USAID
FROM THE AMERICAN PEOPLE

Supportive Supervision: Training of Trainers and External Supervisors

Europe and Eurasia Regional Family Planning Activity

Author: Dr. Nino Berdzuli, Linda Ippolito, Joan Haffey
Title: Supportive Supervision:Training of Trainers and External Supervisors (Facilitator's Guide)
USAID contract GHS-I-05-03-00026-00
John Snow, Inc.
June 2008

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.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States government.

JSI particularly thanks the authors group, Linda Ippolito, Senior Training Consultant for her great support and consultancy in the elaboration of this curriculum and Joan Haffey, the Project's Senior Training Coordinator, who led the entire process.

Our thanks go to all our USAID colleagues and HWG partners, and particularly to Dr. Lia Umikashvili for her ongoing support and enthusiasm.

Table of Contents

Day One

Session 1: Workshop Overview Total Time: 1 ½ hours

Session Objectives: By the end of the session, participants will be able to…

1. Introduce participants and trainers and state their expectations for the workshop.
2. State the goal and overall objectives of the workshop.
3. Identify the participants and trainers' roles and responsibilities; group norms and assessment methods for the workshop.

Session Materials:

- **Handouts**:
  - Workshop Objectives
  - Workshop Schedule
- Materials for Exercise 1.1: Icebreaker and Introductions.
- 2 flipchart stands and flipchart pads
- Colored flipchart markers
- Masking tape
- 10 pads of post-it notes
- Blank notebooks/pads, pens and pencils
- Workshop binders with course materials and/or into which participants can place the handouts they will receive during the workshop.
- Nametags

Advance Preparation for Session:

- Review and adapt as necessary the PowerPoint slides for the presentation: *Overview of the HWG Supportive Supervision Initiative*
- Prepare and make copies of the Session Handouts:
  - Prepare pictures for Exercise 1.1: Ice-breaker and Introductions
  - Workshop overview: Objectives & schedule

- **Flipcharts:**
  - Label a flipchart page with "Welcome" and workshop name and dates; hang the page where participants will see the page upon entering. (Flipchart 1.1; single page)
  - Label a flipchart page with the title: "Parking Lot"; hang the page at front of room, off to one side. (Flipchart 1.2; single page)
  - Prepare a flipchart with the Session Objectives for Day One, Session 1 (Flipchart 1.3; single page)
  - Prepare a flipchart with interview questions for the ice-breaker exercise (Flipchart 1.4; single page)
  - Label the first page of a flip chart with the title: "Workshop Expectations" Leave several (4 or 5) blank pages behind this page (Flipchart 1.5; one page with title; 4-5 additional blank pages behind title page)
  - Prepare a flipchart page with title: "Trainers' Roles" (Flipchart 1.6; Example X-x)
  - Prepare a flipchart page with the title: "Participants' Roles" (Flipchart 1.7; Example X-x)
  - Prepare a flipchart page with the title: "Group Norms" and list the most important group norms to run the workshop. (Flipchart 1.8). Leave blank space and/or some blank pages for participants to suggest additional norms.
- Prepare name tags for trainers and participants
- Prepare a suggestion box.

1. Welcome and introduce workshop participants and trainers

Time: 10 minutes for a. – c., below.

a. **Welcome participants** to the Workshop on Supportive Supervision in Georgia, sponsored by USAID's Healthy Women in Georgia and Europe and Eurasia Regional Family Planning Activity projects and supported by the Ministry of Labor, Health and Social Affairs (MOLHSA).

Flipchart 1.1
Welcome !

Flipchart 1.1
[Trainer fill in – Workshop Title Dates Location]

b. **Introduce yourself and any the names of other trainers present**. Acknowledge any dignitaries in attendance for the first session. Thank participants for having taken the time to leave their jobs and travel and attend this important, ground-breaking workshop, which is the beginning of a pilot initiative to bring a supportive system and practices to the Republic of Georgia. Review quickly the objectives for this session (Session 1):

Flipchart 1.3
Session objectives By the end of this session, they will be able to: o Introduce participants and trainers and state their expectations for the workshop. o State the goal and overall objectives of the workshop. o Identify the participants and trainers' roles and responsibilities; group norms and assessment methods for the workshop.

c. **Explain** that before going any further in the session, we will have an ice-breaker exercise that introduces the participants and helps them get to know each other a bit better. After that, we the group will proceed to the Workshop Expectations and Objectives.

Time: 40 to 45 minutes (depending on number of participants) for d., below

d. **Conduct** Exercise 1.1: *Ice Breaker exercise: Participant Introductions and Expectations*

Purpose of the Ice breaker exercise: Introduce participants; create an environment conducive to learning and team work; and reflect on expectations.

Materials to prepare:

- Prepare sheets of paper with pairs matching pictures. (You may choose to print out, in black and white or color, the example pictures included in with this exercise. Cut the pictures apart and fold them in half.

- Each picture should be figured on two separate sheets of paper. If there are 20 participants and 2 trainers, you will need 22 sheets of paper containing 12 pictures. Make sure there is one folded sheet of paper for each participant, trainer and any other person(s) who will participate in the ice breaker exercise. Be sure to have some extra pairs of pictures/sheets of paper on hand.

Flipchart 1.4 (example below).

Exercise Process:

- Shuffle the stack of pictures and distribute randomly to participants and trainers. Ask participants to wait to hear the instructions before opening their pictures.

  Instructions from Trainer to Participants:

- Explain to the participants that just like with Supportive Supervision, they will be working together in pairs and larger teams during the workshop. We therefore want to spend some time getting to know each other better. The icebreaker exercise will assist with doing that, as well providing time for them to reflect on their expectations for the workshop before our group discussion of expectations and workshop objectives, which will come later in the session.

- Tell participants they will need to find the person in the room with the other picture that matches theirs. The **pair will each have 5 minutes to interview each other** using the questions on the flipchart (Flipchart 1.4).

- As participants to be ready to introduce their partner to the larger group using their partner's responses to questions 1 – 3 on Flipchart 1.4. **Each person will have 1 minute to introduce their partner to the plenary group. (2 minutes per pair)**

- For the response to question 4 on Flipchart 1.4: Indicate that the pair should also hold up the picture that brought them together for the exercise; one of them should describe for the plenary what they saw in the picture/what they think the picture means. **Each pair will have about half a minute to make their comments to the group on the picture.**

- The response to question 5 can be shared in the pairs but should not be presented with the introductions. Instead, it will be elicited by the trainer and discussed in the plenary after the introductions.

Flipchart 1.4: Interview Questions for Icebreaker exercise
(Note: the first couple of questions can be modified depending on how well the participants already know each other)
1. What is your full name and what would you like to be called during the workshop? 2. Where do you work and what is your position? 3. What are your expectations for learning at this workshop?

End of Exercise 1.1.

2. Participants' Expectations and Overview of the Workshop

Time: 20 minutes for a. – h. below

a. **Call participants attention** to ***Handout 1.1: Workshop Overview*****.** Review and discuss workshop goal and objectives with participants.

b. **Acknowledge** any expectations which participants may have which are beyond the objectives of the workshop.

c. Using ***Handout 1.1: Workshop Overview:*** **Call participants' attention** to the workshop schedule, quickly noting start and end times and which topics will be addressed on each day.

d. **Call participants' attention** to Flipchart 1.2.: "Parking Lot" hanging the page at front of room and explain the use of the Parking Lot. **Explain:**

- The Parking Lot is a place for participants and trainers to make note of questions or topics that arise during a session that cannot be addressed during the session due to lack of time or information; or if the question / topic would be better addressed either during a different workshop session or outside the workshop setting.

- Both participants and trainers can place topics and questions in the Parking Lot by writing their comment on one of the post-it notes provided.

- Time will be set aside each day to review the items in the Parking Lot and either give brief responses, if that is possible, or discuss incorporating time to respond into the workshop schedule. Due to limited time, it may be the case that trainers will have to ask participants to choose one topic over another.

3. Trainers' & Participants' Role; Group Norms & Assessment Methods

Time: 15 minutes for a. – g. below

a. **Review** the role of trainers at the workshop, using Flipchart 1.6.: "Trainers' Roles" and share the trainers' expectations for their role:

Flipchart 1.6: Trainers' Roles *(Below is an example of items for this flipchart. It can be modified based on trainer's input)*
• Facilitate the learning of participants during workshop presentations, exercises and discussions, according to workshop goal and objectives and session objectives and materials. • Share information. • Ask and respond to questions. • Give an receive constructive feedback to advance learning and group dynamics • Help the group to stay on task and time. • Establish and maintain a safe and effective learning environment. • Model participatory training skills.

b. Trainers' role: **Ask** participants if they have any questions about what is written, and/or if they would like to suggest any additional items for the list of Trainers' Roles. Indicate that as part of facilitating learning and modeling participatory

training skills, trainers will be giving and receiving feedback. We encourage participants to give feedback to trainers throughout the workshop so that trainers may meet help meet the participants' learning needs.

c. Participants' role: **Ask** participants what they see to be their role during the workshop. (Time allowing, you may record their responses on a blank flipchart page. If there is not enough time, go directly to the prepared Flipchart 1.6). When participants are done suggesting roles, review the items using the pre-prepared Flipchart 1.6.: "Trainers' Roles". Indicate if there are any items to add based on their suggestions.

Flipchart 1.7: Participants' Roles *(Below is an example of items for this flipchart. It can be modified based on trainer's input)*
• Participate fully in his/her individual learning, and contribute to the learning of the group, according to the participant's level of comfort. • Share knowledge, skills and other information and experiences that relate to the session topic, exercises and discussion. • Uphold group norms, including help the group to stay on task and time. • Establish and maintain a safe and effective learning environment. • Prepare to conduct training of other staff in supportive supervision after the conclusion of this workshop.

d. Group Norms: **Indicate** that to accomplish the workshop goal and objectives and fulfill our roles, the group will establish and adhere to certain "Group Norms. Use the pre-prepared Flipchart 1.8 with the title: "Group Norms" and the list the most important group norms to run the workshop. Review the items listed on Flipchart 1.8.

Flipchart 1.8: Group Norms *(Below is an example of items for this flipchart. It can be modified based on trainer's input)*
• Respect each other and all opinions. Agree or

Flipchart 1.8: Group Norms

(Below is an example of items for this flipchart. It can be modified based on trainer's input)

disagree respectfully.

- Take charge of your own learning during and outside of workshop sessions. Participate actively. Take risks and step outside your comfort zone.
- Be respectful of colleagues by silencing your cellphones.
- Speak one at a time; allow others time to speak.
- Give and receive constructive feedback gracefully. Speak for yourself, not other people.
- Help the group to start and end on time. Arrive back promptly from breaks.
- Respect confidentiality when sharing information and experiences during the workshop and/or during supervisory visits and follow-up.
- Have fun – we all learn better that way!

e. **Expand** on the second-to-last last point: what it means to respect confidentiality when sharing information and experiences during the workshop and/or during supervisory visits and follow-up. This includes personal information and/or identifying details about clients, co-workers and colleagues. Information presented in the training room and/or during supervisory visits should be shared in a manner that does not breach confidentiality of clients and co-workers. When any sensitive information is shared during the workshop in accordance with confidentiality boundaries, particulars will not be shared outside the training room.

f. **Ask participants** whether they would like clarification on any of the ground rules presented and/or would like to suggest any to the group to consider adding.

g. Workshop Assessment Methods: **Indicate** that both participants and trainers will be involved in assessment during the workshop, for the purpose of maintaining and, when necessary, strengthening the learning of individuals

and the group. Call participants attention to this section of Handout 1.1: Workshop Overview.

Workshop Assessment Methods	
Method	**When**
Informal feedback from and to trainers	Throughout the workshop
Daily assessment of workshop proceedings	At the end of each day
Self-assessment checklists for supervision knowledge and skills and leadership competencies	During appropriate workshop sessions
Written evaluations	At the end of the workshop
Post-workshop follow-up assessment	Within 3 months of workshop

h. **Ask** if there are any remaining question on what has been covered in Session 1.
i. **Indicate** this is the conclusion of Session 1. There will be a 15 minute break before the beginning of Session 2.

Day One

Session 2: Supportive Supervision: An Evidence-based Approach

Total Time: 1 & 3/4 hours

Session Objectives: By the end of the session, participants will be able to…

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

Session Materials:

- **PowerPoint presentation:**
  - Supportive Supervision: An Evidence-based, State-of-the-Art Approach to Make Supervision Effective and Sustainable.

- **Handouts**:
  - Handout 2. 1: Overview of Roles and Responsibilities in Supportive Supervision: External, Internal, Self/Peer, and Client/Community

- Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style*

- **Flipchart:** with titles.

Advance Preparation for Session:

- Review presentation and copies of slides to be presented (provided in PowerPoint) along with the detailed presentation notes for each slide included below.
- Prepare flipcharts.
- Make copies of handouts.

1. The importance of Supervision

Time: 10 minutes for points a. through k., below.

a. **Begin the session** with introduction of the session objectives:

PowerPoint slide 2.1

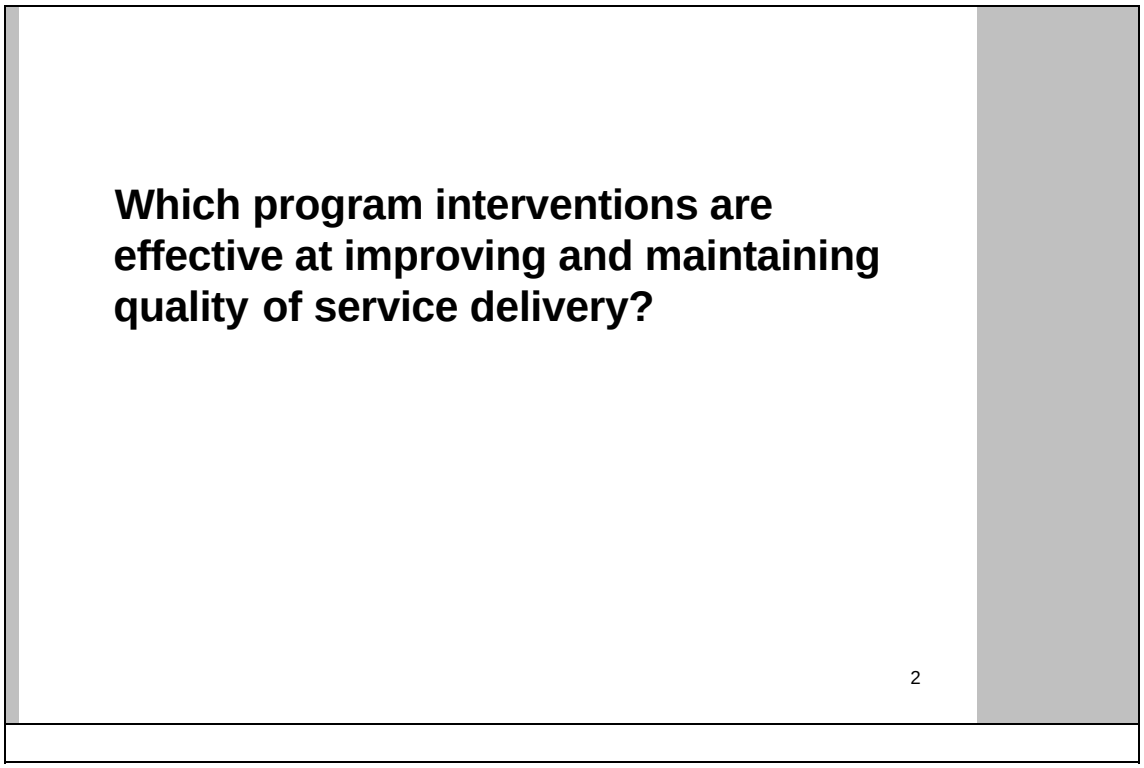
Session objectives

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.

b. **Reveal next slide and explain that:** Improving and maintaining quality of services and service provider performance are continuing concerns for maternal and reproductive health programs throughout the world, particularly in places with limited resources. Over the past five years, two issues have been the focus of considerable attention and dialogue by MCH/RH practitioners, program planners and researchers around the world. The first issue concerns identifying which program interventions are most effective at improving and maintaining quality of service delivery, especially in low resource settings.

PowerPoint slide 2.2:



c. **Ask:** What types of interventions do you believe play a critical role in helping improve and maintain the quality of service delivery? ***[Trainer: Allow participants to respond. After they are finished offering ideas, thank them.]***

d. **Comment that:** "Training", for example, is the one intervention that is most often counted on to improve the performance of service providers and, by relation, the quality of services. While formal training is usually an important foundation for acquiring new or additional attitudes, knowledge and skills, training alone has been shown to be inadequate to produce desired changes in provider practices and service delivery systems. Program experience has shown that in order to improve and maintain quality and serve clients well, there should be a multi-faceted approach to providing "performance support" to service providers after they have been trained.

e. **Reveal next slide:**

Notes: 2.3	PowerPoint slide: 2.3
Providers Need Performance Support After Training	**Providers Need Performance Support After Training**
After training, service providers need "performance support" on the job, including: • Facility-level policies and procedures conducive to teamwork and continuous quality improvement • Strengthened service delivery, information and supervision systems • Access to adequate equipment and supplies • Access to information • Teamwork • Continued learning opportunities	**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

f. **Explain:** Sometimes, clinical training is not synchronized with or supported by necessary improvements in clinic policies, systems, equipment and supplies, and ways of doing work, such as teamwork and the use of information for problem solving. Yet, even when some of these things are put in place, providers **still** often have difficulty applying their new knowledge and skills gained in formal training to improving services in order to meet clinical standards and improve overall quality.

g. **Explain:** The good news is: A review of the literature has found that Supervision -- and in particular the Supportive Supervision approach -- has been found to be uniquely well suited and effective to help service providers and managers improve their performance and maintain quality of services.

h. **Reveal next slide and comment:**

- A recent review of the literature indicates that supervision and audit with feedback are effective in helping improve and maintain performance in low-resource settings.[1]

- Further findings indicate that improvement in provider performance according to standards occurs when there is a link between targeted supervisory feedback and on-site training in standards specific to knowledge and skills. On-site guidance on technical aspects of services

[1] Rowe K Alexander, Don de Savigny, Claudio F. Lantana, Cesar G Victora, "How can we achieve and maintain high-quality performance of health workers in low-resource settings*?" The Lancet*, August 9, 2005 DOI: 10.1016/S0140-6736(05)67028-6, pp. 1-10.

PowerPoint slide 2.4:
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**

i. **Reveal next slide and comment:** Following on this, the second question that researchers and program leaders in RH have focused on is what are the key characteristics that are shown to make supervision effective?

PowerPoint slide 2.5:
What are the key characteristics that are shown to make supervision effective?

j. **Explain that:** But, before we comment more fully on the second issue, we are going to take a step back and discuss the definition, main functions and basic tasks of supervision.

2. Definitions, Approaches, Main Functions, Basic Tasks of Supervision

Time: 10 minutes for points a. through k., below.

a. **Ask** the questions below. For the first three questions, encourage a show of hands instead of long responses.

   - How many of you are responsible for supervising people on-site at your job (that is, at the same facility where you now work)? ***[Trainer, Encourage a show of hands among of participants.]***

   - How many of you have supervised people at facilities and/or locations off-site? ***[Trainer, Encourage a show of hands among of participants.]***

   - Some of you may not have conducted 'official supervision' before, but have been involved in conducting 'training follow-up visits and providing feedback to those who you have helped train. How many are in this category? ***[Trainer, Encourage a show of hands among of participants.]***

   - What is Supervision? ***[Trainer, Allow participants to respond, moving from one person to the next until 3 or 4 persons have responded.]***

b. **Reveal next slide:** We are going look now at some standard definitions and approaches to supervision. This slide presents a traditional definition of "supervision". **Ask:** A volunteer participant to read the slide for everyone.

PowerPoint slide: 2.6
What is supervision? Traditional definition
The process of "directing and supporting staff so that they may effectively perform their duties."

c. **Explain:** This is a concise definition, although some might say it is not complete, because it does not address the issue of 'how', as we'll see in just a few minutes.

d. **Ask:** In your experience (or opinion), what are some barriers to effective supervision? ***[Trainer, While participants respond, record key word/ phrases on flipchart]***

e. **Reveal next slide and explain:** Previously, in many countries including those in Europe, in the U.S. and in the developing world, the old, traditional approach to supervision was based on a hierarchical "inspection and control approach, that is: controlling workers adherence to policies and procedures, based on an attitude that workers are naturally unmotivated and require strong external controls to perform adequately."

PowerPoint slide 2.7.:
Traditional Approach for Supervision
"Inspection and control approach" to control workers' adherence to policies and procedures • External, visiting supervisor and/or • On-site, individual supervisor

f. Explain: With this traditional approach, the predominant model was that of the "external supervisor" alone – a 'superior' who was supposed to conduct periodic visits either to the health care facility or the hospital department he/she supervised to provide inspection, comments and directions. It turns out there are several problems with this approach.

g. Explain: Typically many facilities receive inadequate support under the "external-only" supervision model. In many countries, programs lack resources to allow external supervisors to make an adequate number of visits to facilities and also to perform their other responsibilities. Studies and program experience from many countries show that external supervision visits are often not made at the time or frequency planned or needed,[2] so that there are not enough supervision visits and when they do happen, they are not long enough.

h. Reveal next slide and explain: There is also lack of knowledge and resources to adequately train and deploy external supervisors. So, not only were external supervision visits found to be too infrequent and too short, but when they did occur, they were also often too superficial and conducted in a style that did not support the learning and improvement of those supervised.

[2] Luoma, Marc, "The Visiting Supervisor Model: What's the Evidence?", The Capacity Project, USAID. Presentation at the USAID funded conference "Beyond the Visiting Supervisor: What Works, What's Next", October, 2005.

PowerPoint slide 2.8
Common Problems and Barriers Affecting Supervision
• Lack of resources and systems • External visits too infrequent and too superficial • Supervisors untrained in supervision, communication, problem-solving, teamwork, service delivery

i. Explain: The last point on the slide (above) points out that supervisors themselves are often not well supported: often they are not trained in effective methods to conduct supervision, and not provided adequate resources to either conduct supervision and/or to help those being supervised to solve problems and improve quality and performance.

j. Reveal next slide and explain: In addition, often the supervisor, whether external or someone assigned to the same facility, played the role of the superior, outside, authoritarian "expert", viewing supervision as a time to conduct strict inspection in order to catch errors, control staff, and reprimand service providers. The style is based, in part, on an attitude that workers are unmotivated and require strong external controls to perform adequately.

PowerPoint slide 2.9
Traditional Approach to Supervision
"Inspection and control approach" • Controlling workers' adherence to policies and procedures • Assumes workers are unmotivated and require external controls

k. Reveal next slide and explain: This style was (and still is) frequently used despite the fact that sometimes the supervisor is actually not adequately trained or knowledgeable concerning the services he or she was supervising. The style was often one of confronting staff in an adversarial manner and using fear and even

punishment for mistakes and situations when services and performance did not meet clinical standards and the expectations of the external supervisor. With this style of supervision, the supervisor tends to simply give orders for staff to improve, without listening to the staff about the problems they face, assessing their needs for professional coaching and development, and engaging in joint problem-solving with the staff and/or individual providers. This style demoralizes staff and inhibits problem-solving and teamwork, leading to lost opportunities to improve performance and quality.

PowerPoint slide 2.10
Old Style of Supervision
• Hierarchical • Authoritarian • Adversarial • Punitive

3. Supportive Supervision: A More Effective Approach -- Tasks, Components, Roles and Responsibilities, Benefits

Time: 30 minutes for points a. through w., below.

a. **Reveal next slide and explain**: Review of the literature now show that a more effective approach to supervision is typified by an expanded approach, and a different style. We can define the expanded approach to supervision as:

PowerPoint slide 2. 11
Definition of Supervision **New, expanded, more effective approach**
"The provision of -- • **monitoring** • **guidance** • **feedback** on matters of personal, professional and educational development in order to **ensure patient/client safety**

PowerPoint slide 2. 11
Definition of Supervision **New, expanded, more effective approach** **and** **promote professional development.**"

b. **Reveal next slide:** This expanded definition can help us to answer the question: **What are the key characteristics that are shown to make supervision effective?**

PowerPoint slide 2.12
What are the key characteristics that are shown to make supervision effective?

c. **Reveal next slide:** As seen in the expanded definition, the consensus in the literature indicates that the essential **functions of supervision can be summarized as: management, education and support.** Further delineation of the specific functions of supervision comes from consensus reached by representatives of USAID Cooperating Agencies, including John Snow, Inc., and partner organizations working in the reproductive health field throughout the world:[3]

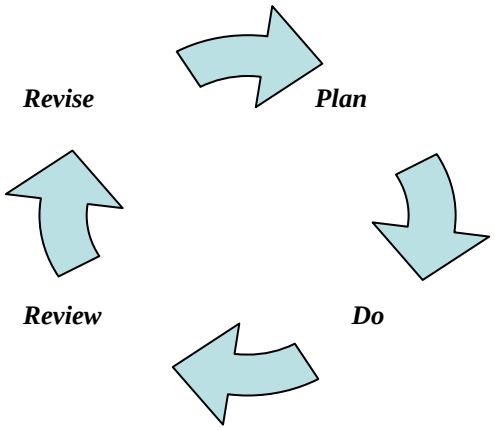
PowerPoint slide 2.13
Functions of supervision
Essential Functions: Management, education and support • Set objectives / expectations • Monitor performance / provide feedback • Provide / ensure supplies • Solve problems • Address training and professional development needs of providers • Motivate and support providers to improve performance

[3] Op cit., Marquez et al.

d. **Reveal next slide:** The next slide presents the supervision cycle, illustrating the continuous nature of the supervisory process along with the four basic tasks of supervision: Plan, do, review, revise.

PowerPoint slide 2.14

Four Basic Tasks Conducted in a Continuous Cycle



e. **Explain**: The cycle emphasizes the ongoing, continuous nature of the process, a loop with no start and end points. However, this cycle, and the four basic tasks of the supervision cycle, are often not planned for, do not consistently take place, or are not optimized in order to improve and maintain performance and quality.

f. **Explain:** Recently reviewed research studies and program evaluations in the health care field in the U.S., Europe and the developing world "suggest a different approach to make supervision more conducive to improvement in health worker performance. That is: Supportive Supervision. Supportive Supervision uses evidence from the past two decades that points to the need to change not only the frequency, duration and structure of supervisory encounters, but also the nature and objective of supervision to make it more supportive and facilitative."[4]

g. **Reveal next slide:** The new, evidence-based approach to Supportive Supervision puts in place a structure that addresses and helps overcome barriers to supervision so that supervision can be

[4] W Stinson, L. Bakamjian, S.C. Huber and D. Silimperi, "Managing Programs to Maximize Access and Quality: Lessons learned from the field, MAQ paper vol. 1, no.3 (2000) Washington DC: Maximizing Access and Quality (MAQ) Initiative, USAID).

more effective and the four basic tasks of supervision can proceed and produce results.

PowerPoint slide 2.15
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 and promoting high standards, teamwork and better two-way communication."(Marquez and Kean, 2002(2)

h. **Reveal next slide:** Supportive Supervision systems "**shift the locus of supervisory activity from a single official to the broader workforce"**[5] in order to address limited resources and increase action for quality improvement and assurance.

PowerPoint slide 2.16
Supportive Supervision
Supportive Supervision systems "**shift the locus of supervisory activity from a single official to the broader workforce"**[6] in order to address limited resources and increase action for quality improvement and assurance.

i. **Reveal the next slide and explain:** The next slide shows the four components that comprise the structure of a State-of-the-Art (SOTA) Supportive Supervision System, which broadens the responsibility for supervisory functions to the broader workforce and even in some dimensions, to those outside the healthcare workforce. There are four components:
   - external supervision

[5] Op cit, Marquez et al.

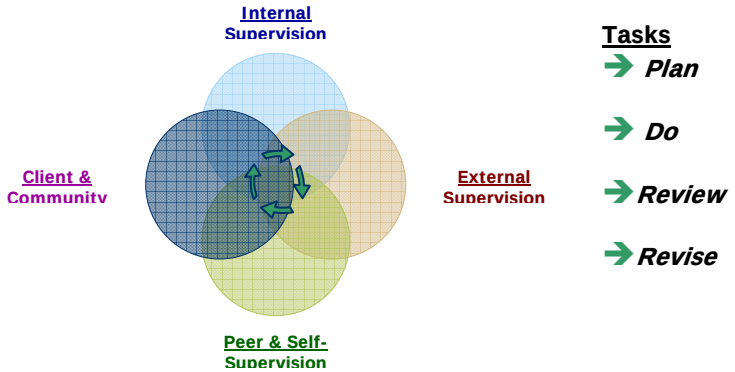
[6] Op cit, Marquez et al.

- internal supervision
- peer and self-supervision
- and client and community input and relationships.

j. **Reveal next slide:** In this slide, we see the overlapping circles representing the four components of supportive supervision. They are placed next to the four basic tasks of the supervision process. This illustrates that parties in each of the four component areas make tangible contributions to the four basic tasks during the overall Supportive Supervision cycle: (plan, do, review, and revise).

PowerPoint slide 2.17

Components and Tasks of Supportive Supervision



k. **Explain**: There is evidence that using a combination of these four components to carry out the four basic tasks is more effective and sustainable than depending solely on external supervision. Ideally, Supportive Supervision systems seek to use a balance among the four components summarized by the overlapping circles. It is not unusual, however, for two or three components to be initially emphasized more than the others, and a system can still be considered supportive if it does not include all four components equally.

l. **Explain**: However, over-dependence on one or two components is not recommended. For example, overdependence on self- and peer-supervision may result in providers not receiving adequately and objectively critical and constructive feedback on their performance. Overdependence on external supervision may result in too infrequent supervision as well as decrease opportunities for on-site teamwork, timely quality and performance improvement, and motivation that contribute to self-directed learning and a sense of ownership.

m. **Explain**: With three to four of the components in place, the responsibility and activities for supervision is shared among multiple parties (not held by just one type of worker). Team work in such a structure is essential. In a Supportive Supervision system, the entire team – including internal and external parties – is responsible for contributing to setting desired performance of the health care system and providers; assessing performance; making improvements; and ensuring standards are met.

n. **Explain**: Supportive Supervision systems actively facilitate use of data, communication, and problem solving among the various team members during the supervision cycle. This replaces the focus on individuals working alone with a focus on teams working together on a daily basis to meet expectations and improve processes and outcomes.

o. **Explain**: In a moment, we will look more in depth at the roles and responsibilities of people in the four components, but before doing so, we need to fill in the remaining important characteristics of the Supportive Supervision approach.

p. **Reveal the next slide and explain:** Other important aspects of Supportive Supervision include that it:

- Is data-driven, constructive and focuses on the results of processes and on program outcomes
- Monitors both individual and clinic-wide performance against expectations and standards
- Promotes a 'customer' or 'client' orientation. There are two types of "customers" (a) internal, and (b) external. Internal customers are other members of the health care team. External customers are clients, patients, potential clients/patients and community members. With Supportive Supervision, it is important to know and strive to meet the expectations of both internal and external customers. We will discuss a 'customer orientation' more when we do the session on quality of care.

PowerPoint slide 2.18	PowerPoint slide: 2.18
What is Supportive Supervision?	**What is Supportive Supervision?**
• **Data-driven**: it uses data to set goals and objectives, monitor performance, and make decisions • **Results-oriented:** Focuses on the results of processes and program outcomes • **Quality-focused:** Monitors individual and clinic-wide performance against clinical standards and customer expectations and satisfaction • **Customer-focused:** Develops and promotes a customer orientation including internal and external customers	**What is Supportive Supervision?** • **Data-driven** • **Results-oriented** • **Quality-focused** • **Customer-focused**

q. **Say:** Now let's look more in depth at the roles and responsibilities of team members in each of the four components of a Supportive Supervision System. ***[Trainer: Use handout 2.1 for this. Read first the role column then ask participants to read one by one the responsibilities]***

Handout 2.1

Roles and Responsibilities in Supportive Supervision

Roles	Responsibilities
External Supervision *Provide and model leadership* *Oversee performance of facilities and individuals within the larger system*	▪ Set and implement program goals and standards ▪ ***Jointly*** define performance expectations ▪ ***Jointly*** monitor performance and quality according to goals, standards and expectations ▪ Provide constructive feedback ▪ Foster trust, open communication and team work ▪ Allocate resources in the system ▪ Facilitate supportive supervision at lower levels in the system ▪ Lead and participate in collection and use of data for decision making ▪ Facilitate and follow-up on problem solving at higher and lower levels ▪ Improve and maintain quality and performance ▪ Stimulate motivation and provide recognition ▪ Facilitate and participate in the continued learning of facility-based teams and individuals in order to reach program objectives

r. **Explain**: Note in this slide and the next that those who participate in external and internal supervision ***jointly*** define performance expectations and monitor performance and quality according to goals, standards and expectations. This means that members of the health care team in both external and internal roles work together on setting expectations and monitoring performance. This is whether they are acting as individuals or as part of a group at any give time. We will talk later in the workshop about ways to do this.

Handout 2.1

Roles and Responsibilities in Supportive Supervision

Roles	Responsibilities
Internal Supervision	▪ ***Jointly*** set expectations for performance and quality

Handout 2.1

Roles and Responsibilities in Supportive Supervision	
Provide and model leadership *Process of a particular facility or department; performed by groups and individuals, to oversee performance of individuals and quality of service delivery at the facility*	▪ ***Jointly*** monitor performance and quality according to goals, standards and expectations ▪ Provide constructive feedback ▪ Foster trust, open communication and team work ▪ Support and motivate providers with materials, training and recognition ▪ Build and participate on teams ▪ Promote team-based approaches to problem-solving ▪ Foster trust and open communication ▪ Collect and use data for decision making ▪ Serve internal and external customers/clients ▪ Improve and maintain quality and performance

s. **Explain:** Here's that word 'jointly' again. In this case, 'peer' refers to colleagues outside the immediate place of work. For example, other physicians, other nurses, other community outreach members. These peers can provide powerful influence and support for the setting of professional standards, and the learning processes and problem solving efforts of colleagues.

Handout 2.1

Roles	Responsibilities
Peer Supervision & Self Supervision *Improve your own skills and performance and those of colleagues*	▪ ***Jointly*** set and use clear expectations and professional standards ▪ Assess skills, measure performance and provide constructive feedback and coaching/mentoring ▪ Elicit and use customer and community feedback

Handout 2.1

	▪ Monitor health outcomes

t. **Ask:** On the final slide, we see "Client and community input." What role would any of you see for clients and community members to play in supportive supervision? ***[trainer allow responses from participants before revealing bullet points under the 'responsibilities' column.]***

Handout 2.1

Roles	Responsibilities
Client & Community Input *Mobilize around rights and needs, provide input and feedback*	▪ Provide formative input on needs and expectations ▪ Provide feedback on quality and accessibility of services ▪ Partnership on problem-solving with health care providers, management and other community members and organizations.

u. **Reveal next slide and explain:** Multiple structures are also used, such as individual (one-to-one) supervision; team supervision (colleagues working together on issues with or without a team leader); and networks (with people outside the facility who usually do not work together, such as preceptors, mentors and peer-colleagues).

v. **Reveal next slide and explain:** Because Supportive Supervision systems increase the parties involved in supervision, they **increase the opportunities for supervision to take place**, making supervision more routine and a regular way of working rather than a special (and often infrequent, and detached) event. Multiple venues and media are used, including routine formal and informal interactions on the job; scheduled meetings; interaction with clients and community groups; and remote communication, including telephone, computer, digital assistants and documents. Using multiple methods and all opportunities infuses the work culture with expectations and problem-solving.

PowerPoint slide 2.19	PowerPoint slide: 2.19
Supportive Supervision Opportunities	**What is Supportive Supervision?**
• Scheduled meetings • Routine formal and informal interactions on the job • Interactions with clients and community groups • Remote communications: telephone, computer, documents, digital assistants	**Supportive Supervision Opportunities** • Scheduled meetings • Routine formal and informal interactions on the job • Interactions with clients and community groups • Remote communications

w. **Reveal next slide and explain:** Using this multifaceted approach, Supportive Supervision provides benefits that include:

- a structure of mutually reinforcing components (internal, external, peer, self, and community) that:

- Reduces and helps eliminate barriers, gaps and delays in supervision by
  - Aligning more people to be involved in monitoring performance, problem solving and maintaining quality
  - Providing more opportunities to conduct supervision

- Helps produce and sustain coordinated, on-going actions to improve performance and maintain quality
  - Applies more effective approaches and tools for improving performance and quality

PowerPoint slide 2.20
Benefits of Supportive Supervision
Mutually Reinforcing Structure of Components, Roles & Responsibilities, and Effective Techniques • Helps eliminate gaps and delays in supervision • Helps produce and sustain coordinated, on-going actions to improve performance and maintain quality

4. Tools and Characteristics That Make Supervision and Supervisors Effective

Time: 20 minutes for points a. through j. below

a. **Explain:** We are going to provide a quick overview now of the **Approaches and Tools** that have been found effective for supervision, which are used in supportive supervision. We will be looking at and using such tools in more depth during subsequent workshop sessions. Then we will focus on **Characteristics** of effective supervisors.

b. **Explain:** There are actually very few well-designed studies that look at the effectiveness of various supervision approaches and tools, and even fewer that compare one approach or tool against another. But here is some of what we do know: Approaches and tools that have been found in studies to be effective include:

PowerPoint slide 2.21	PowerPoint slide: 2.21
Effective Approaches & Tools	**Effective Approaches & Tools**
• Structured review and/or audit with checklist and **constructive** feedback • *Two-way* discussions between the supervisor and supervisee on how the supervisee's performance can be improved • Assessment and constructive feedback followed by on-site/on-the-job training • Identification of skills to be developed through assignments recorded in a homework log	**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 21

c. **Reveal next slide:** It is important to note that a combination of approaches and tools are both necessary and more effective for helping improve performance. For example, studies showed that:

PowerPoint slide 2.22	PowerPoint slide: 2.22
Approaches & Tools	**Approaches & Tools**
• Feedback alone did not improve performance • Improvement in provider performance according to standards took place only when there was a link between targeted supervisory feedback *and* on-site training in knowledge and skills specific to the standards in question	**Approaches & Tools** • Feedback alone did not improve performance • Improvement in provider performance according to standards: targeted supervisory feedback *and* on-site training in knowledge and skills specific to the standards 22

d. **Reveal next slide:** We'll make a few comments here about the most used tools in supportive supervision

PowerPoint slide 2.23
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**

e. **Reveal next slide:**

PowerPoint slide 2.24
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

f. **Reveal next slide:** Participatory supervision with self-assessment was found to improve doctor-patient communication in Mexico.

