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Title: Supportive Supervision: Training of Trainers and External Supervisors (Slides)
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The EUROPE AND EURASIA REGIONAL FAMILY PLANNING ACTIVITY is a three-year initiative funded by the U.S. Agency for International Development (USAID) through contract GHS-I-05-03-00026-00. The Regional Activity is a regional effort to leverage best practices in family planning in order to accelerate program implementation across the region to increase modern contraceptive use and decrease abortion rates.

John Snow, Inc. implements the Europe and Eurasia Regional Family Planning Activity.

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Session 2

Session Objectives

By the end of this session, workshop participants will be able to:

1. Identify what the evidence base indicates about the importance of supervision.
2. State the need, definition, main functions, and basic tasks of supervision.
3. Describe the Supportive Supervision Approach, including its benefits, structure, components, roles and responsibilities.
4. Describe characteristics and tools that have been shown to make supervisors and supervision more effective.
5. List lessons learned: what is required to make supportive supervision successful.
6. Conduct a Supervisor's Self-Assessment exercise.

Which program interventions are effective at improving and maintaining quality of service delivery?

Providers Need Performance Support After Training

- Facility-level policies and procedures
- Strengthened service delivery, information and supervision systems
- Adequate equipment and supplies
- Access to information
- Teamwork
- Continued learning opportunities

Which program interventions are effective at improving and maintaining quality of service delivery?

- **Supervision with audit and feedback**
- **Targeted supervisory feedback linked to on-site training**

What are the key characteristics that are shown to make supervision effective?

Traditional Definition of Supervision

The process of
“directing and supporting staff
so that they may effectively perform
their duties.”

Traditional Supervision

“Inspection and control approach” to control workers’ adherence to policies and procedures

- External, visiting supervisor
and/or
- On-site, individual supervisor

Common Problems Affecting Supervision

- Lack of resources and systems
- External visits too infrequent and too superficial
- Supervisors untrained in supervision, communication, problem-solving, teamwork, service delivery

Traditional Approach to Supervision

“Inspection and control approach”

- Controlling workers’ adherence to policies and procedures
- Assumes workers are unmotivated and require external controls

Old Style of Supervision

- Hierarchical
- Authoritarian
- Adversarial
- Punitive

What are the key characteristics that are shown to make supervision effective?

Essential functions of supervision

Management, education, and support

- Set expectations
- Monitor performance / provide feedback
- Ensure supplies
- Solve problems
- Address training and professional development
- Motivate and support providers

Continuous Supervision Cycle

What is Supportive Supervision?

“A process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on identification and resolution of problems and helping optimize the allocation of resources, promoting high standards, teamwork and better two-way communication.”

(Marquez and Kean, 2002)

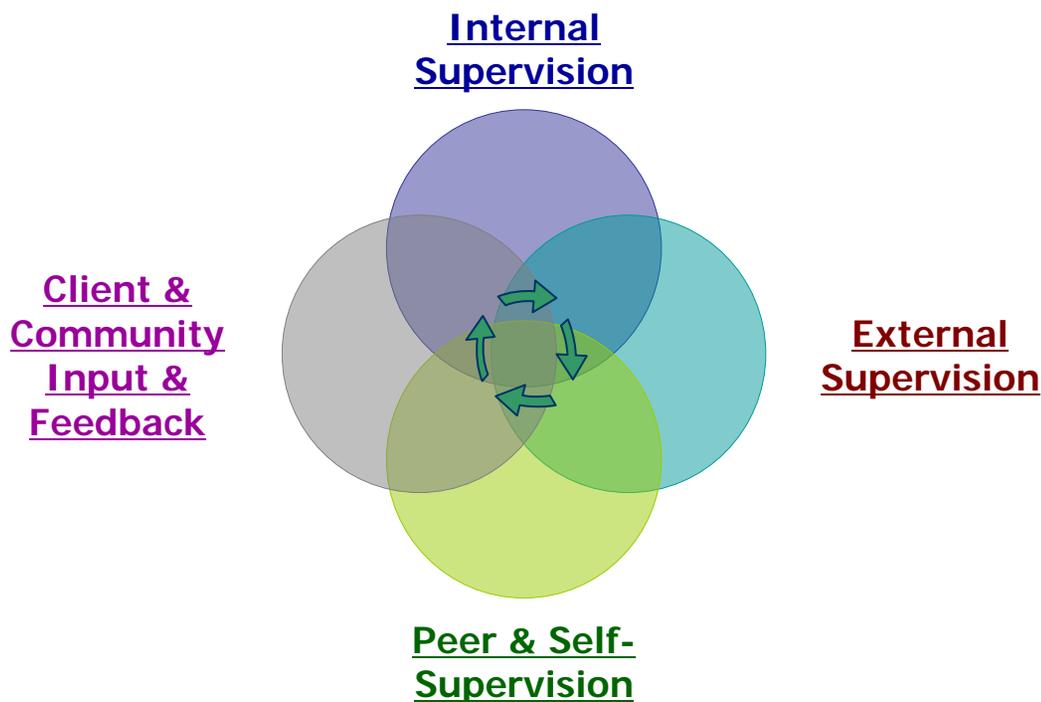
Supportive Supervision

“shifts the locus of supervisory activity from a single official to the broader workforce”

in order to address limited resources and increase action for quality improvement and assurance.

Marquez et al.

Components and Tasks of Supportive Supervision



Tasks

→ ⇔ *Plan*

→ ⇔ *Do*

→ I⇔ *Review*

→ T⇔ *Revise*

What is Supportive Supervision?

- **Data-driven**
- **Results-oriented**
- **Quality-focused**
- **Customer-focused**

Supportive Supervision Opportunities

- Scheduled meetings
- Routine formal and informal interactions on the job
- Interactions with clients and community groups
- Remote communications

Benefits of Supportive Supervision

Mutually Reinforcing Structure of Components, Roles & Responsibilities, and Effective Techniques

- Helps eliminate supervision gaps
- Helps sustain on-going actions to improve performance and maintain quality

Effective Approaches & Tools

- Structured review with checklist and **constructive** feedback
- *Two-way* discussions between the supervisor and supervisee
- Assessment and constructive feedback followed by on-site/on-the-job training
- Identification of skills to be developed through assignments between visits

Checklists

- Guide supervisory visits or team, peer and/or self-assessment
- Can increase health worker activity
- Most lack rigorous evaluation of effect on health worker performance and client outcomes
- Exhaustive checklists hinder supervision
- Feedback on performance according to checklists should be **focused and constructive**

Self-Assessment

Some evidence:

- Useful for reflection, motivation, self-instruction
- Can cause desirable behavior change post-training
- Greater impact with health workers with more than 10 years experience
- For some, more motivating than external criticism

Self-Assessment, Peer Review, Group Supervision

Some evidence:

- Significant improvement in performance to standards when self-assessment is combined with peer feedback
- Participatory supervision with self-assessment improved doctor-patient communication
- Group and peer supervision effective in the absence of regular external supervision

US / UK literature review on post-graduate medical education clinical practice:

The “single most important factor associated with better supervisory or performance outcomes was the quality of the supervisory *relationship.*”

Rowe, 2005.

Effective Supervisors

- Have interest in supervision and supervisees
- Show respect, empathy, support, flexibility
- Are focused and practical
- Set standards
- Provide instruction, knowledge, good tracking of supervisees
- Foster open communication
- Provide clear feedback about strengths and weaknesses

Effective Supervisors

- Give recognition for work well done
- Recognize health workers' need to contribute to the supervisory process
- Support the facility-based team and problem-solving
- Facilitate workers doing their jobs.
- Are positive about quality, supervision and the potential of those supervised
- Exhibit leadership skills

Kilminster , op. cit, and D.K. McNesse-Smith, "The Influence of Manager Behavior on Nurses' Job Satisfaction, Productivity, and Commitment," *Journal of Nursing Administration* vol. 27, no. 9 (1997): 47-55.

Lessons Learned

- Top management must be committed
- Requires motivation of supervisors and facility staff
- Takes time and investment to establish
- Should be integrated into the existing Health Human Resource Management and Health Information Systems, not set up as a parallel system
- Requires simple and locally appropriate and tested tools
- Some decision-making authority must be decentralized to the facility-level supervisory team

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5. List lessons learned: what is required to make supportive supervision successful.
6. Conduct a Supervisor's Self-Assessment exercise.

Session 3

Session objectives

By the end of this session, workshop participants will be able to:

1. Define the concept of 'quality' in health care (with a focus on family planning), and identify the perspectives of various stakeholders involved in defining quality.
2. State key components of quality in family planning service delivery.
3. Describe the client-focused approach to family planning.
4. Identify the "Rights of Clients" and the "Needs of Service Providers" within family planning programs.
5. State why quality is important for reproductive health/family planning service delivery.

