness, staff competencies in malaria case management, adherence to national guidelines, and service delivery planning and follow up.

#### **Assessment areas:**

- Facility readiness
- Provider competency for the diagnosis and treatment of uncomplicated and severe malaria
- Malaria in pregnancy
- Laboratory readiness and proficiency.

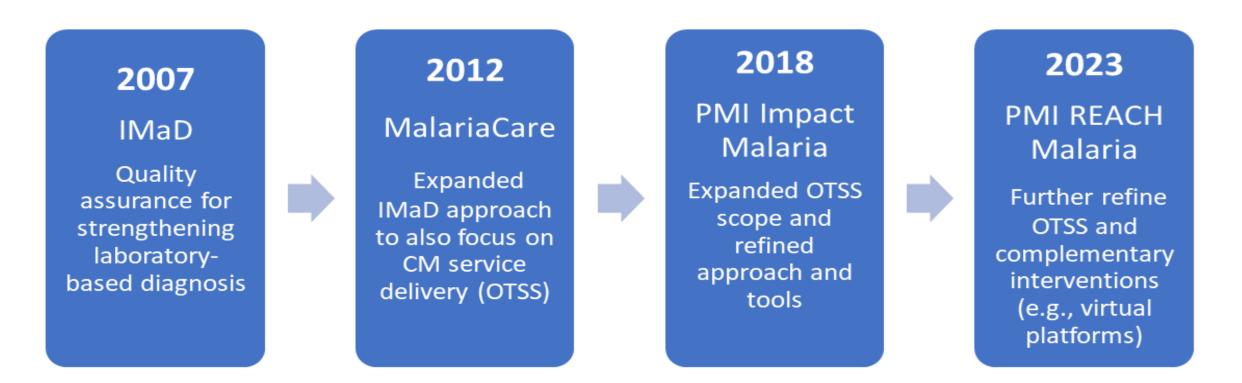


### Key components of OTSS

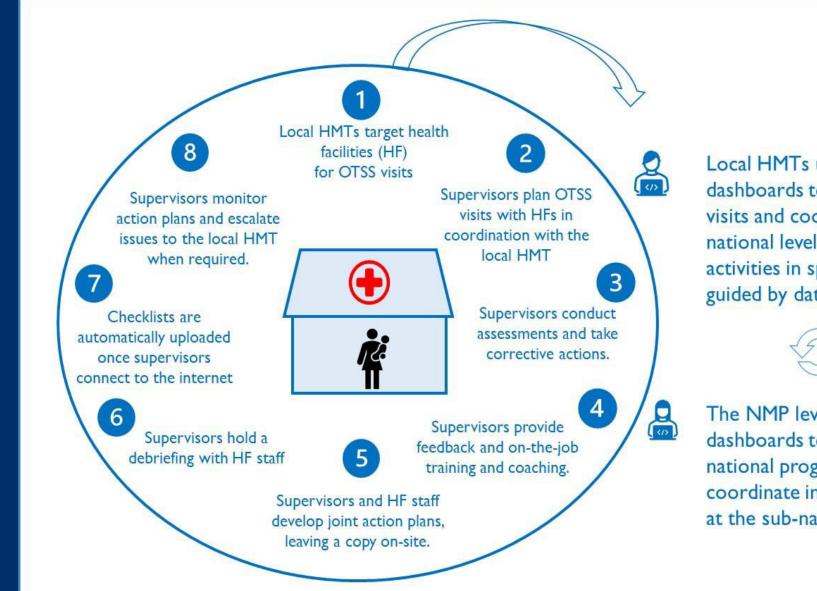
- Supportive supervision approach: Direct observation, hands-on training, real-time feedback, joint action planning, and post supervision follow-up.
- **Supporting tools:** standard checklists, and digital platforms for real-time scoring and feedback.
- **Complementary methods:** incorporating mentorship, peer learning, and internal quality control.



# Origin and evolution of the OTSS approach



PMI' flagship approach for service delivery strengthening implemented in over a dozen countries



Local HMTs use OTSS dashboards to choose HFs for visits and coordinate with the national level to organize QI activities in specific districts, guided by data.



The NMP leverages OTSS dashboards to track national progress and coordinate interventions at the sub-national level.

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# Advantages

- Wide implementation: Lessons from 15 countries over 15 years to inform best practices.
- Adaptable: can tailor to fit diverse national health systems.
- **Digitization benefits:** Enhances data accuracy, efficiency, and provides real-time information for decision-making at national and subnational levels.