PowerPoint slide 2.25
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

g. **Reveal the next slide and explain:** The points we've covered up to this point concern the definition, structure and tasks of supervision and the Supportive Supervision approach. As we've touched on above: ***How*** **supervision is conducted has also been identified as a key to its effectiveness**. We are going to look at that more in depth now, to help define what we mean by "supportive" and "facilitative" supervision.

PowerPoint slide 2.26
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.***"[7]

h. **Reveal next slide:** As we saw before, the Old Style of supervision had a model of the supervisor who was:

PowerPoint slide 2.27
Old Style of Supervision
• Hierarchical • Authoritarian • Adversarial • Punitive

i. **Ask:** In your experience or opinion, what are some characteristics that would help make supervisors and supervision more effective? ***[Trainer: allow several responses, writing them on the flipchart.***

j. ***After participants have finished*** offering ideas, **indicate that*]*** : "Studies show that characteristics and actions of Effective Supportive Supervisors include:" ***[Trainer: Reveal the next 2 slides. As you go through the points, note any similarities between the points on the slides and what you recorded on the flipchart from the participants responses]***

PowerPoint slide 2.28
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

[7] Rowe, Op. cit, 2005.

PowerPoint slide 2.28
Effective Supervisors
• Foster open communication • Provide clear feedback about strengths and weaknesses

PowerPoint slide 2.29
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

k. **Reveal the next slide and comment:** Over the years, there have been certain common lessons learned concerning what it takes to make supervision and particularly supportive supervision successful.

PowerPoint slide 2.30	PowerPoint slide: 2.30
Lessons Learned for Using Supportive Supervision	**Lessons Learned for Using Supportive Supervision**

PowerPoint slide 2.30	PowerPoint slide: 2.30
Lessons Learned for Using Supportive Supervision	**Lessons Learned for Using Supportive Supervision**
• Top management must be committed • Requires motivation on the part of supervisors and facility staff alike • Takes time and investment to establish and implement • Should be integrated into the existing Health Human Resource Management System and Health Information System, not set up as a parallel system • Requires simple, short, locally appropriate and locally tested tools • Some decision-making authority must be decentralized to the supervisory team at the local facility	**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 30

5. Reflection and Comments

Time: 12 minutes for point a. (slide, reflection and discussion)

a. **Explain:** Now that we've presented these ideas, we will have some reflection and discussion. We are all going to engage in quiet reflection for one minute, then proceed with your comments and discussion for 10 minutes about your insights and comments on the material we've covered. In this session, we've talked about:

PowerPoint slide 2.31
Session objectives
By the end of this session, they will be able to: 1. Identify what the evidence base indicates about the

PowerPoint slide 2.31
Session objectives
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.

[Trainer, after one minute of quiet reflection, invite participants to offer their thoughts for 10 minutes. Allow this to be their time to comment; do not feel you need to respond. But facilitate so that no one person dominates the entire 10 minutes.]

b. **After the 10 minutes:**

6. Supervisor's Self Assessment

Time: 3 minutes for explanation a., below –

20 minutes for Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style*

a. **Explain:** The ability to reflect on one's own attitudes, skills and practices in order to identify areas for performance improvement and self-directed learning is a very important aspect of adult learning, supportive supervision and leadership development. The field of adult education shows that learning is made more effective by several factors, including providing time for individuals to reflect on what they are learning before applying it. The field of Leadership Development shows us that anyone who aims to be an effective leader, including as a supervisor, needs to learn the skills associated with self-assessment and planning for self-improvement and continued learning.

To facilitate this, we will be using various methods throughout the workshop. Now, we are going to devote about 20 minutes to Exercise 2.1 *Supervisor Self-Assessment: My Supervision Style*. This checklist will help you to personally identify your style and plan your future development as a supervisor. It will also help you to reflect on and apply your learning throughout this workshop and throughout the coming months as a trainer and

external supervisor. This checklist is not a test: it will be completed and retained individually by you. Some of the information covered in the checklist is about things we have discussed up to now; other aspects will be covered in remaining workshop sessions. We will not discuss the findings of your self assessment as a group. But you will use them yourself during a session at the end of the workshop to develop your own continued learning plan.

Please read the instructions carefully and fill out the checklist. When you are done, turn your paper over and look up.

Day One

Session 3: Defining Quality in Health Care and Family Planning Programs

Total Time: 1 hour, 10 minutes

Session Objectives: By the end of the session, 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.

Session Materials:

- **PowerPoint presentation:** Defining Quality in Health Care and Family Planning Programs
- **Handouts:**
  - **Exercise 3.1: Trainers' Versions** of *Perspectives on Defining Quality in Health Care Services*
    - 3.1.a : Client's Perspective
    - 3.1.b: Clinical Service Provider's Perspective
    - 3.1.c: Supervisor's Perspective
    - 3.1.d: (and if 20 or more participants): MoLHSA Offical's Perspective
  - **Exercise 3.1: Participants' Versions** of *Perspectives on Defining Quality in Health Care Services*
    - 3.1.a: Client's Perspective
    - 3..b.: Clinical Service Provider's Perspective
    - 3.1.c: Supervisor's Perspective
    - 3.1.d: (and if 20 or more participants): MoLHSA Offical's Perspective
  - **Handout 3.1:** *Client Focused Family Planning*
  - **Handout 3.2:** *IPPF Framework of Clients' Rights, Providers' Needs*
- **Flipcharts:**
  - 3-4 blank flipchart pages for each of the 3 to 4 small groups for Exercise 3.1
  - Blank Flipchart with title: *Positive Outcomes/Benefits of Good Quality* [Trainer use]

- **Flipchart markers**: One set for trainer; plus 4 sets/4 colors each small group exercise

Advance Preparation for Session:

- Make copies of handouts, separating handouts for trainers and participants on Exercise 3.1.

- **Flipcharts:**
  - Blank Flipchart with title: *Positive Outcomes/Benefits of Good Quality*

Introduction to session

Time: 1 minute for a. and b. below.

e. **Begin the session by explaining that:** As we discussed in our introduction to the last session, improving and maintaining quality of services and service provider performance are continuing concerns for maternal and reproductive health programs throughout the world. Supervisors and supportive supervision methods have a particularly important role to play in these critical issues. In this session, we are going to look more in-depth at defining, improving and maintaining quality of care and service delivery, including the performance of service providers and service delivery systems.

f. **Use the Powerpoint slide to introduce the session objectives:**

Powerpoint slide 3.1

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.

1. "Quality" in health care service delivery

Time: 25 minutes for a. through g. below (Exercise 3.1: *Perspectives on Defining "Quality" in Health Care Service Delivery)*

a. **Comment that:** There is no one universally accepted definition of 'quality' for health care services. Part of the reason is that 'quality means different things to different people, especially depending on the perspective of who is defining the term. You are all health care professionals, and we know this is certainly not the first time you are thinking and talking about the quality of health care services and how they can be improved when necessary. Let's begin with a small group exercise that allows you work with your colleagues to identify the elements of a quality service.

b. **Distribute Participant Versions of Exercise 3.1: *Perspectives on Defining "Quality" in Health Care Service Delivery*.** Trainers should retain their versions of the exercise, and may wish to give a Trainer's Version to each group's Facilitator as well.

c. ***Trainer Step 1:*** Divide the participants into groups by having them go around the room and count off. If there are 15 to 19 participants, make three groups by having them count "1, 2, 3". If there are 20 or more participants, have them divide into 4 groups by having them count "1,2,3,4".

d. ***Trainer Step 2:*** Instruct all the "1s" move together in a circle, all the "2s" in another circle, and all the "3s" in a third circle.

e. ***Trainer Step 3:*** Distribute the Exercise Handouts as listed below.

- Group 1 gets Exercise 3.1.a: The Client's Perspective on Defining Quality in Health Care Service Delivery
- Group 2 gets Exercise 3.1.b: The Service Provider's Perspective on Defining Quality in Health Care Service Delivery
- Group 3 gets Exercise 3.1.c: The Supervisor's Perspective on Defining Quality in Health Care Service Delivery
- Group 4 gets Exercise 3.1.d: (optional, depending on total number of participants at workshop): The Health Official's Perspective on Defining Quality in Health Care Service Delivery

f. ***Trainer Step 4:*** Tell the group members they have 20 minutes to complete the exercise you've given them. Each group should begin by choosing someone (the Group Recorder) to record the group's findings on flipchart pages and later present the information to the plenary. Groups should be ready to report back to the larger group in 20 minutes.

g. ***Trainer Step 5:*** After giving the initial instructions and handing out the exercises, trainers should step back and let the groups work independently, scanning the room and interceding only if asked by group members and/or if they notice that a group appears entirely off course or stuck. If you notice any groups that are stuck, you can help out by

asking the group some of the questions listed in your Trainer's version of the exercise. The trainers should monitor the time, however, and give the groups warnings 5 minutes and 1 minute before the 15 minutes are completed.

Time: 10 minutes for h. (group presentations from Exercise 3.1)

h. ***Trainer Step 6:*** At the end of the 20 minutes for Exercise 3.1 indicate that the exercise is over and invite a group to volunteer to be the first to give their report to the plenary. Remind the groups that ***they have just 2-3 minutes each to give a summary*** of what the group discussed, using the flipchart papers the group prepared. Indicate that questions and comments will be saved until all the groups have presented. Have each group post their flip chart pages on the wall so that the work of each group can be seen. Do not cover up the work of one group with the work of the next group presenting.

Time: 5 minutes for i. through l., below: (processing of small group reports from exercise, with additional instruction by trainer)

i. ***Trainer Step 7:*** After all three (or four) groups have presented, ask the plenary what are the similarities in how the groups defined quality (the results of the brainstorming). Underline the similarities they mention. Point out any additional similarities the participants do not mention. Note particularly where clients, health care providers and supervisors have similar expectations of quality. (1 – 2 minutes for this)

j. ***Trainer Step 8:*** Now, ask them to point out the differences in the perspectives of how quality was defined. (1- 2 minutes for this).

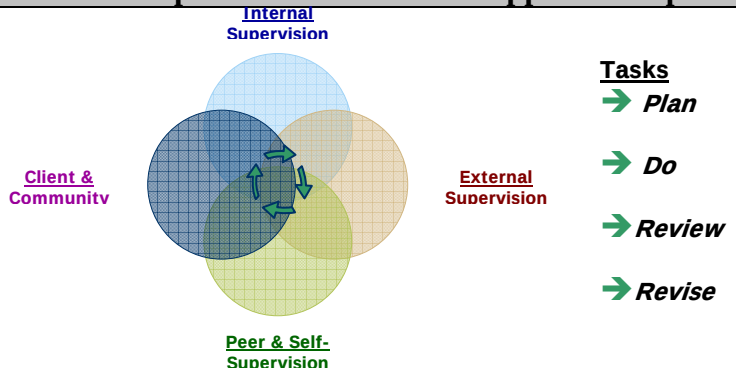
k. **Comment:** It is important to point out that research has documented the benefits of understanding and acting on client perspectives of quality because it leads to improved client satisfaction, which has been shown to lead to continued and sustained use of services, and improved health outcomes.[8]

l. **Reveal Powerpoint slide below and Comment:** You'll remember that in a previous session, we saw that supportive supervision has components that involve the client and community as well as components that involve the health care system and professionals.

[8] Creel, Sass and Yinger 2002; Bertrand et 1995; Kols and Sherman 1998; Vera 1993)

Powerpoint slide 3.2

Components and Tasks of Supportive Supervision

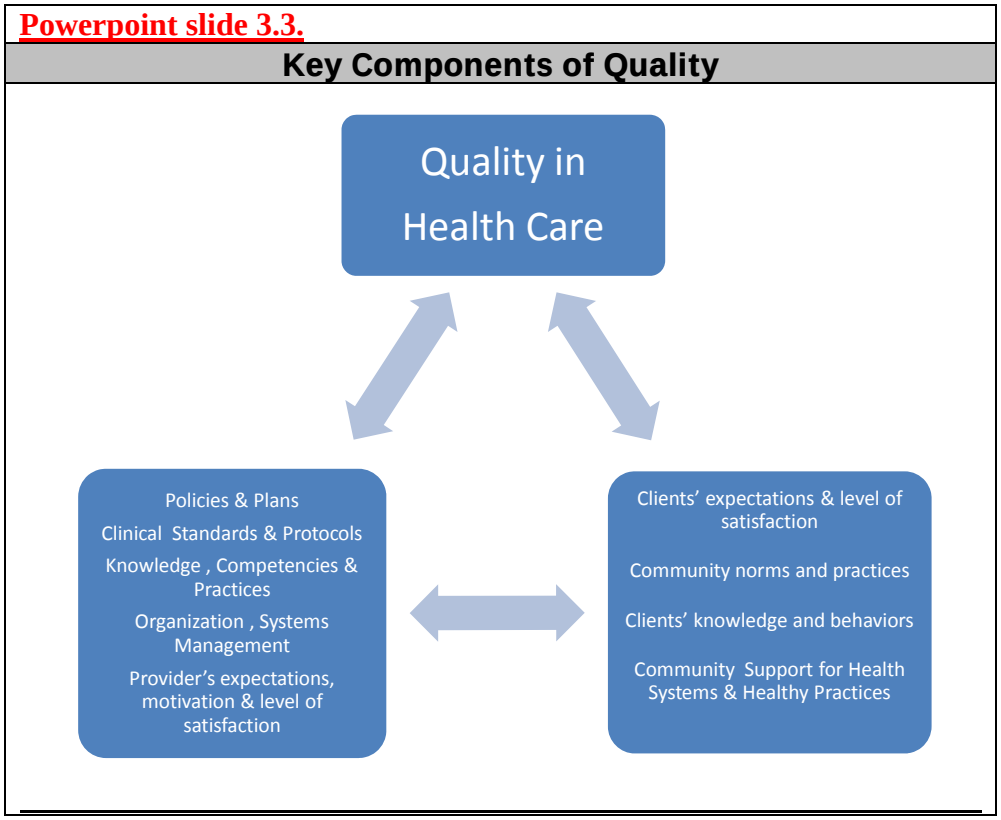


2. Key Components of Quality

Time: 5 minutes for a. through h., below:

a. **Reveal next slide below and explain:** … So it is with defining "Quality". The definition of "Quality" for health care must include information and elements relevant to the perspectives of *both* health care professionals (the people who work to design, deliver supervise and manage the services: policy makers, clinical service delivery provider, counselors, other health care professionals and support staff) ***[Trainer point to the box on the right and read through the components in the box]*** …and…

Powerpoint slide 3.3.



b. **Trainer point to the box on the left and read through the components in the box:** … and the people use the services (the clients/patients) ***[Trainer: Trace the arrows up from both sides to the top box to indicate the influences/connections].*** Older, less effective models of quality in health care and of supervision tended to focus mainly on clinical elements of quality such as providing competent, safe care in the clinic. Elements such as clinical standards and management of services ***[Trainer point to box on left]*** *are* very important, but the traditional medical way of defining quality tended to focus on these elements only or primarily while ignoring or under representing important elements such as expectations and perception of quality from the side of users and potential users of services (the clients/patients).

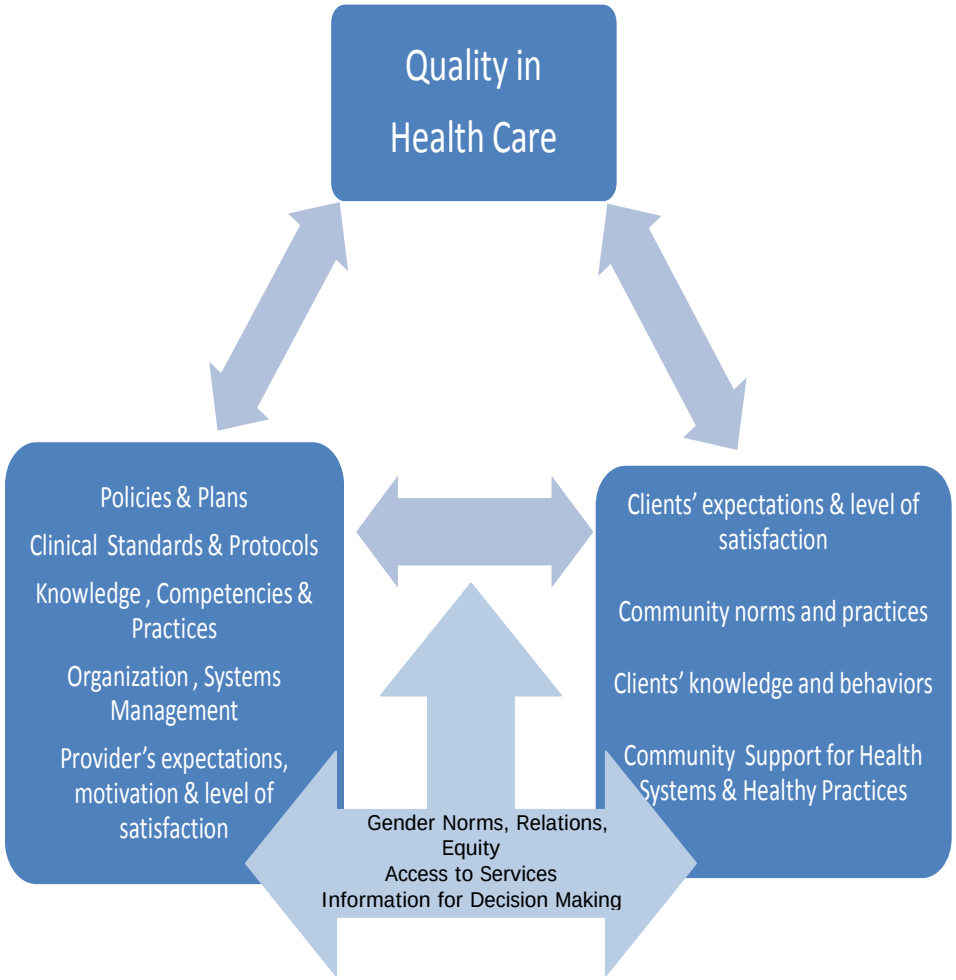
c. **Explain:** Experience and research (including "impact" studies) have documented, however, that use of services are higher in areas where clients felt they were receiving good quality care compared to areas with lower-quality health facilities. Program experience has shown that in order to provide an acceptable level of quality in health care, service providers, supervisor, managers and policy makers need to understand and address the issues on both sides of the equation, ***[Trainer, point to both the right and left sides]*** and…

d. **Reveal next slide:** …also the connections and influences between elements on both sides ***[Trainer, point to the arrows].*** Some of the additional influences we see that affect health care quality include:

- Gender norms, relations and equity
- Access to services including physical access (distance to clinics; operating hours, and cost)
- Information provided to support informed choice and decision making.

Powerpoint slide 3.4.

Key Components of Quality



e. **Comment:** With the exercise at the beginning of the session, you looked in depth at some of the expectations we have about quality as providers, supervisors clients of quality services. Let's jump back for a moment to the big picture and look at some overall definitions of "quality" that take the perspectives of various stakeholders into account.

f. **Reveal the next Powerpoint slide and Comment:** Even though there is no one universally accepted definition of 'quality' for health care services, here are three of the most widely used definitions:

Powerpoint slide 3.5

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.[9]
- ✓ Meeting the needs, expectations, and requirements of clients and other customers with a minimum of effort, rework and waste.[10]
- ✓ Doing the right thing, right, right away. [11]

g. **Comment:** You can see these definitions represent the perspectives of multiple stakeholders, including:

- Clients and communities
- Service providers
- Managers and supervisors
- Policy makers and funders (concerned with cost, efficiency and outcomes achieved for investments made).

h. **Comment:** To further our thinking on how we define quality in family planning (FP) services, we are going to look at some specific concepts and frameworks that have been proven to help health professionals define and improve quality.

3. Client-focused Family Planning

Time: 5 – 7 minutes for a. through i., below:

a. **Comment:** One of the most important concepts about quality FP services is that they should be "client-focused." Most of you have discussed what it means to be 'client-focused' before, including during previous HWG training. **Ask:** Who can tell us briefly what it means to be "client focused?"

b. **Ask:** What is client-focused Family Planning? ***[Trainer, allow some responses from the participants, thank them for the comments. Then refer to Handout 3.1]***

[9] Institution of Science, National Academies of Science.
[10] Institute for Healthcare Improvement.
[11] Adapted from W. Edward Deming.

c. **Refer to Handout 3.1:** Client-focused Family Planning. ***[Trainer: go around the circle and have one participant read one bullet each on handout].***

d. **Comment/Ask:** We see "Informed Choice" on the handout. Can someone tell us what Informed Choice means? ***[Trainer, allow some responses then fill in what is not mentioned with the comments below]***

e. **Comment:** Central to the concept of client-focused services is ensuring "Informed Choice". Ensuring informed choice by clients receiving RH/FP services involves providing effective access to information on reproductive choices and the necessary counseling, service and supplies to help individuals choose and use an appropriate family planning method, if they want to, achieve their reproductive goals (spacing, delaying, limiting or ending their child bearing).

f. **Reveal next slide:** Here is the HWG definition of Informed Choice that you may remember from previous HWG training:

Powerpoint slide 3.6
HWG definition of Informed Choice
A voluntary choice or decision based on knowledge of all information relevant to the choice or decision.

Powerpoint slide 3.7
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.

g. **Ask:** Why is informed choice important? **Reveal next slide:**

Powerpoint slide 3.8
Informed Choice
People who make informed choices are better able to use family planning safely and effectively.

Powerpoint slide 3.8
Informed Choice
Providers and programs have a responsibility to help people make informed family planning choices."[12]

h. **Reveal next slide and ask:** What is the role of the supervisor with Informed Choice? Informed choice is a "continual process…"

Original Powerpoint slide 3.9
Informed Choice
Ensuring informed choice should be seen as a continual process as new acceptors try out one method and then shift to other methods or nonuse as their needs and/or preferences change.[13]

Actual Powerpoint slide 3.9
Informed choice
A continual process as new acceptors shift between methods or nonuse as their needs or preferences change.

i. **Comment**: Supervisors need to be sure that attitudes, practices and processes are aligned so that the Informed Choice process can take place continually. And note in the above definition, part of the process is supporting clients if they chose to switch their FP methods based on their experiences, preferences, and goals.

4. Clients' Rights and Providers' Needs

Time: 10 – 12 minutes for a. through c., below:

a. **Comment:** Another way to provide more detail to our thinking about defining and providing client-focused, quality service comes from a framework originally developed by the International Planned Parenthood Foundation entitled "Clients' Rights and Providers' Needs" This landmark framework has been further developed and used by many organizations over the past decade, including JSI and EngenderHealth, which collaborated on introducing the framework throughout Russia. For those of you who attended trainings such as the HWG FP training, you spent time looking at the "Client's Rights Section of this framework. Now as supportive supervisors, it is also important for you support service providers to know and provide 'clients rights' and *also* for you as a supervisor to know and work to provide for Providers Needs' as well.

[12] **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.
[13] The Cooperating Agencies (CA) Task Force on Informed Choice, consisting of representatives of 17 organizations working in international family planning programs, met in April and November 1988 and in February 1989.

b. Let's just take a moment to read through the "Client's Rights" to refresh our memories, and then move on to focusing on the Providers' Needs section. As we read through the handout, think of either a clinic where you've worked in the past or a clinic you supervise, and rate that clinic on each element in the handout. ***[Trainer: refer to Handout 3.2: IPPF Framework: Clients' Rights and Providers' Needs. Have one volunteer participant read through the Client's Rights and another read through the Providers' needs.]***

c. **Ask:** What do you think are some challenges that Supportive Supervisors will face when working to help ensure Client's Rights and Providers Needs?

5. The Importance of Quality

Time: 10 minutes for a. through g., below:

a. **Ask:** Now that we have looked at definitions of Quality, examined its components and reviewed key concepts and frameworks, let's discuss for a moment: Why do we care about Quality? Why is it important? Again, we may get different responses from different stakeholders, although as health care providers and supervisors, we can see there are many similarities in how various stakeholders respond. ***[Trainer: indicate* the participants *should look at what the small groups recorded on the flip charts hanging on the walls and add their own thinking when responding to this question]***

b. **Reveal flipchart, blank except for title, below, and Ask:**

> ***[Flipchart title:]* What are the positive outcomes or benefits associated with good quality?**

c. **Trainer:** ***As participants call out their responses to the question above, underline key words on the groups' flipchart pages that correspond to their points. If someone suggests something new that hasn't been mentioned by the groups, write it up on a flip chart page***.

d. **Trainer:** ***Once participants have finished, add and comment on any of the points listed below that are missing:***

- **What are the positive benefits associated with good quality?**
  - Improved health outcomes
  - Improved efficiency of work environment
  - Improved understanding, cooperation and support among service providers, community members, and clients/patients.
  - Increased motivation and satisfaction of providers
  - Increased safety and effectiveness of health care services
  - Increased satisfaction of clients/patients

- Increased use of services and family planning
- Individuals and couples are able to achieve their reproductive goals
- Changed health-related behaviors among clients
- Prevention of and decrease in unwanted pregnancies
- Decrease in maternal morbidity and maternal death
- Decreased family planning 'drop-outs' and/or patients lost to follow-up
- Decrease in abortion
- Positive treatment outcomes
- Decreased costs

Optional PowerPoint slide or pre-prepared flipchart

Benefits of
Quality and Quality Improvement

- Improved efficiency of work environment
- Improved understanding, cooperation and support among service providers, community members, and clients/patients.
- Increased motivation and satisfaction of providers
- Increased safety and effectiveness of health care services
- Increased satisfaction and clients/patients
- Increased use of services and family planning
- Individuals and couples are able to achieve their reproductive goals
- Changed health related behaviors among clients
- Prevention of and decrease in unwanted pregnancies
- Decrease in maternal morbidity and maternal death
- Decreased family planning 'drop-outs' and/or patients lost to follow-up
- Decrease in abortion
- Positive treatment outcomes
- Decreased costs

e. **Explain:** That the list of benefits has been compiled from program experience and numerous studies conducted to assess the impact of good versus poor quality in service delivery.

f. **Ask:** As you discussed in your HWG FP training, and looking at this list: What would you say are the consequences of poor quality of service?

- Low contraceptive use, accompanied by higher abortion rates and more abandoned children
- High contraceptive drop-out rates
- Contraceptive failures due to poor technique (for some methods) and lack of adequate and/or correct information
- Unnecessary (preventable) infections and complications due to poor infection prevention practices and/or poor clinical technique

- Unnecessary follow-up visits (due to poor technique and/or inadequate or incorrect information)
- Disruptions in services (i.e., stockouts, provider absence)

g. **Thank participants** for their comments and their participation in the session. Let them know that these concepts will be very important to bear in mind for the remainder of the workshop and their subsequent work as supportive supervisors.

Encourage the participants to stand and stretch before the next session: Overview of the Proposed Supportive Supervision System for HWG.

Day One

Session 4: Overview of the Proposed HWG Supportive Supervision System, Routine Activities, Responsibilities & Tasks

Total Time: 1 hour

Session Objectives: By the end of the session, participants will be able to:

1. Describe an overview of the structure of the proposed Supportive Supervision System (SSS) for the Healthy Women in Georgia Project.

2. Identify the flow information, resources, team work and accountability in the HWG SSS structure.

3. Identify routine activities, responsibilities and tasks to be conducted by External Supervisors and 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.

Session Materials:

- **PowerPoint presentation:** Overview of the Proposed Supportive Supervision System and Routine Activities, Responsibilities, and Tasks for the Healthy Women Georgia (HWG) Project
- **Handouts**:
  - Handout 4.1: *SSS Structure and Participants, with Continuous Improvement Cycle and Flow of Information and Resources*
  - Handout 4.2: *SSS Structure and Activities*
  - Handout 4.3: *Routine Responsibilities and Activities of External Supervisors*
  - Handout 4.4: *Routine Responsibilities and Tasks of SS/CQI Teams*
  - Handout 4.5: *HWG SSS Development Plan*
- **Flipcharts**:
  - Flipchart 4.1: Blank flipchart with title: *Routine Responsibilities/Tasks of Supervisors*.

Flipchart 4.1

Routine Responsibilities /Tasks of Supervisors	
Currently Doing – Should Continue	Currently Not Being Done – But Should Be!

Advance Preparation for Session:

- Review session materials and prepare to offer more details on information such as venues and timing of workshops to be conducted by SS External Supervisors/Trainers; when SS visits by External Supervisors will begin; which facilities will participate first, who at MoLHSA will be involved at rayon, oblast and national levels, etc.

- Make copies of handouts.

- Prepare Flipcharts

Introduction to session

Time: 2 minutes for a. through d., below.

g. **Begin the session by explaining that:** In this session, we are going to provide an overview of the proposed Supportive Supervision System for the HWG Project.

h. **Reveal slide 4.1 to introduce the session objectives**

i. ***[Trainer: When reading objective 3, comment:]*** As many of you know, you have been chosen to attend this workshop because you will play a key leadership role both as External Supervisors, and also as Supportive Supervision trainers. As the initial External Supervisors/Trainers taking part in the development and testing of the HWG SSS, you have been specially chosen to form the Supportive Supervision Leadership Team (SSLT) – a team that will take part in helping develop, test and roll-out the SSS. This will include training staff at facilities in SS and the continuous approaches for monitoring and improving quality and performance that will be used with SS. To do this you will use materials adapted from this workshop.

PowerPoint slide 4.1

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 in Georgia Project.
2. Identify the flow of 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.

Overview of the SSS Structure, Flow of Information and Resources, and Routine Activities

Time: 15 minutes for a. through e., below.

[Trainer: the next 3 sides, 4.2 – 4.4. build on each other. Reveal each slide separately and describe it fully before moving on to the next slide. Your description/comments should include, but not be limited to, the comments noted below for each slide.]

a. **Comment:** We'll begin by looking at the proposed overall structure of the HWG Supportive Supervision System.

b. **Reveal Slide *4.2*:** *Structure of the SSS:* In the overall structure, we have the External Supervisors and Facility-based SS/CQI teams as well as the MoLHSA at Rayon, Oblast and National levels, professional peers, and community members. ***[Trainer, you don't have to linger too long on this slide, but just point out each of the boxes and the stakeholders who they represent.]***

c. **Reveal Slide 4.3:** The heart of the SS System structure is formed by the External Supervisors and the Facility-Based SS/CQI teams. It is here that the supportive supervision and the SS Continuous Quality Improvement Cycle is implemented, with the routine steps of … ***[Trainer, point to each part of the cycle as you say it…] …*** Plan, Do, Review and Revise . There is a routine information flow and routine team work among members of the facility-based SS/CQI teams and between the teams and their External Supervisors during this SS/CQI cycle. We also see there will be a routine information flow from the SS process to the appropriate entities and persons at the MoLHSA at three levels: Rayon, Region, and National. ***[Trainer, point to these connections].***

d. **Reveal Slide 4.4:** ***[Trainer, this slide is also* Handout 4.1:** *SSS Structure and Participants, with Continuous Improvement Cycle and Flow of Information and Resources.* ***Give Handout 4.1 to participants at this point and comment:]*** This slide and handout give us the rest of the picture: Community and Peer involvement including flow of information; and flow of various types of resources throughout the structure ***[Trainer, read through the details of the slide/handout.]***

e. **Distribute Handout 4.2:** *SSS Structure and Activities* ***and comment:*** This handout takes the main parts of the SSS structure ***[Trainer, point to boxes at top of page]*** and lists out the routine and occasional activities that will take place for SS. During subsequent workshop sessions, we will be discussing the SS activities and tools listed specifically on this handout including:

- Facility Review with checklist (quarterly)
- Performance Assessment(s)
- Facility Audit with checklist (bi-annually)
- Red Flag (problems) List

- Performance Assessment(s) for staff in counseling and FP clinical skills
- Conducting SS/CQI Team meeting(s)
- Work on SS/CQI Action Plans
- Coaching/ On the Job Training
- Self-assessment and work on self-improvement plans

Routine Responsibilities and Tasks of External Supervisors

Time: 10 – 12 minutes for a. through f. below.

a. **Comment:** Let's get an overview of what, in practical terms, External Supervisors will be doing on a routine basis as part of their SS responsibilities. Much of that work is to be coordinated with and complements the work of facility-based SS/CQI teams, so we will look at an overview of their responsibilities in a moment, too.

b. **Ask:** Who here is already conducting supervision visits to facilities (or is conducting "follow-up" of FP trainees by visiting facilities)? ***[Show of hands]*** Can you briefly name the routine responsibilities or tasks you are doing now for supervision that you think are valuable and should continue? ***[Trainer: use flipchart 4.1: Routine Responsibilities of Supervisors. Allow participants to call out their responses, place key words on flipchart in the left column using a green marker].*** Can you quickly name some things that are not being done during supervision that you think should be done? ***[Trainer: add key words to the flipchart in red in the right hand column.]***

c. **Distribute Handout 4.3:** *Routine Responsibilities of the External Supervisor,* ***and have participants read silently to themselves for 2 or 3 minutes.]***

d. **Comment:** We are going to be looking more in-depth at these responsibilities and tasks during the workshop, especially conducting the facility audit, performance assessment, and performance and continuous quality improvement.

e. **Ask:** Is there anything you feel is missing from the list of responsibilities in the handout? ***[Trainer, if the participants point out any missing responsibilities, discuss the responsibility briefly with the participants, including whether it should be added to the draft list of responsibilities. If yes, either circle the responsibility if it is listed on the brainstorming flipchart above, or add it, with a circle.]***

f. **Comment:** Of course, what you notice at the top of this handout is the cycle for SS and Continuous Quality Improvement: Plan, Do, Review and Revise. This is to remind us that all the responsibilities and tasks of SS fit within this on-going cycle.

Routine responsibilities and tasks of facility-based SS/CQI teams

Time: 10 – 12 minutes for o. through s. below.

a. **Comment:** Now we are going to look at the routine responsibilities of the facility-based SS/CQI team.

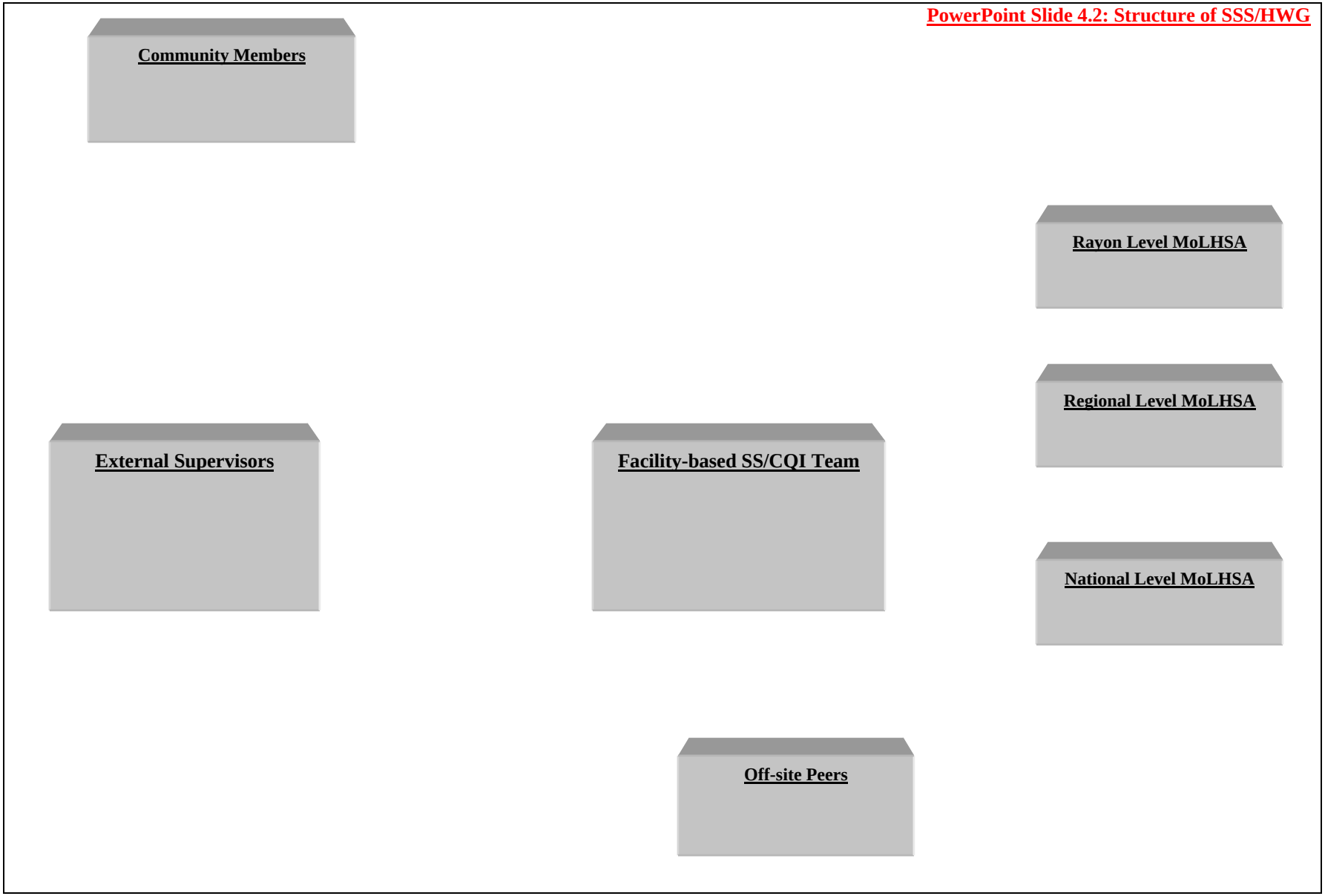
b. **Distribute Handout 4.4**: *Routine Responsibilities of the SS/CQI Teams* ***and have participants read silently to themselves for 2 or 3 minutes.]***

c. **Comment:** We are going to have sessions that look in depth at the processes and tools that will be used by the SS/CQI teams, and we will be practicing with the tools during an exercise as well. As we indicated, it will be your responsibility as Trainers and External Supervisors to train these staff in SS and CQI, adapting and using the workshop materials the HWG project is providing. As External Supervisors, you will also be overseeing their routine work on SS/CQI.