Components and Tasks of Supportive Supervision

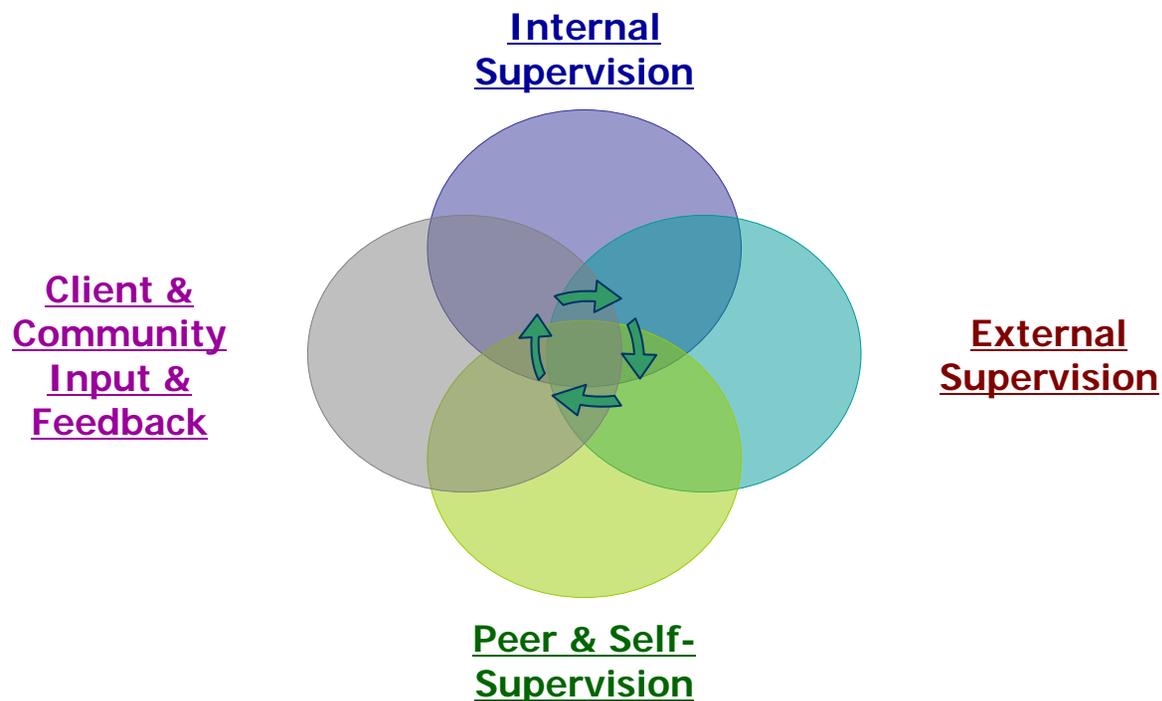
Tasks

→ *Plan*

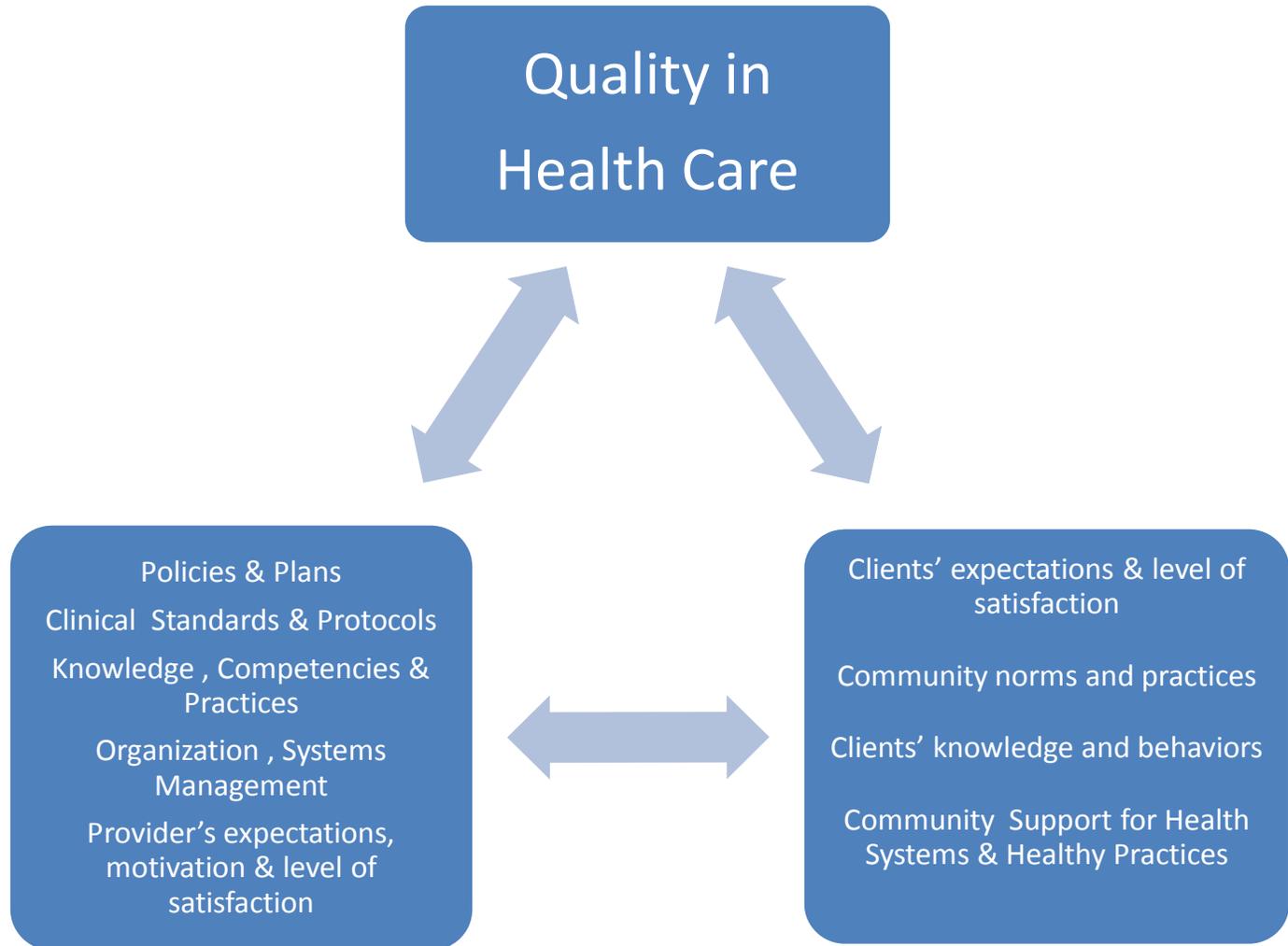
→ *Do*

→ *IReview*

→ *TRevise*



Key Components of Quality



Key Components of Quality



What is Quality? Useful Definitions

- Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.[\[1\]](#)
- Meeting the needs, expectations, and requirements of clients and other customers with a minimum of effort, rework and waste.[\[2\]](#)
- Doing the right thing, right, right away. [\[3\]](#)

[\[1\]](#) Institution of Science, National Academies of Science.

[\[2\]](#) Institute for Healthcare Improvement.

[\[3\]](#) Adapted from W. Edward Deming.

HWG Definition of Informed Choice

A voluntary choice or decision based on knowledge of all information relevant to the choice or decision.

HWG Definition of Informed Choice

In order to make an informed choice, the client needs to know:

- all available methods
- advantages and disadvantages of each method
- possible side effects of each method
- risks of not using any method, such as risks associated with pregnancy/childbirth versus risks associated with contraceptive use
- how to use the chosen method safely and effectively.

Informed Choice

“...People who make informed choices are better able to use family planning safely and effectively.

Providers and programs have a responsibility to help people make informed family planning choices.”[\[1\]](#)

[\[1\]](#) Ushma D. Upadhyay, M.P.H., **Population Reports**, Volume XXIX, Number 1, Spring 2001, Series J, Number 50. Published by the Population Information Program, Center for Communication Programs, The Johns Hopkins University Bloomberg School of Public Health.

Informed Choice

A continual process as new acceptors shift between methods or nonuse as their needs or preferences change.

Benefits of Quality and Quality Improvement

Improvements in:

- **Efficiency**
- **Understanding and cooperation among service providers, community, and clients/patients.**
- **Providers' motivation and satisfaction**
- **Safety and effectiveness of health care services**
- **Client/patient satisfaction**
- **Use of services and family planning**
- **Client progress toward reproductive goals**

Benefits of Quality and Quality Improvement

- **Changed health-related behaviors among clients**
- **Prevention of and decrease in unwanted pregnancies**
- **Decrease in maternal morbidity and maternal death**
- **Decrease in 'drop-outs' and patients lost to follow-up**
- **Decrease in abortion**
- **Positive treatment outcomes**
- **Decrease in costs**

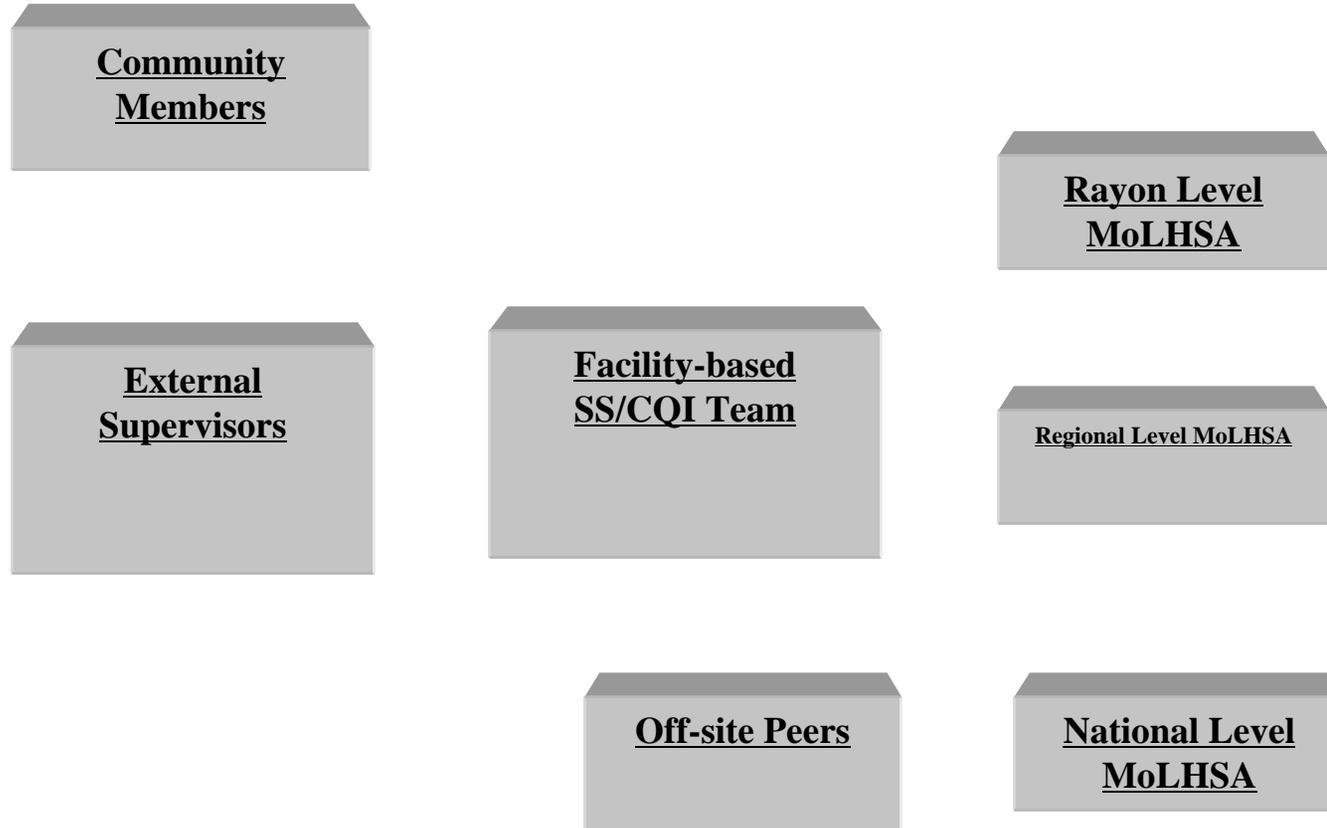
Session 4

Session objectives

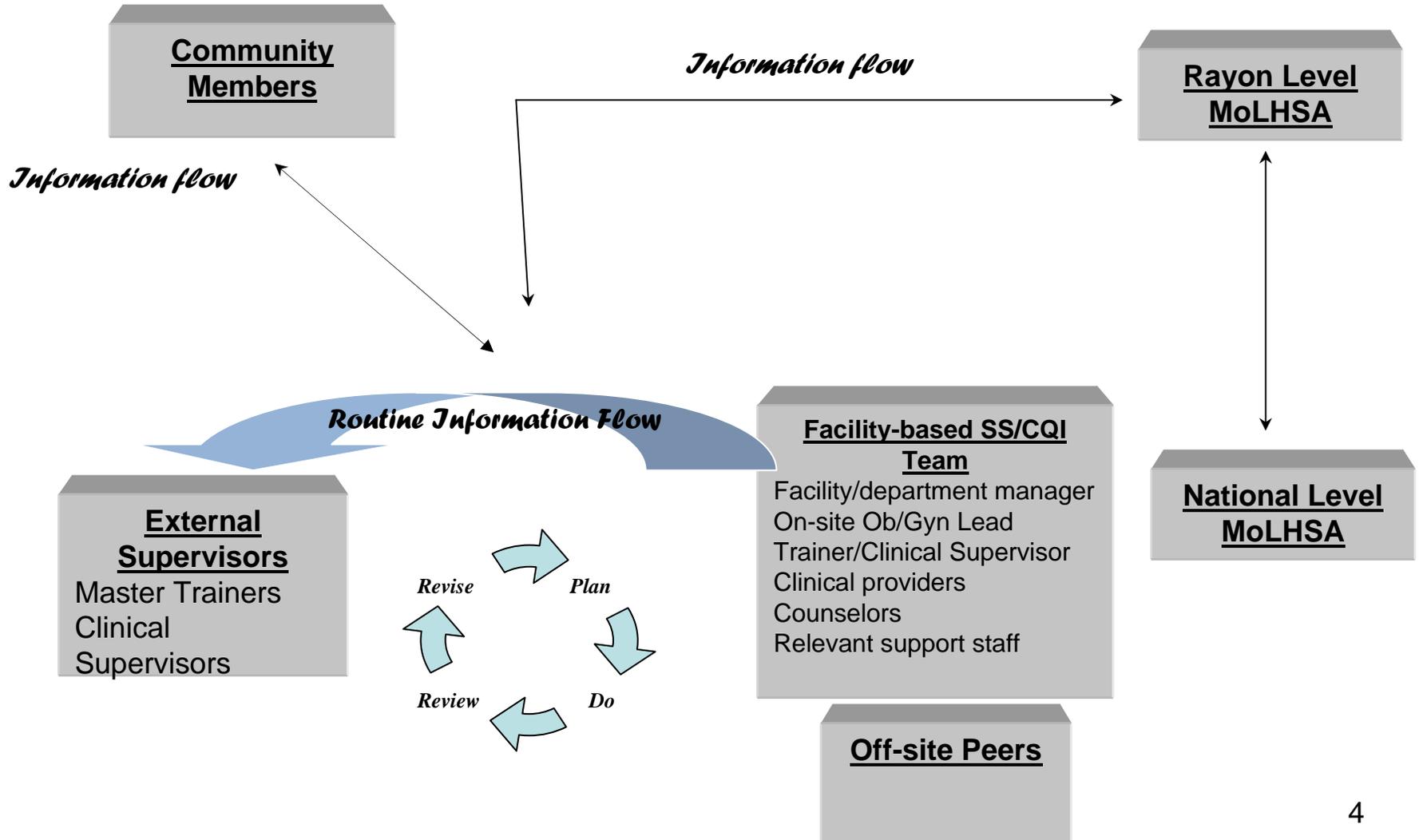
By the end of this session, workshop participants will be able to:

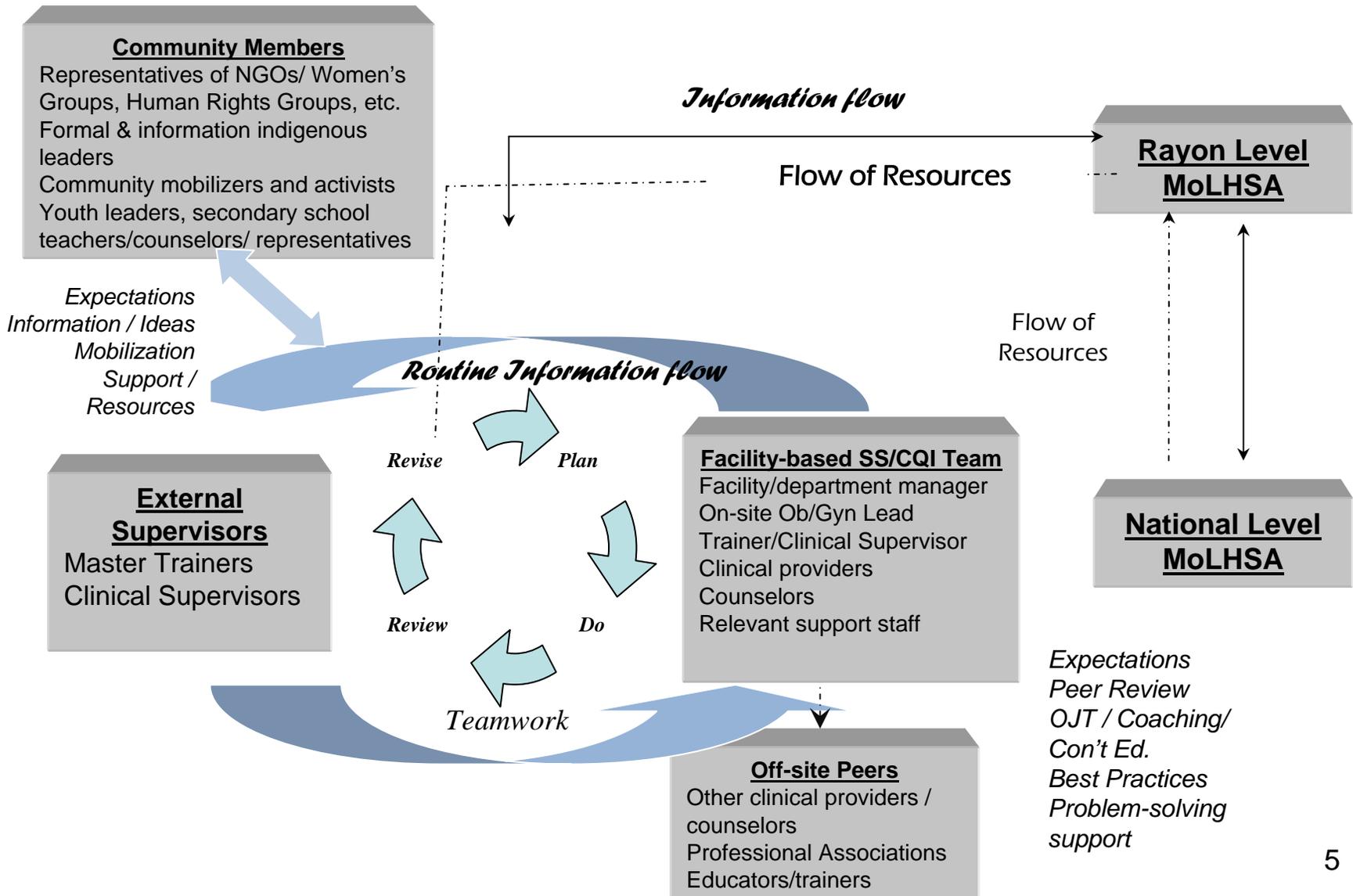
1. Describe an overview of the structure of the proposed Supportive Supervision System for the Healthy Women Georgia Project.
2. Identify the flow information, resources, team work and accountability in the SSS structure.
3. Identify routine activities, responsibilities and tasks to be conducted by external supervisors and internal (facility-based) SS/CQI teams taking part in supportive supervision, including before, during and after External SS visits.
4. Describe the SSS Development Plan including its phases, activities and the responsibilities of the External Supervisor/SS Trainers during each phase.

Structure of SSS/HWG

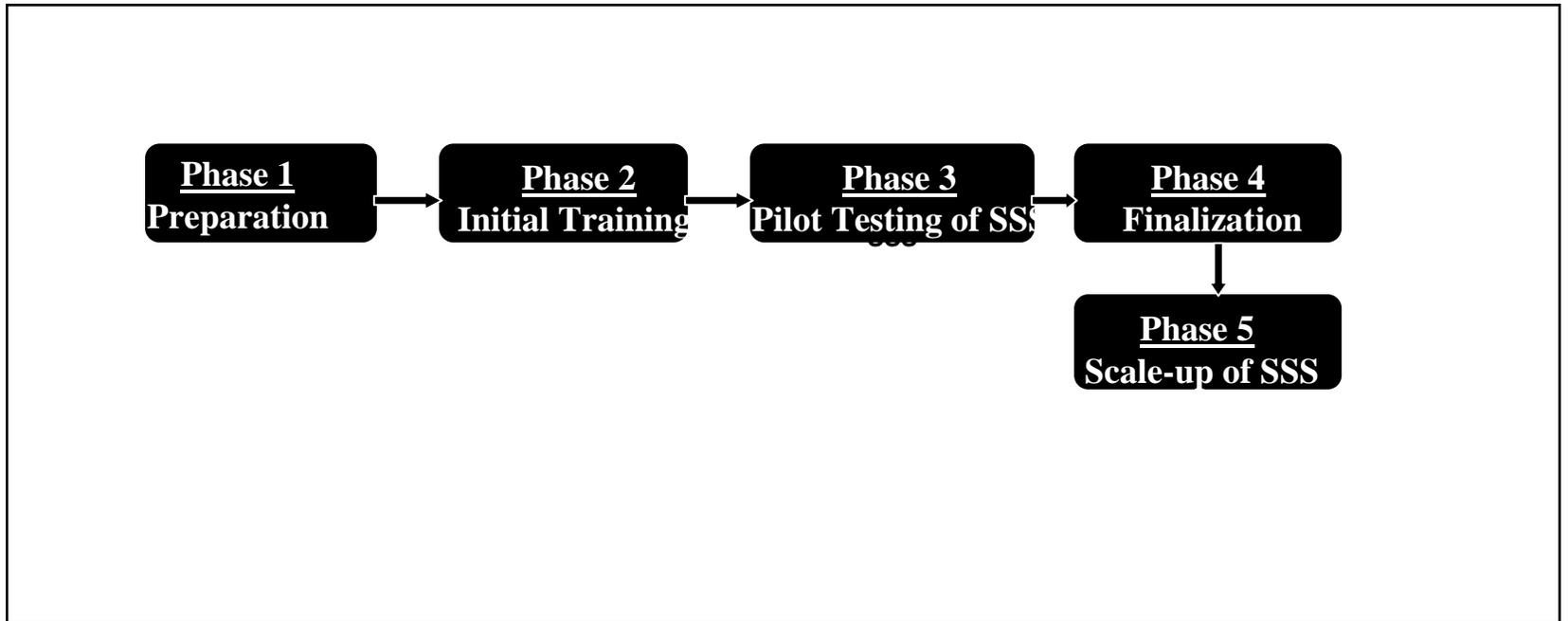


Continuous Improvement Cycle and Information Flow





HWG Supportive Supervision System Development Plan



Session 5

Session objectives

By the end of this session, workshop participants will be able to:

1. Describe the role of the External Supervisor as a leader who builds and supports teams.
2. Describe factors that affect team dynamics.
3. Describe stages of team development and performance.
4. List guidelines the External Supervisor can use to build and support teams.
5. Understand key steps in the formation and management of the facility-based SS/CQI team.

Role of the External Supervisor with Facility-Based Teams

Form facility-based SS/CQI teams to solve problems and ensure quality

Balance between

- Providing direct guidance to the team
- Empowering the team to identify challenges and solve service delivery quality problems on its own

What Affects Team Dynamics?

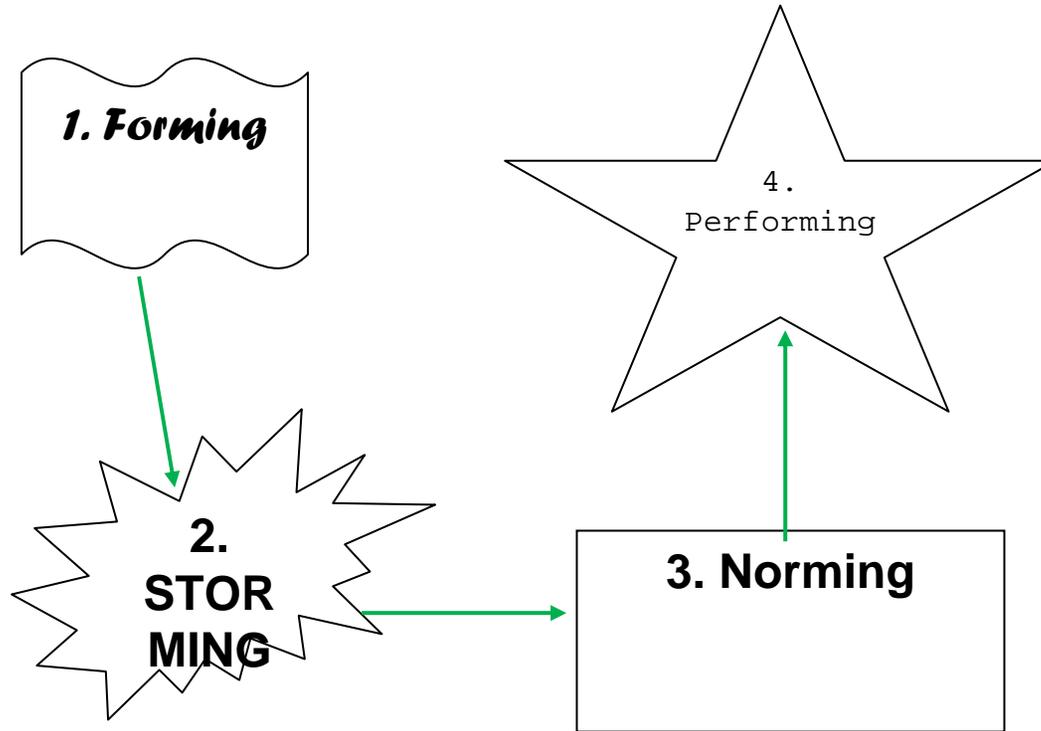
- **Individual feelings**
- **Intrapersonal feelings**
- **Individual and team values and norms**
- **Conflict and credit**

What Affects Team Dynamics?