### Evidence for OTSS effectiveness

- Association between increase OTSS visits and improved health care worker performance for almost all outcome indicators in Cameroon, Ghana, Niger and Zambia (*Ashton et al, 2023*)
  - $\,\circ\,$  Varied by country and competency
  - $\odot$  Diminishing returns after multiple visits
- Stakeholders in 11 countries believed in the benefits of OTSS approach and reported improvements in provider competencies, enhanced commodity availability, and strengthened record-keeping and data management (*Tropical Health evaluation, 2023*)
- No effect found on DHIS2 case management indicators was found in Cameroon, Niger, or Zambia. (Ibid)

#### NB: Measuring effectiveness and impact is challenging (linking to epidemiological outcomes) PMI U.S. PRESIDENT'S PMI U.S. PRESIDENT'S PMI U.S. PRESIDENT'S



# Key challenges and mitigation strategies

Challenge	Mitigation strategy
Sustainability: Limited resources (financial, human, time, logistics) and insufficient domestic funding.	<ul> <li>Decentralization</li> <li>Integration with other QI components</li> <li>Systematic involvement of key stakeholders at different levels</li> <li>Adaptation of tools</li> </ul>
Maintaining supervision quality and a network of qualified supervisors (staff turnover/transfer).	<ul> <li>Refresher training (virtual/in-person)</li> <li>Certification</li> <li>Supervision of supervisors</li> <li>Training touchpoints (DHMT meetings)</li> <li>Develop strategies to ensure an adequate pool of supervisors</li> </ul>
Action plan implementation and follow-up:	<ul> <li>Ensure buy-in</li> <li>Be realistic</li> <li>Assign responsibilities</li> <li>Provide access</li> <li>Address root causes in person or virtually</li> </ul>

# **OTSS Operational Manual**



After 15 years across 15 countries, the manual consolidates knowledge, guides OTSS integration into QI frameworks, and provides countryspecific examples of adaptation and strategies for overcoming challenges



### Key contributors and evolution

- Manual development: PMI Impact Malaria drafted the manual with support from PMI, in collaboration with WHO GMP and RBM CM and MIP working groups.
- Workshop review: WHO GMP hosted a workshop in March 2024, with participation from MOHs in Ghana, Nigeria, Cameroon, Tanzania, and Senegal.
- A final manual is being finalized based on input during that workshop.



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OTSS Operational Manual Workshop, March 2024, Geneva CH

### Manual structure

- Introduction and purpose
- Incorporating OTSS into existing frameworks
- Planning and Implementation guidance
- Additional approaches to quality improvement
- Monitoring and evaluation
- Annexes and tools





# Highlighted components

#### **Strategic Framework:**

- Integrates with national QI frameworks
- Customized to local contexts
- Decentralization enhances cost-effectiveness and accountability

#### **Implementation Process:**

- OTSS visits: supervision, feedback, coaching, and action planning, follow up
- Follow-up drives continuous improvement

#### Sustainability focus:

• Emphasizes decentralization, digital tools, and mentorship to reduce reliance on donor funding and ensure long-term impact.

#### **Case Studies:**

- Adaptable approaches in Ghana, Malawi, and Sierra Leone
- OTSS integrated with health systems and QI methods



# Case studies: Ghana

- Launched: 2009 by Ghana's National Malaria Elimination Program.
- Approach: Integrated OTSS with ISS to address multiple health services, including malaria.
- Focus: Expanded supervision to broader health services (e.g., maternal and child health, public health).
- **Tools:** HNQIS app for data collection and analysis.
- **Results:** Improved service delivery and teamwork, with enhancements in vital signs monitoring and IPTp administration.



Photo credit: PMI Impact Malaria in Ghana



# Case study: Sierra Leone

- Initiated: 2019 by the Sierra Leone NMCP.
- **Approach:** Combined OTSS with a mentorship program to enhance malaria service delivery.
- Focus: Targeted on-site training and supervision to improve adherence to treatment guidelines and service quality.
- **Process:** District Health Management Teams (DHMTs) prioritized facilities needing support based on OTSS data, with mentors providing tailored mentorship.
- Impact: Efficient resource allocation and sustainable quality improvement through data-driven decision-making.



# Case study: Malawi

- **Approach:** Decentralized supervision with district-level responsibility.
- Focus: Local decision-making by District Health Management Teams (DHMTs), with a key role for Malaria Coordinators.
- **Process:** Supervisors conducted visits, provided on-site training, and developed action plans based on facility performance.
- Impact: Increased local accountability and the ability to address facility-specific challenges through regular data reviews.



# Case study: Tanzania

- Adaptation: Client-centered OTSS model focused on malaria case management in outpatient and reproductive health departments.
- Focus: Weighted performance indicators and client satisfaction embedded in checklists.
- Feedback: Data-driven changes in staffing, training, and commodity management to improve patient outcomes.
- Impact: Informed national-level strategic planning and continuous improvement based on client perspectives.



### Finalization and dissemination of manual

- Made revisions based on workshop input.
- PMI will hand over the final manual to RBM in October 2024.
- RBM plans to roll out the manual in 2025.



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