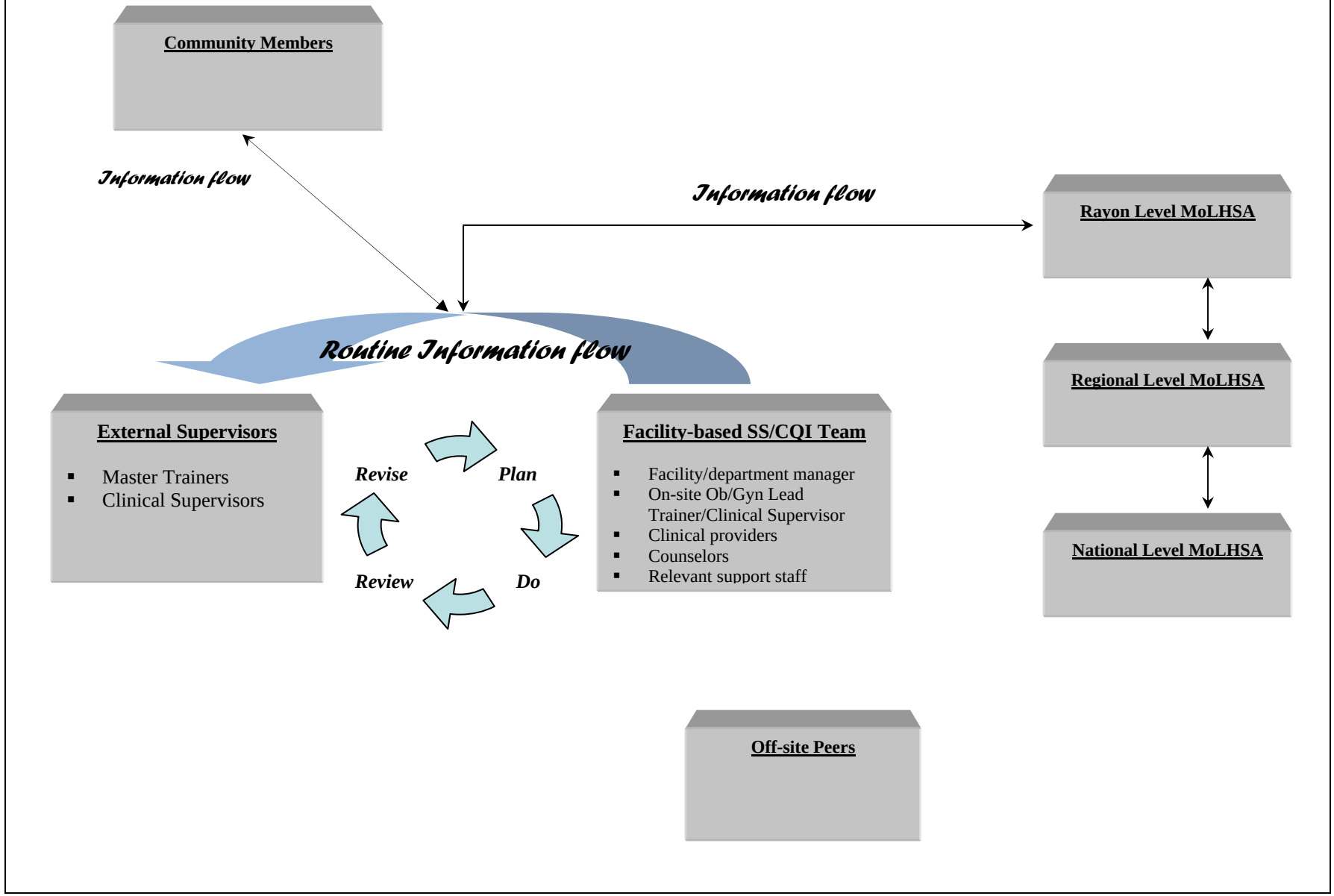
d. **Ask:** What are some of the similarities and differences you see in the responsibilities of the facility-based SS/CQI team as compared to the External Supervisor? What are key areas where you think the SS/CQI teams and External supervisors will need to be in close communication and use teamwork? ***[Trainer allow responses, and point out any things that the participants do not raise.]***

e. **Comment:** And just as we saw on the handout for External Supervisor responsibilities, all of the responsibilities if the SS/CQI teams fold into the cycle of Supportive Supervision: ***[Trainer, point on the handout to the SS cycle].***

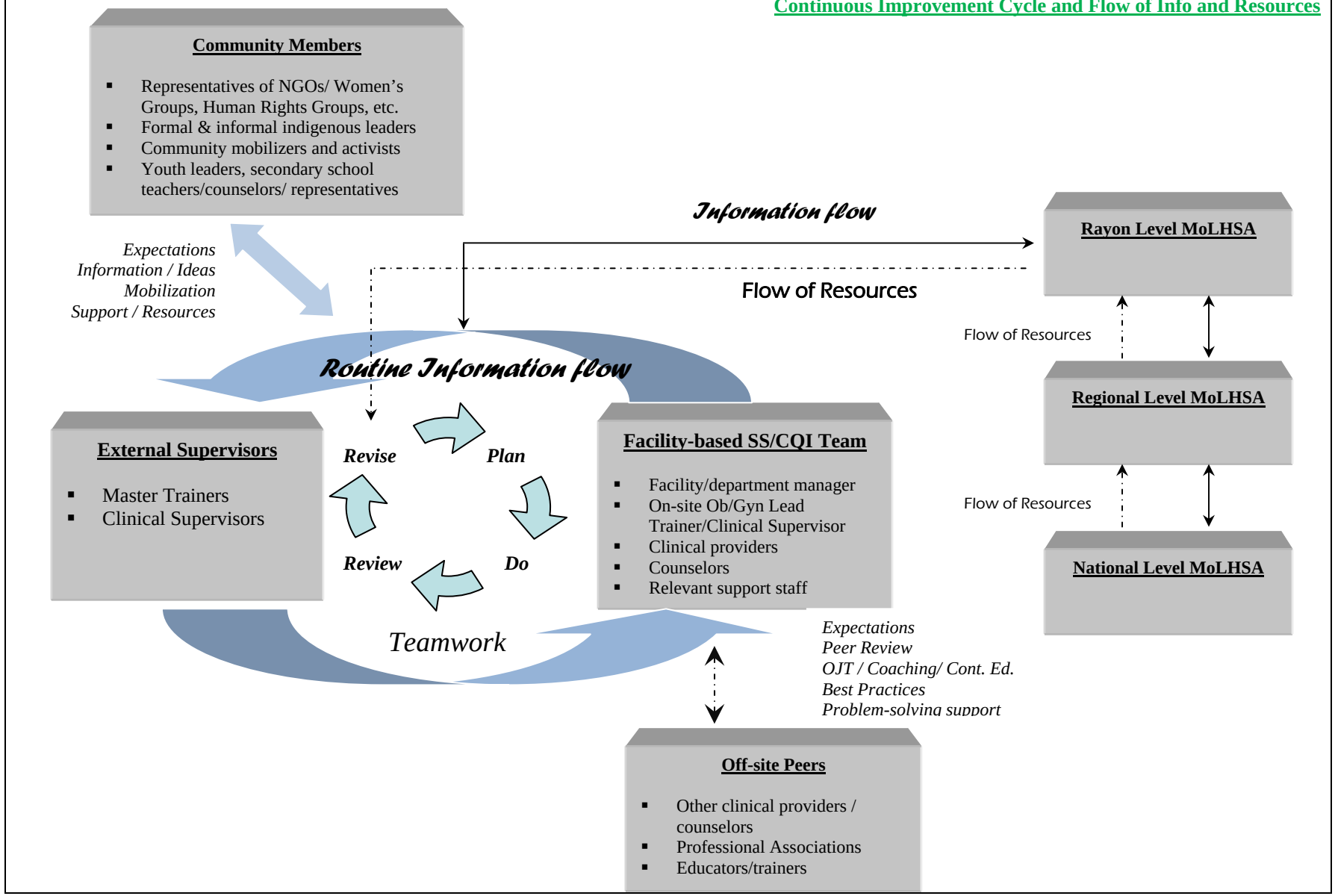
PowerPoint Slide 4.2: Structure of SSS/HWG



PowerPoint Slide 4.3: SSS Structure with Central SS Continuous Improvement Cycle and Information Flow



PowerPoint Slide 4.4 / Handout 4.1: SSS Structure with Participants, Continuous Improvement Cycle and Flow of Info and Resources



Handout 4.2: SS Structure and Activities

External Supervisors

- Master Trainers
- Clinical Supervisors

Facility-based SS/CQI Team

- On-site Ob/Gyn Lead Trainer/Clinical Supervisor
- Clinical providers
- Counselors
- Relevant support staff

Off-site Peers

- Other clinical providers / counselors
- Professional Associations
- Educators/trainers

Routine SS Activities

- **Initial Training** of facility-based SS/CQI Teams
- **Prepare for each SS site visit**
  - Analysis of service stats
  - Review of previous SS/CQI Action Plans
  - Review of any reports from facility
  - Confirmation with facility
- **Quarterly SS visit to each facility**
  - Facility Review with checklist
  - SS/CQI Team meeting
  - Red Flags & Problem-solving
  - Performance Assessments & Coaching/ OJT
- **Bi-annual SS visit each facility for in-depth review**
  - SS/CQI Team meeting(s)
  - Discussion of service stats
  - Facility Audit
  - Action Planning
  - Concurrent & Retrospective Performance Assessments & Coaching/ OJT
  - Updating of Individual Staff Continued Learning Plans
- **Review of new progress reports & coaching via cell phone**
- **Ongoing Monitoring & Improvement of quality of services & performance of providers**
  - Red flag list
  - Review clinical cases
  - Bi-Weekly SS/CQI team meetings
  - Work on SS/CQI Action Plans
  - Submit progress reports from SS/CQI teams
- **Participate in quarterly SS visit by External Supervisor**
  - Facility review with checklist
  - SS/CQI Team meeting
  - Performance Assessments & Coaching/ OJT
- **Self-assessment** and work on Individual Continued Learning/ Improvement plans
- **Participate in biannual SS** visit by External Supervisor
  - SS/CQI Team meeting(s)
  - Discussion of service stats
  - Facility Audit
  - Performance Assessment
  - SS/CQI Action Planning
  - Coaching/ OJT

Info & Team Work

Expectations
Information /Ideas
Mobilization
Support / Resources

Occasional SS Activities

- Participate in Peer Assessment; Coaching; OJT; Continuing Ed
- Share info on Best Practices, benchmarks, problem-solving strategies
- Develop and share professional scopes of practice and minimum competency guidelines for various cadres

Community Members

- Representatives of NGOs/ Women's Groups, Human Rights Groups, etc.
- Formal & informal indigenous leaders
- Community mobilizers and activists
- Youth leaders, secondary school representatives

- Participate in expectation setting by gathering / providing input from community & clients
- Mobilize community
- Provide information on client/community satisfaction
- Provide support for quality improvements

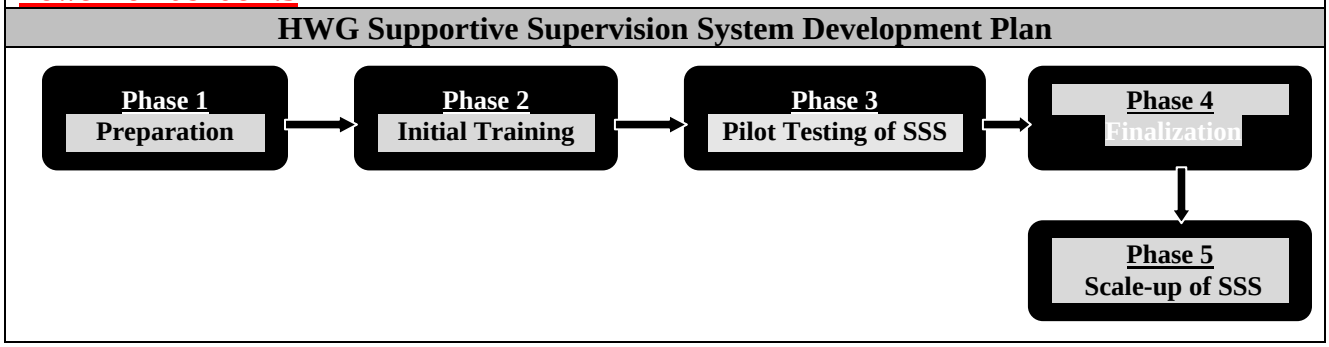
Overview of the SSS Development Plan

Time: 20 - 22 minutes for t. through d. below

a. **Explain:** It is important that initiatives such as this pilot of the HWG Supportive Supervision System be carefully designed and tested by the best people who can bring their experience and expertise into the process. It is for that reason, as we mentioned at the beginning of the session, we have put together a Supportive Supervision Leadership Team to work together on further developing the SSS, conducting training, testing the system and job aids, then help finalize the system so that it can be effective before it is scale-up to new facilities. The job aids and 5 key tools used during this workshop are drafts of the actual job aids and 5 key tools that you will be using during training of facility-based staff and during SS visits to facilities. Therefore, you will have several opportunities to contribute to revising and improving the job aids and tools, based on your experience using them, both during this workshop and in the field after the workshop.

b. **Reveal the next slide:** There are 5 phases planned for the further development, testing and scale-up of the Supportive Supervision System for the Healthy Women in Georgia project: Preparation; Initial Training; Pilot Testing the SSS; Finalization; and Scale-up.

PowerPoint slide 4.5



c. **After showing above slide, distribute and refer to** Handout 4.5: *HWG SSS Development Plan.* ***[Trainer, have participants take turns reading the main focus of each phase (gray boxes) and each of the activities that are conducted with each phase (clear boxes. Then invite questions, provide clarifications, discuss suggestions].***

d. **Conclude the session** by asking if there are any further questions or suggestions, and by thanking the participants for taking a leading part in this important work.

Day One

Session 5: Introduction to Team Building and Team Work[14]

Total Time: 90 minutes

Session Objectives: By the end of the session, 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.

Session Materials:

- **PowerPoint presentation:** Introduction to Team Building and Team Work
- **Handouts**: Handout 5.1: Guidelines for Team Building
- **Job Aid: Forming and Managing the Facility-Based SS/CQI Team**
- **Flipcharts:**
  - Blank with title: *Team Dynamics*

Advance Preparation for Session:

- Prepare flipchart.
- Make copies of handouts.

Introduction to session

Time: 1 minute for a. and b. below.

[14] Sources for this session include: Coles, Tom, "Evidence-Based Supportive Supervision for Health Workers: A Practical System for Improving FP Services, draft self instruction manual, 2005. **And** Scholtes, Peter, Joiner, Brian and Barbara Streilbel, *The Team Handbook*, Second Edition, Oriel Incorporated, 1996; **And** Drexler/Sibbet Team Performance Model: Stages of Team performance, Graphic Guides, San Francisco, 1990.

j. **Begin the session by explaining:** Throughout the workshop we will be talking at several different points about the important role of the External Supervisor in providing leadership to facility-based staff, including guiding and supporting them to form teams that will work at their respective facilities on supportive supervision and continuous quality improvement. Right now, we are going to look a bit deeper into team building and team work in order to prepare for this important leadership role of the External Supervisor, and to begin to prepare how to provide support to the facility-based SS/CQI teams.

k. **Use the PowerPoint slide to introduce the session objectives:**

PowerPoint slide 5.1

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 supports teams.
5. Understand key steps in the formation and management of the facility-based SS/CQI team.

Role of the External Supervisor to Build and Support Teams

Time: 3 - 5 minutes for a. through f. below

a. **Comment:** An External Supervisor has the responsibility of leading several teams she/he does not work face-to-face with on a daily basis, and may only see once a quarter. These are the SS/CQI teams located at each facility the External Supervisor oversees with supportive supervision.

b. **Reveal next slide:** No matter if it's small or large, a team is a complicated, living creature, made up of individual members who all bring their strengths, weaknesses, expectations and emotions into the team. The External Supervisor is required to help the teams form and become productive at solving problems and ensuring quality. But it's a tricky role for the External Supervisor, because she/he needs to strike a balance between providing guidance and direction to the team, and empowering the teams, over time, with the knowledge, skills and authority to be able to work on their own – including identify

problems, rising to challenges, and solving problems required in order to improve and maintain the quality of service delivery.

PowerPoint slide 5.2
Role of the External Supervisor with Facility-Based Teams
• Help facility-based SS/CQI teams form and become productive at solving problems and ensuring quality *Balance between* • Providing direct guidance and direction to the team • Empowering the team to work on its own in identifying challenges and solving problems in order to improve and maintain the quality of service delivery

c. **Explain:** Overtime, as facility-based SS/CQI teams build their skills at SS/CQI, there may be appointed an on-site SS/CQI team leader as well; or this role could rotate among appropriate on-site staff.

d. **Explain:** A team leader – be it the External Supervisor and/or someone at the site who is ready to fulfill this role, is one who organizes and coordinates the work of a group of people who share a common goal. The common goal of the supervisor and the SS/CQI teams is to improve and ensure access to and quality of health care services, including the safety and satisfaction of both external clients (the women, men and adolescents served) and internal clients (member of health care team including service providers, counselors, managers, and support staff).

e. **Explain:** A team of people working together does not automatically function as a team. Someone must make the team into a team through planning and carrying out some very deliberate steps to help the team to form, understand their function, and become productive.

f. **Explain:** Worldwide experience has shown that working in well-formed and managed teams produces more, high-quality results; so there is a real, documented value in team work. However, supervisors and teams themselves often underestimate the amount of time and input need for building teams so that they can perform well and produce these results. Indeed, in this very workshop, we are only able to devote 45 minutes in this session to understanding team dynamics and conducting team building. But team building is not something the Supportive Supervisor does once or twice, then checks off as done. To transform a team into a team, and maintain it as such, a process that must be deliberately planned and continuously managed, and this must be taken on by both the external supervisor and the team members themselves.

Factors that Affect Team Dynamics

Time: 9 - 10 minutes for a. through d. below.

a. **Explain:** We are going to proceed by touching on 'team dynamics', including the dynamics that affect the interpersonal relationships among team members, which in turn affect the team's ability to function and produce results.

b. **Ask:** Can you name some things that affect team dynamics? ***[Trainer,*** record responses on a flipchart with the title *Team Dynamics.]*.

c. **Reveal next slides:** Some of the dynamics among the team include:

PowerPoint slide 5.3	Actual Powerpoint slide 5,3
What Affects Team Dynamics?	**What Affects Team Dynamics?**
• **Individual feelings** about each person's own role in the team: feelings of membership, inclusion, individual value, safety, commitment, skepticism • **Intrapersonal feelings** among team members concerning other team members: feelings of trust, loyalty to those within the team and/or persons/ organizational structures outside the team; concern about how position and rank will influence team leadership, team work processes, assignment of tasks, and cooperation among team members	• **Individual feelings** • **Intrapersonal feelings** • **Individual and team values and norms** • **Conflict and credit**

PowerPoint slide 5.3 (cont'd.)
What Affects Team Dynamics?
• **Values and norms of individuals and the team**: are we committed to the same goals? Do we value the same leadership and decision making styles? Will the team be open to discussion and new ideas? Will it be a warm, friendly, respectful place? Will I understand my team mates and will they like and respect me? • **Conflict and Credit**: Will we have differences of opinion? If we do, will they be respectfully expressed and constructively managed and resolved? How will we handle recognition of team efforts? Is well managed conflict ever productive?

PowerPoint slide 5.4	Actual Powerpoint slide 5,4
What Affects Team Dynamics?	**What Affects Team Dynamics?**
• **Motivation**: o *Internal motivators*: come from within the employee: sense of commitment or work, colleagues, and/or clients being served; satisfaction, pride, accomplishment; desire for growth, recognition, responsibility; opportunities for sharing and working with others. o *External motivators:* provided by sources external to the employee, but connect with things the employee values, such as constructive feedback, recognition, increase responsibility, increased pay, opportunities for further professional growth through training, conference attendance, etc.	• **Motivation**: • Internal motivators • External motivators

d. **Comment:** Every team leader and member must spend time understanding and addressing team dynamics, or the team cannot be successful.

Stages of Development and Performance

Time: 15 minutes for a. through d. below.

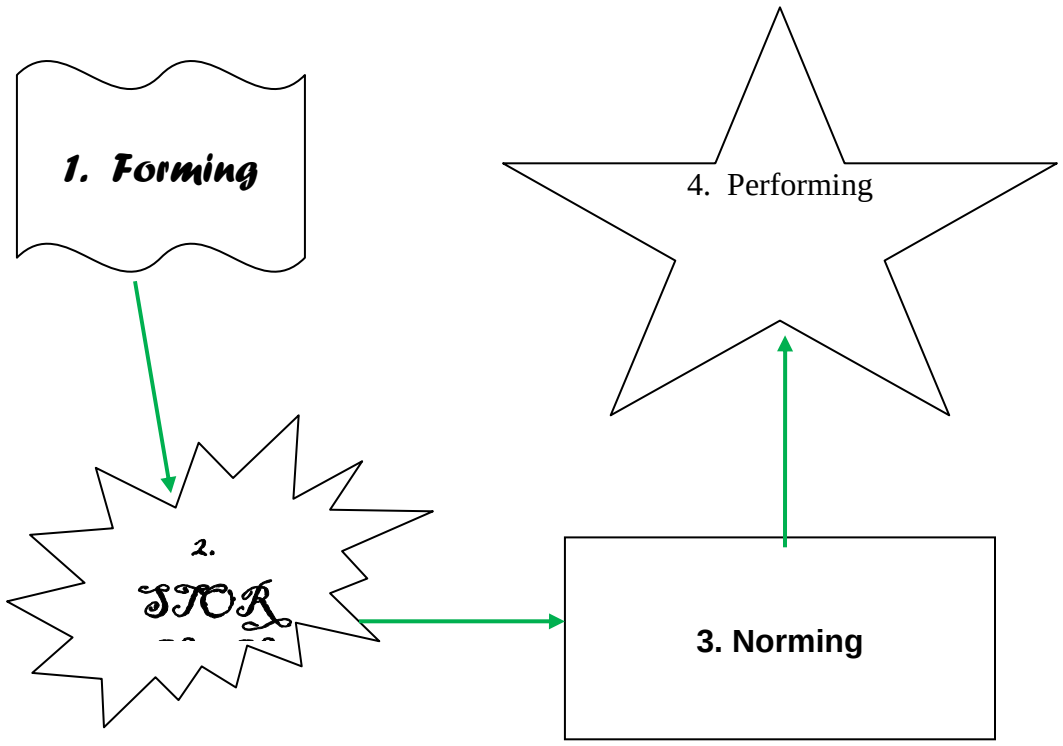
For the trainers: only a few of the slides will be presented to the trainees to give an overview of team formation steps, but others are included for the trainers' information and possible use during the discussion.

a. **Explain:** A second aspect of helping build, lead and support teams concerns understanding the stages of team development and performance. There are many helpful models that describe team growth, but we will just refer to one of the more simple ones that uses four stages. Looking at this model will help you to anticipate and guide each team through its growth.

b. **Reveal next slide and explain:** There are four stages in the Team Growth model that are fairly predictable for teams. ***[Trainer, read the 4 stages, tracing the directional lines among them]***

PowerPoint slide 5.5

Stages of Team Growth[15]



c. ***[Trainer, read through next 8 slides]***

PowerPoint slide 5.6	**Actual Powerpoint slide 5,6**
Forming	**Forming**
• *Purpose and Expectations: Why* the team should be formed, how it will operate, what it should achieve • Establishing roles, boundaries, rules, trust • Members either getting to know each other and/or seeing each other in a new light as teammates • Team work during forming is slow and team building can be repetitive	• *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

[15] Scholtes et al, op cite, pp 6-4 – 6-9.

SLIDE FOR TRAINERS' INFORMATION
Forming
• Members may feel: excited, hopeful unsure, fearful • Typical behaviors: o Hesitant, waiting o Hold lofty, abstract discussions of concepts and issues, resulting for some members in impatience o Difficulty identifying relevant problems and information o Complaints about constraints, lack of power, the organization

EXPANDED PowerPoint slide 5.7	Actual Powerpoint slide 5.7
Storming	**Storming**
• Can be Most difficult stage, but productive because people come to understand each other and the expectations • Realization of how the new expectations, procedures and tasks are different than the old ways; and that change can be difficult	• *Most difficult stage, but productive* • *Realization that new way is different than old and change can be difficult*

SLIDE FOR TRAINERS' INFORMATION
Storming
• Members may feel: distrust of new methods and anxious, testy, angry, overzealous • Typical behaviors: arguing, defensiveness, over-reliance on previous experience and professional credentials, concerns about excessive work, competition; domination by one or two team members, creating increased tension

EXPANDED PowerPoint slide 5.8	Actual Powerpoint slide 5.8
Norming	**Norming**
• Team members reconcile competing responsibilities of their jobs with the team work; and the roles and expectations within the team • Conflict is reduced and members establish work in cooperation	• 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

EXPANDED PowerPoint slide 5.8	Actual Powerpoint slide 5.8
Norming	**Norming**
• The team addresses issues of what it needs to accomplish, what resources it has to realize the accomplishments, what constraints and challenges exist and how they will overcome them • The team members begin to work together to be productive	

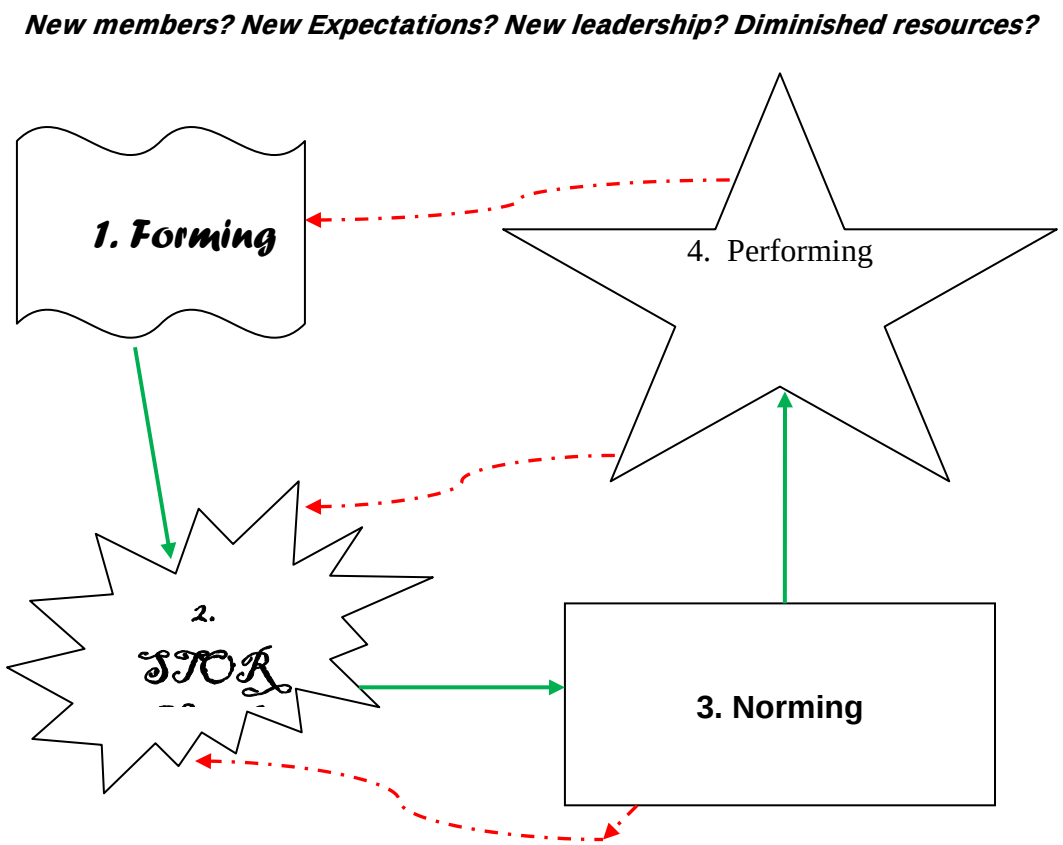
EXPANDED PowerPoint slide 5.9	Actual Powerpoint slide 5.9
Performing	**Performing**
• Relationships, expectations, resources and constraints are mostly settled • The team works together, taking various roles and responsibilities to achieve common goals and objectives • The team participates in identifying problems in access and quality of health services, collects information, makes decisions and takes action to improve performance and maintain quality	• 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

SLIDE FOR TRAINERS' BACKGROUND
Performing
• Members may feel: motivated to accomplish the tasks and goals; satisfaction in the progress made; trusting and supportive of teammates; pride in their own contributions • Members may behave: goal oriented; interested in process of collection and analyzing data and making changes; supportive of teammates; more confident; more willing to take on new challenges and responsibilities

d. **Reveal next slide and explain:** Even though the Team Growth model is depicted as a linear process from stage 1 to 2 to 3 to 4, there is of course overlap sometimes between the stages. There are also times when some factors, such as new members, change in leadership or change in objective and processes can produce an effect where the team dynamics go partially back to an earlier stage until the new factors are understood and resolved. But if most members on the team remain unchanged, the team usually does not resort to the full storming dynamic.

PowerPoint slide 5.10

Stages of Team Growth[16]



Guidelines to Build and Support Teams

Time: 15 minutes for q. through r. below.

a. **Comment:** **Handout 5.1:** *Guidelines for Team Building* can help External Supervisors facilitate the stages of Team Growth. ***[Trainer, distribute and review Handout 5.1 with participants, responding to comments, questions and suggestions as they arise.]***

b. **Comment:** We will be touching on competencies for leadership and managing teams again during Session 15 of this workshop, and we will be looking more in-depth at how individuals respond to change and make transitions, and how the supervisor can help them to do so. In both the competencies of leaders for managing teams and managing transitions, you will see similarities with this Team Growth Model.

[16] Scholtes et al, op cite, pp 6-4 – 6-9.

Forming and Managing the Facility-Based SS/CQI Team

Time: 45 minutes for a. and b. below.

a. Explain that a facility-based SS/CQI team needs to stay focused in order to achieve results. It can do this by following key steps:

Powerpoint Slide 5.11. **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.

b. Review the Job Aid: Forming and Managing the Facility-Based CQI Team

Day One

Session 6: Communication Skills for Supportive Supervision

Total Time: 45 minutes

Session Objectives: By the end of the session, participants will be able to…

6. Describe and demonstrate Active Listening, Paraphrasing, and Clarifying Questions.
7. Demonstrate giving and receiving constructive feedback.

Session Materials:

- **PowerPoint presentation:** Communication Skills for Supportive Supervision
- **Handout 6.1**: Active Listening
- **Job Aid: Giving and Receiving Feedback**
- **Flipcharts:**

Advance Preparation for Session:

- Prepare flipchart.
- Make copies of handouts
- Select and prepare participants for role play(s) on three aspects of communication and active listening/paraphrasing

Introduction to session

Time: 2 minutes for introduction

Flipchart or PowerPoint slide 6	Actual Powerpoint slide 6
Session objectives	**Session objectives**
By the end of this session, workshop participants will be able to: 1. Describe and demonstrate Active Listening, and Paraphrasing. 2. Demonstrate giving and receiving constructive feedback.	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.

Active Listening and Paraphrasing[17]

Time: 30 minutes for a. through d. below.

l. **Explain:.**

m. **Reveal next slides:** Some of the dynamics among the team include:

a. Give out Handout 6.1 Active Listening

b. Explain:

Active listening is a communication technique used to help people analyze and resolve their problem themselves. The active listener: 1) uses silence and a variety of short responses, 2) paraphrases what the person says, and 3) poses questions, in order to help the person reflect on his/her problem and find his/her own solution. Active listening communicates acceptance of the person in that the "helper" neither communicates judgments nor solutions. This facilitates decision-making by the individual and fosters problem-solving skills.

Active listening is useful in family planning consultations: Family planning clients may have questions, concerns, and problems that influence their ability to correctly use a family planning method. They may pose informational questions which in fact represent rumors, beliefs, anxieties or disagreement with a partner.

[17] Adapted from the Healthy Women in Georgia Project. Family Planning Training Curriculum. Module 13: Communication pp. 179–183.

Active listening is useful to help bring out what may be behind the initial statements, Questions, or responses of a client, in order to be able to better respond to these concerns and to anything that may prevent the effective use of contraception.

Active listening is also ***useful in supervision***, so workers can understand their problems and formulate solutions.

Three particularly useful active listening techniques are passive listening, paraphrasing and using clarifying questions.

c. Have a pair of trainers or participants demonstrate each of the examples after a brief introduction.

1. Passive listening

By learning to tolerate silence, the supervisor can pay more attention to what the worker says and allow space for the worker to expand on his/her initial statements.

The purpose of passive listening:

- give responsibility to the worker to explain his/her concerns, needs, problems; ask questions
- demonstrate to the worker that the supervisor is listening
- prevent the supervisor from imposing his/her ideas

Demonstrate example:

Worker: "I don't know why we have to be observed counseling women who want an IUD. It's not such a difficult thing to do."

Provider looks at the worker attentively and waits.

Worker: "Well, you know, since we were trained in IUD insertions, we haven't had much chance to practice, we have no pelvic models, and it makes you a little nervous to remember all the steps. What's the use of good counseling if we can't insert the IUD correctly?"

2. Paraphrasing

Paraphrasing is the reformulation of what the person said, including perception of feelings behind the message (expressed by tone of voice, facial expression, body language)

The purpose of paraphrasing:

- To verify supervisor's understanding of what worker or client says
- To help the supervisor refrain from interrupting the worker or client and giving advice
- To encourage the worker or client to continue to explain his/her point.

Demonstrate example:

Health worker, rolling her eyes: "Oh no, here comes Mrs. X again to talk my ear off. That's the third time this week she's been in here."

Supervisor: "Mrs. X seems to come in quite often and take up your time."

Health worker: "She doesn't really have any health problems. She's just old and lonely and thinks this is the community center, since we put up some curtains and try to make it look welcoming for the FP clients."

Supervisor: "It must make you feel good that you've made the center so attractive. But it is time-consuming for the staff when the "neighbors" visit too often, isn't it?"

3. Clarifying questions

Clarifying questions are open questions (i.e., that require more than a "yes" or "no" answer) that the supervisor uses to help the worker or client reflect and make her own decision. They serve to:
• Get more specific information
• Help the worker identify possible alternatives and weigh the pros and cons of each
• Help the worker reflect on her/his situation, feelings and values, and her behavior
• Give more structure to the discussion.

Demonstrate example:

Worker, heatedly: "They call this puny little box a disposal bin for sharps. Can you believe it?"

Supervisor: "It seems big enough to me, since it gets taken away once/week. Why do you think it's too small?"

Worker: "It's not too small, it's too soft. You can easily get a needlestick if someone carelessly jabs a needle through the side of it."

d. Review the remainder of Handout 6.1.

Giving and Receiving Constructive Feedback

Time: 12- 15 minutes for a. below.

a. Review the Job Aid: Giving and Receiving Feedback, exploring with participants difficulties they anticipate with either of these tasks and ways to overcome them.

Day Two

Session 7: Overview of Using Data for Monitoring & Supportive Supervision — Total Time: 1 hour, 45 minutes

Session Objectives: By the end of the session, participants will be able to…

1. Identify the importance of using data for setting program direction, monitoring services, and making decisions.
2. Identify the role of supervisors in helping staff gather and use data.
3. List types and sources of data that are used to guide RH/FP programs.
4. Discuss how selected indicators from RH population-based data and program-based data can be used by supervisors and other staff.
5. Demonstrate skill in interpreting data represented by various types of graphs.

Session Materials:

- PowerPoint presentation: Overview of Using Data for Supportive Supervision
- **Handouts:**
  - 7.1: Checklist for Using Service Delivery Data
  - 7.2:Summary Information from Georgia Reproductive Health Survey 2005
  - 7.3: Guide to National and Local Reproductive Health Indicators

Advance Preparation for Session:

- Review session materials
- Prepare to offer more detailed information on what types of data routinely collected and used to monitor FP service delivery at various types of facilities participating in the HWG project.
- Make copies of handouts.