Motivation:

- Internal motivators
- External motivators

Stages of Team Growth [1]



[1] Scholtes et al, op cite, pp 6-4 $\frac{6}{6}$ 6-9

Forming

- *Purpose and Expectations: Why* the team should be formed and how it will operate
- Establishing roles, rules, trust
- Getting to know each other or becoming a team
- Team work during forming is slow and team building can be repetitive

Storming

- Most difficult stage, but productive
- Realization that new way is different than old and change can be difficult

Norming

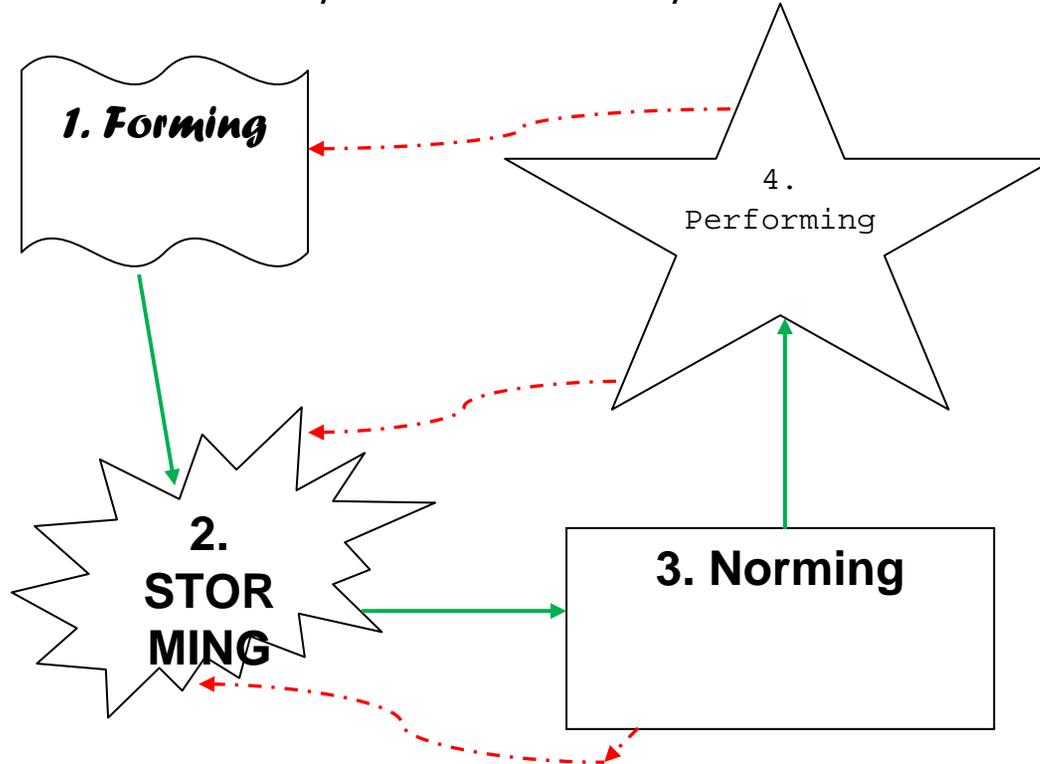
- Members settle into team roles and team work
- Conflict is reduced and members establish cooperative and productive work mode
- The team addresses its task, resources, constraints, and ways forward

Performing

- Relationships, expectations, resources and constraints are mostly settled
- The team works together to achieve common goals and objectives
- The team identifies problems, collects information, makes decisions, and takes action to improve performance and maintain quality

Stages of Team Growth [2]

New members? New Expectations? New leadership? Diminished resources?



Key Activities of SS/CQI Team

- Form a team that knows the system needing improvement.
- Define a clear objective.
- Determine the needs of the people who are served by the system.
- Specify measures of success.
- Brainstorm potential change strategies to make improvement(s).
- Plan, collect, and use data for effective monitoring and decisionmaking.
- Test and refine changes.

Session 6

Session objectives

By the end of this session, workshop participants will be able to:

1. Describe and demonstrate the use of active listening, paraphrasing, and clarifying questions.
2. Demonstrate giving and receiving constructive feedback.

Session 7

Session objectives

By the end of this session, workshop participants will be able to:

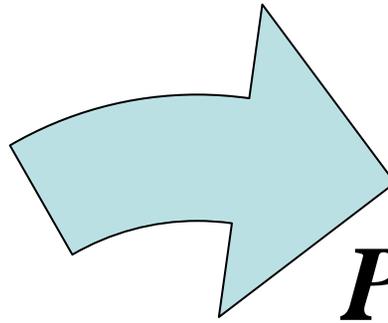
- Identify the importance of using data to set program direction, monitor services, and make decisions.
- Identify the role of supervisors in helping staff gather and use data.
- List types and sources of data used to guide RH/FP programs.
- Discuss the use of selected RH indicators from population-based data and program-based data.
- Demonstrate skill in interpreting graphic representations of data.

Data-Based Decision-Making

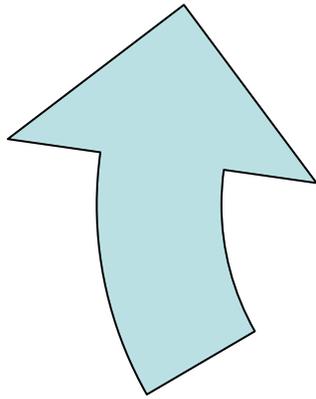
Data must be:

- Collected or obtained
- Analyzed and interpreted
- Used for decision-making and action
- Retained and tracked over time

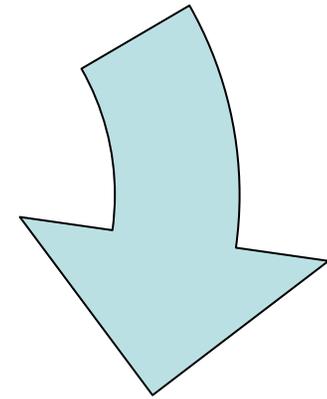
Revise



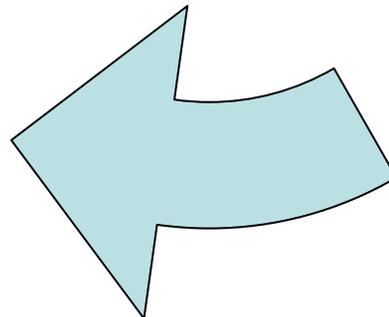
Plan



Review



Do



Principles of Information Management [\[1\]](#)

1. Collect what is needed, no more.
2. Make good use of what you collect.
3. Empower staff to both collect and use data.
4. Provide feedback on data collected.

Population-Based Data Can Describe

- Overall situation
- Current health status of a country, region, or specific group
- Context for/comparisons with local needs
- Means to establish programmatic goals and local-level objectives

Sources of Population-based Data

- Surveys
- Special Studies
- Government publications
- Vital Registries

Program-based Data Tells Us About...

- **Clients and Community**
- **Quality and Performance**
- **Management and Training**

Program-based Data Sources for SS

- Service statistics
- Concurrent and retrospective quality assessments
- Facility-based surveys
- Community/catchment-area surveys
- Patient/client records and service registries
- Program documents

Illustrative Key Indicators for FP Programs [1] Population-based / National or Regional Level

- Total fertility rate
- Contraceptive prevalence rate
- Age-specific fertility rates
- Percentage of unmet need for FP
- Percentage of mistimed or unwanted pregnancies
- Percentage seeking to end child-bearing
- Induced abortion rate (former Soviet countries)
- Desire for additional children
- Desire to have a child in the next two years

[1] Adapted from: Guide to National and Local Reproductive Health Indicators, Management Sciences for Health, accessed November 1st, 2007. ; and Jane T. Bertrand and Gabriela Escudero. [Compendium of Indicators for Evaluating Reproductive Health Programs](#). Chapel Hill, NC: Carolina Population Center, MEASURE Evaluation Project, 2004: Pp. 1-14

Using National and Local Level Indicators

National Indicator	Regional Indicator	Local (Program-based) Indicator(s)
% of Women reporting mistimed or unwanted pregnancies	% of Women reporting mistimed or unwanted pregnancies	<ul style="list-style-type: none"> •# of users of modern, effective contraceptive methods •Contraceptive method mix •% of WRA provided information/ counseled on all available contraceptive options •% of WRA receiving appropriate method for their RH goals

Using National and Local Level Indicators

National Indicator	Regional Indicator	Local (Program-based) Indicator(s)
% Women of Reproductive Age Using Modern Contraception	% Women of Reproductive Age Using Modern Contraception	<ul style="list-style-type: none">•% of new contraceptive acceptors•% of continuing contraceptive users•% of users expressing satisfaction with quality of services

Using National and Local Level Indicators

National Indicator	Regional Indicator	Local (Program-based) Indicator(s)
% Women who want to limit or end childbearing	% Women who want to limit or end childbearing	<ul style="list-style-type: none">• Number of referrals for long-term and permanent contraceptive methods• Number of women receiving long-term and permanent contraceptive methods

Selecting Appropriate Denominators

A. # of WRA served by clinic who use a modern contraceptive method

Total # of WRA served by clinic who indicate they want to space or limit births

B. # of WRA served by clinic who use a modern contraceptive method

Total # of WRA in clinic catchment who indicate they want to space or limit births

Selecting Appropriate Denominators

- A. 324** WRA served by the clinic received modern FP method

- 836** WRA served by clinic indicated they wanted to space/limit
- B. 324** WRA served by the clinic received modern FP method

- 3,240** WRA in catchment area indicated they wanted to space/limit

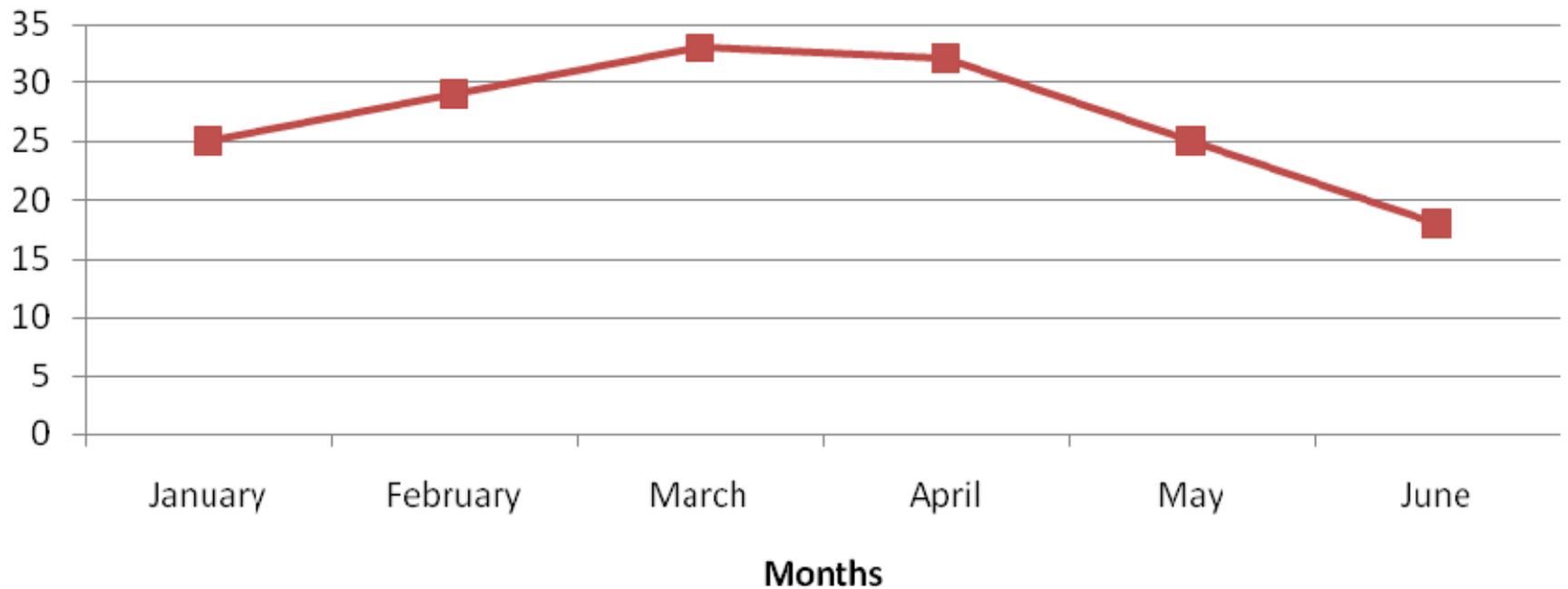
Illustrative Key Indicators for FP Programs [1]

Program-based / local level

- Number/percentage of new acceptors
- Number/percentage of continuing users (percentage of drop-outs)
- Contraceptive method mix
- Use of modern conception by age group
- Infection rate
- Medical complication rate

[1] Adapted from: Guide to National and Local Reproductive Health Indicators, Management Sciences for Health, accessed November 1st, 2007. ; and Jane T. Bertrand and Gabriela Escudero. [Compendium of Indicators for Evaluating Reproductive Health Programs](#). Chapel Hill, NC: Carolina Population Center , MEASURE Evaluation Project, 2004: Pp. 1-14.

Graph # 1:
**New Family Planning Acceptors
Karavoush Women's Consultation**



Graph # 1:

Key Question: Why was there a steady increase followed by a gradual decline?

Possible Interpretation:

(Potential causes to be further investigated)

- New acceptor group is largely covered and has moved into continuing user category.

- Stockout of one method has led to gradual decline in acceptors seeking that method.

Graph # 1:

Key Question:

Why was there a steady increase followed by a gradual decline?

Possible Interpretation:

(Potential causes to be further investigated)

Possible Actions to Verify Cause

New acceptor group is largely covered and has moved into continuing user category.

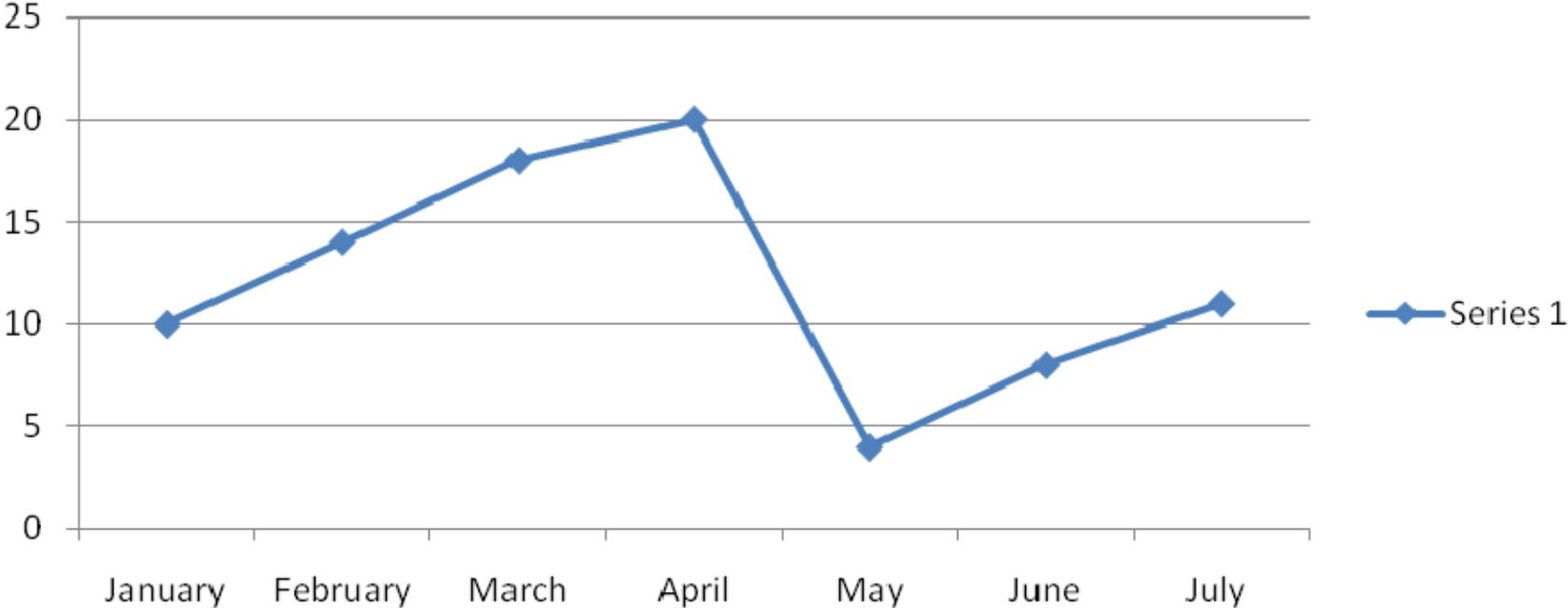
- Review service statistics.
- Discuss with FP service providers.
- Conduct small community assessment to determine use/need.

Stockout of one method has led to gradual decline in acceptors seeking that method.

- Review data on commodities and service provision.
- Conduct small community assessment to determine use/need.

Graph # 1: <u>Key Question:</u> Why was there a steady increase followed by a gradual decline?	
Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
Clients have not received good counseling, resulting on complaints to friends, relatives and neighbors.	<ul style="list-style-type: none"> •Interview clients and dropouts to determine whether they received good counseling on contraceptive methods.
Medical complications associated with IUD insertions, pills, implants and/or infections	<ul style="list-style-type: none"> •Evaluate the number of complications from IUD insertions, pill use, and other methods.
Charges for services are not affordable for some families.	<ul style="list-style-type: none"> •Interview clients and dropouts about whether your services are affordable, and evaluate the costs of services and commodities in other local outlets.

Graph # 2: New Family Planning Acceptors at Belsen Women's Consultation



Graph # 2 :

Key Question:

Why was there a steady increase, followed by a drastic decline, followed by another increase?

Possible Interpretation:

(Potential causes to be further investigated)

- The trend could have been caused by promotional media campaign that was discontinued and reinstated.

- The drastic decrease could have been caused by bad rumors about family planning, that program addressed quickly and well, leading to resumed increase in acceptors.

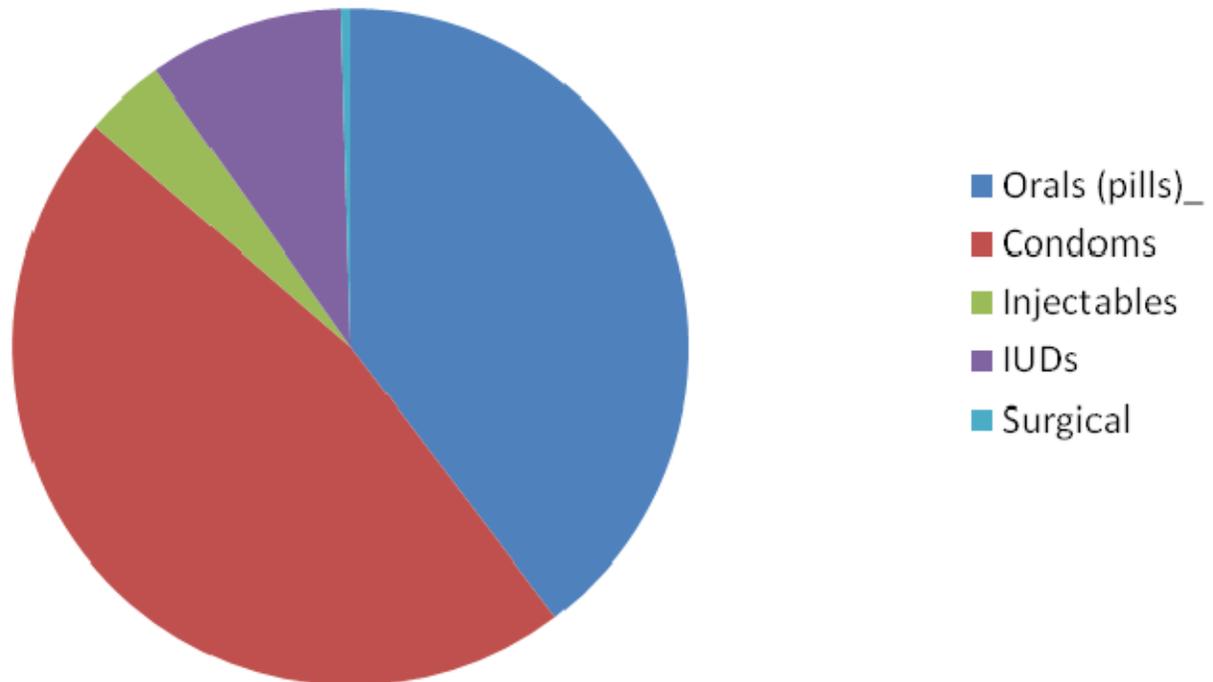
Graph # 2 :

Key Question:

Why was there a steady increase, followed by a drastic decline, followed by another increase?

<p><u>Possible Interpretation:</u> (Potential causes to be further investigated)</p>	<p><u>Possible Actions to Verify Cause</u></p>
<p>The trend could have been caused by promotional media campaign that was discontinued and reinstated.</p>	<ul style="list-style-type: none">•Client exit survey/community assessment•Verification of media listenership data•Questions at service delivery point of source of information re services
<p>The drastic decrease could have been caused by bad rumors about family planning that program addressed quickly and well, leading to resumed increase in acceptors.</p>	<ul style="list-style-type: none">•Community survey•Review of trends in media coverage of FP program•Questions at service delivery point of source of information re services

**Graph #3:
Contraceptive Method Mix
Salip Hospital**



Graph #3:

Key Question:

Why do condoms and orals account for the majority of contraceptive use?