Introduction to session

Time: 1 – 2 minutes for a. and b. below.

n. **Begin the session by explaining that:** In this session, we are going to bring a large topic that we will build on in subsequent sessions, that is: the collection and use of data at various levels of the system for supportive supervision.

o. **Use the PowerPoint slide to introduce the session objectives:** In this session we will focus on the following:

PowerPoint slide 7.1	Actual Powerpoint slide 7.1
Session objectives	**Session Objectives**
By the end of this session, workshop participants will be able to: 1. Identify the importance of using data for setting program direction, monitoring services, and making decisions. 2. Identify the role of supervisors in helping staff gather and use data. 3. List types and sources of data that are used to guide RH/FP programs. 4. Discuss how selected indicators from RH population-based data and program-based data can be used by supervisors and other staff. 5. Demonstrate skill in interpreting data represented in various types of graphs.	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.

The importance of data for monitoring and decision making

Time: 10 – 12 minutes for a. through d. below.

a. **Comment:** As we begin, we are going to first define and discuss a very important concept.

b. **Ask:** What is 'data-based decision making"? ***[Trainer allow participants to respond, and record on flipchart any key words/concepts they mention that correspond to the definition on the slide below.***

c. **Reveal and read next slide:**

PowerPoint slide 7.2	**Actual Powerpoint slide 7.2**
Data-based Decision Making	**Data-based Decision Making**
The process of obtaining, analyzing and using data (information) to make decisions and take action to strengthen RH/FP quality and program performance. *Requires that data be…* ▪ Gathered by someone / obtained by staff ▪ Analyzed / Interpreted ▪ Used for decision making and action ▪ Retained/ Tracked over time	Data must be: • Collected or obtained • Analyzed and interpreted • Used for decision-making and action • Retained and tracked over time

d. **Lead discussion:**

- What are your experiences with obtaining and using data for your routine work?
  - What types of data did you use?
  - What was the source of the data?
  - How did you obtain it (did you gather it yourself, or did someone else gather it and you later obtained it to use)?
  - What did you use it for?

- Was there data/information you wished you had that was missing? What?

- Why is it important to use data for monitoring services and making decisions?

The role of Supervisors in helping staff gather and use data

Time: 12 - 15 minutes for a. through g. below.

a. **Explain:** There will be some cases when data that can be used for supervision will be produced and gathered by others, for example, researchers gathering population-based data through national and regional surveys; or by MoLHSA staff such as managers, service providers, and/or staff who work with the management information system who are responsible for regularly recording, gathering and using program-based data for routine monitoring of service delivery.

b. **Explain:** In other cases, supervisors themselves gather data and other information to help monitor services including on the performance of providers and the quality of services they supervise. This can be done, for example, through facility audits and

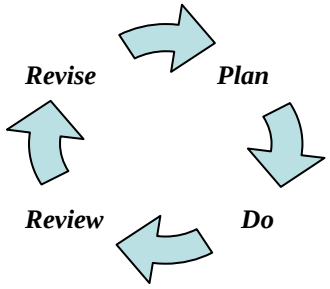
performance assessments, which we will be focusing on in later workshop sessions. Supervisors can also lead data collection and analysis in cases where they or staff have identified a problem and require more information to understand the scope and specifics of the problem before proposing solutions.

c. **Explain:** Supervisors frequently involve the staff they supervise in data collection, especially for routine monitoring of service delivery and quality, and for times when a problem has been identified and more information is needed.

d. **Reveal next slide:** Whatever the situation, the purpose of gathering, analyzing and using data fits right in – and is vital—to to our supportive supervision cycle:

- Plan
- Do
- Review
- Revise

PowerPoint Slide 7.3



e. **Explain:** Throughout, it is good to keep in mind four simple rules of information management:

PowerPoint slide 7.4

Principles of Information Management[18]

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.

f. **Distribute and refer to Handout 7.1:** Handout 7.1 presents a general, generic checklist for steps and roles when it comes to using Service Delivery Data on a routine basis. The check list is organized by the roles/responsibilities of Clinic Managers, Supervisors, and

[18] *Organizing Work Better*, Chapter 5, Population Reports, Series Q, Number 02. Info Project, Center for Communications Programs, The Johns Hopkins Bloomberg School of Public Health

Mid-level and Senior Managers. However, for each type of facility participating in the HWG SS program, which staff is actually involved in each of the steps listed in the handout will depend on the size of the facility, the existing roles and responsibilities of the facility's staff, and the decisions that are made concerning which indicators will be tracked regularly, what problems are identified and need to be solved, and what data is needed. If not already assigned, these are responsibilities that should be discussed and decided during the testing of the HWG SS pilot testing. Items in bold marked with * in the handout are particularly important for external, supportive supervisors.

g. **Have 3 volunteer participants read aloud through Handout 7.1**, the first participant reading the section for Clinic Manager, the second participant reading the section for Supervisors, and the third reading the section for Mid-level and Senior Level Managers.

Types of data used in FP/RH programs

Time: 3 - 4 minutes for a. through e. below.

a. **Comment:** Now we are going to look at an overview of types of data used in FP programs. In summary, there are 2 types of data that RH/FP programs and facilities need to gather, analyze, and track for RH/FP programs: population-based data and program-based data. These two types of data help supervisors and managers to understand the FP needs of clients and potential clients; to monitor and improve the coverage and quality of services; and to help staff make better decisions. In some cases, as we will see during several workshop sessions, Supervisors and SS/Continuous Quality Improvement teams based at facilities make use of this information after it is gathered. In other cases, they are involved in also helping to gather the information.

b. **Reveal the next slide:** Population-based data provides information about the current health status of an entire country, region or specific group, for example, women of reproductive age (WRA). Population-based data is important because it helps to describe the overall situation, provides context and comparisons with local needs, and can help guide the establishment of programmatic goals and local level objectives.

PowerPoint slide 7.5	Actual Powerpoint slide 7.5
Population-based Data Tell Us…	**Population-Based Data Can Describe**
• The overall situation • Current health status of a country, region or specific group • Context and comparisons with local needs • Can guide the establishment of programmatic goals and local level objectives	• 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

c. **Reveal the next slide:** These are the sources of population-based data.

PowerPoint slide 7.6	Actual Powerpoint slide 7.6
Sources of Population-based Data	**Sources of Population-based Data**
Population-based data • Surveys *DHS and RH Surveys conducted by national organizations or Centers for Disease Control* • Special Studies • Government publications *Policies, standards and guidelines; Service delivery plans (objectives) for Oblast or Rayon* • Vital Registries	• Surveys • Special Studies • Government publications • Vital Registries

d. **Reveal next slide:** Overall, program-based data can tell about three important areas:

PowerPoint slide 7.7	Actual Powerpoint slide 7.7
Program-based Data Tells Us About…	**Program-based Data Tells Us About…**
• **Clients and Community** *Needs, expectations, characteristics, services received and referrals* • **Quality and Performance** *Concurrent and retrospective assessments of the quality of the services being offered and the performance of individual service providers according to standards* • **Management and Training** *Administrative and financial information on commodities, supplies and logistics; Which providers have received training in what areas, when*	• **Clients and Community** • **Quality and Performance** • **Management and Training**

e. **Reveal next slide:** Here are sources of program-based data. ***[Read through slide]***

PowerPoint slide 7.8	Actual Powerpoint slide 7.8
Sources of Program-based Data for SS	**Sources of Program-based Data for SS**
• Service statistics (e.g.,: New Acceptors, Continuing Users) • Medical / quality monitoring (Concurrent and Retrospective Assessments) • Facility-based surveys • Community/catchment-area surveys	• **Service statistics** • **Concurrent and retrospective quality assessments** • **Facility-based surveys** • **Community/catchment-area surveys**

PowerPoint slide 7.8	Actual Powerpoint slide 7.8
Sources of Program-based Data for SS	**Sources of Program-based Data for SS**
• Patient/client records and service registries • Program documents *Local RH/FP plans; Reports on Contraceptive commodities and supplies; Management, Training and Financial reports; etc.*	• **Patient/client records and service registries** • **Program documents**

Use of population-based data in SS

Time: 20 minutes for a. through i. below.

a. **Explain:** We will first discuss how to use population-based data, which, as we said, are helpful in identifying areas of need and setting overall program objectives.

b. **Comment:** But first a cautionary note: when we discuss population-based data and indicators, we must be extremely careful not to use this information as a way to set and use contraceptive service delivery 'quotas' (or targets) that service provider and other staff feel they must meet or strictly enforce. This is an old style of planning and supervision and it represents a danger to informed choice. The focus of family planning service delivery should always be on helping the *individual client* identify his or her own, individual reproductive goals – whether to delay child bearing, space births, limit the overall number of births or end child bearing, and then helping that client to achieve these goals through providing information so that he/she can choose an effective contraceptive method, and services so that he or she can use the chosen method, switch to a different method if he/she so chooses, or end contraceptive use all together. The focus of supportive supervision should be on helping providers plan and deliver quality services that meet the need of clients and potential clients, not merely on assessing whether clinics are adding new acceptors and meeting overall objectives.

c. **Comment:** We are going to look briefly at just one source of population-based data. There was a Reproductive Health Survey performed in Georgia in 2005 by the CDC.[19]

d. **Ask:** Is anyone here familiar with any of the findings from that survey? Can you share with us any of what the survey tell us about the RH health needs of Georgian women?

e. **Comment:** Here is the summary information from the survey provided by the CDC: ***[Trainer: Share Handout 7.2 and ask participants to take a minute read it to themselves. When they have finished…]***

f. **Ask:** What does this text summary of major findings suggest to you we should be thinking about in term of the objectives and structure of RH services? What types of

[19] http://www.cdc.gov/reproductivehealth/Surveys/SurveyList.htm#Georgia%20Republic%202005

needs do you see? How should programs respond – what are some strategies that can be used to meet these needs? ***[Trainer: if participants have difficulty responding, point out particularly the sentences below and ask them what policy decision makers, supervisors, managers and service providers can do to address this information.]***

- *Fifty-two percent of women who have been pregnant in the past five years reported that their last pregnancy was mistimed or unwanted.*
- *Only 47% of women in union reported using any method of contraception during the month preceding the interview and little more than half of them used a modern method (27% of women in union), principally the IUD (12%) and condoms (9%).*
- *Contraceptive prevalence among Georgian women in union was the lowest among any of the former Soviet republics with survey data.*
- *The survey found that the induced abortion rate was 3.1 abortions per woman.*
- *Georgian women initiate and complete childbearing at early ages, with the highest fertility levels reported among 20– to 24– year-olds.*

g. **Ask:** Do you think that supervisors, facility managers, counselors and service providers can use this type of population-based data to guide the types of decisions and actions they take? How?

h. **Ask** participants to comment on the situation in their own region: how does it differ from the national level information cited in the handout?

i. **Comment:** With population-based data, typically there is a selection of key national and local indicators used to help health care professionals including managers, supervisors and service providers to align their program with national level goals, guide the selection of strategies and planning of actions, and monitor effectiveness at the local level. Key indicators to monitor include:

PowerPoint slide 7.9	**PowerPoint slide 7.9**
Illustrative Key Indicators for FP Programs[20] **Population-based / National or Regional Level**	**Illustrative Key Indicators for FP Programs[21]** **Population-based / National or Regional Level**

[20] 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.

[21] 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*

PowerPoint slide 7.9	PowerPoint slide 7.9
Illustrative Key Indicators for FP Programs[20] Population-based / National or Regional Level	**Illustrative Key Indicators for FP Programs[21] Population-based / National or Regional Level**
• Total Fertility Rate • Contraceptive Prevalence Rate • Age-specific fertility rates • Percentage of unmet need for Family Planning (for spacing or limiting births) • 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	• 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

(Continued) Use of program-based data in SS

Time: 20 minutes for a. through v. below.

a. **Comment:** As we said, national and regional population-based data provides context and direction to help you look more closely at your local situation. It is rare to have population-based data available for a catchment area or rayon. We can take our lead from the national and regional indicators and then look closely at local, program-based indicators and data that can tell us more about the situation at the local level, where service providers and supervisors are expected to perform.

b. **Ask:** For example: If we are concerned about the percentage of women reporting mis-timed or unwanted pregnancies after looking at the national or regional indicators, what are some indicators we can look at the local level, through the local service delivery program, that may correspond to this? ***[Trainer, allow some responses…, then…]***

c. **Reveal next slide:** ***[Trainer, read through the slide from left to right, pointing out the relationship between the National/Regional indicator and the local indicator.]***

Evaluating Reproductive Health Programs. Chapel Hill, NC: Carolina Population Center , MEASURE *Evaluation* Project, 2004: Pp. 1-14.

PowerPoint slide 7.10

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	o # of users of modern, effective contraceptive methods o Contraceptive Method Mix o % of WRA provided information/ counseled on all available contraceptive options o % of WRA receiving an appropriate contraceptive method for their RH goals

d. **Ask:** What if we see the percentages of WRA using modern, effective contraceptive methods are low nationally and regionally and we are concerned it is also low in our area of responsibility? What are some more indicators can we look at the local/program level? ***[Trainer, allow some responses…, then…]***

e. **Reveal next slide:** ***[Trainer, read through the slide from left to right, pointing out the relationship between the National/Regional indicator and the local indicator.]***

PowerPoint slide 7.11

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	o % of New Contraceptive Acceptors o % of Continuing Contraceptive Users o % of Users Expressing Satisfaction with Quality of Services

f. **Ask:** And what about if we are looking at a high percentage of women who indicate they want to limit or end their childbearing? What local/program indicators can we look at? ***[Trainer, allow some responses…, then…]***

g. **Reveal next slide:** ***[Trainer, read through the slide from left to right, pointing out the relationship between the National/Regional indicator and the local indicator.]***

PowerPoint slide 7.12

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	o Number of referrals for long-term and permanent contraceptive methods o Number of women receiving long term and permanent contraceptive methods

h. **Comment:** As you can see, these types of local/program-based indicators are related to things we take responsibility for as managers, supervisors and service providers –parts of the RH program we can work to affect and improve as supervisors, managers, and service providers in terms of quality, quantity or both.

i. **Explain:** Baseline data for your local indicators, either population-based or program-based, should be accessible through:

- service delivery records/ service statics at the facility (hospital or clinic-level);
- surveys (including interviews and focus groups) conducted at the facility and community levels; and
- government sources such as data collected by the MoLHSA at the rayon and oblast levels.

j. **Explain:** Once the current baselines are established for the indicators, there are usually objectives established to express the desired increase or improvement in the indicator. While we state this, we do remember the cautionary note that these objectives should not be considered as "must-fill quotas" that would compromise informed choice.

k. **Explain:** The indicators and objectives selected for your local program should be discussed with all of the staff you are supervising so that they understand the importance of the indicators in terms of providing a 'snapshot' of the needs in the population, programmatic objectives you seek to achieve, and, later, the actions that can be taken to that can help achieve the objectives.

l. **Reveal next slide:** It is important to select appropriate denominators to correctly monitor various aspects of local indicators. For example, which denominator below better tells us to whether Women of Reproductive Age (WRA) in a particular community/catchment area are receiving family planning services adequate to help them achieve their reproductive goals? Is it A or B?

PowerPoint slide 7.13

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

m. **Respond:** The correct answer is B. B tells us more about progress toward meeting the contraceptive needs of all women in the catchment area seeking to space or limit births, since the denominator of A is only addressing women who are already coming to the clinic.

n. **Reveal next slide:** Using B might make the performance of a given facility look lower since the denominator is a larger number, but it is a more meaningful measure of overall coverage of FP services, meeting unmet needs. For example

PowerPoint slide 7.14

Selecting Appropriate Denominators

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

B. **324** / **3,240** — WRA served by the clinic received modern FP method / WRA in catchment area indicated they wanted to space/limit

o. **Comment:** Note that supervisors may also wish to look at A., but for a different reason: it helps identify whether FP opportunities are being missed within a particular facility.

p. **Explain:** After the establishment of the baselines, current data on each indictor will need to be collected on a routine basis through the same sources used to gather the baseline:

- service delivery records/ service statics at the facility (hospital or clinic-level);
- surveys (including interviews and focus groups) conducted at the facility and community levels; and
- government sources such as data collected by the MoLHSA at the rayon and regional levels.

q. **Explain:** Data on local indicators should be aggregated and analyzed by staff on a quarterly or semi-annual basis (every 3 or 6 months) so that progress toward objectives can be tracked, gaps can be identified, and adjustments in the program can be made in areas where progress is lacking.

r. **Explain:** It is important to remember the direct impact your local program (and achievements) has on indicators will not be measurable at the level of the national and regional population-based indicators. This is because it takes the effort of many programs such as yours, and other factors, to produce this effect. However, your program can still track its progress toward improving its own access, coverage and quality required to meet the needs of the customers in your own catchment area(s). Tracking and achieving the improvement of access, quality and use at this level is equally important to seeing changes in national level indicators, which are only measured ever 5 or so years.

s. **Reveal next slide:** Here we see some illustrative key indicators for FP programs that can be complied by program-based/local data sources.

PowerPoint slide 7.15

Illustrative Key Indicators for FP Programs[22]
Program-based / local level

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

t. **Comment:** **Handout 7.3, page 2** lists key indicators and explains how this information can be used. ***[Trainer, referring to the handout, have volunteer participants read aloud through the column "how can I use the information" for the following 3 indicators ONLY: "Percentage of New Acceptors"; "Percentage of continuing Users"; and Contraceptive Method Mix".***

u. **Comment:** For you future reference, **Handout 7.3, pp. 4-5** provides program areas in which it is important to collect and use program-based data. ***[Trainer, read only the far left hand column "Program Areas", DO NOT read all the information in the right column under "Information to Gather, Review and Use.]***

v. **Explain:** Representing the data visually in graphs is very useful to the health care team in helping them to analyze the current progress, or lack of progress, identify problems, and determine areas for further investigation and/or action. In addition, some clinics and programs also choose to post the graphs publically where they can be viewed by facility

[22] 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.

staff and even clients and community members in order to communicate with internal and external stakeholders. This serves to create a common understanding among the facility staff and the community of needs and priorities as well as achievements. It also serves as mechanism for motivating and providing recognition to the health care team, as well as promoting accountability, as progress is charted and achievements are realized.

Using data to make decisions in SS

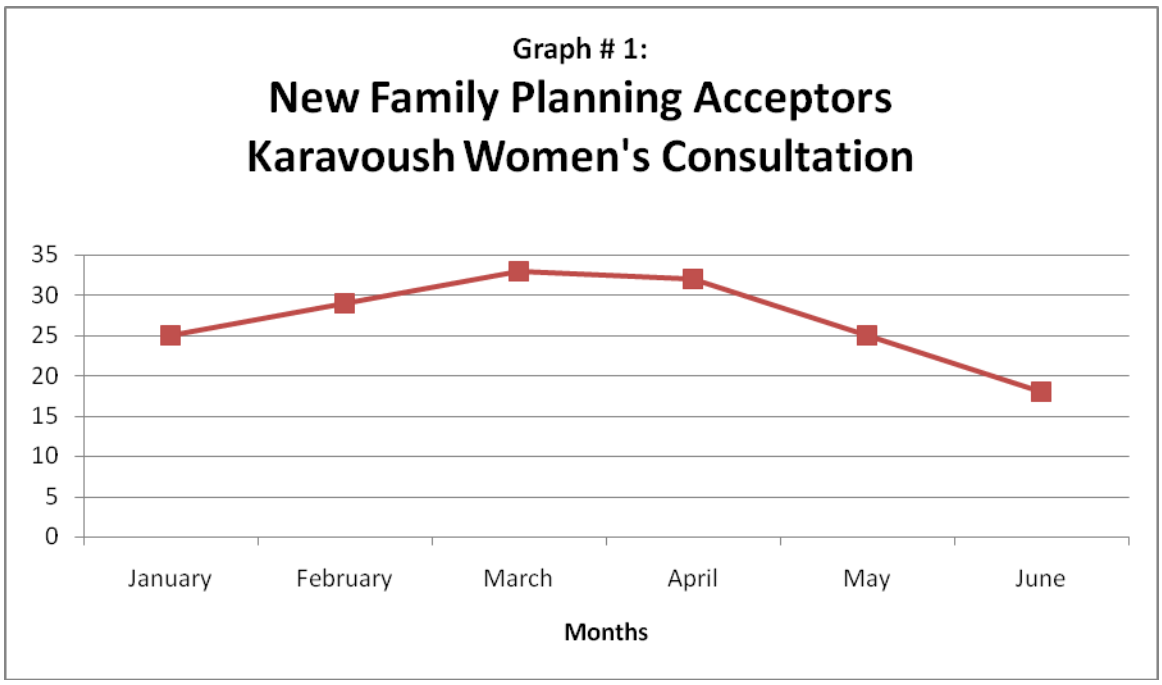
Time: 35 minutes for a. through gg., below: (Large Group Exercise)[23]

a. **Explain:** We will now do an interactive, large group exercise that illustrates how graphs can be used for representing and analyzing population and program-based data, providing a foundation for data-based decision making.
b. **Explain the large group exercise:** We will look at three key indicators for FP programs: New Acceptors for FP; Method Mix; and Sources of FP Information. We will do this by analyzing data represented in three simple types of graphs: line graphs, pie charts and bar charts. For each graph, we will give our interpretation of the situation, discuss some possible problems and causes indicated by the graph, and suggest actions that can be taken.
c. **Reveal next slide and explain:** The first thing we will look at is **Analyzing New Acceptor Trends.** To see if a clinic you supervise is attracting a steady flow of new acceptors of FP, you can examine trends based on data collected from the clinic over several months. Examining the trend in new acceptors is done by plotting the total number of new acceptors at a facility by month on a line graph. The line graph will clearly show whether the number of your new acceptors is increasing, decreasing, remaining stable, or fluctuating significantly from month to month.

d. **Ask:** What do you see in this line graph (PowerPoint slide 7.16)? How would you describe the trend? ***[Allow some responses]***

[23] This exercise, including text for trainers comments, is adapted from information presented in "Using Service Data: Tools for Taking Action", MSH, Ibid. http://erc.msh.org/staticpages_printerfriendly/2.2.4_info_English_.htm , Accessed November 2007.

PowerPoint slide 7.16



e. **Comment:** This line graph shows the trend of a slight steady increase in new FP acceptors, then a gradual decline.

f. **Ask:** If you saw this trend, what question would you ask? ***[Allow some responses]:*** I would ask the question: Why was there a steady increase followed by a gradual decline?

g. **Ask:** What could be the interpretations – the possible causes for the trend in the data? ***[Allow some responses]***

h. **Reveal Next Slide:** Here are some other possible interpretations.

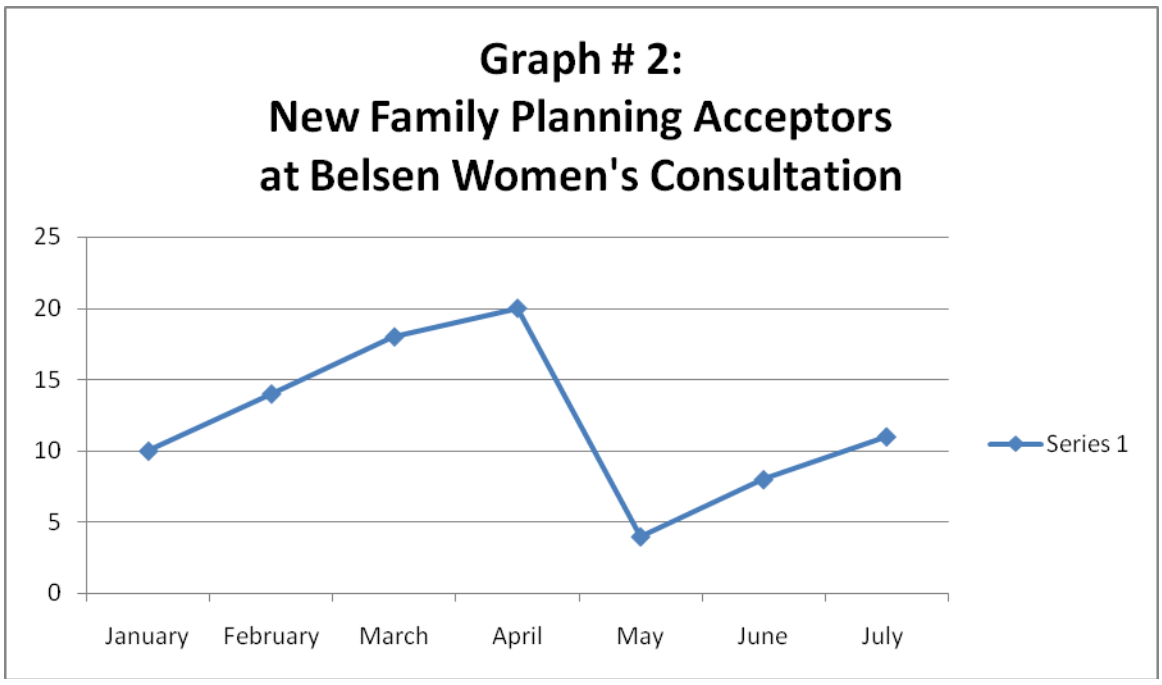
PowerPoint Slide 7.17
Graph # 1: **Key Question: Why was there a steady increase followed by a gradual decline?**
Possible Interpretation: (Potential causes to be further investigated)
• New acceptor group is largely covered and has moved into continuing user category.
• Stockout of one method has led to gradual decline in acceptors seeking that method.

i. **Ask:** What are some actions that could be taken based on the possible causes. ***[Allow some responses, then Reveal Next 2 Slides]***

PowerPoint Slide 7.18	
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.

j. **Reveal next slide and comment:** Now let's look at Graph **#2. (PowerPoint 7.20) Ask:** What do you see? How would you describe the trend? ***[Allow some responses].***

PowerPoint 7.20



k. **Ask:** What question would you ask about the situation graph # 2 is presenting? ***[Allow some responses]***

Comment: I would ask: Why was there a steady increase, followed by a drastic decline, followed by another increase?

Ask: What are some of the possible interpretations of this graph (potential causes of the trend presented by the data that should be further investigated?) ? ***[Allow some responses, then Reveal next slide].***

PowerPoint Slide 7.21
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.

l. **Ask:** What are some actions that could be taken based on the possible causes ***[Allow some responses, then Reveal Next Slide].***

PowerPoint Slide 7.22	
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)	**Possible Actions to Verify Cause**
The trend could have been caused by promotional media campaign that was discontinued and reinstated.	• Client exit survey/community assessment • Verification of media listenership data • Questions at service delivery

PowerPoint Slide 7.22	
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)	**Possible Actions to Verify Cause**
	point of source of information re services
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.	• Community survey • Review of trends in media coverage of FP program • Questions at service delivery point of source of information re services

m. **Comment:** Next we are going to look at **Analyzing Contraceptive Method Mix**.[24] Pie charts are one way to represent and compare the use of contraceptive methods among new acceptors. A pie chart can show the methods your new acceptors are choosing (method mix) in relative proportions. It can also help indicate how well clients are being counseled on all the available methods.

n. **Explain:** National or local data for your country may be available which will allow you to look at your clinic's method mix in the context of cultural values, client practices, and specific client characteristics such as age and reproductive goals, and preferences. Consider these factors when trying to determine the desirable method mix of new acceptors for your clinic. The three pie charts below represent different method mixes using monthly summary data on new acceptors. The interpretations and suggested actions may be helpful in improving the method mix in your clinic.

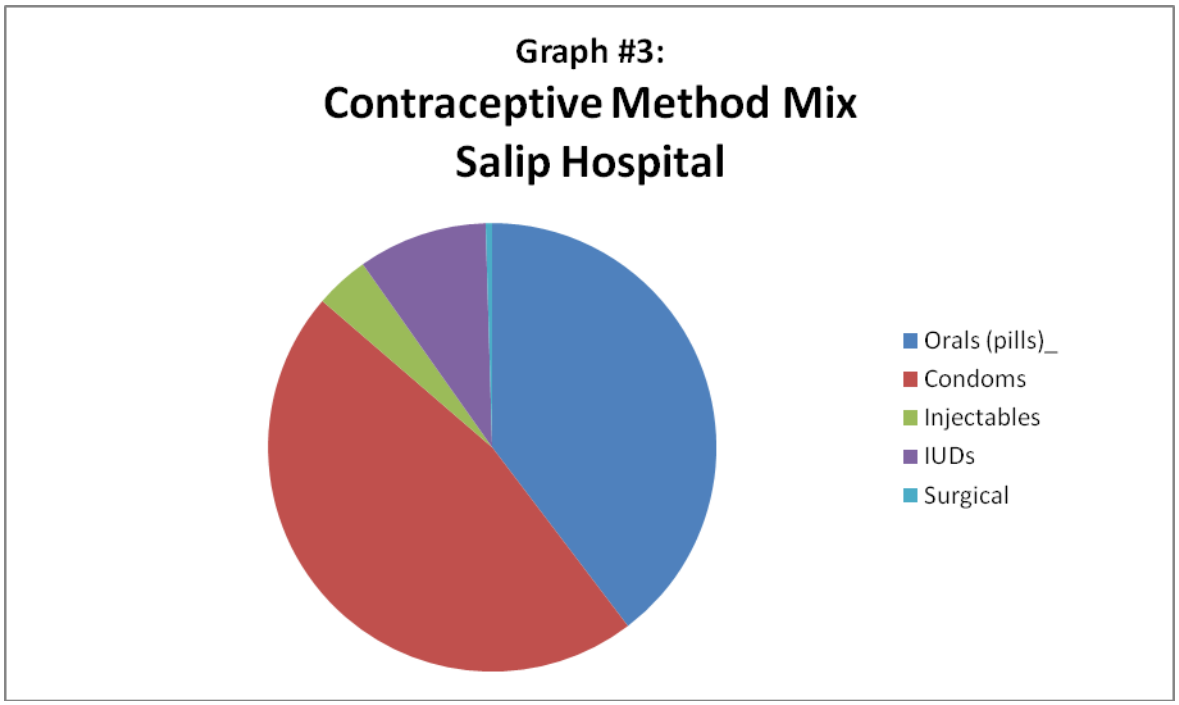
[24] This exercise, including text for trainers comments, is adapted from information presented in "Using Service Data: Tools for Taking Action", MSH, Ibid. http://erc.msh.org/staticpages_printerfriendly/2.2.4_info_English_.htm , Accessed November 2007.

o. **Explain:** Pie charts, using monthly summary data, should be drawn and reviewed at least once every 3 months by clinic managers, supervisors and service providers to monitor how your actions are changing the method mix.

p. **Reveal next slide:** (PowerPoint slide 7.23) Let us look at Graph #3. What key question would you ask about the situation graph # 3 is presenting? ***[Allow some responses.***

q. **Comment:** I would ask: Why do oral contraceptive pills and condoms make up the majority of the contraceptive use at this clinic?

PowerPoint slide 7.23



r. **Ask:** What are some of the possible interpretations of this graph that should be further investigated? ***[Allow some responses, then Reveal next slide].***

PowerPoint Slide 7.24 FOR TRAINER'S USE IN DISCUSSION
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.

PowerPoint Slide 7.24 FOR TRAINER'S USE IN DISCUSSION
Graph #3: **Key Question:** **Why do condoms and orals account for the majority of contraceptive use?**
Possible Interpretation: (Potential causes to be further investigated)
• 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.

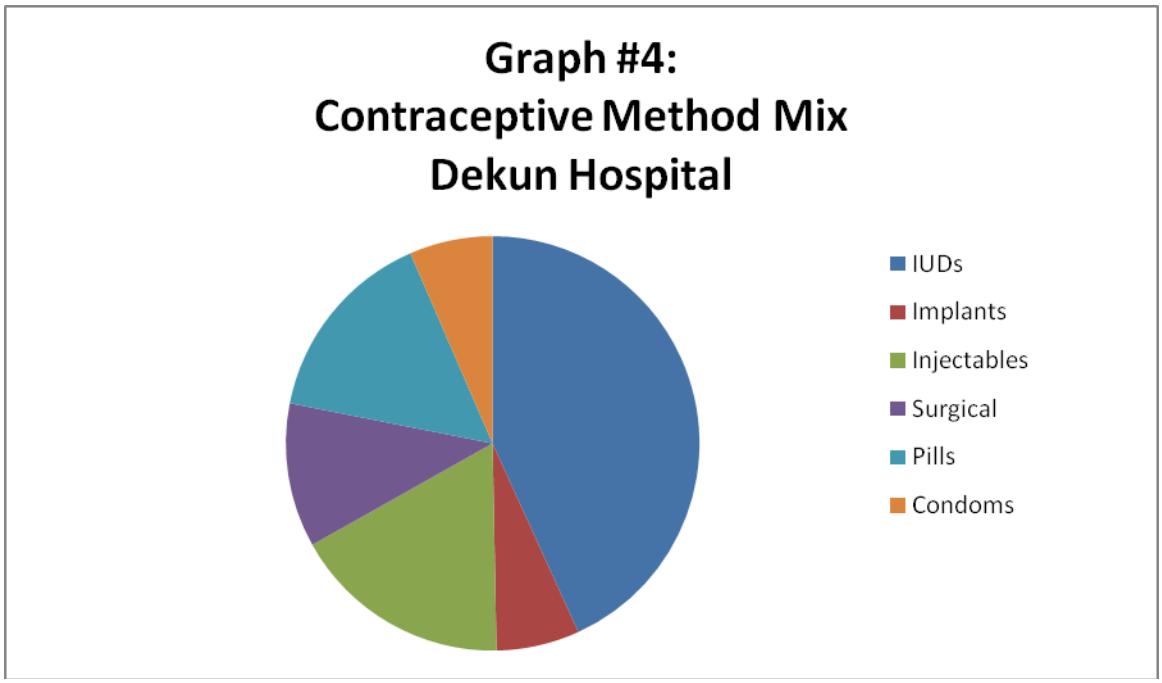
s. What are some actions that could be taken based on the possible causes. Need to determine first what is the cause. This just gives you some ideas. ***[Allow some responses, then Reveal Next Slide]***

PowerPoint Slide 7.25 FOR TRAINER'S USE IN DISCUSSIONS	
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	Interview clients and dropouts to determine whether they received good

PowerPoint Slide 7.25 FOR TRAINER'S USE IN DISCUSSIONS	
Graph # 3: <u>Key Question:</u> Why do condoms and orals account for the majority of contraceptive use?	
Possible Interpretation: (Potential causes to be further investigated)	**Possible Actions to Take**
methods.	counseling on contraceptive methods.

t. **<u>Reveal next slide:</u>** (**PowerPoint Slide 7.26).** Let us look at Graph #4. What key question would you ask about the situation graph # 4 is presenting? ***[Allow some responses]***

PowerPoint Slide 7.26



u. **<u>Comment:</u>** I would ask: Why is there a more even distribution of the more effective contraceptive methods at this facility?

v. **<u>Ask:</u>** What are some of the possible interpretations of this graph (potential causes of the scenario presented by the data that should be further investigated?) ***[Allow some responses, then Reveal next slide].***

PowerPoint Slide 7.27
Graph # 4 : **<u>Key Question:</u>** **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.

w. What are some actions that could be taken based on the possible causes. ***Allow some responses, then Reveal Next Slide].***

PowerPoint Slide 7.28 FOR TRAINER"S USE IN DISCUSSIONS	
Graph # 4 : **<u>Key Question:</u>** **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.	

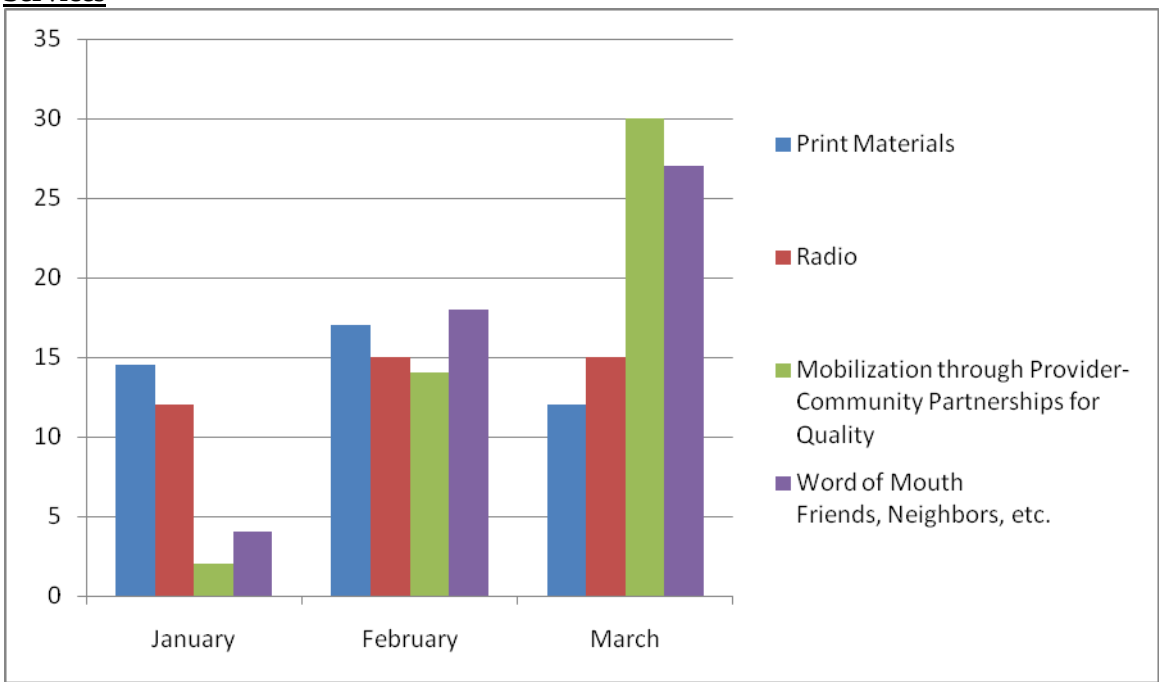
x. **Comment**: The last type of chart we will look at is a bar chart to Analyze Sources of FP Information Received by Clients.[25] Changes in the numbers of new acceptors coming to a facility may be strongly affected by factors such as IEC campaigns and initiatives like Provider-Community Partnerships, which aim to mobilize community members and help support quality services at facilities. Bar charts are one way to see not only how new acceptors are learning of your services, but also the relative effectiveness IEC campaigns and community mobilization/partnerships.

y. **Reveal next slide:** (**PowerPoint Slide 7.29)** This bar chart shows how new acceptors learned of your family planning services.

z. **Explain:** You can quickly see which sources of information in your community are the most helpful in attracting new clients. Represented in the chart are four sources of information cited by new acceptors as the primary source of information: Print materials, radio (the two of which are often the primary ingredients in an IEC campaign); Mobilization through Service Provider Partnerships with Community Groups; and Word of Mouth (i.e. satisfied clients telling neighbors, relatives and friends).

aa. **Ask:** What are some of the key questions you would ask about this bar graph? ***[Allow some responses, then Reveal next slide].***

PowerPoint Slide 7.29: Graph 5 How New Acceptors Learned of Services



[25] This exercise is adapted from information presented in "Using Service Data: Tools for Taking Action", MSH, Ibid. http://erc.msh.org/staticpages_printerfriendly/2.2.4_info_English_.htm , Accessed November 2007.

bb. **Reveal next slide:** There are so many good questions one could ask about the situation depicted in this bar graph! For example:

PowerPoint slide 7.30
Key Questions
• What have been the most effective means of reaching new acceptors with information? • Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?

cc. **Comment:** For the purposes of the exercise, we'll choose the 2nd question.

dd. **Ask:** What are some of the possible interpretations of this bar graph?