Possible Interpretation:

(Potential causes to be further investigated)

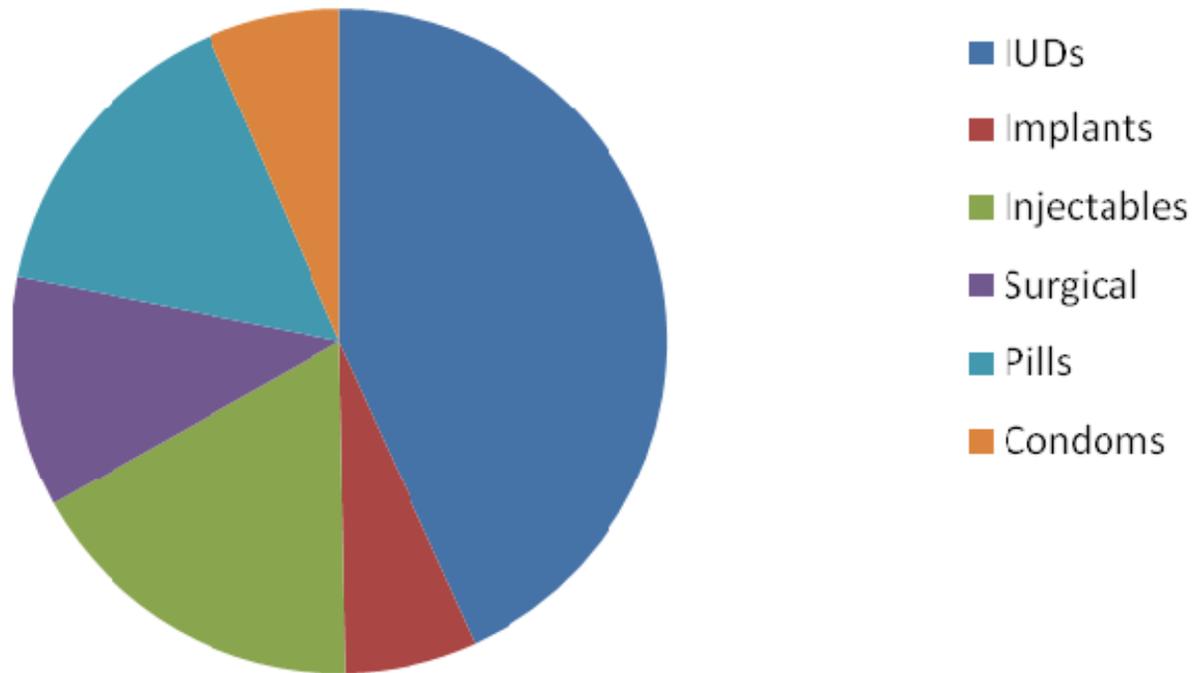
- Clients are misinformed about the potential side effects of IUDs and injectables.
- Stockouts of IUDs and injectables have caused prospective clients to be turned away.
- Service providers have not received clinical training for IUD insertions or surgical procedures.
- Medical equipment for IUD insertions or surgical procedures may be damaged or unavailable.
- Counseling has been biased toward particular methods.

Graph # 3: Key Question:

Why do condoms and orals account for the majority of contraceptive use?

Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
Clients are misinformed about the potential side effects of IUDs and injectables.	Address misinformation through client counseling.
Stockouts of IUDs and injectables have caused prospective clients to be turned away.	Evaluate commodities inventories over the past six months for evidence of stock outs or expired goods.
Service providers have not received clinical training for IUD insertions or surgical procedures.	Work with your supervisor to obtain clinical training for staff.
Medical equipment for IUD insertions or surgical procedures may be damaged or unavailable.	Inventory clinic equipment and request replacement of any damaged equipment.
Counseling has been biased toward particular methods.	Interview clients and dropouts to determine whether they received good counseling on contraceptive methods.

Graph #4: Contraceptive Method Mix Dekun Hospital



Graph # 4 :

Key Question:

Why is there a more even distribution of more effective methods?

Possible Interpretation:

(Potential causes to be further investigated)

- The community is becoming more knowledgeable about the benefits of modern contraceptive methods.
- The clinic is regularly providing a full range of contraceptives but implants are still experimental.
- Potential clients are being counseled on the relative benefits of all methods.

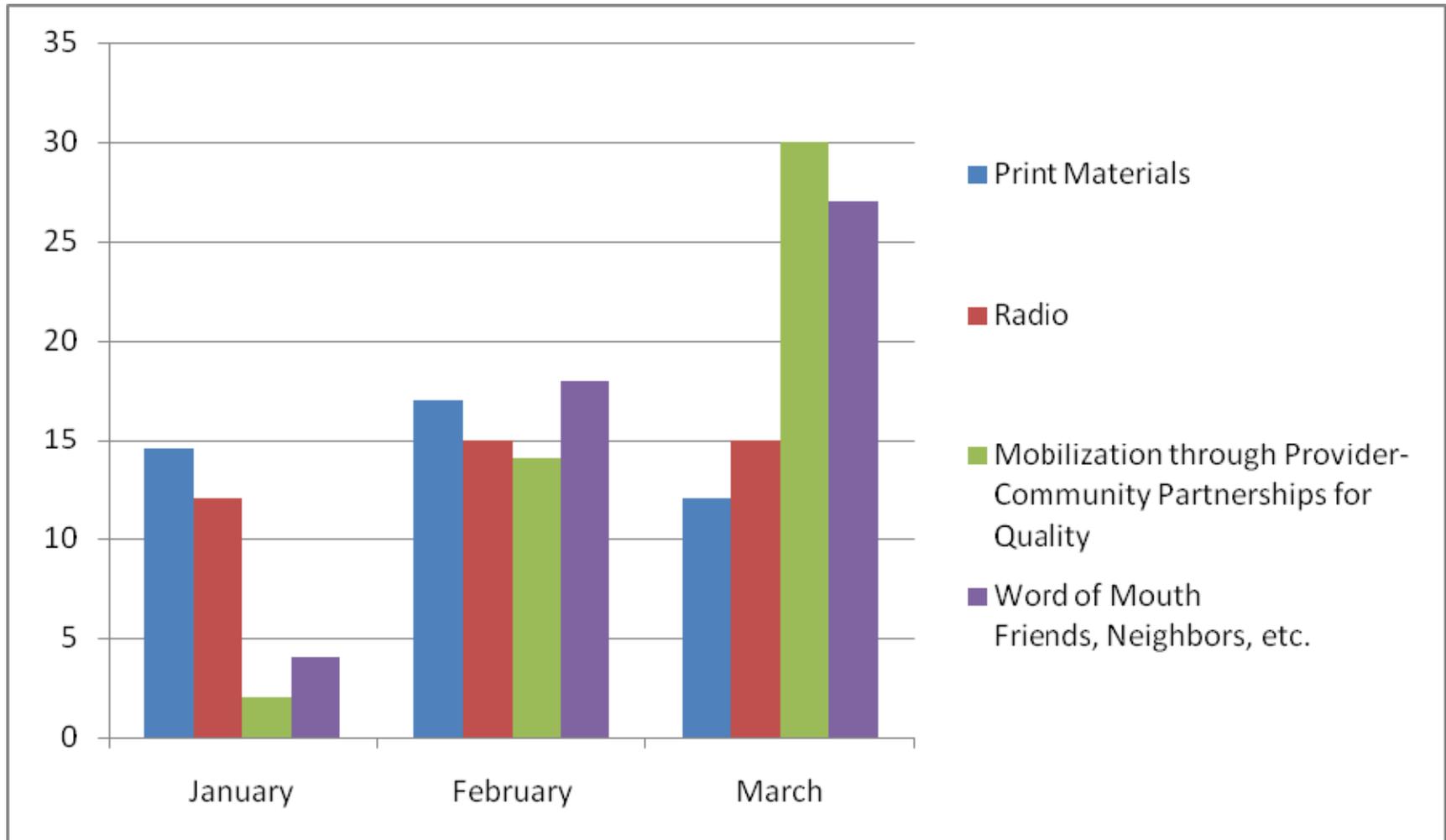
Graph # 4 :

Key Question:

**Why is there a more even distribution
of more effective methods?**

Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
The community is becoming more knowledgeable about the benefits of modern contraceptive methods.	Check to see if the increase in more effective methods is due to a declining use of other methods. If there is a declining use of other methods, investigate whether (a) this is due to voluntary method switching among clients; (b) if there are any weaknesses in the informed choice processes at the clinic; and (c) method choice and availability is appropriately aligned with clients' stated reproductive goals and preferences.
The clinic is regularly providing a full range of contraceptives but implants are still experimental.	Identify significant events such as promotional campaigns and community partnerships which may have contributed to favorable changes. Investigate further the causes of the successes. Successes should be replicated.
Potential clients are being counseled on the relative benefits of all methods.	

Sources of Information: New Acceptors



Key Questions

- What have been the most effective means of reaching new acceptors with information?
- Why have Word of Mouth and Community Partnerships been successful, while radio and print materials have been less successful?

Graph # : Key Question:

Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?

Possible Interpretation:

(Potential causes to be further investigated)

- New acceptors are pleased with the clinic's services and reporting favorably to their community.

- Provider-Community Partnerships have worked well to :
 - o define appropriate messages
 - o use volunteers and existing networks to reach clients
 - o involve persons know and trusted by community members
 - o identify other resources to help mobilize the community

- Radio spots have not aired at a time of day when potential clients have access to radio.

- Printed materials, although initially well received, ran out

Graph # : Key Question:

Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?

Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
New acceptors are pleased with the clinic's services and reporting favorably to their community.	Provide recognition and positive feedback by sharing the data with staff and, thanking them for their work, and asking them what can be done to maintain and expand this good work in the future. Consider and address the suggestions staff raise in response and take action. Motivate FP providers to continue to provide high quality services in the future.

Graph # : Key Question:

Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?

Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
<p>Provider-Community Partnerships have worked well to:</p> <ul style="list-style-type: none">•define appropriate messages•use volunteers and existing networks to reach clients•involve persons know and trusted by community members•identify other resources to help mobilize the community	<p>Provide recognition and positive feedback by sharing the data with Community organizations and volunteers who participated, thanking them for their work, and asking them what can be done to maintain and expand this good work in the future. Consider and address the suggestions raised in response and take action. Motivate Community Partners to continue to promote the benefits of FP and disseminate information on where services can be found</p>

Graph # : Key Question:

Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?

Possible Interpretation: (Potential causes to be further investigated)	Possible Actions to Take
Radio spots have not aired at a time of day when potential clients have access to radio.	Share data with responsible and encourage them to re-assess the timing of spots in light of availability of potential clients
Printed materials, although initially well received, ran out	Discuss with MOH and community partners whether resources can be mobilized to re-print materials.