PowerPoint slide PowerPoint Slide 7.31 TRAINER'S USE FOR DISCUSSION
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 known 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

ee. **Ask:** What are some actions that could be taken based on the possible causes. ***[Allow some responses, then Reveal Next Slide]***

PowerPoint slide PowerPoint Slide 7.32 USE IN DISCUSSION		**ACTUAL PowerPoint slide PowerPoint Slide 7.32 USE IN DISCUSSION**	
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?**		**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 Interpretation:** (Potential causes to be further investigated)	**Possible Actions to Take**	**Possible Actions to Take**
New acceptors are pleased with the clinic's services and reporting favorably to their community.	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 ntinue to provide high quality rvices in the future.	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 provide high quality services in the ure.

PowerPoint slide PowerPoint Slide 7.33	
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**
Provider-Community Partnerships have worked well to: • 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	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

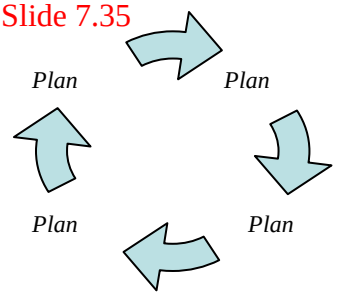
PowerPoint slide PowerPoint Slide 7.33	
Graph # : Key Question: **Why have Word of Mouth and Community Partnerships been so successful in the long run, while radio and print materials have been less successful?**	
Possible Interpretation: (Potential causes to be further investigated)	**Possible Actions to Take**
	continue to promote the benefits of FP and disseminate information on where services can be found

PowerPoint slide PowerPoint Slide 7.34 FOR TRAINER'S USE IN DISCUSSION		PowerPoint slide PowerPoint Slide 7.34 FOR TRAINER'S USE IN DISCUSSION	
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?**		**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 Interpretation:** (Potential causes to be further investigated)	**Possible Actions to Take**	**Possible Actions to Take**
Radio spots have not aired at a time of day when potential clients have access to radio.	Radio spots have not aired at a time of day when potential clients have access to radio.	Share data with program managers and encourage them to re-assess the timing of spots in light of availability of potential clients	Share data with program managers 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	Printed materials, although initially well received, ran out	Discuss with MOH and community partners whether resources can be mobilized to re-print materials.	Discuss with MOH and community partners whether resources can be mobilized to re-print materials.

ff. **Reveal next slide:** That's the end of the exercise. In summary for this session, you can see how use of population- and program-based data contributes to our cycle of:

- Plan
- Do
- Review
- Revise

PowerPoint Slide 7.35



Day Two

Session 8: Approaches for Improving Performance and Quality[26]

Total Time: 1 hour, 15 minutes

Session Objectives: By the end of the session, participants will be able to

1. Describe the 'Performance Improvement' (PI) Approach and the 'Continuous Quality Improvement" Approach (CQI) and how they can be used with Supportive Supervision to improve provider performance and strengthen systems necessary for quality services.

2. Identify systems that need to be in place and functioning well in order to assure quality in service delivery.

3. List tools that can be used during Supportive Supervision to monitor and improve quality and performance.

Session Materials:

- **PowerPoint presentation:** *Approaches to Improving Performance and Quality*

- **Handouts**:
  - Copy of PowerPoint presentation (optional): *Approaches to Improving Performance and Quality*
  - Handout 8.1: Flow Chart, High Level: *Client Requests Family Planning at a Clinic*
  - Handout 8.2: Creating a Flow Chart
  - Handout 8.3: Flow Chart, Medium Level: *Client Requests Family Planning at a Clinic*

- **Flipcharts:**
  - Blank flipchart page with title: *Management and Performance Support Systems Needed for Quality Services*
  - Blank flipchart page with title: *External Customers of RH/FP Services*

Advance Preparation for Session:

- Prepare flipcharts.

[26] Content adapted from sources including: *Workshop on Quality of Care and Sustainability*, JSI, Inc Seats II,(Linda Ippolito and Lisa Hare), August, 1997; and *Training Curriculum in Continuous Quality Improvement for FP Programs*, JSI, Inc. SEATS II Project, May, 2000.; **And** *Performance Improvement, Stages, Steps and Skills*, The PRIME II Project, IntraHealth International, Inc, http://www.intrahealth.org/sst/tool2-1.html, accessed November, 2007.

- Make copies of handouts.

Introduction to session

Time: 2 – 3 minutes for a. and b. below.

p. **Begin the session by explaining that:** We now have many of the conceptual building blocks we need for Supportive Supervision, including an understanding of the evidence-based approach to SS, definitions of quality in health care and family planning, and an overview of using data for monitoring and decision making. In this session, we are going to focus on two very practical approaches that can be used with SS: Performance Improvement (PI) and Continuous Quality Improvement (CQI). Both of these approaches are highly compatible with Supportive Supervision – in fact they provide key concepts, a simple process to follow and useful tools to use during Supportive Supervision.

q. **Use the PowerPoint slide to introduce the session objectives:**

PowerPoint slide 8.1
Session objectives
By the end of this session, workshop participants will be able to: 5. Identify systems that need to be in place and functioning well in order to assure quality in service delivery. 6. Describe the 'Performance Improvement' (PI) approach and the 'Continuous Quality Improvement" Approach (CQI) how they can be used with Supportive Supervision to improve provider performance and strengthen systems necessary for quality services. 7. Provide an overview of PI and CQI tools that can be used during supervision to strengthen systems and performance in order to improve and maintain quality.

Functioning Systems for Quality Services

Time: 5 minutes for a. through e., below

a. **Comment:** We have been talking in previous sessions about defining and delivering quality services, and the role of the supervisor and facility-based staff in monitoring quality. Both the Performance Improvement Approach and

the Continuous Quality Improvement approach add strong tools to our Supportive Supervision Toolbox – tools that help staff set expectations and objectives, monitor and assess performance, identify problems and propose solutions, and take action. Both PI and CQI focus on performance of individuals as well as systems needed for quality service delivery.

b. **Comment:** Before we launch into the overview of PI and CQI, let's just quickly identify what systems need to be in place and functioning in order that the health care team can deliver quality services.

c. **Reveal flipchart, blank except for title:** "**Management and Performance Support Systems Needed for Quality Services". Conduct brainstorming.**

d. **Reveal next slide when brainstorming is complete.** ***[Trainer: Have participants compare lists to see if there is anything missing on the slide or flipchart]***

PowerPoint slide 8.2	**ACTUAL PowerPoint slide 8.2**
Management and Performance Support Systems Needed for Quality Services	**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	• Training • Logistics & storage • Infection prevention • Referral • Management information system • Monitoring and evaluation • Facilities & equipment maintenance • Supportive Supervision • Continued learning • Training information system • Financial systems

e. **Explain:** Often, External Supervisors and facility-based staff assess the readiness of these systems during SS through regular (monthly and/or quarterly) Facility Audit with Checklist. We will be discussing that in detail in a separate session. Between the monthly/quarterly Facility Audit, we can also identify and troubleshoot problems with these systems by using the Continuous Quality Improvement Approach and the Performance Improvement Approach.

Overview of Performance Improvement (PI)

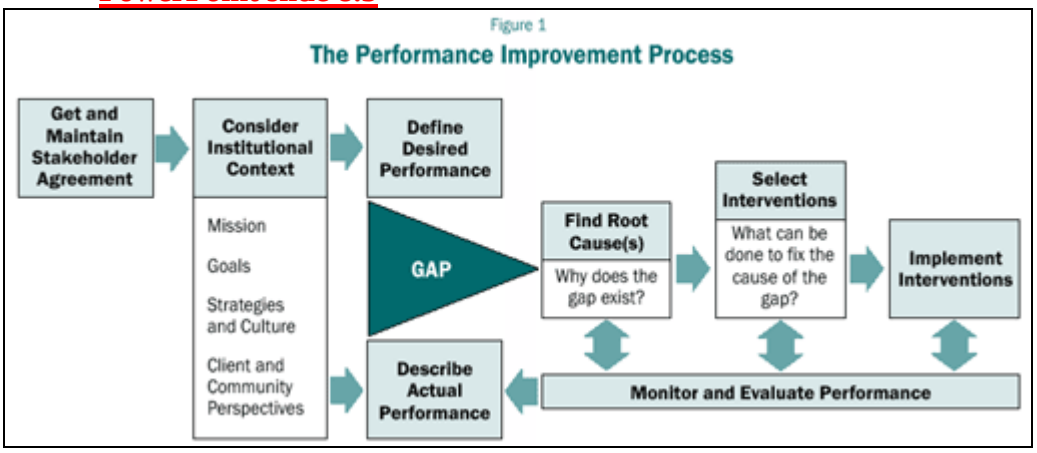
Time: 30 – 45 minutes for a., through bb., below.

a. **Comment:** The Performance Improvement (PI) Approach provides both a framework and a systematic, step-by-step process to analyze performance problems and implement solutions (interventions) to fix them. PI's focus is on understanding and improving human performance. PI has been used effectively and produced results in many countries around the world including in countries such as the United States, Russia, Armenia, India, Brazil, Mexico and through Latin America, Cambodia, and Yemen.

b. **Explain:** PI can be very useful particularly because it helps ensure that supervisors and teams investigate and identify the root causes of problems before suggesting solutions to implement (such as training) to fix the problems. As we saw in the previous session on Using Data for Supportive Supervision, there are often several possible causes for trends we see in service data. Similarly, there are usually several possible causes for problems in systems and performance that affect the quality and reach of FP services -- , along with many potential solutions to try to fix the problems!

c. **Reveal the next slide:** Using PI helps ensure that supervisors and teams think through and have a shared understanding of what is desired performance ***[Trainer point to the box at the top of column three]*** and what is actual performance ***[Trainer point to the box at the bottom of column three]***, what is the performance gap between the two, ***[Trainer point to the triangle that says "gap"]***what are the root causes of the problem -- there can be more than one – ***[Trainer point to the box that says root causes]*** and what interventions (or solutions) will be enacted to address the problem. ***[Trainer point to the boxes that say select and implement interventions]***

PowerPoint slide 8.3



d. **Explain:** While PI can be used for large scale needs assessments and project planning, it is also very applicable and often used at the clinic and systems levels to identify and help solve performance problems that service providers and supervisors are facing. Like CQI, which we will look at in a moment, PI can be a powerful methodology for supportive supervisors and facility-based supportive supervision teams. There are examples from many countries of facilities establishing SS teams that meet regularly and use PI and CQI together or separately to monitor services, identify problems and implement solutions. In

the HWG project, we will use some aspects of both PI and CQI in our SS practices and procedures.

e. **Reveal next slide:** In countries where there are external supervisors present, these teams often work in close coordination with the external supervisors. External supervisors train facility staff in both Supportive Supervision and methods such as PI, and CQI. Then the External Supervisors can provide support and guidance for the SS/CQI and PI process including attending SS/CQI team meetings, delegating responsibility and authority to the facility-based team to identify and solve problems between supervisory visits using shared action plans. The PI team carefully documents their activities and reports back the progress and results regularly. External supervisors can be helpful team members during the Performance Needs Assessments (PNA) (stating desired performance, assessing actual performance, and proposing and assessing interventions to close the performance gap.

PowerPoint slide 8.4

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 when necessary
- Participate when available in Performance Needs Assessments (PNAs)
  - Defining Desired Performance
  - Assessing Actual Performance
  - Proposing interventions to close performance gaps
  - Monitoring and Assessing the results of interventions

f. **Reveal next slide:** With PI, desired performance is based on sources such as client and community expectations, job descriptions, clinical standards and protocols, standard operating procedures, best practices, and goals and objectives set by the overall health care system and/or region/rayon.

PowerPoint slide 8.5

Sources for Establishing Desired Performance

- Client and community expectations
- Job descriptions
- Clinical standards and protocols

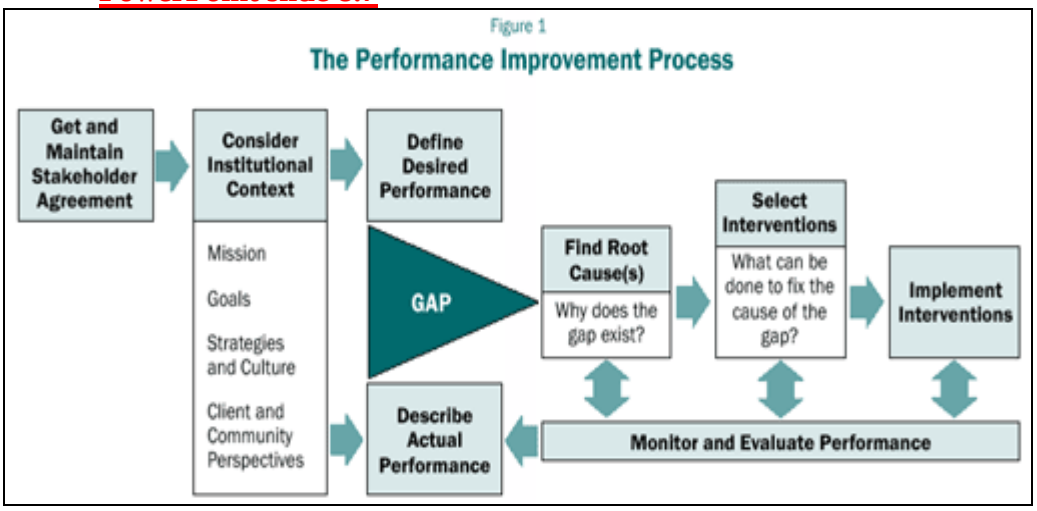
PowerPoint slide 8.5
Sources for Establishing Desired Performance
• Standard operating procedures (policies & management) • Best practices • Program goals, objectives, targets • Messages from top management • Discussions with respected peers • Standard competencies developed by professional associations •

g. **Reveal next slide:** Actual performance is measured according to service delivery indicators (such as new acceptors, continuing users, drop-out rates, infection rates, etc) and/or described qualitatively based on program assessment conducted with tools such as Facility Audit with checklist, Observation of Provider Performance with Checklist; Exit Interviews; and Focus Group Discussions.

PowerPoint slide 8.6
Tools for Assessing Actual Performance
• Service Statistics from Management Information System, Review of Client Records, etc. • Facility audit with check list • Observation with check list of clinical service delivery and/or client-provider interactions and counseling • Focus groups and other discussions with clients and community members • Focus groups and other discussions with providers and staff • Interviews with clients, staff, community members

h. **Explain:** Once the desired and actual performance is documented, the PI team performs a 'gap analysis" meaning that they state the difference between desired and actual performance, then go on to identify the root causes of problems/gaps. ***[Trainer, point again to the squares with Desired Performance and Actual Performance, then to the Triangle with "Gap"; then to the square that says: "Find Root Causes".]*** These steps in the process – Identification of Desired and Actual Performance; Gap and Root Causes" are called "The Performance Needs Assessment (PNA)."

PowerPoint slide 8.7



i. **Explain:** During the PNA, the team uses some simple tools to help staff examine which of the following "Performance Factors" are part of the root cause of the problem.

PowerPoint slide 8.8	**ACTUAL PowerPoint slide 8.8**
Performance Factors	**Performance Factors**
▪ Clear job and performance expectations ▪ Feedback on performance ▪ Physical Environment ▪ Motivation to perform ▪ Organizational support ▪ Knowledge and skills that match the requirements of the job	▪ Clear job and performance expectations ▪ Feedback on performance ▪ Physical environment ▪ Motivation to perform ▪ Organizational support ▪ Knowledge and skills that match job requirements

j. **Ask:** Has anyone seen and/or worked with these performance factors before? ***[Trainer: allow participants to respond, then point out the following if they don't…]*** … These performance factors were used for the framework of the Supervisory Self Assessment you completed in Exercise 2.1. during session 2 of this workshop.

k. **Reveal next slide and explain:** We have already discussed where desired performance comes from – Clear job and performance expectations found in job descriptions, clinical standards, client expectations, program objectives.

TRAINER NOTES 8.8.1
Performance Factors
▪ **Clear job and performance expectations** *Job descriptions, clinical standards and protocols, client and management expectations and needs, program objectives, benchmarks*

l. **Reveal next slide and explain:** We will look now at how the other performance factors are defined. ***[Trainer: read aloud through next 5 slides.]***

TRAINER NOTES 8.8.2
Performance Factors
▪ **Feedback on performance** o *Written or verbal feedback from supervisor and/or peers;* o *Posting clinic data* o *Collecting feedback from clients in exit interviews and/or focus groups*

TRAINER NOTES 8.8.3
Performance Factors
▪ **Physical Environment** o *Workspace necessary to welcome clients properly, provide clinically correct, private, confidential services, and provide necessary spaces for staff to perform other tasks necessary for quality service delivery* o *Equipment and supplies necessary to regularly provide clinically correct, private, confidential services*

TRAINER NOTES 8.8.4
Performance Factors
▪ **Motivation to perform** o *Verbal and/or written recognition for performing up to standards and/or making improvements* o *Access to professional development* o *Employee of the week or month award* o *Public recognition through newsletter, radio, newspaper, Internet, etc.* o *Promotion*

TRAINER NOTES 8.8.5
Performance Factors
▪ **Organizational support** o *Mission of organization, leadership and management; systems such as a functioning supportive supervision system* o *Communication* o *Organizational structure* o *Well-conceived job roles and responsibilities* o *Work rescheduling for removal of competing job tasks*

TRAINER NOTES 8.8.6
Performance Factors
▪ **Knowledge and skills (competencies) to do the job** o *Formal face-to-face training events/courses* o *Job aids* o *Updates* o *Peer and group-based learning* o *On-the-job training, coaching/mentoring* o *Self-study/ self-directed learning* o *Distance learning/ computer-based learning*

m. **Explain:** During the root cause analysis, PI teams can use one or more of these simple tools to help identify the cause of the performance gap.

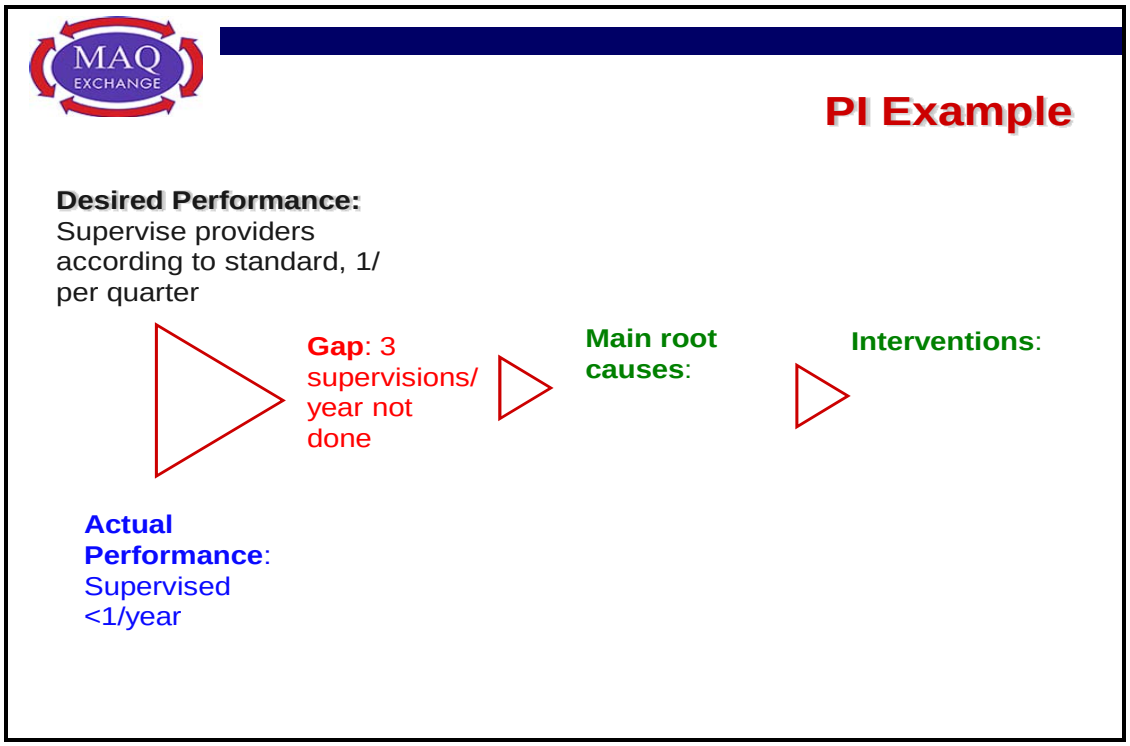
PowerPoint slide 8.9
Tools for Finding Root Causes of Performance Problems
• Brainstorming • Cause and effect diagrams o Fishbone diagram o Why-Why-Why tree

n. **Comment:** Let's look at some examples now that bring together all of this. These examples are taken from actual country case studies depicting the experience of PI teams in various countries.

o. **Reveal next slide:** We can see in the slide below that the problem identified was lack of supervisory visits by external supervisors. The Desired Performance was that Regional Resource Teams (RRTs) were to supervise providers in Post-abortion Care skills, do the supervision according to national standards, and do one supervision visit per provider per quarter totaling 4 a year.

p. **Explain:** But in Actual Performance, although the RRTs did supervision according to standard, they did less than one visit per year, per provider, averaging one supervisory visit a year. The performance gap was therefore easy to calculate: 3 visits a year. Before discussing how to fix the problem or suggesting solutions, however, the PI team looked at root causes of the problem, first.

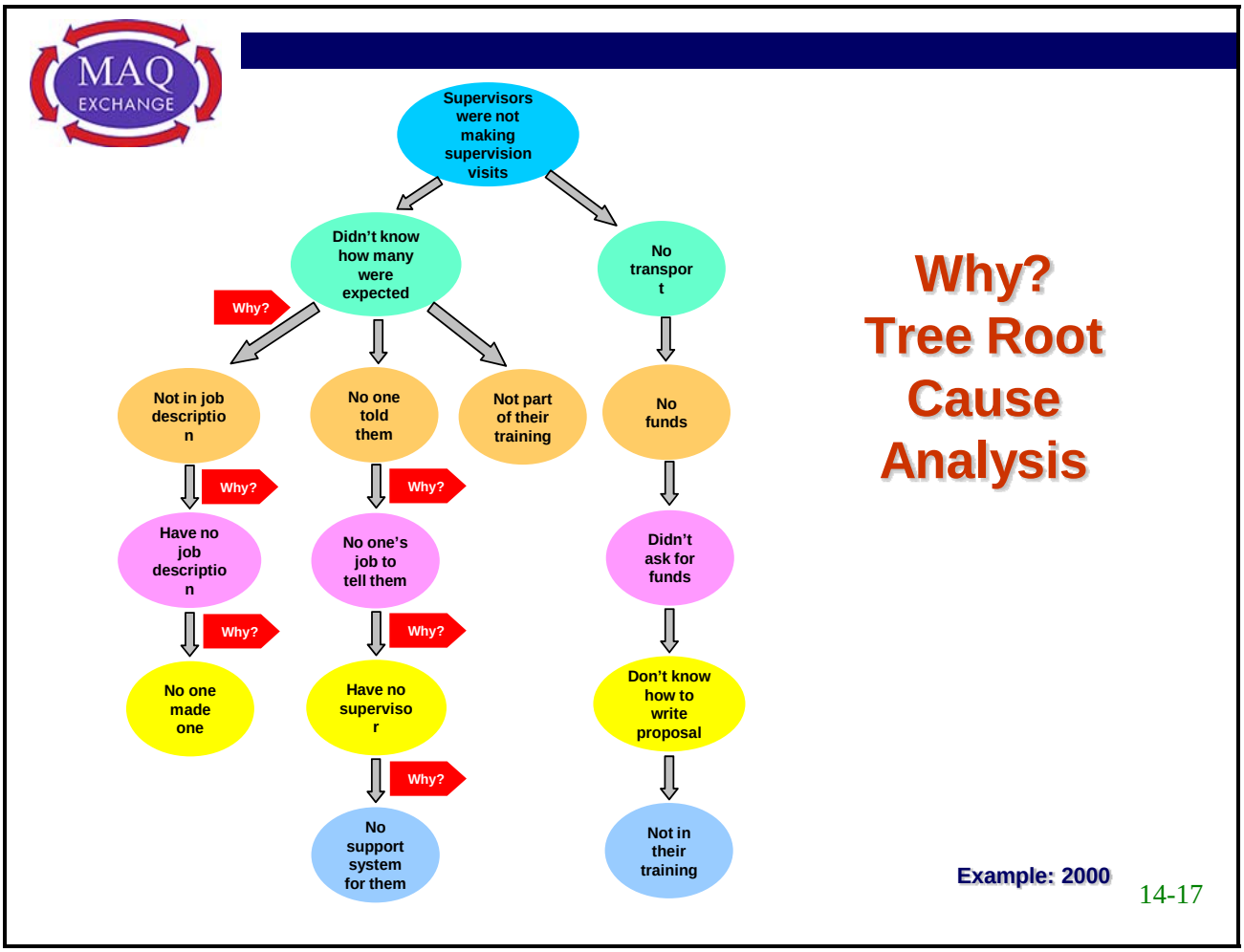
PowerPoint slide 8.10



q. **Explain:** Before discussing interventions or solutions to fix the problem and close the performance gap, the team looked at root causes of the problem. They used two tools to better understand the root causes: the Why Tree and the Fishbone diagram.

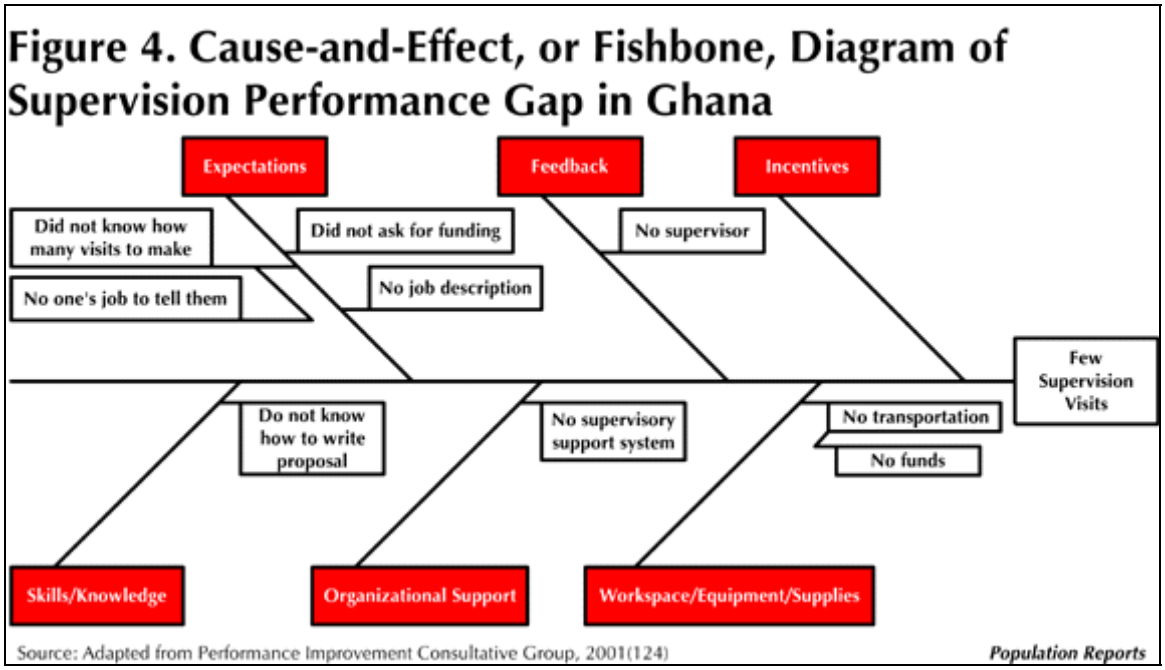
r. **Reveal next slide:** This slide is an example using the Why Tree Root Cause analysis tool. Using the tool is a group process, with team members sitting down to discuss and record the reasons the supervisory visits are not happening. One important thing to note for both PI and for CQI, is that it is important to have the right people on the team to analyze the problem. In this case, it would be the supervisors themselves, plus other colleagues knowledgeable about the supervisory system.

PowerPoint slide 8.11



s. **Reveal next slide:** Here is an example of root cause-effect analysis for the problem using a fishbone diagram that helps the team examine details of each performance factor. Notice that in order to be sure they performed a complete root cause analysis, the team placed the performance factors in the top red boxes and examined each factor to see how it might be contributing to the problem. ***[Trainer: read through slide.]***

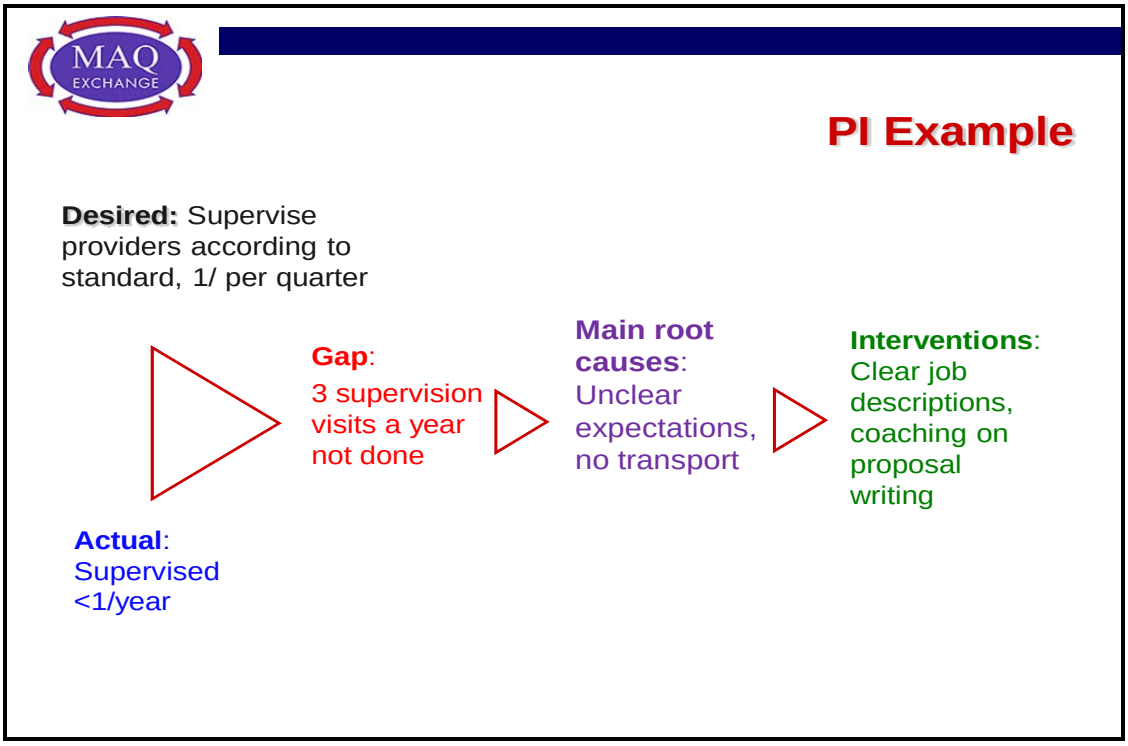
PowerPoint slide 8.12



t. **Reveal next slide:** In the root cause analysis, the team settled on two main root causes for the problem, as seen in the next slide: unclear expectations -- RRTs didn't know how many supervision visits they were supposed to do -- and no transport. They also lacked money for hiring transport and/or paying for fuel, if they had existing transport.

u. **Reveal next slide:** They then discussed what interventions could be tried to address the root causes and solve the problem. They came up with providing clear job expectations and securing financial resources for transport through proposal writing. To clarify job expectations, one visit per quarter expectation was added to RRT job descriptions, and added to the pre-service training. To address funding constraints, because small amounts of money were available from donors for items such as transport and fuel, RRTs were taught how to write the (1-page) proposals to receive the funds.

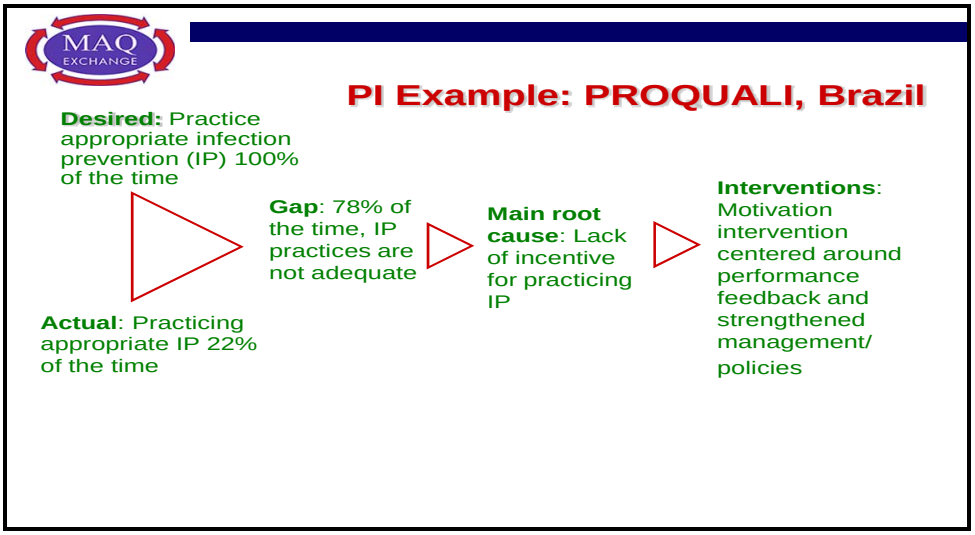
PowerPoint slide 8.13



v. **Comment, if there is time and interest, that:** Let's look at a couple of more examples, based on service provision problems that are a little more complex.

w. **Reveal next slide:** In this example from Brazil, observation of provider performance with a checklist was used to determine the actual performance related to Infection Prevention practices in clinical service delivery.

SAMPLE SLIDE 1



x. **Explain:** Analysis showed that the lack of motivation and incentives were the main root cause of the performance gap. There were several interventions used to increase

motivation and provide incentives, including immediate performance feedback, strengthened management policies, and institutionalizing an accreditation system to motivate, support and reinforce continuous learning and sustained performance.

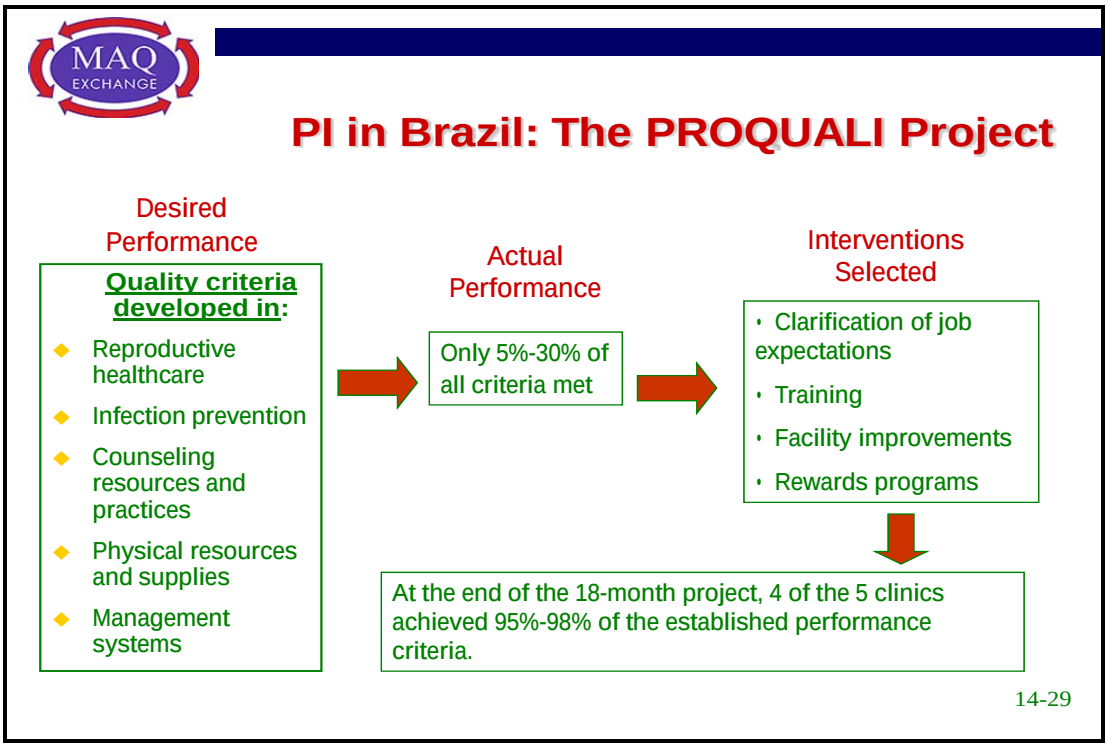
y. **Explain:** It turn out that this performance problem of low IP practices was one of several problems identified and addressed though PI in the Brazil ProQauli project, as we see in this next slide listing other areas for improvement.

z. **Reveal next slide:** There were also issues related to inadequate counseling practices and resources, lack of equipment and supplies, and weak management systems. None of these areas were performing according to the expectations set by service delivery standards. After root cause analysis for each of these areas, interventions selected to address these problems included:

- **Clarifying job expectations** included the establishment and dissemination of minimum standards for quality performance.
- **Facility improvements** included developing a logistics system and some management and facility changes.
- **Training**; and a
- **Rewards program** to increase motivation.

aa. **Comment:** As we see, using the PI approach and taking action to implement interventions, 4 of the 5 clinics participating achieved 95% - 98% of the established performance criteria in all these areas including infection prevention.

SAMPLE SLIDE 2



bb. **Comment:** So, in summary, we can see that the Performance Improvement Approach is a very powerful method that can be used by external supervisors and clinic-based teams to improve service quality and provider performance.

Continuous Quality Improvement for Supportive Supervision

Time: 35 minutes for a. through z. Below

a. **Comment:** The second approach we will look at is Continuous Quality Improvement (CQI), which has also been used quite extensively throughout the world and this region, including throughout Russia and former Soviet states. CQI and PI are highly compatible and have much in common.

b. **Reveal next slide:**

- **Common goals:** the improvement of performance, quality, access and sustainability of health services.
- **Active stakeholder involvement** with empowerment of and ownership by those who actually do the work and seek to provide quality services.
- **Systematic and step by step processes** that can be employed at small scale (individual performance), medium level (clinic and/ or district), and large scale/high level (Oblast or national levels).
- **Use of clinical standards and guidelines**
- **Use of data** on service provision and performance; use of MIS level data and competency-based performance assessments
- **Tools:** focus group discussion, interviews root cause analysis (fishbone diagrams).
- **Team work** for problem identification, analysis and implementation of interventions.

TRAINER NOTES
PI and CQI: Compatible Approaches TRAINER NOTES
• Common goals – to improve quality and access by identifying problems and implementing solutions • Active stakeholder involvement • Systematic and step by step processes • Use of clinical standards and guidelines • Use of data • Use of Similar Tools • Use of Team work

c. **Ask:** So why do we need to look at and use both? Because CQI offers some useful concepts and tools not common to PI. There are three reasons.

d. **Comment:** The first is the **"customer" focus** of CQI. While PI does allow for the inclusion of client input, it puts the main focus on the performance of providers. CQI focuses more extensively on understanding and serving 'internal" and 'external' customers from the beginning of the team's process for improving and maintaining quality. This is important because it is highly consistent with HWG's 'client-focused' approach to RH.

PowerPoint slide 8.14
Continuous Quality Improvement: Customer Focus
• Strong Client-focused approach • Views clients and potential clients as "customers" to be served • Gathers, analyzes and responds to information on customers' needs, expectations and level of satisfaction ***on a regular basis***

e. **Ask:** Who are the "external customers" of health care services? ***[Trainer, reveal flipchart blank except for title: "External Customers of RH/FP Services". Allow participants to respond and write down responses on a flip chart: RH clients, potential clients and patients include: married women and men, couples, adolescents, single women, men, infants, children].***

f. **Comment:** Keeping the needs, expectations, and satisfaction of these external customers central is paramount to delivering quality RH services. An important measure of the quality of the services is whether the needs and expectations of customers are met.

g. **Reveal next slide and explain:** CQI has an additional important concept to add to this; that of : **"internal customers."** Internal customers are those within the organization who rely on fellow workers. Internal customers are colleagues who are also responsible for aspects of quality services, be it counseling, record keeping and information management, sterilizing instruments, clinical service provision, or managing the clinic. In order to do their own jobs well, these internal customers need a certain level of performance from their colleagues – they also require quality, just like external clients. And they have perceptions of what quality means. Keeping the needs, expectations, and satisfaction of these internal customers is equally important as the external customers!

PowerPoint slide 8.15	ACTUAL PowerPoint slide 8.15
Who are the "Customers"? TRAINER NOTES	**Who are the "Customers"?**
External Customers *FP Clients, Potential FP Clients, RH Patients, community*	• **External Customers** • **Internal Customers**

PowerPoint slide 8.15	ACTUAL PowerPoint slide 8.15
Who are the "Customers"? TRAINER NOTES	**Who are the "Customers"?**
members and groups **Internal Customers** *Other facility staff such as service providers, counselors, administrative and support staff, supervisors, managers, MIS specialists, PI team members*	

h. **Explain:** Our internal customers are not only people above us to whom we report, but they are also the people we work with day to day who depend on us to do our part of the job well, so that they can do their part of the job well. This means our internal customers are not only those who supervise us in the hierarchy, but also the people at the same level, people who do different parts of service delivery, AND also those who report to us – they are our customers, too! Those we supervise are our internal customers – supervision is the service supervisors provide to staff, and supervisors need to know the needs and expectations of those these supervise, as well as be accountable for the level of satisfaction their supervisees have with the supervisor's performance.

i. **Explain:** The second reason to use a CQI approach together with PI is that CQI is very **strongly systems and processes oriented in order to both make and help ensure sustainability of improvements**. While PI can help improve systems and processes if it is determined that the system is among the root causes of the problem…

j. **Reveal next slide:** CQI also recognizes "that not every change is necessarily an improvement"[27], and therefore places an emphasis on continuingly using data, testing interventions and measuring the results of changes/interventions.

PowerPoint slide 8.16
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

k. **Reveal next slide:** PI and CQI use similar tools, such as brainstorming and cause-effect diagrams. One frequently used tool for CQI to add to our tool box is Flow Chart Analysis.

[27] Massoud, M. Rashad F, MD, MPH, Associate QA Project Director, Russia, NIS, Asia and Middle East; *Advances in Quality Improvement, QA Brief*, no date.

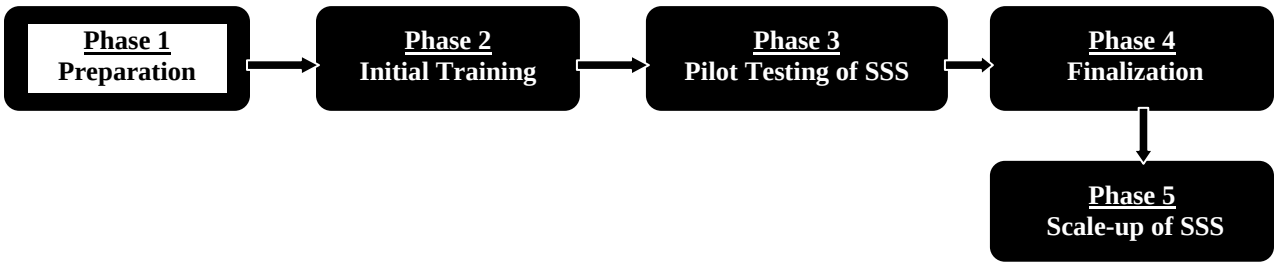
PowerPoint slide 8.17
PI & CQI Tools

• Brainstorming
• Cause and effect diagrams
  o Fishbone diagram
  o Why-Why-Why tree
• Flow Chart Analysis

l. **Reveal next slide:** We've already seen a very simple flow chart earlier in the workshop

PowerPoint slide 8.18

HWG Supportive Supervision System Development Plan



m. **Comment: The Flow Chart** is a popular tool for describing, analyzing and improving systems and work processes that is often used in CQI and PI. The flow chart can help providers and supervisors to understand, communicate, analyze and improve systems and work processes that need to be in place and function well in order to assure quality of service delivery, such as infection prevention practices, client flow through the facility, and the collection and use of information for monitoring and decision making. Flow charts help teams to look at work processes and systems and pinpoint where there may be trouble spots and/or areas in need of improvement. **Reveal next slide:** Flow charts can be used to analyze any of the systems we listed before.

PowerPoint slide 8.19

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

n. **Explain:** Flow charts can be very simple (high-level) with just the major steps; or they can be more detailed (medium level), or they can be very complex.

o. **Refer to Handout 8.1: Flow Chart, High Level View: *Client Requests Family Planning at a Clinic***. Usually teams find it valuable to start with the high level flow chart, just representing the major steps in the process or system they want to examine. For example, here we see the major steps in FP service provision at a clinic. ***[Trainer:***

read through the flow chart from the top "client arrives at clinic" following the arrows and showing all possible branches indicated by the 'yes' and 'no' paths.]

p. **Explain:** In this scenario, the facility-based team identified that an unusually high number of women who came for family planning were leaving the clinic without a contraceptive method, despite there being no stock-outs during that period of time, which would have been an obvious cause for problem. The desired performance is that all women coming to the clinic for family planning should receive both counseling and, if she chooses, leave with the contraceptive method of her choice. The actual performance was that only 25% of women coming for FP left with a contraceptive method.

q. **Explain:** During the root cause analysis, the team decided to create flow chart to pinpoint the steps in the service delivery process where there may be problems in either in the system or in the performance of providers.

r. **Explain:** To construct a flow chart, you must include on the team people who know the system well – usually the people who work in the system or conduct the work process regularly ("you need the system in the room").

s. **Refer to Handout 8.2: Creating a Flow Chart:** The team uses flipcharts to brainstorm the tasks in the process or system and puts each step in order.

t. **Explain:** Once the team constructed the 'High Level" flow chart above, they then decided to "drill down" to construct a medium level flow-chart, so they could see more detail and analyze the process so they could 'flag' where the problem or problems may be.

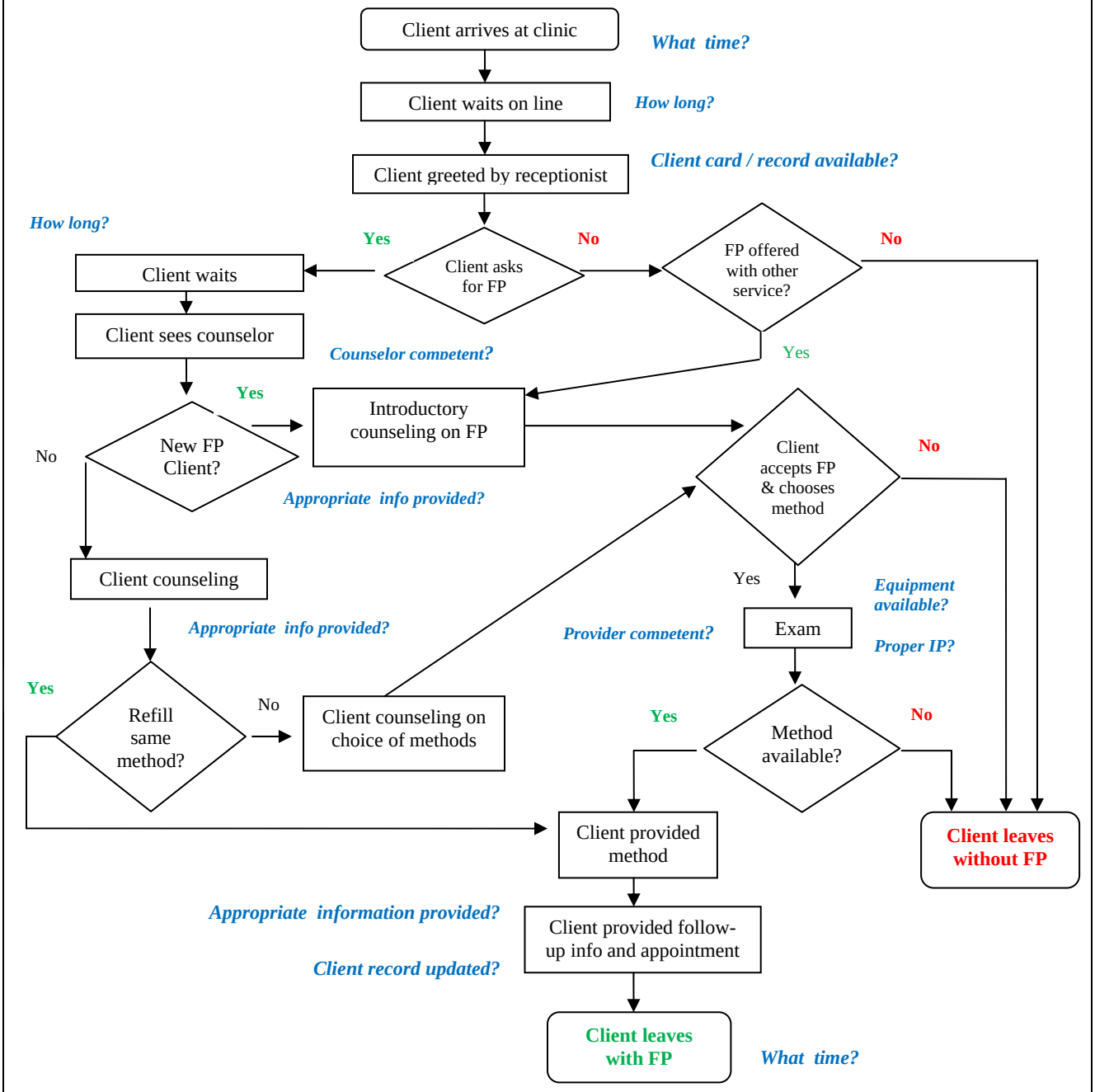
u. **Explain:** To do this, the team fills in all the smaller steps and asks questions like: What really happens during this step? Who is involved in this step? Is there a decision to be made in this step; by whom? What information is required in this step, especially to make decisions? Is there a document we need to use in this step and/or to fill out related to the step? Is there an approval necessary; by whom? Is there something that needs to be passed along to the next step(s); what, how and to whom? How long does each step and pass-off take? Etc.

v. **Explain:** The flow chart should describe what is actually happening during the work process or in the system, and putting 'gray flags' where the team is uncertain what really happens and 'red flags' where you know there are problems. In the areas where the team places gray or red flags, further investigation may be necessary before coming to the conclusions about the causes of the problem(s) and possible solutions. To address gray and red flags, the team may choose to collect more data, conduct a cause-effect exercise, or make an even more detailed flow-chart just of that area in order to "drill-down" – create an even more detailed picture of the steps in that part of the process. An example would be focusing on the Infection Prevention Processes and Practices.

w. Refer to Handout 8.3: Flow Chart, Medium Level: *Client Requests Family Planning at a Clinic*

Handout 8.1

Medium– Level (Medium Detail) Flow Chart: FP Provision



x. **Comment:** The third and final reason to use CQI along with PI for Supportive Supervision is found in the very name of the approach .

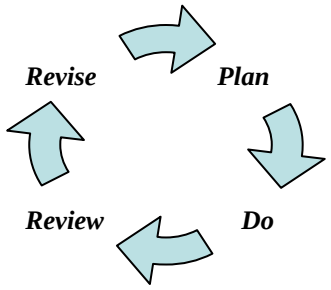
y. **Reveal next slide:** "***Continuous***". CQI recognizes that improving and maintaining quality is part of our continuous ongoing work, and it needs to be because factors in the internal and external environments of health care are constantly changing and affecting the quality of the services we can deliver. This means that with the CQI approach, we as health care workers are continually monitoring the quality of our services and working as a team to solve problems, improve quality, improve performance and delivery safe, effective services with a high level of client satisfaction. It's not a special event or something to think about only at the end of a quarter or year. Instead, taking a continuous approach to monitoring, assuring and improving quality and performance needs to become part of our daily work and supervision routines.

PowerPoint slide 8.20

CONTINUOUS

QUALITY IMPROVEMENT

SS and CQI Cycle



z. **Comment:** Later in the workshop, during and after the SS Practice Site visits we are going to do exercises that demonstrate the use of the PI and CQI tools we have covered to conduct supportive supervision and make an action plan for improvement. ***[Thank participants for their participation in the session.]***

Day Two

Session 9: Monitoring, Assessing and Improving Quality Using the HWG SS/CQI Toolbox

Total Time: 1 hour, 15 minutes

Session Objectives:

During this session participants will…

1. Identify FP program areas that should be routinely monitored and assessed through SS monitoring activities.

2. Identify and review tools in the HWG SS/CQI Toolbox, including checklists, forms and job aids for that will be used for monitoring, assessment and improvement of FP services.

3. Plan and practice for SS Site Visits to be conducted to the Batumi Women Consultation and the Batumi Primary Health Care (Family Medicine) Center.

Session Materials:

- **PowerPoint presentation:** *Monitoring, Assessing and Improving Quality Using the HWG Supportive Supervision/Continuous Quality Improvement Toolbox (SS/CQI Toolbox).*

- **Handouts**:
  - Copy of PowerPoint presentation: Monitoring (optional), Assessing and Improving Quality using SS/CQI Checklists and Action Plans.
  - Handout 4.2: *SS Structure and Activities*
  - Handout 4.3: *Routine Responsibilities of External Supervisors*
  - Handout 4.4: *Routine Responsibilities of SS/CQI Teams*
  - Handout 9.1: *Summary of FP Program Areas and Appropriate Tools for Monitoring and Assessment by Supportive Supervisors and SS/CQI Facility-based Teams*
  - Handout 9.2: *Toolbox for Monitoring and Assessing FP Program Areas by Supportive Supervisors and Facility-based SS/CQI Teams*
  - Handout 9.3: Job aid: External Supervisor Conducting a Monthly SS Visit
  - Job aid: Monthly Planning From for External Supervisors
  - Handout 9.4: Key Tool: *Monthly Facility Review*
  - Handout 9.5: Key Tool: Performance Assessment for Counseling and General FP Technical Skills
  - Handout 9.7: *HWG FP Checklist: Client Assessment Checklist for screening clients seeking IUDs*[28]

[28] Refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ)*

- Handout 9.8: *HWG FP Checklist: IUD Demonstration Checklist*[1]
- Handout 9.9: *HWG FP Checklist: Infection Prevention Practices*[1]
- *Any other Checklists HWG has to guide the delivery of FP/contraceptive methods*
- Job Aid: Tips for Observers Conducting Performance Assessments that Include Client-provider Interactions
- Exercise 9.1: *Preparation for SS Practice Site Visit*

- **Flipcharts:**
  - Blank flipchart page with title: *FP program Areas to Monitor/Assess during Supportive Supervision*

Advance Preparation for Session:

- In order for the workshop trainers and participants to conduct Performance Assessment of provider's skills in FP service provision during the workshop (practice during this session in Exercise 9.1; and during the site visits to be held during Session 10) **the HWG Project/staff must provide copies of the competency-based checklists listed below** (or comparable competency-based checklists that cover provision of key FP/contraceptive methods and Infection Control/Prevention procedures). These checklists will be used during the SS practice site visit conducted during this session.
  - Handout 9.5: Key Tool: *Performance Assessment for Counseling and FP General Technical Skills*
  - Handout 9.5: ***HWG FP Checklist****: Client Assessment Checklist for screening clients seeking IUDs*[29]
  - Handout 9.5: ***HWG FP Checklist****: IUD Demonstration Checklist*[2]
  - Handout 9.5: ***HWG FP Checklist****: Infection Prevention Procedures/Practices*[2]
  - Any other Checklists HWG has to guide the delivery of FP/contraceptive methods that they would like to include in the exercise and site visits.

- Review and prepare for **Exercise 9.1: Preparation for SS Practice Site Visit**.

- The trainer and HWG staff who can assist with leading and facilitating group work should review and plan for Exercise 9.1 in advance, including:

A user's Guide for Monitoring Quality of Care in Family Planning. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

[29] Refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

- Review the Handouts and tools that will be used with the exercise, selecting and agreeing among the trainers/facilitators for which tools you will allow time for role plays and practice during the exercise.
- Depending on which checklists you choose to demonstrate, you may decide to have equipment. For example, conducting a role play/demonstration of an External Supervisor conducting a Performance Assessment of IUD insertion would require you to have a Zoe model and proper equipment on hand. Or conducting a Performance Assessment of counseling would need some example client materials such as counseling flipcharts and brochures.
- Decide on/gather background information on the two sites to be visited in the Site Visits (Session 10); so that this information can be shared by the trainer in Exercise 9.1, during this session. See Handout for Exercise 9.1 for more suggestions on what background info to choose/gather/provide.

- Prepare flipcharts.
- Make copies of handouts.

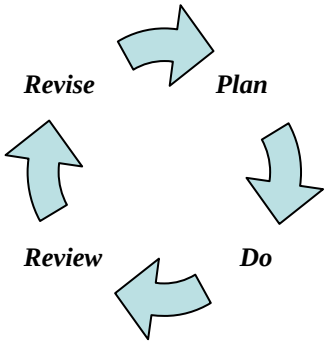
Introduction to session

Time: 1 – 2 minutes for a. through c. below.

r. **Begin the session by explaining that:** In this session, we are going to pull together all of the concepts and tools we have been discussing, including using data and PI and CQI to conduct Supportive Supervision by External Supervisors and Facility-based teams.

s. **Reveal next slide:** We will be focusing particularly on the aspects of the Supportive Supervision that involve Reviewing, Revising, and Planning. We will be doing this in the context of planning for site visits that we will conduct tomorrow to practice with job aids for meeting with facility-based teams and checklists for monitoring performance, much as we would during a routine SS External Visit.

PowerPoint Slide 9.1



t. **Reveal next side:** ***review session objectives:***

PowerPoint slide 9.2	ACTUAL PowerPoint slide 9.2
Session objectives	**Session objectives**
By the end of this session, workshop participants will be able to: 1. Identify FP program areas that should be routinely monitored and assessed through SS monitoring activities. 2. Identify and review tools in the HWG SS/CQI Toolbox, including checklists, forms and job aids for that will be used for monitoring, assessment and improvement of FP services. 3. Plan and practice for SS Practice Site Visits to be conducted to the Batumi Women Consultation and the Batumi Primary Health Care (Family Medicine) Center.	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.

Identify FP Program Areas to Monitor and Assess During SS

Time: 8 - 10 minutes for a. through f. below.

a. **Reveal next slide:** Because we will be conducting practice SS site visits, it is important to keep in mind the overall goal of External Supportive Supervision. The goal is not just to review data and complete supervisory checklists, although these are important tasks. Overall, the goal of the Supportive FP Supervisor is to ensure that health workers provide quality services to the population they serve. To achieve this goal, the supervisor uses a combination of (a) his or her own supervisory action for monitoring, assessing and helping improve quality; and (b) his or her leadership motivate and involve health workers themselves in the process of monitoring, improving and maintaining quality. Along with the direct action of the supervisor, and the leadership they provide, it is also important that the supervisor delegate responsibility and authority to facility-based staff so that they can monitor services and make improvements.

PowerPoint slide 9.3
Supportive Supervisors use a combination of
• Direct supervisory action • Leadership to motivate others to act • Delegation of responsibility and authority

b. **Comment:** When it comes to the processes and task necessary to monitor, assess and improve quality, external supervisors must work as part of a team with facility-based staff. While external supervisors do have both responsibility and authority to supervise and lead teams, they should also remember to function as team members themselves,

working in collaborative and supportive relationships. Keep in mind that SS, CQI and PI are participatory, team-based approaches.

c. **Comment:** We have already given an overview of the Routine Responsibilities of the External Supervisors ***[Trainer, hold up Handout 4.2: SS Structure and Activities]*** to note that there will be both supervisory monthly and quarterly supervisory visits that External Supervisors will conduct and SS/CQI teams will participate on.

d. **Comment:** We have also gone through an overview of what External Supervisors and SS/CQI teams should do before, during and after external SS visits. ***[Trainer, hold up Handout 4.3: Routine Responsibilities of External Supervisors and Handout 4.4: Routine Responsibilities of SS/CQI Teams.]***

e. **Comment:** Also, we've been talking a lot about various tools during the workshop. In this session, we will pull them together into a Supportive Supervision/Continuous Quality Improvement (SS/CQI) Toolbox, for your ease of reference and future SS activities. During our exercise in this session will review and/or use tools from the Toolbox, and as we look more in-depth at tools that are used for SS and CQI, we will get a sense of which tools and SS processes are done collaboratively by the External Supervisor and facility-based SS/CQI team, and on which tasks one or the other takes the lead.

f. **Ask:** To begin: What are the FP program areas that need to be monitored and assessed during Supportive Supervision. ***[Trainer, lead brainstorming and write responses on flipchart. Then, reveal next slide and compare:***

PowerPoint slide 9.4	ACTUAL PowerPoint slide 9.4
Program Areas to Monitor/Assess during SS	**Program Areas to Monitor/Assess during SS**
• Use of Clear Expectations • Quality of Service Delivery including Staff Performance • Systems: o Management Information System o Record Keeping o Referral System o Logistics and Storage o Administrative System(s) o Provider Support Systems - Formal training to providers on site - Supervision; Teamwork - Mentoring/coaching - Continuing Learning • Community Outreach & Participation/Partnerships	• Use of Clear Expectations • Quality of Service Delivery including Staff Performance • Systems Review • Community Outreach & Participation/Partnerships

Tools for use by SS External Supervisors and SS/CQI Teams

Time: 15 minutes for a. through e. below.

a. **Reveal next slide:** Before we look at the comprehensive set of tools in the SS/CQI Toolbox that address these areas, allow us just to note that in all, the routine activities for SS monitoring and assessment come down to five basic tools: ***[Trainer, read through slides 9.5 through 9.9.].***

PowerPoint slide 9.5	ACTUAL PowerPoint slide 9.5
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
a. Red Flag List[30] **Daily/ Weekly** -- Initiated by Facility Staff *Assesses/Reports. . .* • Problems that must be immediately addressed by facility staff and/or reported to the External Supervisor to ensure the safety of services and to enable other service delivery functions to take place o Emergency with a client for which guidance is needed o Key infection prevention (IP) practices[31] o Missing or broken equipment for IP or other key FP service delivery functions o Staff not on duty: absent, ill or cannot handle workload o Stockouts in FP methods or key supplies	o **Red Flag List** o o **Daily/ Weekly -- Initiated by Facility Staff** o o **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**

PowerPoint slide 9.6	ACTUAL PowerPoint slide 9.6
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
b. Facility Review with Checklist **Monthly** -- External Supervisors & Facility Staff *Assesses . . .* • Readiness of the facility to deliver FP services, including physical set up • Information available to clients and providers, supplies and equipment, • Range of services available • Functioning of systems (management, MIS and	**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**

[30] Adapted from *Supportive Supervision to Improve Integrated Primary Health Care*: Management Sciences for Health Occasional Paper No. 2 (2006).
[31] As determined according to a competency-based checklist for Infection Prevention Practices

PowerPoint slide 9.6	ACTUAL PowerPoint slide 9.6
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
recordkeeping, referral, logistics, etc.) • Status of Red Flag lists and SS/CQI Action Plans • Information gathered through Client Exit Surveys • Basic staff management	

PowerPoint slide 9.7	ACTUAL PowerPoint slide 9.7
5 Basic Tools for SS Monitoring FP Program Areas	**5 Basic Tools for SS Monitoring FP Program Areas**
c. <u>Facility Audit with Checklist</u> **Quarterly** -- External Supervisors & Facility Staff *Assesses same areas as Monthly review (see previous slide)* ***PLUS . . .*** • <u>In-depth program review of program of areas that have shown weakness</u> to ensure that all standards, systems and acceptable levels of performance required for safe, efficient client-centered service delivery are in place and functioning; and follow-up action is planned and taken for areas that cannot be solved at the levels of the facility and/or external supervisor. • Client relations and Community Outreach and Partnerships • Progress on Action Plans and Individual Staff Continued Learning/Improvement Plans • Peer Review and OJT process	**<u>3. Facility Audit with Checklist</u>** **<u>Quarterly -- External Supervisors & Facility Staff</u>** ***<u>Assesses same areas as Monthly review (see previous slide)</u>*** ***<u>PLUS . . .</u>*** • **<u>In-depth program review of areas that have shown weakness</u>** • **<u>In-depth program review of one clinic system</u>** • **<u>Client relations and community outreach and partnerships</u>** • **<u>Progresses on action plans and individual learning plans</u>** • **<u>Peer review and OJT process</u>**

PowerPoint slide 9.8	ACTUAL PowerPoint slide 9.8
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
d. **<u>Performance Assessment for Counseling and General FP Skills</u>** (with supporting method-specific checklists) **Monthly/Quarterly** -- External Supervisors, Self Assessment, Peer Review *Assesses . . .* • Counseling and Informed choice • Client-Provider Interaction • Clinical techniques for exams and provision of each	**<u>4. Performance Assessment for Counseling and General FP Skills</u>** **Monthly/Quarterly** -- External Supervisors, Self Assessment, Peer Review *Assesses . . .* • Counseling and Informed choice • Client-provider Interaction • Clinical techniques • Infection Prevention Practices

PowerPoint slide 9.8	**ACTUAL PowerPoint slide 9.8**
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
FP method • Infection Prevention Practices	

PowerPoint slide 9.9	**ACTUAL PowerPoint slide 9.9**
Five Basic Tools for SS Monitoring FP Program Areas	**Five Basic Tools for SS Monitoring FP Program Areas**
e. 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, outreach and participation initiatives	**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

b. **Distribute** ***Handout 9.1: Summary of FP Program Areas and Appropriate Tools for Monitoring and Assessment by Supportive Supervisors and SS/CQI Facility-based Teams,*** **and explain:** this handout gives a summary of tools for monitoring and assessment of FP program areas. ***[Trainer, guide participants briefly through the format of the handout by showing them the column with the program areas on the far right, and indicating that 4 of the 5 key tools for monitoring program areas are listed in the columns on the right. The Red Flag List is not on the chart because it can apply to every area and includes any critical issue that comes up.]***

c. **Comment:** A more comprehensive listing of the tools you have available to you for SS, not just for monitoring and assessment but also for other parts of the SS cycle, is found in ***Handout 9.2: Toolbox for Monitoring and Assessing FP Program Areas by Supportive Supervisors and Facility-based SS/CQI Teams.*** The Toolbox Handout provides a comprehensive overview of tools, forms and job aids for SS, organized by SS Tasks in Part 1; and by FP Program Area in Part 2. The 5 key tools to look at the program areas are listed in bold under the column "Tools, Forms and Job Aids". Some of the tools in the Tool box are for monitoring and assessing performance, while others are for other parts of the SS cycle, like Setting Expectations and Making Improvements. Some of the tools, forms and job aids you may have already seen, such as competency-based checklists for counseling or IUD insertion used during basic FP training. Other tools will be new to you, and some of these are in draft versions, so you will have the opportunity not only to practice with them, but to make suggestions for their improvement during this workshop, and also, during the period of the pilot testing of the SS system.

d. **Distribute the handouts listed below and tell participants** we will be going through them in detail in just a moment.

2. Handout 9.3: *Job aid: External Supervisor Conducting a Monthly SS Visit*
3. Handout 9.4: Key Tool: *Monthly Facility Review*
4. Handout 9.5: Key Tool: Performance Assessment for Counseling and General FP Technical Skills
5. Handout 9.7: *HWG FP Checklist: Client Assessment Checklist for screening clients seeking IUDs*[32]

- Handout 9.8: *HWG FP Checklist: IUD Demonstration Checklist*[1]
- Handout 9.9: *HWG FP Checklist: Infection Prevention Practices*[1]
- *Any other Checklists HWG has to guide the delivery of FP/contraceptive methods*

e. **Explain**: These tools will be used in the afternoon's practice SS site visit. They are not all the tools you have in your Toolbox, but they are key tools and represent what we can practice with in the two-hour period of the site visit. Remember that not only will you be using the tools during the site visit, but you will have the opportunity to comment on the tools and make suggestions for their adaptation and improvement after the site visits and again during the testing period, which begins in January. The goal for today, including for the site visit, is to have you become familiar with both the tools and some of the skills and processes of conducting an External Supervision site visit.

Plan and Practice for SS Practice Site visits

Time: 45 minutes for a. through f. below.

a. **Inform participants of:**

- The name of the facilities that will be visited
- How long the site visits will be (2 hours)
- Which participants will visit which facility?

[32] Refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

b. **Review with the participants the Job aid: *Monthly SS Site Visit Conducted by External Supervisor.* *Trainer, point out to participants that we will not do all the aspects included on the job aid; point out to them which aspects they will be conducting during the short site visit:***

   a. **B. 1.: Greet and meet briefly with person in charge** at facility, review schedule for visit and top priorities.
   b. **B. 2.: Conduct Monthly Facility Review** (**Key Tool: Monthly Facility Review**). Involve 1 or 2 facility staff in review as a way of coaching them.
   c. **B.3.a: Conduct baseline and/or follow-up performance assessments** on clinical skills and counseling (Key Tool: Performance Assessment for Counseling and General FP Skills; additional HWG competency-based checklists for specific FP methods and Infection Prevention.)[33]

   - **3.c. Meet with facility head to review key findings** from the Facility Review conducted during this current SS visits. Thank facility head.

c. **Explain:** We will do an exercise now during which we will review and practice with some of the checklists and plan for our site visits.

d. **Divide the participants into 2 groups**: Group 1 will focus on planning a site visit for the Batumi Women Consultation. Group 2 will focus on planning a site visit for the Batumi Primary Health Care (Family Medicine) Center. ***[Trainers' Note: The TOT trainer and HWG professional staff experienced with previous HWG supervision activities (like Nino and Lika) should lead/facilitate the groups.]***

e. **Distribute Participants' Version and Conduct Exercise 9.1: Preparation for SS Practice Site Visit *[Trainer: see Trainers' Version of the Exercise 9.1 in the "Handouts to Photocopy" section, below].***

f. Finish the exercise and responding to any questions by 14:10 - 14:15 in order to depart for the site visits.

[33] "Additional HWG competency-based checklists" refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

Day Three

Session 10: Using Findings from Practice SS Site Visits

Total Time: 2 hours

Session Objectives: During this session participants will…

4. Review and use the information gathered during the Supportive Supervision Practice Site Visits with SS/CQI tools.

5. Complete sample SS/CQI Action Plans using the information gathered during the site visits.

6. Identify challenges, problems and solutions, and lessons learned from participating in the SS practice Site Visits.

Session Materials:

- Findings gathered by participants and trainers during SS practice visits.

- Participants and trainers need to bring the forms used/completed at the SS Practice site visit:
  - Job aid: *External Supervisor Conducting a Monthly SS Visit*
  - Handout 9.4: Key Tool: *Monthly Facility Review*
  - Handout 9.5: Key Tool: Performance Assessment for Counseling and General FP Technical Skills
  - *Any other Checklists used during the visits.*

- **Handouts**:
  - Job aid: Performance Improvement Specification Form
  - Job aid: Decision Matrix
  - Job aid: Format for External Supervisor SS Action Plan
  - Job aid: Format for Facility-level SS/CQI Action Plan
  - Job aid: Diagram of PI Framework
  - Job aid: List of Performance Factors
  - Job aid (Optional): Step By Step PI Specification
  - Exercise 10.1: Using Findings from Practice SS Site Visits
  - Handout 10.2: Example blank Cause-Effect Diagrams (Why-why-why tree; fishbone diagram)

- **Flipcharts:**
  - 10.1. Session objectives
  - Blank Flipcharts available for the participants to use during small group work.
  - 3 Blank flipchart pages, except for titles, as follows:

Flipchart 10.2
What have we learned so far about External Supportive Supervision, based on our experience during the SS Practice visit and Exercise 10.1?

Flipchart 10.3	
• ***What are the challenges and problems we will face?***	• ***What can we do to meet these challenges and solve these problems?***

Flipchart 10.4
• ***What kind of support can I personally offer my peer External Supervisors as we face these challenges and use the lessons learned?***

Introduction to session

Time: 1 – 2 minutes for a. through c. below.

u. **Begin the session by reviewing the session objectives**

Flipchart 1.1
Session objectives
During this session, workshop participants will: 1. Review and use the information gathered during the Supportive Supervision Practice Site Visits with SS/CQI tools. 2. Complete example SS/CQI Action Plans using the information gathered during the site visits. 3. Identify challenges, problems and solutions, and lessons learned from participating in the SS practice Site Visits.

Group Exercise 10.1: Reviewing Information Gathered During Site Visits and Preparing SS Action Plans

Time:

- **80 minutes for the exercise**
- **10 minutes for two groups to present their work**
- **10 minutes for questions and general plenary discussion**

Exercise 10.1. Using findings from Practice SS Site visits

Total time: 80 minutes for Steps 1 through 7 of this exercise (for Step 8, provide 5 additional minutes per group to share their work with the plenary).

Description: Small group members will work together to process the information they collected during the SS site visits and by the end of the exercise, they will have completed:

- An SS Action Plan for their work as an External Supervisor.
- An SS/CQI Facility-level Action Plan.

Group set up:

- Divide the participants into 2 groups: Group 1: Batumi Women Consultation; Group 2: Batumi Primary Health Care (Family Medicine) Center.
- HWG trainers and staff work together with groups, providing support as needed.
- Each group should have one participant facilitate and keep time.
- Each group should record its work on flipcharts so it can share with the plenary at the end of the 80 minutes allotted for the exercise.

Steps of the Exercise:

- **Step 1:** Complete the assessment scale subtotals (poor/satisfactory/good) for each area on each checklist used during the SS practice visit (if not already done.)