Session 8

Session objectives

By the end of this session, workshop participants will be able to:

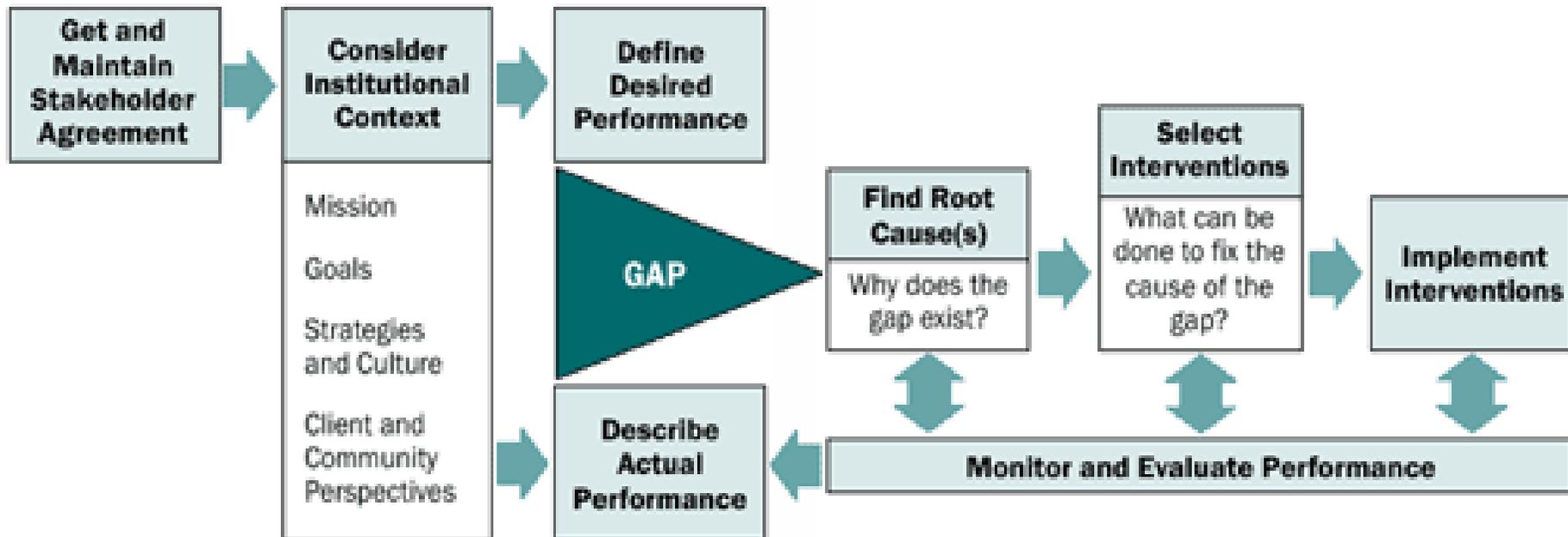
1. Identify systems necessary to assure quality in service delivery.
2. Describe briefly the 'Performance Improvement' (PI) and 'Continuous Quality Improvement' (CQI) approaches and their relevance for Supportive Supervision.
3. Provide an overview of PI and CQI tools that can be used during supervision to strengthen systems and performance.

Management and Performance Support Systems Needed for Quality Services

- Training
- Logistics & storage
- Infection prevention
- Referral
- Management information system
- Monitoring and evaluation
- Facilities & equipment maintenance
- Supportive Supervision
- Continued learning
- Training information system
- Financial systems

Figure 1

The Performance Improvement Process



External Supervisors and PI / CQI

- Train and support facility-based staff to use PI
- Oversee the work of PI/CQI teams based at facilities
- Delegate responsibility and authority to facility-based PI/CQI teams to identify and solve problems
- Work as a team member with PI/CQI teams
- Participate when needed in Performance Improvement steps
 - Defining desired performance
 - Assessing actual performance
 - Proposing interventions to close performance gaps
 - Monitoring and assessing the results of interventions

Sources for Establishing Desired Performance

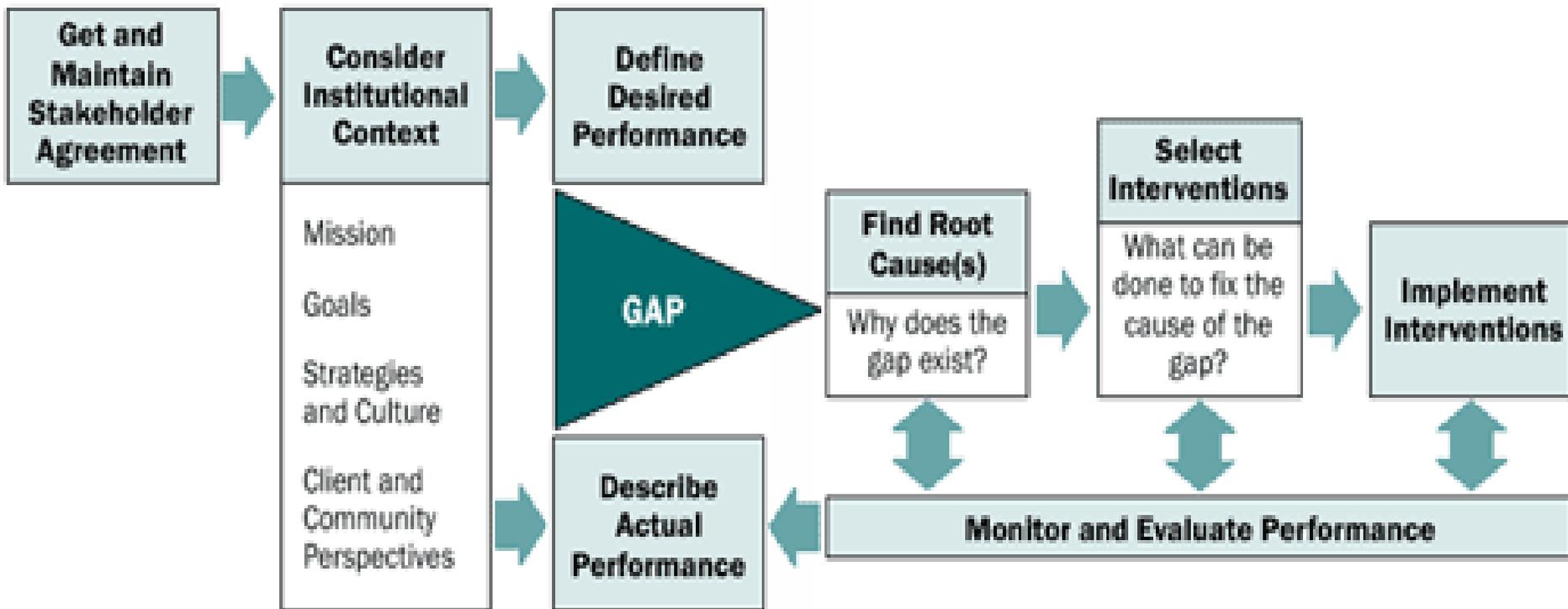
- Client and community expectations
- Job descriptions
- Clinical standards and protocols
- Standard operating procedures (policies & management)
- Best practices
- Program goals, objectives, targets
- Messages from top management
- Discussions with respected peers
- Standard competencies developed by professional associations

Tools for Assessing Actual Performance

- Service Statistics
- Facility audit with check list
- Observation with check list
- Interviews with clients, staff, community members

Figure 1

The Performance Improvement Process



Performance Factors

- Clear job and performance expectations
- Feedback on performance
- Physical environment
- Motivation to perform
- Organizational support
- Knowledge and skills that match job requirements

Tools for Finding Root Causes of Performance Problems

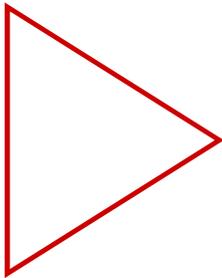
- Brainstorming
- Cause and effect diagrams
 - Fishbone diagram
 - Why-Why-Why tree
- Flow Charts



PI Example

Desired Performance:

Supervise providers
according to standard, 1/
per quarter



Gap: 3
supervisions/
year not
done



**Main root
causes:**



Interventions:

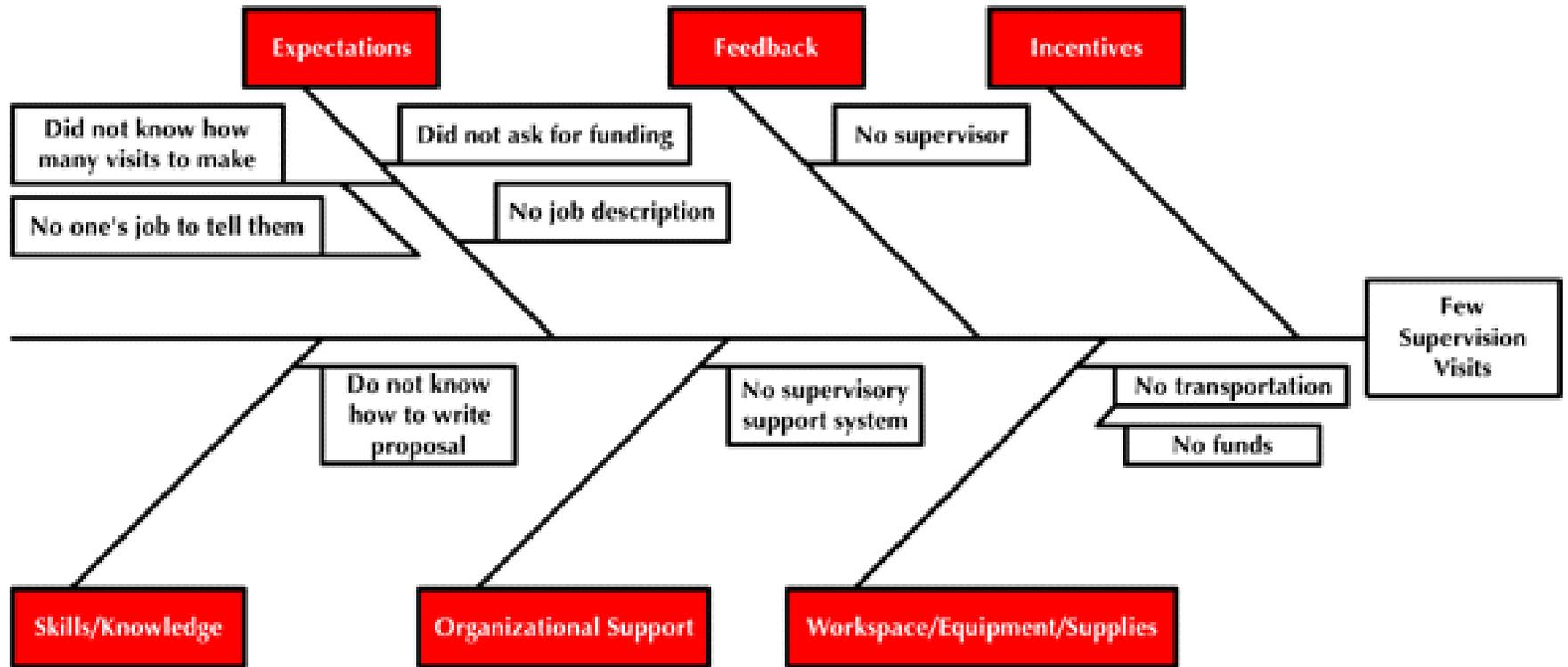
Actual Performance:

Supervised
<1/year



Why? Tree Root Cause Analysis

Figure 4. Cause-and-Effect, or Fishbone, Diagram of Supervision Performance Gap in Ghana



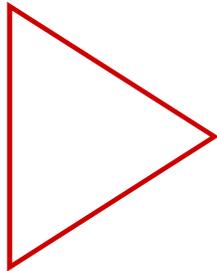
Source: Adapted from Performance Improvement Consultative Group, 2001(124)

Population Reports



PI Example

Desired: Supervise providers according to standard, 1/ per quarter



Gap:
3 supervision visits a year not done



Main root causes:
Unclear expectations, no transport



Interventions:
Clear job descriptions, coaching on proposal writing

Actual:
Supervised <1/year

Continuous Quality Improvement: Customer Focus

- Strong client-focused approach
- Clients and potential clients are “customers” to be served
- Processes information on customers’ needs, expectations and level of satisfaction ***on a regular basis***

Who are the “Customers”?