- **Step 2:** Review the information they collected with the two key SS Tools: Monthly Facility Review; and Performance Assessment for Counseling and General FP Skills; plus information they gathered through any other FP methods specific performance assessments used during the site visits.

- **Step 3:** Select priority problems from those they documented on the SS Tools (including areas where the performance rated "poor" on the rating scale)—priority problems to be be addressed through SS by the External Supervisor and the SS/CQI teams, respectively (if there is a long list of problems, more than 4 or 5, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which problems to address.

- **Step 4:** For each problem selected, state where possible the desired and actual performance and the performance gap(s) they observed during their site visit.
    - Record desired and actual performance and the performance gap on Job aid: Performance Improvement Specification form. Make each quantified, if possible)

- **Step 5:** Identify the root causes of the problems by selecting and using appropriate PI and CQI tools to identify the root causes of such as brainstorming, cause effect analysis (why-why-why trees and/or fishbone diagrams) and flow charts (note: not all of these tools must be used: sometimes the root causes of problems may be obvious staff and only brainstorming and discussion will be necessary. However, for more complex problems, or when there are potentially multiple root causes, the small group (and trainers/facilitators assigned work with them) should select the appropriate tool such as why-tree, fishbone diagram and/or flow chart for analyzing the problems they have identified.
    - Record the root causes identified on Job aid: Performance Improvement Specification form using the language of "Performance Factors")

- **Step 6:** Identify and select interventions/changes that will address the root causes and will 'fix' the performance problem. (If there are many possible interventions, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which intervention(s) to try first to solve the problem.

- **Step 7:** Complete the SS Action Plans:
    - SS Action Plan for the External Supervisor (Job aid: Format for the SS Action Plan of the External Supervisor)
    - Facility-level SS/CQI Action Plan (Job aid: Format for the Facility-level SS/CQI Action Plan).

- **Step 8:** Each group will have 5 minutes to share Group work with the plenary.

Challenges, problems, solutions, lessons learned concerning conducting external supportive supervision

Time: 20 minutes

Invite participants to reflect silently for 4 - 5 minutes on the theme:

What have we learned so far about conducting External Supportive Supervision, based on our experience during the SS Practice visit and Exercise 10.1?

- ***What are some lessons we learned?***
- ***What are the challenges and problems we will face?***
- ***What can we do to meet these challenges and solve these problems?***

- ***What kind of support can I personally offer my peer External Supervisors as we face these challenges and use the lessons learned?***

Before beginning the silent reflection time: Inform session participants that we do not yet want to discuss specific suggestions they have for revising the tools, job aids or checklists they have used so far; there will be a separate session for that after the break.

After the 4 – 5 minutes of silent reflection, lead this discussion, noting key participant findings on one of three blank flipcharts (10.2, 10.3 and 10.4).

At the end of the 20 minutes thank participants for their insights and participation, encourage them with well earned praise and recognition, and tell them we will take a 15 break before the next session.

Day Three

Session 11: Review and Suggest Changes Job Aids and Tools

Total Time: 1 hour

Session Objectives: During this session participants will…

7. Contribute to the validation and further development of the HWG SS Job Aids and Key Tools used during the practice site visit.

8. Review the remaining SS key tools and selected job aids (those not used during the site visits).

Session Materials:

1. Participants and trainers should bring their copies of the Key 5 Tools and the Key job aids they have already received. This includes:
   - Job aid: *External Supervisor Conducting a Monthly SS Visit*
   - Job aid: Performance Improvement Specification Form
   - Job aid: Decision Matrix
   - Job aid: Format for External Supervisor SS Action Plan
   - Job aid: Format for Facility-level SS/CQI Action Plan
   - Job aid: Diagram of PI Framework
   - Job aid: List of Performance Factors
   - Job aid (Optional): Step By Step PI Specification
   - Job aid: Tips for Interviewers

- **Handouts**:
  - Handout 11.1. Overview of 5 Key Tools and Key Job Aids for Supportive Supervision
  - Key tool: Red Flag List (Introduction and 3 forms: External Supervisor form; Facility-level form; Clinical-Supervisor Phone/email log form)
  - Job Aid: Biannual SS Visit by External Supervisor
  - Job Aid: Annual Calendar for External Supervisors
  - Job Aid: Quarterly and Biannual Planning Forms for External Supervisors
  - Key tool: Facility Audit with Checklist
  - Key tool: FP Client Exit Interview

Advance Preparation for Session:

- Review job aids and checklists to be covered during the session and confirm for each your understanding of:
  - Overall purpose of the tool or job aid
  - When and by whom the tool/ job aid should be used

- Review the structure of the tool/job aid
- Review the content/individual items on the tool/job aid, explaining how it should be completed
- Explain what should be done with the information gathered through the tool.

- **Flipcharts:**
  - Session objectives
  - Flipchart 11.1: Session Objectives

Flipchart 11.1

Session objectives

During this session, workshop participants will:

1. Contribute to the validation and further development of the HWG SS Job Aids and Key Tools used during the practice site visit.

2. Review the remaining SS key tools and selected job aids (those not used during the site visits).

  - Flipchart 11.2 Review of Tools and Job Aids Used During SS Practice Visit

Review of Tools and Job Aids Used During SS Practice Visit

1. **Purpose** of this tool (or job aid) clear?

2. Should we use this tool? Yes/no/combine with which other tool(s)
3. Questions about:
   - **When and by whom** the tool (job aid) should be used?
   - **What you will do with the information**

4. **Format** clear, logical, and useful?

5. **Ease of use**:
   - How to fill out the job aid
   - Easy to use, medium or difficult to use?
   - If difficult: will it become more manageable once you've practiced more with it?
   - Should any items be placed in a different order for logic or ease of use?
   - What else can be done to make it easier to use.
6. **Content**:
   - Is it clear what is being asked for in each individual item/question?
   - Are there any main areas of FP service delivery missing?
   - Are there any questions missing under any of the sections?
   - Anything that needs to be changed/ revised?
   - Anything that should be deleted?

- **Copy Handouts:**

  - **One for each participant and trainer:**
    - Handout 11.1. Overview of 5 Key Tools and Key Job Aids for Supportive Supervision
    - Key tool: Red Flag List (Introduction and 3 forms: External Supervisor form; Facility-level form; Clinical-Supervisor Phone/email log form)
    - Job Aid: Biannual SS Visit by External Supervisor
    - Key tool: Facility Audit with Checklist.

  - Extra, blank copies of the 5 Key tools and Job Aids already distributed in case any participants need another copy:
    - Job aid: *External Supervisor Conducting a Quarterly SS Visit*
    - Job aid: Performance Improvement Specification Form
    - Job aid: Decision Matrix
    - Job aid: Format for External Supervisor SS Action Plan
    - Job aid: Format for Facility-level SS/CQI Action Plan
    - Job aid: Diagram of PI Framework
    - Job aid: List of Performance Factors
    - Job aid (Optional): Step By Step PI Specification

Introduction to session

Time: 1 minute to review objectives

Begin the session by reviewing the session objectives

Flipchart 11.1
Session objectives
During this session, workshop participants will: 3. Contribute to the validation and further development of the HWG SS Job Aids and Key Tools used during the practice site visit. 4. Review the remaining SS key tools and selected job aids (those not used during the site visits).

Provide input to help validate Key Tools and Job Aids Used During Practice SS Site visits

Time: 20- 25 minutes

a. **Introduce and review each key tool/checklist used during the site visit**, using the process described below. You may want to have the questions (or the underlined sections of the questions listed on a flipchart to help facilitate the discussion).

b. **While participants offer their responses**: Have one or 2 HWG staff note down responses and suggestions for each tool/job aid covered (although not necessarily on a flip chart)

1. Is the overall **purpose** of this tool (or job aid) clear?
2. Do you have any questions about:
   - **When and by whom** the tool (job aid) should be used?
   - Do you know **what you will do with the information** you will gather with this tool? (How will you use it? To whom will you report findings, etc.)

[Trainer/HWG staff: if there are questions or doubts about the above, go ahead and respond to explain what is not clear].

3. **Format**: Is the format (the way the job aid is structure) clear, logical, and useful?

4. **Ease of use**:
   - Do you have any questions about how to fill out the job aid?
   - Did you find it easy to use, medium or difficult to use? If difficult: Do you think it's because it's the first time you've seen it or used it. Do you think it will become more manageable once you've practiced more with it?
   - Should any items be placed in a different order for logic or ease of use?
   - What can be done to make it easier to use.
   - Can they just do the task or do they need the job aid?

5. **Content**:
   - Is it clear what is being asked for in each individual item/question?
   - Are there any main areas of FP service delivery missing from the main categories or sub-categories that should be covered by the External Supervisor?
   - Are there any questions missing under any of the sections?

- Is there anything that needs to be changed/ revised? Said with different words?
- Is there anything that should be deleted? (for example: because it's repetitive, or because it is not the responsibility of the External Supervisor to cover? But be very careful: before you propose removing any item, you must be able to say whose responsibility it is to ensure that it is done, and also how the Supervisor will access the information if someone else monitors/assesses it.)

Review remaining Key Tools and Selected Job Aids

Time: 40 – 45 minutes

c. ***Trainer:*** Once you have finished the tools/job aids used during the site visits, **introduce and review, one-by-one, the remaining key tools job aids listed below** (this is the suggested order/priority for covering the documents during this session):

- Key tool: Red Flag List (3 forms)
- Job Aid: Biannual SS Visit by External Supervisor

  [Trainer: for the Biannual Visit Job Aid, review only those sections that are different than the Job Aid for the Quarterly visit. This is just mainly that there will be a Facility Audit instead of a Facility Review. The differences are highlighted in orange on the attached copy of the Job Aid.]

- Key tool: Facility Audit with Checklist

  [Trainer: for the Facility Audit, review only those sections that are different than the Facility Review. The titles of these sections highlighted in orange on the attached copy of the Audit. And include:
  - ***G. Client Relations, Community Outreach, Community-Health Provider Relationships***
  - ***H. Organizational/Provider Support***
  - ***I. In-depth Program Review]***

- Job Aid: Annual Calendar for External Supervisors
- Job Aid: Quarterly and Biannual Planning Forms for External Supervisors

- Key tool: FP Client Exit Survey

[Trainer: point out that it is <u>not</u> the External Supervisor who will gather information with this tool. It is facility staff who should gather information with this tool once a month or at a minimum once a quarter. However the External Supervisor should be the one to introduce the tool to the facility staff he/she supervises, show them how to use it, and review the findings with them. Job aid: Tips for Interviewers Conducting FP Client Exit Interviews and help with this. It can be done either during formal SS training, or, time allowing, planned for a follow-up SS visit.]

Because participants have not yet used these tools/job aids, you will <u>not</u> use the guiding questions (above) used for the tools they used during the site visits. Instead the purpose is to introduce them to the tools, review why and how each one is used, and answer any questions. You can present the tools providing information such as:

- Overall <u>purpose of this tool</u> or job aid
- <u>When and by whom</u> the tool/ job aid should be used?
- Review the structure of the tool/job aid
- Review the content/individual items on the tool/job aid, explaining how it should be completed
- Explain what they should do with the information gathered through the tool.

d. End session by repeating that the testing process for the tools and job aids will continue throughout the first 2 quarters of the SSS project as the participants use the tools in the field during actual SS visits. During that time, participants should note down their suggestions for modifications in the tools, and there will be a special meeting at the end of quarter 2 for the Supportive Supervision Leadership Team (SSLT) to meet, review their suggestions, and make final revisions to the tools.

Thank participants for their important input.

Day Three

Session 12: Understanding and Managing Change and Transition

Total Time: 30 minutes

Session Objectives: By the end of the session, 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 help support staff to transition during times of organizational change

Session Materials:

- **PowerPoint presentation:**
  - Managing change and motivating staff.
- **Handout 12.1:** Reactions to Change and Strategies for External Supervisors to Manage Transition
- **Flipchart:** with title.

Flipchart 12.1:
Reactions to Change

Advance Preparation for Session:

- Prepare flipchart.
- Make copies of handouts.

Introduction

Time: 5 - 8 minutes for points a. through f., below.

k. **Begin the session** with introduction of the session objectives:

PowerPoint slide 12.1.
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 help support staff to transition during times of organizational change

l. **Reveal next slide and comment:** As you can see, your role as an External Supervisor involves helping to introduce and support positive change on many levels: the health systems level as you work as part of the SSLT to test and refine the HWG Supportive Supervision System; the institutional level, as you work with facility head and facility-based teams to implement SS/CQI to make changes so that there can be positive improvements in the quality of health care; at the individual level with the health care staff you will train and supervise, to help them to improve their own performance and further grow professionally; and at the personal level, as you work to meet and exceed the performance expectations placed on your as an External Supervisor and also grow professional. Whew! That's a lot of positive change to manage and accomplish!

PowerPoint slide 12.2	**ACTUAL PowerPoint slide 12.2**
Role of the SSLT External Supervisor Introducing and Supporting Change	**Role of the SSLT External Supervisor Introducing and Supporting Change**
• **Health systems level** - as part of the SSLT to test and refine the HWG Supportive Supervision System • **Institutional level** - work with facility head and facility-based teams to implement SS/CQI to make changes so that there can be positive improvements in the quality of and access to health care • **Individual level** – with supervisees you will train and supervise, to help them to improve their own performance and further grow professionally • **Personal level** -- as you work to meet and exceed the performance expectations placed on you as an External	• Health systems level • Institutional level • Individual level • Personal level

PowerPoint slide 12.2	ACTUAL PowerPoint slide 12.2
Role of the SSLT External Supervisor Introducing and Supporting Change	**Role of the SSLT External Supervisor Introducing and Supporting Change**
Supervisor and also grow professionally	

m. **Explain:** How people react to change depends on:

- The individual person's personal characteristics (for example, some people like change because it energizes them and they want to rise to the challenge of learning something new; others are more resistant to change because they take comfort and self-esteem from performing routine tasks well that they know)
- The person's immediate situation (is there change that could threaten the individual's job? Are they undergoing stress from other parts of their life)
- The type of change that is occurring (is incremental or large scale?)
- The amount or duration of the change the person has experienced in the past (does he/she and/or the team have 'change-fatigue)
- How well previous changes have been managed
- How the current change is managed: The type of support they are provided to understand the change taking place and make the appropriate personal transitions.

PowerPoint slide 12.3	ACTUAL PowerPoint slide 12.3
Some Determinants of Reaction to Change	**Some Determinants of Reaction to Change**
• Individual person's personal characteristics and immediate situation • The type of change that is occurring • Previous experiences with change -- The amount or duration of the change experienced in the past, and how well that change was managed • How the current change is managed -- The type of support provided to understand the change (or changes) currently taking place and make the	• 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

PowerPoint slide 12.3	ACTUAL PowerPoint slide 12.3
Some Determinants of Reaction to Change	**Some Determinants of Reaction to Change**
appropriate personal transitions.	

n. **Reveal next slide and explain:** Your role here as External Supervisor is two fold:

- To help lead the changes at the institutional level (health care facilities you supervise) and the systems level (as a member of the SSLT and the MoLHSA) that will be required to implement the HWG SSS
- To support those you supervise and your peers to understand the changes that are taking place, make positive contributions to those changes, and transition so that they can perform well and grow professionally under the new conditions.

PowerPoint slide 12.4	ACTUAL PowerPoint slide 12.4
Role of the External Supervisor in Change and Transition	**Role of the External Supervisor in Change and Transition**
• Help lead the changes that will be required to implement the HWG SSS -- o Institutional level (health care facilities you supervise) o Systems level (as a member of the SSLT and the MoLHSA) • Support those you supervise to: o Understand the changes that are taking place o Make positive contributions to those changes o Transition so that they can perform well and grow professionally under the new conditions	• Help lead the changes to implement the HWG SSS • Support those you supervise to manage change:

Typical reactions to change

Time: 5 minutes for a., through g., below

a. **Comment:** Let's do a quick brainstorming to look a little more closely at how people typically react to change. Imagine a situation where you have to tell your supervisees that there is a new procedure that must be performed, that to perform this new procedure, they will have to have their skills assessed and probably either learn some new skills or change the way they are conducting the procedure. What do you imagine the initial reactions and feelings of the staff will be (even if they don't voice it openly? Use just key words or phrases. Write words/phrases on flipchart 12.1 with the title: *Reactions to Change*.

b. ***[Trainer, after the participants have brainstormed and provided key words and phrases, if there are no positive reactions listed, ask about that – are there ever any positive reactions to change?(e.g.: relief, hope, creativity, etc. And can someone have a mixture of both positive and negative or fearful reactions?***

c. **Comment:** There are many, many models of change, how people react to it, how they transition, and how these processes can be managed. We will just draw from these to offer a very simple model that involves 3 phases: an Ending phase; a Neutral Phase; and a New Beginning Phase.[35]

d. **Review with participants Handout 12.1:, page 1: Phases and Typical Reactions to Change, noting a couple of instances where they have indicated the same reactions in their brainstorming (flipchart) and some reactions that may be in the hand out that are not on the flipchart.**

Strategies for Leading and Managing Transition when Organizational Change is Occurring

Time: 17 minutes for j., through m., below

e. **Comment:** We will now look at some simple strategies to help people to transition effectively when faced with change. These are some strategies that External Supervisors can use to help people transition and work productively as their facility and the health care system makes changes to introduce SS and CQI.

f. **Review Handout 12.1, page 2: Strategies for External Supervisors to Lead and Support Staff Transition when organizational change is occurring**

[35] Based on the "Bridges Transition Model", 2003.

g. **Ask:** whether participants have any other ideas for strategies than those presented in the handout. Discuss.

h. **Thank them for their participation.**

Day Three

Session 13: Effective Leadership for Supportive Supervision & Continuous Quality Improvement

Total Time: 1 hour, 15 minutes

Session Objectives: By the end of the session, participants will be able to…

8. Define 'leadership' and identify sources of leadership authority.
9. Describe the characteristics of effective leaders.
10. Describe the competencies necessary for effective leadership, especially for conducting Supportive Supervision.
11. Conduct self-assessment of participant's leadership characteristics and competencies.

Session Materials:

- **PowerPoint presentation:** Effective Leadership for Supportive Supervision
- **Handouts**:
  - Copy of PowerPoint presentation: Supportive Supervision: An Evidence-based, State-of-the-Art Approach to Make Supervision Effective and Sustainable.
  - Handout 13.1: Characteristics of Effective Leaders
- **Exercise 14.1** Supervisor Self-Assessment: Leadership Characteristics and Competencies for Supportive Supervision
- **2 Flipcharts:** with titles:
  - Characteristics of Effective Leaders
  - Practices/Competencies of Effective Leaders

Advance Preparation for Session:

- ***Note to Trainers***: Exercise 13.1 is the first part (assessment part only) of the Job aid: External Supervisors Quarterly Self Assessment and Personal Plan. Participants will complete a personal plan (the second part of the job aid) in Session 15.
- Prepare flipcharts.
- Make copies of handouts.

Introduction to session

Time: 2 – 3 minutes for a. and b. below.

v. **Begin the session by explaining that:** Providing leadership is one of the most important functions of External Supervisors (and also of facility-based staff participating on SS/CQI teams). It will be especially important for you all to model effective leadership as members of the SS Leadership Team and as External Supervisors. Most of you are already in leadership positions and have demonstrated many of the elements of effective leadership. But in worldwide experience, there are a lot of varying ideas about what leadership is and what leaders need to do to be effective. Some of the variance is culturally-based – what is the tradition of leadership in various countries. There is also increasing demand around the world for more effective and inclusive styles of leadership that can achieve specific, measurable outcomes in areas such as health, development, and civil society. During this session, we will begin to look at what makes effective leadership and effective leaders, particularly in the context of supportive supervision for RH/FP.

w. **Use the PowerPoint slide to introduce the session objectives:**

PowerPoint slide 13.1	ACTUAL PowerPoint slide 13.1
Session objectives	**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 the leadership competencies necessary for effective leadership, especially for conducting Supportive Supervision. 4. Conduct self-assessment of participant's leadership characteristics and competencies.	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.

Leadership: Definitions and sources

Time: 5 – 8 minutes for a. through g. below

a. **Comment:** We going to start out with some quick definitions. **Ask**: In your opinion: What is leadership? ***[Trainer, allow several participants to answer, acknowledging their responses by nodding, indicating 'good' or "interesting' point and thanking them of their comments.***

b. **Reveal the next slide:** ***indicating that these are two often used, simple definitions.]***

PowerPoint slide 13.2
Definitions of Leadership
Enabling groups of people to face challenges and achieve results in complex situations.[36] Influencing, guiding and motivating others toward achievement of a goal.

c. **Ask:** What are the sources of a leader's power? ***[Trainer, allow some responses]***

d. **Explain:** One potential source of a leader's power is 'given authority.' This power is based on a leader holding a certain position in an organization, for example a department head, the directorship of a program or of a facility, a supervisor, a manager, etc. Given authority can be very important for leaders, because it is with this "formal" authority the leader can claim to provide guidance, supervision to staff as well as assess their performance.

e. **Ask:** Is 'given authority' enough of a basis for effective leadership? (think of the definitions we are using for leadership) Why or why not? ***[Trainer, allow some responses]***

f. **Explain**: I think we've all been in situations where we've seen someone who is given power or authority and they have not seemed to earn it; or worse – they do not go on to earn it through their actions. That brings up the second main source of power and authority in leadership: 'earned authority."

PowerPoint slide 13.3	ACTUAL PowerPoint slide 13.3
Sources of Power for Leadership	**Sources of Power for Leadership**
• **Given authority –** leading from position • **Earned authority –** based on the leader's job performance, his/her characteristics as a leader, and the respect the leader/supervisor has earned from those people she/he leads/supervises. o	• **Given (formal) authority** • **Earned (informal) authority**

[36] "*Managers Who Lead for Improving Health Services*", Management Sciences for Health, 2005.

g. **Explain:** Of course, we know leaders who have both, and this is the idea. This is what you will want to aspire to as supervisors and team leaders using supportive supervision. Both types of authority and power – given and earned -- must be used wisely by leaders, including supervisors: styles that are participatory and supportive for supervision and quality improvement get better results. Using supportive and participatory approaches for supervision not only get better results, these styles and results earn the trust, respect of supervisees and motivate them to better performance. It is important that the supervisor remember that his/her *position* is "given authority" and that his/her *influence* is 'earned authority." The supervisory must never misuse or abuse either type of authority, because both given and earned authority can be lost, just as surely as it can be gained. And once it is lost, it is extremely difficult to rebuild.

Characteristics of Effective Leaders

Time: 15-18 minutes for a. through f. below.

a. **Ask:** Now, think of someone you know who is an effective leader. Take a moment to reflect on this person: What is the person like – what are his or her personal characteristics? … and… What does that person do in terms of effective leadership actions he or she takes.

b. ***[Trainer, pause for about 30 seconds to allow participants to reflect. Then ask them for their responses and record them on the flipcharts with the titles:]***

- Characteristics of Effective Leaders
- Practices/Competencies of Effective Leaders

c. **After the participants and trainer have concluded the two lists, comment:** To compare to the lists you've developed, let's look at some of the characteristics and practices for effective leadership that have been identified through research and program experience n leadership, especially in RH programs.

d. **Reveal the next slide and comment:** A list of characteristics of leaders can be quite exhaustive! Listed here are some of the most often cited and important characteristics of effective leaders. The accompanying handout offers a more complete list. ***[Trainer: as you read through the slide, have someone pass out Handout 4.1: Characteristics of Effective Leaders and encourage participants to scan it as you read the points on the slide below and ask the follow-up questions.]***

PowerPoint slide 13.4

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

e. **Ask:** How much does this list correspond to the list you just constructed of effective leadership characteristics? ***[Trainer, point to the flipchart with the title "Characteristics of Effective Leaders"].*** What are the differences in the list? Are there any characteristics listed you disagree with? Why? What do others think?

f. **Ask:** What do you believe are the effects on a team and the achievement of goals when someone assigned as "leader" is lacking in some of these key characteristics? ***[Trainer, allow participants a few moments to respond, acknowledging their insights].***

Handout 13.1: Characteristics of Effective Leaders

Visionary	Sees and help the team construct a clear picture of excellence for the future
Ethical	Honest and fair; having integrity; trustworthy; follows codes of conduct professionally and personally; respects dignity, diversity, equity, informed choice; transparent and fair decision making processes
Empathic	Understands others' feelings, goals and situations
Inspiring role model	"Walks the talk" and motives others by example
Supportive	Facilitates and empowers others to achieve to grow, learn, perform and achieve success
Self-aware	Knows how own behaviors impact others; reflects on own strengthens and weaknesses and works on self improvement
Responsible	Consistent work to fulfill expectations and job requirements; steps forward to take on new roles and takes when appropriate
Accountable	Willing to accept consequences of decisions, actions, and whether expectations have been met
Self-Confident	Feeling of trust in ones abilities, qualities and judgment; self-esteem = self-worth = good self-image; how secure a person is in their own decisions and actions
Positive	Upbeat. Recognizes and builds on what is good and valuable in people, events, situations and organizations. Optimistic about the abilities of people and possibility of improvement, even when realistically facing challenges. Shows appreciation of the work and commitment of others, what's going well and the progress being made. The attitude that "the glass is half full" (not half empty) and that with some effort, things can work out well. Consider problems identified as opportunities to improve. Celebrates individual and team success with others.
Determined and Committed	Able to keep leading and supporting despite obstacles, challenges and setbacks; demonstrates continued effort, consistency and "stick-to-it-tiveness" when striving to achieve goals and/or facing challenges.
Objective judgment	Able to weigh facts and possible courses of action make sound decisions; able to view facts and many sides of an issue without personal feelings affecting behaviors and decisions
Fair minded	Shows fair treatment to all people; uses evidence-base approaches when appropriate
Open-minded & flexible	Open to new ideas and considers alternative approaches that may not be his/her own
Good communicator	Verbally and non-verbally; face-to-face and over distance/time: • Clearly communicates vision and expectations, performance feedback, provides public recognition. • Careful active listener; listens fully before responding. • Comfortable leading meetings and making presentations • Can negotiate in a variety of situations.
Resourceful	Finds, and empowers others to find, the resources needed to do the job and to improve
Knowledgeable, Skilled and Competent	As a leader, manager and health professional.
Accessible, Interested and Aware	Makes time to work well with people at all levels organization and community; shows interest in listening and understanding the opinions and situations of others; knows 'what going on" and has a deep understanding of key professional issues and organizational functions
Sense of humor	Uses humor to put people at ease, connect with people, help them learn, and diffuse tense situations.

Leadership Competencies

Time: 25 minutes for a. through g. below.

a. **Explain:** We're now going to reflect on your list of leadership practices by comparing it to a list of "Leadership Competencies"[37]. Just as with the characteristics of effective leaders, there are many competencies cited throughout the leadership literature. We are going to focus on those leadership competencies widely used for RH/FP programs. ***[Trainer: as you read through the slide, have someone pass out Handout 13.2 Leadership Competencies]***

PowerPoint slide 13.5

Leadership Competencies

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

b. **Ask:** How much does this list correspond to the list you constructed of leadership practices? ***[Trainer, point to the flipchart with the title "Practices/Competencies of Effective Leaders"]*** Is there anything you think is missing that should be added?

c. **Explain:** In health care, many times the roles of leading, managing and supervising are given to the same persons – there are high expectations that supervisors will be good leaders and to do so, they need to be good managers, too. As we look more deeply that the leadership competencies for supportive supervision, we are going to also include a couple of management competencies that supportive supervisors need in order to lead well.

d. **Explain:** Together these competencies for leading and managing are so important for supervisors that we are going to look at some of them in depth in previous workshops sessions, including communicating effectively, building

[37] Adapted from "*Managers Who Lead for Improving Health Services*", Management Sciences for Health, 2005.

teams, coaching and mentoring, motivation, leading change and promoting positive client relationships.

e. **Reveal next slide:** Right now we are going to take the time to reflect on and discuss the competencies as described in Handout 4.2: Leadership Competencies allowing your questions and comments.

f. **Request that:** ***participants to take 5 minutes read through and reflect on*** Handout 4.2: Leadership Competencies ***themselves (individually, silently), looking up when they have finished.***

g. ***When they have finished,*** **Ask:**

- Any general reactions, comments or questions on the competencies listed or the definitions of the competencies?
- ***[Trainer, if the participants respond, follow their lead in the first part of the discussion, acknowledging their points, responding when they have an interesting insight, and asking for alternative points of view. If they ask questions, give a chance for another participant to respond before you offer a response.***
- ***The list of questions below is to prompt if the participants do not have much to say about the list, and/or to supplement the points they raise:***
    - What is surprising to you on the list?
    - Which two or three things seem most important to you?
    - Which competencies had you never really given much thought to? Can you see the importance of these competencies?
    - Based on the definitions, which do you think is the hardest competencies to acquire? Which to maintain?
- What do you think of the first competency: "master yourself"? How important is it to your performance on the job?
- There are 11 competencies listed. Do you think any leader is consistently high performing in all 11? How can they

plan to improve and maintain their performance in these areas.

1. **Comment:** We are going to take another step toward facilitating your continued leadership learning and development by giving you the time now to complete a self-assessment of your leadership characteristics and competencies. (Exercise 13.1) Keep in mind that self-assessments are one important foundation on which to build your continued learning and advancement as a leader, especially one involve in SS.

2. **Comment:** You will have about 20 minutes to complete the self assessment. As with the other self-assessment we completed, this is private for you, but you will use your findings to help complete you Personal Plan for Performance Improvement and Continued Learning. You are completing the assessment privately as a way for you to "Master yourself": reflect on your strengths and how to use them, along with the leadership competencies you would like to plan to strengthen.

Time: 25-30 minutes for self assessment (Exercise 13.1)

Day Three

Session 14: Personal Learning Plans for Supportive Supervision and Leadership Development

Total Time: 55 minutes

Session Objectives: By the end of the session, participants will be able to…

7. Discuss the purpose and importance of having a Personal Learning Plan to guide continued learning for performance improvement on the job and professional development

1. Identify the sources of input for constructing Personal Learning Plans.

8. Use the self assessments completed during the workshop to construct a Personal Learning Plan for Continued Learning in Supportive Supervision and leadership development.

Session Materials:

- **PowerPoint presentation:**
  - Supportive Supervision: Making Your Personal Plan for Continued Learning in SS and leadership development

- **Handouts**:
  - Copy of PowerPoint presentation: Supportive Supervision: An Evidence-based, State-of-the-Art Approach to Make Supervision Effective and Sustainable.
  - Exercise 14.1: Example Format for External Supervisor's Personal Learning Plan
  - Job aid: External Supervisor's Monthly Self Assessment and Personal Learning Plan
  - Job aid: External Supervisor's Quarterly Self Assessment and Personal Learning Plan

- **Flipchart:** with titles.

Flipchart 14.1: Types of Support Needed by External Supervisors for Person Learning Plans
• Clear job expectations • Time on the job for planning and follow-up • Guidance from HWG staff, SSLT peers, MoLHSA • Printed Job aids • Improved team work with facility-staff • Coaching/mentoring or OJT – from whom? • Formal training through, distance learning, face-to-face training

event, etc.)

Flipchart 14.2: SSLT Team work for Support of External Supervisors
How can the SSLT to ensure that support is accessible to supervisor peer/colleagues: • Without reducing the accountability of our colleagues to meet the expectations placed on them as external supervisors • Without creating dependencies on outside sources of support that will not be sustainable.

Advance Preparation for Session:

- Participants should bring to the session their completed copies of:
  - Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style*
  - Exercise 14.1: Supervisor Self-Assessment: Leadership Characteristics and Competencies for Supportive Supervision

- ***Note to Trainers***: Exercise 14.1 is the first part (assessment part only) of the Job aid: External Supervisors Quarterly Self Assessment and Personal Plan. Participants will complete a personal plan (the second part of the job aid) in Session 15.

- Prepare flipcharts.
- Make copies of handouts.

The Purpose and Importance of Personal Plans

Time: 5 - 8 minutes for points a. through f., below.

o. **Begin the session** with introduction of the session objectives:

PowerPoint slide 14.1	ACTUAL PowerPoint slide 14.1
Session objectives	**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 for performance improvement on the job and professional development 2. Identify the sources of input for constructing	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

PowerPoint slide 14.1	ACTUAL PowerPoint slide 14.1
Session objectives	**Session objectives**
Personal Learning Plans. 3. Use the self assessments completed during the workshop to construct a Personal Learning Plan for Supportive Supervision and leadership development.	to construct a Personal Learning Plan.

p. **Comment:** During the workshop we have looked at and worked with formats for action plans for External Supervisors and facility-based teams to improve quality and performance of quality and performance in FP services. There is another kind of plan that is valuable for health care professionals: the Personal Plan for Continued Learning and Personal Performance Improvement. This tool (job aid) is especially important for those health workers that that are called upon to be leaders and external supervisors.

q. **Reveal next slide:** Personal Learning Plans are important because they empower individuals to identify and guide their own work-related learning and professional development on and off the job. This creates a sense of ownership, motivation and pro-activeness in the individual completing and using the plan.

PowerPoint slide 14.2
Personal Learning Plan
• Empowers staff to identify and guide their own learning for professional development and performance improvement • Creates ownership, motivation, pro-activeness • Promotes self-directed learning and peer support

r. The purpose of the Personal Plan is for the individual to take charge of his or her professional development, job-related learning and performance improvement. The individual's supervisor, colleagues and peers can provide input and support for this.

Sources of input for constructing Personal Learning Plans

a. **Reveal and read through next slide:** Individuals completing Personal Learning Plans can receive input from a variety of

sources to establish their plans and conduct their continued learning. We are going to review that briefly from an earlier session before having you work on your own Plans.

PowerPoint slide 14.3	**ACTUAL PowerPoint slide 14.3**
Creating Personal Plans	**Creating Personal Plans**
Input from … • Reviewing job expectations, your knowledge and skills, and your level of performance • Performance Assessments conducted by supervisors and/or peers • Self-assessment with checklist and reflection • Information that has been gathered from clients and/or community that is relevant to the individual's job • "Benchmarking" – looking at best practices and/or high performance in the performance of others, in your own field (health) and/or in other fields.	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.

b. **<u>Reveal next slide and explain:</u>** For the purposes of this workshop and to get you going on your Personal Plans, we are going to primarily use your self assessments as the basis. But in the future you can use these other sources of input, especially Performance Assessments that may be conducted by your own supervisor and/or peers, and benchmarking. While using the Self Assessments can get you started, over time as you work as an External Supervisor, it is important to use these other sources as well, because as you'll remember from Session 2, while self assessment can be very motivating and cause desirable change, self-assessment alone is not sufficient: input from external supervisors and peers is also necessary.

PowerPoint slide 2.26
Self-Assessment
Some evidence: • Useful method for reflection, motivation, self-instruction and practice • Can cause desirable behavior change and

PowerPoint slide 2.26
Self-Assessment
performance improvement post-training • Self-assessment alone not effective: some input from external supervisors and peers needed for improvements to take place

Developing a Personal Learning Plan for SS and Leadership Development

Time: 25 minutes for points a. through d., below.

a. **Comment:** During this workshop, you have already completed two self assessments that we will use to illustrate developing your Personal Learning Plan. Please take you're your completed copies of:
   - Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style*; and
   - Exercise 14.1: Supervisor Self-Assessment: Leadership Characteristics and Competencies for Supportive Supervision

b. **Explain:** On each of these self assessments, you were asked to select 3-5 top priority areas for you to conduct continued learning and take concrete action to build and strengthen your skills and improve your performance. Now you'll have to make some choices among these priorities, as we'd like to select no more than 5 areas to work on for the purposes of making your initial Personal Learning Plan.

c. **Explain:** First, review Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style.* Take a few moments to review the priorities you indicated in this self assessment and select your top **three** (3) areas you would like to work on in the next quarter. Then fill out the first section of Handout 14.1: Format for External Supervisor's Personal Learning Plan. You will have 15 minutes to do this.

d. **When participants have finished, or 15 minutes is finished:** Now, take a moment to review your responses to Exercise 14.1: Supervisor Self-Assessment: Leadership Characteristics and Competencies for Supportive Supervision, and the top areas you selected to address for your leadership development priorities.

select your top **two** (2) areas you would like to work on in the next quarter. Then fill out the second section of Handout 14.1: Format for External Supervisor's Personal Learning Plan. You will have 10 minutes to do this.

Job Expectations and Getting the Support You Need as an External Supervisor

Time: 22 minutes for points a. through i., below.

a. **Explain:** The job expectation for the External Supervisor is that you will conduct self assessment and make a Personal Learning Plan every month and every quarter.

b. **Explain:** At the end of every month, will use the Job aid: External Supervisor's Monthly Self Assessment and Personal Learning Plan. This is a short form to help you reflect on your immediate work as a supervisor and if necessary to better organize your work and focus on building positive relationships with those you supervise. You fill it out at the end of every month. ***[Trainer, handout*** Job aid: External Supervisor's Monthly Self Assessment and Personal Learning Plan ***and allow participants a few moments to look it over].***

c. **Explain:** At the end of every quarter, you will use the format we just completed which is contained in the Job aid: External Supervisor's Quarterly Self Assessment and Personal Learning Plan. ***[Trainer, handout*** Job aid: External Supervisor's Quarterly Self Assessment and Personal Learning Plan***].*** The quarterly job aid focus on the SS competencies and performance factors, and not on the leadership development factors. (If you are motivated, you are welcome to add the Leadership assessment as well on a regular basis, but you are not required to do so).

d. **Explain:** As an External Supervisor, you will be asked to devote more time to using the quarterly assessment and personal learning plan than we were able to devote here during this workshop – today, we conducted it as a quick exercise just to familiarize you with the tool and get you started on your first plan for the next quarter.

e. **Comment:** Each of these formats for Personal Learning Plans have a column that as you to list the sources of support you'll need to enact your plan. Let's discuss that briefly.

f. **Ask:** What are some of the sources of support you indicated you will need? ***[Trainer: below are the forms of support listed on the Personal Learning Plan formats. Have this ready on a flipchart and just add any additional things participants mention]***

- Clear Job Expectations
- *Time on the job for planning and follow-up*
- *Guidance from HWG staff, SSLT peers, MoLHSA*
- *Printed Job aid*
- *Improved team work with facility-staff*
- *Coaching/mentoring or OJT – from whom?*
- *Formal training through, distance learning, face-to-face training event, etc.)*

g. **Ask:** What are some of the similarities between what you think you need and what others have cited as their needs? Looking down the road, what are the things you think you will most likely need that you cannot access by yourself?

h. **Ask:** (Flipchart 14.2.) How can we work together as a Supportive Supervision Leadership Team (SSLT) to ensure that these things are accessible to our supervisor peer-colleagues, without reducing the accountability of our colleagues to meet the expectations placed on them as external supervisors, and without creating dependencies on sources of support that will not be sustainable. ***[Record key ideas on the flipchart]***

i. **Thank participants for their input:** and indicate it's time for the workshop closing.