- **External Customers**
- **Internal Customers**

Continuous Quality Improvement

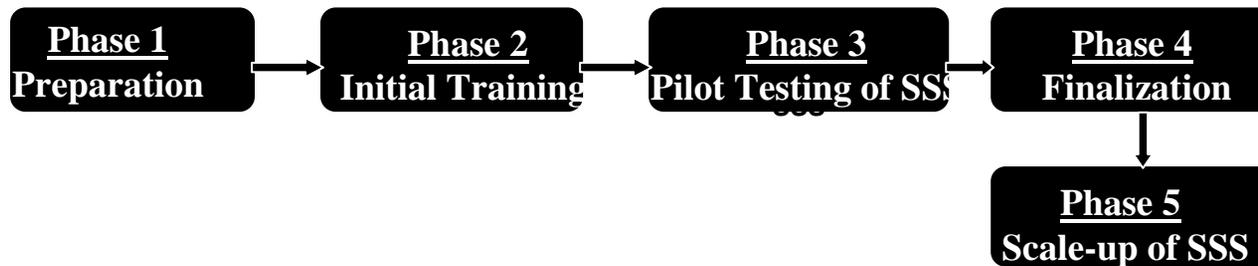
Strong focus on...

- Using data to test interventions meant to solve problems, and measuring results of interventions before deciding to scale-up.
- Regular use of data to continuously monitor and improve program outcomes and performance

PI & CQI Tools

- Brainstorming
- Cause and effect diagrams
 - Fishbone diagram
 - Why-Why-Why tree
- Flow chart analysis

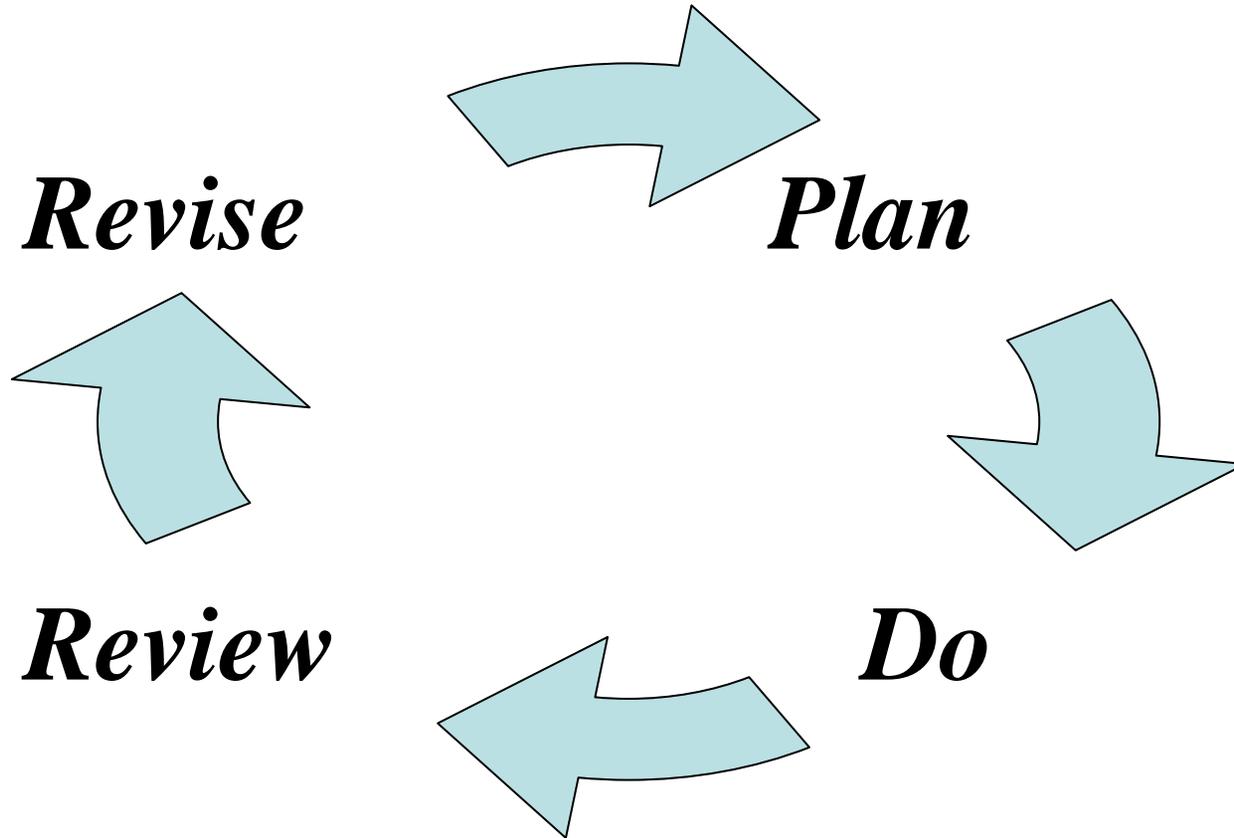
HWG Supportive Supervision System Development Plan



Management and Performance Support Systems Needed for Quality Services

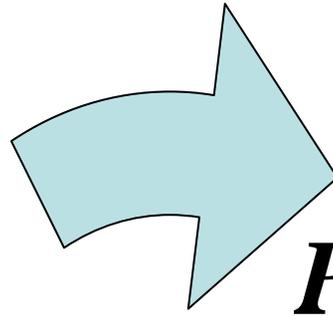
- Training
- Logistics & storage for FP commodities, drugs, supplies
- Infection prevention
- Referral
- Management information system
- Monitoring and evaluation
- Facilities & equipment maintenance
- Supportive Supervision
- Continued learning
- Training information system
- Financial systems

CONTINUOUS QUALITY IMPROVEMENT

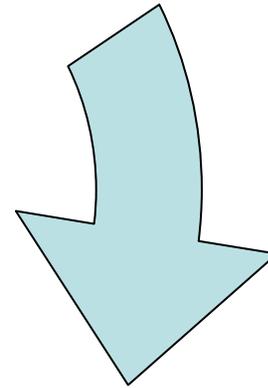


Session 9

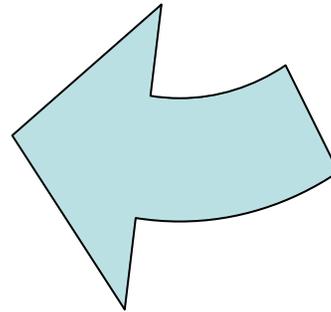
Revise



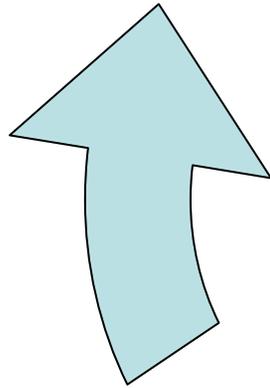
Plan



Do



Review



Session objectives

By the end of this session, workshop participants will be able to:

1. Identify program areas to routinely monitor through SS.
2. Identify and review tools in the HWG SS/CQI Toolbox.
3. Plan and practice for SS Practice Site Visits.

Supportive supervisors use a combination of

- Direct supervisory action
- Leadership to motivate others to act
- Delegation of responsibility and authority

Program Areas to Monitor during SS

- Use of Clear Expectations
- Quality of Service Delivery including Staff Performance
- Systems Review
- Community Outreach & Participation/Partnerships

Five Key Tools for SS Monitoring FP Program Areas

1. Red Flag List

Daily/ Weekly -- Initiated by Facility Staff

Problems that must be immediately addressed and/or reported to the External Supervisor to ensure safe services and to enable other service delivery functions to take place

Five Key Tools for SS Monitoring FP Program Areas

2. Facility Review with Checklist

Monthly -- External Supervisors & Facility Staff

- Readiness of the facility to deliver FP services
- Functioning of services and systems/staff management
- Status of Red Flag lists and SS/CQI Action Plans
- Information gathered through Client Exit Surveys

Five Key Tools for SS Monitoring FP Program Areas

3. Facility Audit with Checklist

Quarterly -- External Supervisors & Facility Staff

Assesses same areas as Monthly review (see previous slide)
PLUS . . .

- In-depth program review of areas that have shown weakness
- In-depth program review of one clinic system
- Client relations and community outreach and partnerships
- Progresses on action plans and individual learning plans
- Peer review and OJT process

Five Key Tools for SS Monitoring FP Program Areas

4. Performance Assessment for Counseling and General FP Skills

Monthly/Quarterly -- External Supervisors, Self Assessment,
Peer Review

Assesses . . .

- Counseling and Informed choice
- Client-provider Interaction
- Clinical techniques
- Infection Prevention Practices

Five Key Tools for SS Monitoring FP Program Areas

5. Client Exit Survey

Monthly – Facility Staff

Assesses . . .

- Expectations and level of satisfaction
- Needs
- Experiences with service delivery system
- Factors in FP decision making
- Exposure to community information and outreach initiatives

Session 12

Session objectives

By the end of this session, workshop participants will be able to:

1. Identify the role of external supervisors in leading and managing change and transition.
2. Identify how people typically react to change.
3. Identify strategies to support staff to transition during times of organizational change

Role of the External Supervisor: Introducing and Supporting Change

- Health systems level
- Institutional level
- Individual level
- Personal level

Some Determinants of Reaction to Change

- Individual's personality and situation
- Type of change
- Amount or duration of change experienced in the past and how well that change was managed
- Management of current change

Role of the External Supervisor in Change and Transition

- Help lead the changes to implement the HWG SSS
- Support those you supervise to manage change:

Session 14

Session objectives

By the end of this session, workshop participants will be able to:

1. Define 'leadership' and identify its sources.
2. Describe the characteristics of effective leaders.
3. Describe competencies of effective leaders.
4. Complete self-assessment of leadership characteristics and competencies.

Definitions of Leadership

Enabling groups of people to face challenges and achieve results in complex situations. ^[1]

Influencing, guiding and motivating others toward achievement of a goal.

^[1] “*Managers Who Lead for Improving Health Services*”, Management Sciences for Health, 2005.

Sources of Power for Leadership

- **Given (formal) authority**
- **Earned (informal) authority**

Characteristics of Effective Leaders

- Visionary
- Positive
- Supportive
- Accessible, interested & aware
- Good communicator
- Determined & committed
- Ethical, honest and trustworthy
- Resourceful
- Objective judgment
- Open-minded & flexible
- Fair-minded
- Accountable

Leadership Competencies

- **Master yourself**
- **See the big picture**
- **Create a shared vision**
- **Clarify purpose and priorities**
- **Communicate effectively**
- **Build teams**
- **Coach/ mentor staff**
- **Build trust**
- **Motivate staff**
- **Negotiate conflict**
- **Use information to make decisions**
- **Lead change**
- **Promote positive client relationships**

Session 15

Session objectives

By the end of this session, workshop participants will be able to:

1. Discuss the purpose and importance of having a Personal Plan to guide continued learning.
2. Identify input sources for constructing Personal Learning Plans.
3. Use self assessments completed during the workshop to construct a Personal Learning Plan.

Personal Learning Plan

- Empowers staff to direct their own learning for professional development and performance improvement
- Creates ownership, motivation, pro-activeness
- Promotes self-directed learning and peer support

Creating Personal Plans

Input from reviewing...

- Job expectations, your knowledge and skills, and your performance level
- Performance Assessments by supervisors and/or peers
- Self-assessment with checklist and reflection
- Information gathered from clients and/or community that is relevant to the individual's job
- “Benchmarking” – progress towards best practices and high performance of others, in the health field, and/or in other fields.

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