ANNEX

SESSION HANDOUTS

TO PHOTOCOPY

Exercise 15.1: Example Format for External Supervisor's Personal Learning Plan: Performance Improvement and Continued Learning for SS Competencies

PART 1: SS and Performance Factors			
A. Performance Factor	**B. Action I should personally take to improve in this area**	**C. Support I will need**	**D. Target or indicator for achievement**
In the spaces below, list the 3 areas you will work on continued learning and improvement during this quarter: • Clarifying **job expectations** • Providing clear performance **feedback** • Promoting motivation and incentives • Ensuring adequate **physical environment and tools** • Ensuring you have the **knowledge and skills** required for the External Supervisor's job and the job's of those you supervise • Providing **organizational support and leadership**	*For each Performance Factor listed in column A, indicate the Actions you will personally take to learn more and/or improve you SS performance*	*For example:* • Guidance from HWG staff, SSLT peers, MoLHSA • Printed Job aid • Improved team work with facility-staff • Coaching/mentoring or OJT – from whom? • Formal training through, distance learning, face-to-face training event, etc.)	*How will I know if I've improved?* • What's my current level of performance • What is the desired level of performance • What's the gap? • What improvement will I achieve this quarter?
1.			
2.			
3.			

Exercise 15.1: Example Format for External Supervisor's Personal Learning Plan: Performance Improvement and Continued Learning for SS Competencies

PART 2: SS and Leadership Development			
A. Leadership Competency	**B. Action I should personally take to improve in this area**	**C. Support I will need**	**D. Target or indicator for achievement**
In the spaces below, list the two areas you will work on continued learning and improvement during this quarter: • Master yourself • See the big picture • Prioritize and make decisions • Communicate effectively • Build teams • Build trust • Coach/mentor staff • Motivate staff • Negotiate conflict • Lead change • Promote positive client relationships	*For each Leadership Competencies listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • Guidance from HWG staff, SSLT peers, MoLHSA • Printed Job aid • Improved team work with facility-staff • Coaching/mentoring or OJT – from whom? • Formal training through, distance learning, face-to-face training event, etc.)	*How will I know if I've improved?* • What's my current level of performance • What is the desired level of performance • What's the gap? • What improvement will I achieve this quarter?
4.			
5.			

Job Aid: External Supervisor's Monthly Self Assessment[38] and Personal Plan

Purpose: External Supervisors should complete this form at the end of each month, before starting their new round of monthly supportive supervisory visits. This checklist is not a test: it will be completed and retained individually by you. You will use the findings to continue to develop and implement your own continued learning plan and continue to enhance your performance as a supervisor, especially in the areas of interpersonal relationships and organization of work.

Instructions: Please take 20 minutes to fill out this checklist, and set aside additional time immediately after that for reflection on your responses and planning for your continued learning and direct action to strengthen your performance as a supportive supervisor.

1. **Did you adhere to your planned your schedule**?

   a. **List clinics visited during past month, with dates of visits***:*

- Clinic: _____Date:_____
- Clinic: _____Date:_____
- Clinic: _____Date:_____
- Clinic: _____Date:_____

   b. **Are there clinics you did not visit at the scheduled time, for the scheduled duration, or missed entirely**?

- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____

[38] Assessment questions adapted from: "Job aid: Quarterly Self Assessment for External Supervisor", draft, HWG TOT, JSI, 2008; **And** "Clinic Supervisors Manual, MSH and USAID/South Africa, 2006.

c. If you filled out one or more clinics in section 1.b above: indicate in the space below what changes can you make to ensure that these you are better able to plan and adhere to your schedule. (*Note in your response below whether you will need guidance or assistance from the HWG Project and/or MoLHSA to resolve this/these issues or make the necessary changes*).

2. **<u>Organizing your work</u>: enhancing your approach to supportive supervision: *do you need to make positive changes*?***(check "Yes" or "No" for each item below)*

Organizing your work	Yes	No	Comments if "No" was checked
a. Did you ensure that each facility head knew the dates and agenda for the SS visit?			
b. Did you plan with the facility head the details of what would be accomplished?			
c. Did you review the profiles of the overall facility, staff at the facility, and community in advance of the visit according to the Job aid for SS Monthly visit?			
d. Did you plan with the facility head (and/or other key facility staff) the specifics of what would be accomplished during the visit according to the Job aid for SS Monthly visit?			
e. Did you plan enough time for key aspects of the Monthly visit: Facility Review; Performance Assessment(s); meetings with staff, including attending the SS/CQI team meeting if one was being held the week of your visit?			
f. Did you ensure that transportation was available in time for the visit?			
g. Did you organize your forms and other information before the visit so they could be easily used?			
h. Did you complete all the necessary checklists during the visit?			
i. After the visit, did you document and report your findings according to the appropriate HWG and MoLHSA forms and procedures?			
j. Other comments:			

3. **<u>Supportive Supervisory Relationships</u>: enhancing your approach to supportive supervision:** ***do you need to make positive changes****? ?(check "Yes" or "No" for each item below)*

Supportive Supervisory Relationships	Yes	No	Comments if "No" w
a. Did you approach all facility staff more as a partner and team member rather than an authoritarian supervisor?			
b. Did you greet all the facility staff you encountered with equal respect and kindness?			
c. Did you make yourself aware of, and comment on, any known, recent personal experiences of individual staff at the facility that would benefit from a supportive supervisor's words of comfort, best wishes, condolences or congratulations?			
d. Did you demonstrate respect, patience and warmth toward all the staff you worked directly with, especially for those with whom you conducted Performance Assessments?			
e. Did you model a kind and warm attitude and speech toward any clients at the facility that you encountered directly?			
f. Did you allow for time for the facility head and/or staff to complete any client consultations that were underway at the time of your arrival and hand off to appropriate staff?			
g. Did you model deep listening skills, demonstrating that you understood the points being made before offering guidance, corrections or advice?			
h. Did you provide ample time for discussion and encourage <u>*two-way*</u> communication between yourself and each person and team you supervise? (Including for problem solving on work related issues; and for understanding what staff like about their jobs, what would motivate them to perform better and what their wishes and expectations are for the future.)			
i. Did you wait for the appropriate time to make any comments to staff concerning areas that need improvement in quality and performance, never commenting on mistakes or areas needed for improvement in front of clients or other staff, unless the immediate safety of a client or staff member was at risk?			
j. Did provide *constructive* feedback when addressing areas to be improved, never scolding, criticizing, humiliating or de-motivating staff.			
k. Did you provide practical, feasible guidance and suggestions to staff about how they can solve problems, including obtain resources such as equipment and			

Supportive Supervisory Relationships	Yes	No	Comments if "No" w
supplies.			
l. Did you encourage and model team work?			
m. Did you encourage staff to better know and work with the community, providing practical, feasible suggestions of how to do so?			
n. Did you find personal, meaningful ways to commend and praise teams and individual staff for tasks/jobs well done and progress made toward improvements?			
o. Did you show interest in and support for the continued professional learning and development of the staff?			
p. Other comments:			

4. **Reflection and planning:**

For the items above for which you checked "No": these are areas for you to make positive change in your performance. Review this self-assessment checklist and note the top three to five areas you will address first as your top priorities. Use the format on the next page to plan concrete actions you can take to better meet your schedule, organize your work, and/or enhance your supportive supervisory relationships.

Format for External Supervisor's Monthly Personal Performance Improvement Plan

A. Area for change/ improvement	B. Action should I personally take to improve in this area?	C. Support will I need	D. Target or indicator for Achievement
In the spaces below, list the areas in which you will work on making positive change in your performance • *Adhering to the schedule* • *Organizing your work for before, during, after SS visits* • *SS Relationships*	*For each Area for change or improvement listed in column A, indicate the Actions you will personally take to learn more and/or improve you SS performance*	*For example:* • *More time on the job for planning and follow-up* • *Guidance from HWG staff, SSLT peers, MoLHSA* • *Printed Job aid* • *Improved team work with facility-staff* • *Coaching/mentoring or OJT – from whom?* • *Formal training through, distance learning, face-to-face training event, etc.)*	*How will I know if I've improved?* • *What's my current level of performance* • *What is the desired level of performance* • *What's the gap?* • *What improvement will I achieve this quarter?*
1.			
2.			
3.			
4.			
5.			

Other comments:

Job Aid: External Supervisor's

Quarterly Self Assessment and Personal Plan

Purpose: The checklist will help you to personally identify your supervisory style and plan your future development as a supervisor. This checklist is not a test: it will be completed and retained individually by you. You will use the findings to continue to develop and implement your own continued learning plan.

Instructions: External Supervisors should complete this form at the end of each quarter, before starting their new round of quarterly supportive supervisory visits. Please set aside approximately 40 – 50 minutes to fill out this checklist, and set aside additional time immediately after that for the section on reflection and planning for your continued learning. Read each item and mark your response according to the five point scale. The far right hand column is for you to record comments or notes you would like to use in the future for personal reminders, to ask questions from trainers, have discussions with colleagues, and/or note things for your future development as an external supervisor. If you rate yourself as a 1, 2 or 3 on any elements, these would be areas for you to consider continued learning and concrete action to build and strengthen your supervision style. (If you have not yet formally conducted supervision and therefore cannot assess yourself based on your experience as a supervisor, proceed with the self assessment and use the rating scale to indicate what you believe your knowledge level is for each item so that you can use the self assessment later to plan your SS continued learning.)

Job Aid: External Supervisor's

Quarterly Self Assessment and Personal Plan

Scale:
1 = No / Not at all
2 = A little / Rarely
3 = Somewhat / Sometimes
4 = Very much / Usually
5 = Completely / Always

Supervisory Element	1	2	3	4	5	Your Notes
Ensuring clear job expectations						
1. I incorporate input from four sources when defining and acting on job expectations, both for my own job and for the jobs of those I supervise: (a) job descriptions; (b) clinical standards of practice; (c) expectations of patients/clients and communities to be served; and (d) colleagues and professional peers.						
2. I know and work toward meeting the specific job expectations (responsibilities, tasks and minimum level of performance) placed on me as an external supervisor.						
3. I know the public health goal, objectives, current status of performance and targets of the region and facilities I serve or will serve as a supervisor; I share this information routinely with those I supervise, including any modifications and progress made.						
4. I have discussed with the teams and individuals I supervise how and why supervision is conducted.						
5. I discuss with each person I supervise the job expectations for their jobs (responsibilities, tasks and minimum level of performance) so that the expectations are clear.						
6. I take the time to listen questions and suggestions from I supervise concerning job expectations and how they can be met.						

Supervisory Element	1	2	3	4	5	Your Notes
7. I encourage those I supervise to make suggestions about how to improve the overall supervisory process and seek to know from them how supervision can be made more supportive.						
Providing clear performance feedback						
8. I provide ample time for discussion and encourage *two-way* communication between me and each person and team I supervise.						
9. I provide and discuss clear, *constructive* feedback to those I supervise on how they can improve specific elements of their performance.						
10. I use checklists that the supervisee also has access to in order to help guide my observations and structure the constructive feedback I provide.						
11. My feedback to help supervisees improve performance is provided as close as possible to the time of my observation of the supervisee's performance, but not given in front of other people so that the supervisee is not embarrassed and does not lose face.						
12. I provide positive feedback for tasks well done and progress made in improving performance and/or attaining goals/objectives; and/or demonstrating positive work attitudes and behaviors.						
13. The manner in which I deliver the feedback is respectful to the supervisee, and empowers him/her to improve his/her performance.						
14. When observing the performance of a supervisee, I review previous results of supervision, and/or learning/improvement objectives or plans in order to make reference to progress made by the supervisee according to the previous feedback given.						
15. I encourage feedback on my own performance and how it can be improved from those I work with, including those I supervise.						
Ensuring adequate physical environment and tools						
16. I ensure that the people I supervise have the physical environment to deliver quality services (efficient clinic flow; privacy for clients meeting with counselors and clinical providers; appropriate facilities for sterilizing instruments; organized recording keeping and information retrieval, etc.)						
17. I ensure that the people I supervise have adequate equipment deliver quality services (surgical instruments, infection prevention equipment, form for record keeping,						

Supervisory Element	1	2	3	4	5	Your Notes
computerized information systems, etc.).						
18. I ensure that the people I supervise have adequate access to information to deliver quality services (information to maintain and improve their own performance as health care professionals; and educational aids and informational materials to provide information, education and counseling to clients).						
19. In cases where there is not adequate physical environment, tools and/or information available, I routinely advocate with those in authority that adequate resources be supplied to through the health care system.						
20. In cases where there is not adequate physical environment, tools and/or information available, I encourage, facilitate and support local problem solving at the district, facility and/or community level to meet these needs.						
Promoting motivation and incentives						
21. I discuss with those I supervise the factors that contribute to their motivation and job satisfaction, and I am responsive to these factors in my supervisory practice.						
22. I provide public recognition and praise for a job well done for individuals and teams I supervise.						
23. I encourage and reward creative problem-solving by teams and individuals.						
24. I value and am open to using ideas that are not my own, always providing recognition of the source of the idea.						
25. I use professional development and learning opportunities as a method to motivate those I supervise.						
26. Criteria and processes for receiving recognition, rewards and other forms of incentives are publically discussed in advance and transparent to all team members.						
Ensuring knowledge and skills required for the job						
27. I feel that I have adequate knowledge and skills to meet and/or exceed the expectorations placed on me as an external supervisor.						
28. I develop and actively use self-directed learning and performance improvement plans to acquire knowledge and skills I need.						
29. I ensure that the people I supervise have adequate knowledge and skills to perform their jobs according to expectations.						

Supervisory Element	1	2	3	4	5	Your Notes
30. When appropriate, I ensure that supervisees receive adequate on-the- job coaching and mentoring help them improve their performance.						
31. I ensure that learners have adequate time to practice new skills and maintain their current level of skills and performance.						
32. When appropriate, I ensure that supervisees receive initial and/or follow-up training to acquire new knowledge and skills and/or improve their performance.						
33. I encourage and assist supervisees to develop and use self-guided learning plans to strengthen their knowledge and skills both to improve their performance and for their professional development and growth.						
34. I actively encourage innovative learning approaches such as peer-guided learning and distance learning.						
35. I routinely take part in discussion and learning with and from colleagues, professional peers, and other external supervisors in order to improve my own performance, discuss better and promising practices and solutions to common problems, and help solve the performance problems for facilities I supervise.						
Providing organizational support and leadership						
36. I use and help those I supervise use real data and other information on services delivered in order to access progress and improve facility, team and individual performance.						
37. I model and encourage team members to know their clients and the community well, and to work in partnership with those outside their facility.						
38. I practice deep listening and open, respectful, two-way communication; I model this and encourage others to engage in this style or working.						
39. I conduct and document my supervisory functions on a regular, routine basis, planning and tracking progress over time.						
40. I am accessible to and open toward all levels of staff and persons I supervise.						

Continued next page…

Reflection and planning:

For the items above for which you yourself as a 1, 2 or 3: these are areas for you to conduct continued learning and take concrete action to build and strengthen your competencies and improve your performance. Review this self-assessment checklist and note the top three to five areas you will address first as your top priorities. Use the format below to plan concrete actions you can take to enhance your performance as an External Supervisor.

Format for External Supervisor's Quarterly Personal Plan: Performance Improvement and Continued Learning for SS Competencies

E. Performance Factor	F. Action should I personally take to improve in this area	G. Support will I need	H. Target or indicator for achievement
In the spaces below, list the 1 – 5 areas you will work on continued learning and improvement during this quarter: • Clarifying **job expectations** • Providing clear performance **feedback** • Promoting motivation and incentives • Ensuring adequate **physical environment and tools** • Ensuring you have the **knowledge and skills** required for the External Supervisor's job and the job's of those you supervise • Providing **organizational support and leadership**	*For each Performance Factor listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • *Guidance from HWG staff, SSLT peers, MoLHSA* • *Printed Job aid* • *Improved team work with facility-staff* • *Coaching/mentoring or OJT – from whom?* • *Formal training through, distance learning, face-to-face training event, etc.)*	*How will I know if I've improved?* • *What's my current level of performance* • *What is the desired level of performance* • *What's the gap?* • *What improvement will I achieve this quarter?*
1.			
2.			
3.			

E. Performance Factor	F. Action should I personally take to improve in this area	G. Support will I need	H. Target or indicator for achievement
4.			
5.			

Other comments:

TOC

SESSION ONE

Handout 1.1: Workshop Overview

Workshop Goal: Prepare a core team of trainers and external supervisors to take part in the testing and roll-out of the HWG Supportive Supervision Initiative, including conducting training and supportive supervision oversight for facility-based staff.

Workshop Objectives

By the end of the course, participants will be able to:

1. Explain the supportive approach to supervision, including the functions and basic tasks of supervision, and the key characteristics that make supervision effective.

2. Describe the components of a supportive supervision system; the roles and responsibilities of external supervisors and SS trainers; and of facility-based teams participating in Supportive Supervision and Continuous Quality Improvement.

3. Describe how supportive supervision will be structured and tested in the Republic of Georgia.

4. Explain the role of the supervisor in involving facility-based staff in team work; data collection, analysis and decision making; quality and performance improvement, and continued learning.

5. Use Key Tools and Job Aids for the Supportive Supervision and Continuous Quality Improvement Process.

6. Develop a personalized continued learning plan for the supportive supervision and leadership competencies needed by external supervisors.

Trainers' Version

Exercise 1.1: Ice Breaker exercise: Participant Introductions and Expectations

Purpose of the Ice breaker exercise: Introduce participants; create an environment conducive to learning and team work; and reflect on expectations.

Materials to prepare:

- Prepare sheets of paper with pairs matching pictures. (You may choose to print out, in black and white or color, the example pictures included in with this exercise. Cut the pictures apart and fold them in half.

- Each picture should be figured on two separate sheets of paper. If there are 20 participants and 2 trainers, you will need 22 sheets of paper containing 12 pictures. Make sure there is one folded sheet of paper for each participant, trainer and any other person(s) who will participate in the ice breaker exercise. Be sure to have some extra pairs of pictures/sheets of paper on hand.

- Flipchart 1.4:

Flipchart 1.4: Interview Questions for Icebreaker exercise
(Note: the first couple of questions can be modified depending on how well the participants already know each other)
1. What is your full name and what would you like to be called during the workshop? 2. Where do you work and what is your position? 3. What is your experience with supervision? 4. What do you see in the picture that brought us together for this exercise? 5. What are your expectations for learning at this workshop?

Exercise Process:

- Shuffle the stake of pictures and distribute randomly to participants and trainers. Ask participants to wait to hear the instructions before opening their pictures.

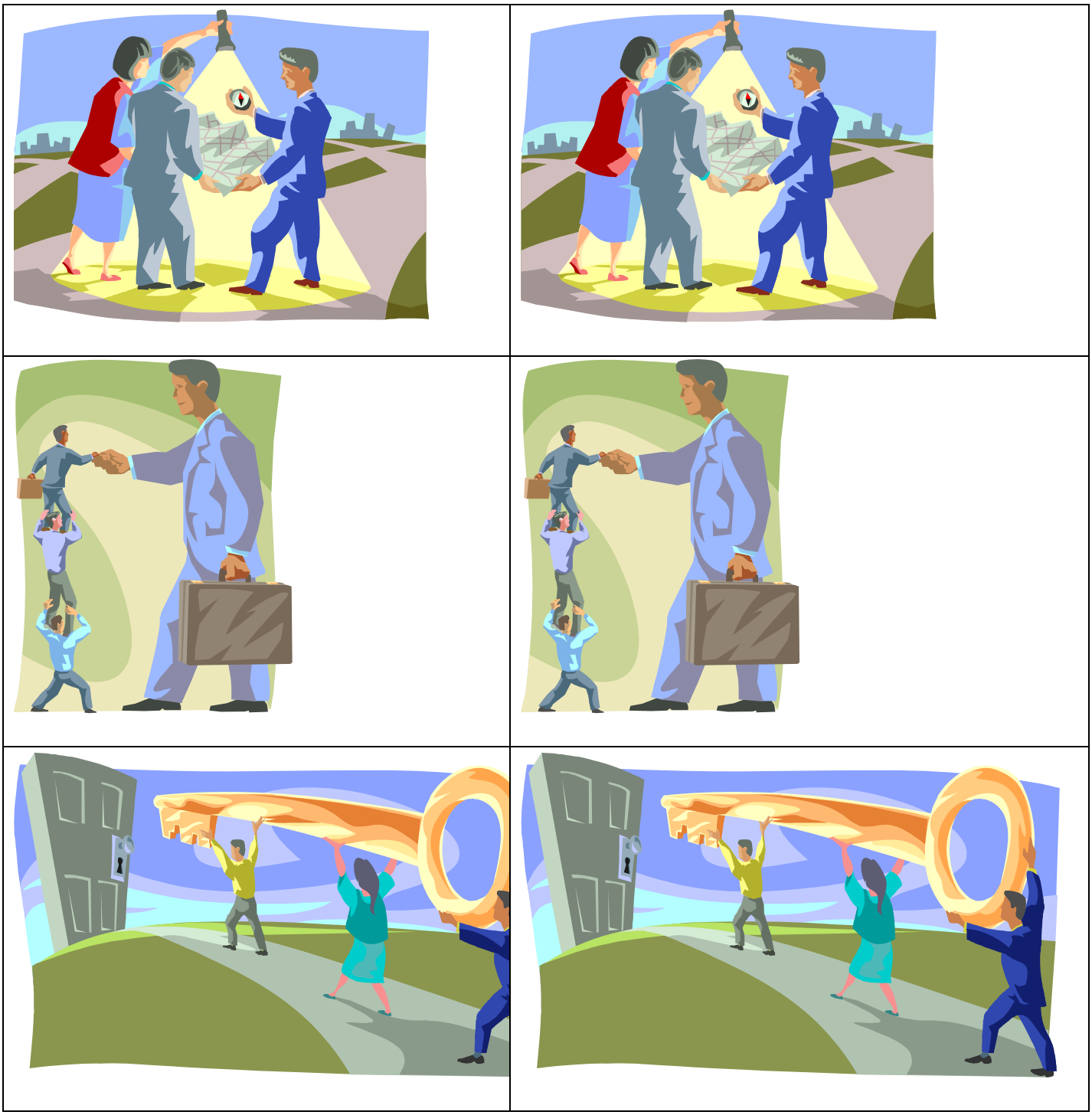
Instructions from Trainer to Participants:

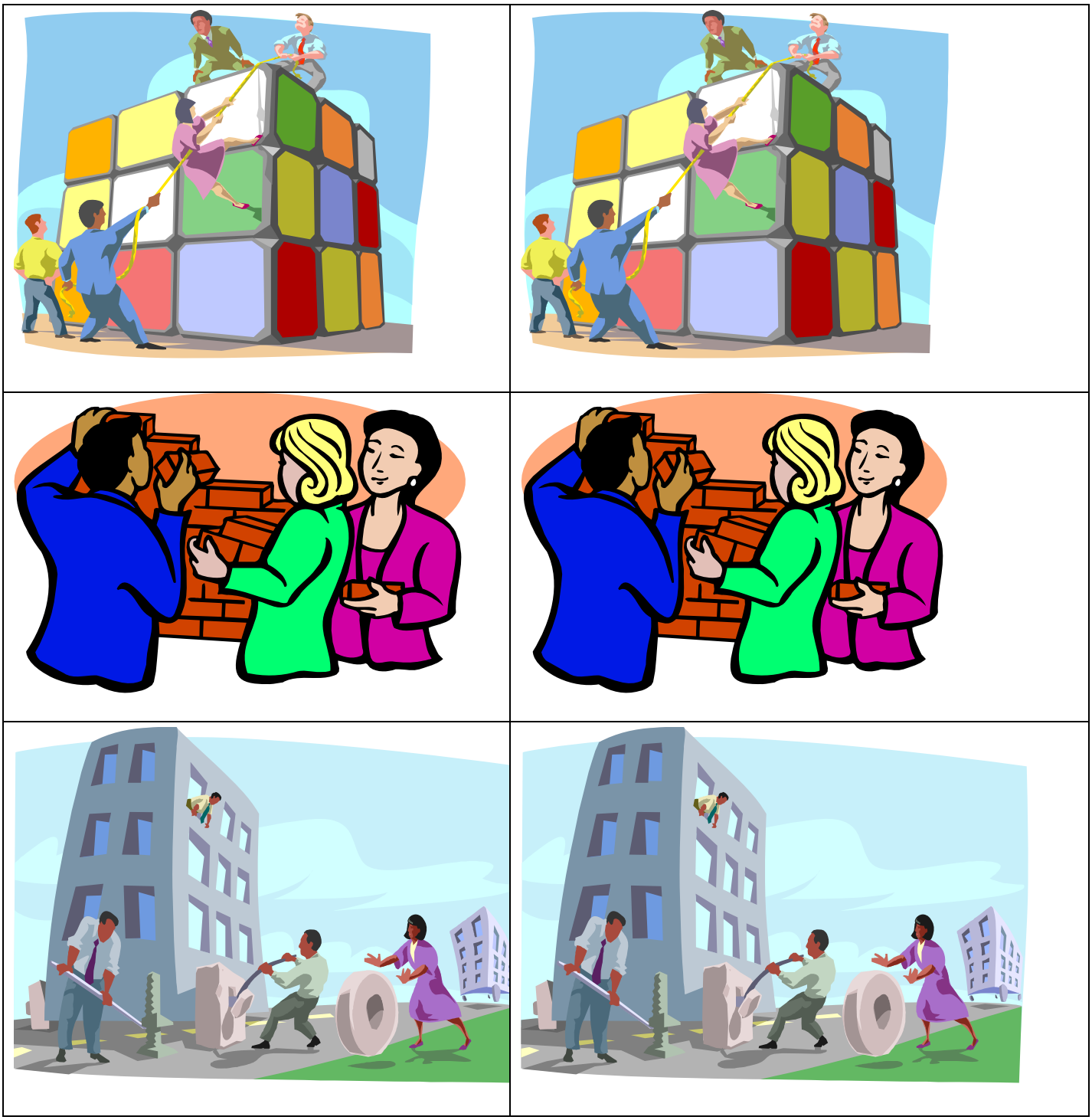
- **Explain** to the participants that just like with Supportive Supervision, they will be working together in pairs and larger teams during the workshop. We therefore want to spend some time getting to know each other better. The icebreaker exercise will assist with doing that, as well providing time for them to reflect on their expectations for the workshop before our group discussion of expectations and workshop objectives, which will come later in the session.

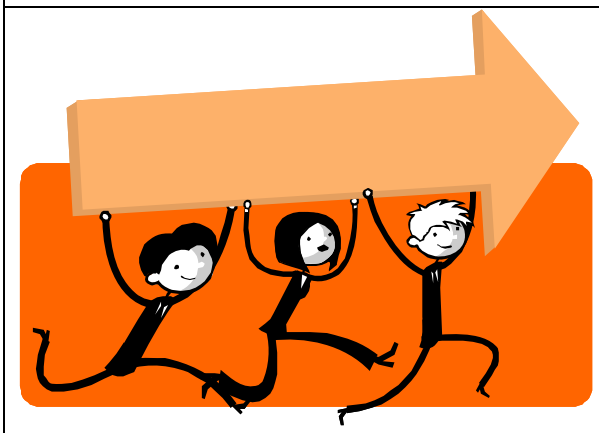
- **Tell participants** they will need to find the person in the room with the other picture that matches theirs. The **pair will each have 5 minutes to interview each other** using the questions on the flipchart (Flipchart 1.4).

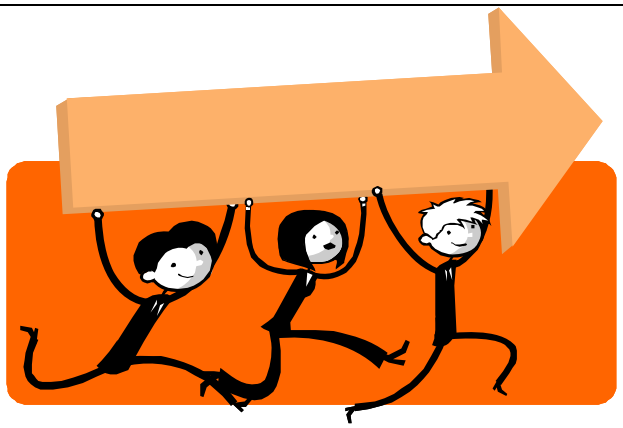
- **Ask participants** to be ready to introduce their partner to the larger group using their partner's responses to questions 1 – 3 on Flipchart 1.4. **Each person will have 1 minute to introduce their partner to the plenary group. (2 minutes per pair)**

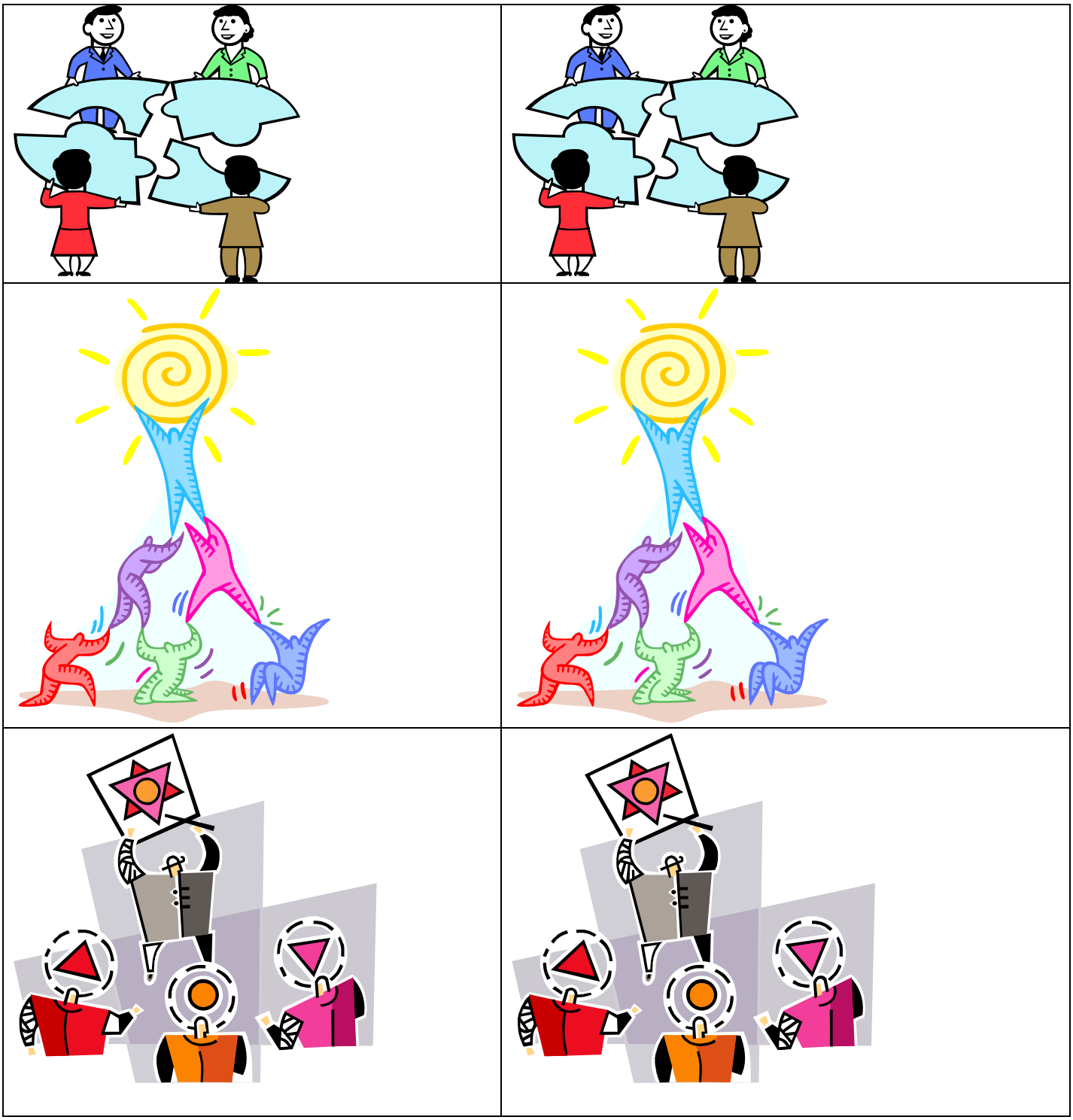
- For the response to question 4 on Flipchart 1.4: **Indicate** that the pair should also hold up the picture that brought them together for the exercise; one of them should describe for the plenary what they saw in the picture/what they think the picture means. **Each pair will have about half a minute to make their comments to the group on the picture.**

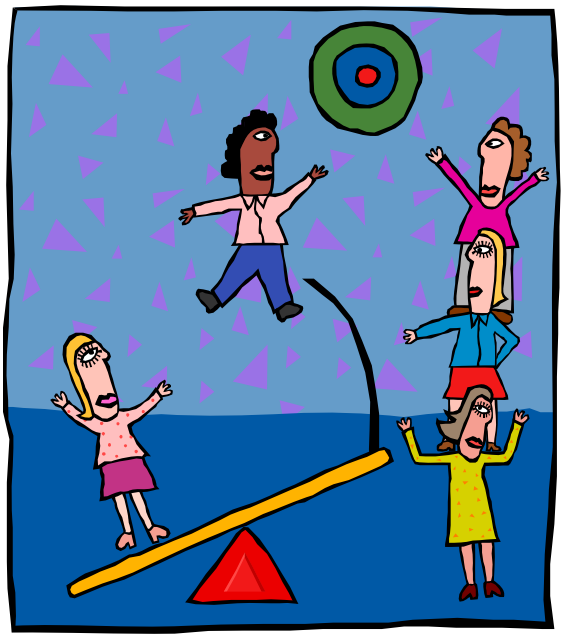


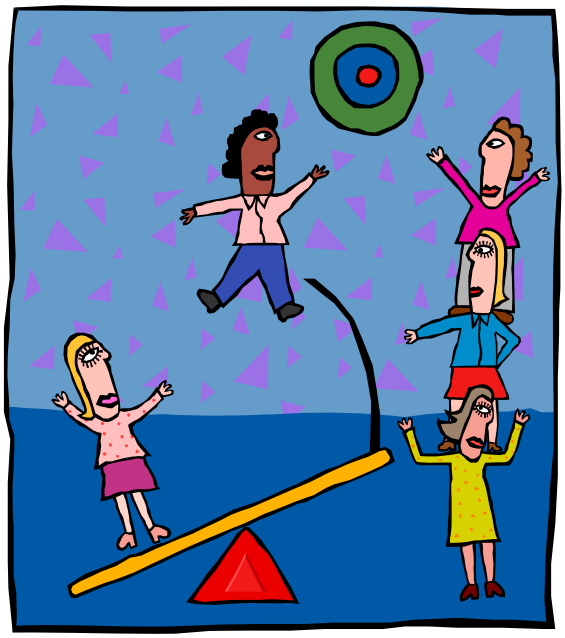


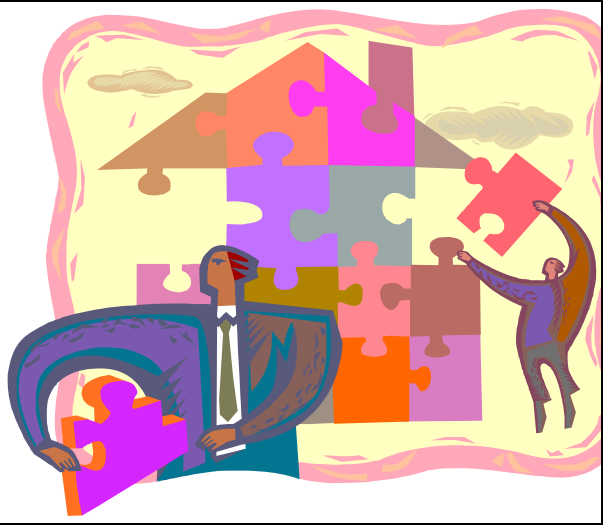












SESSION TWO

Handout 2.1. Roles and Responsibilities in Supportive Supervision: External, Internal, Self/Peer and Client/Community

Roles	Responsibilities
External Supervision *Provide and model leadership* *Oversee performance of facilities and individuals within the larger system*	▪ Set and implement program goals and standards ▪ ***Jointly*** define performance expectations ▪ ***Jointly*** monitor performance and quality according to goals, standards and expectations ▪ Provide constructive feedback ▪ Foster trust, open communication and team work ▪ Allocate resources in the system ▪ Facilitate supportive supervision at lower levels in the system ▪ Lead and participate in collection and use of data for decision making ▪ Facilitate and follow-up on problem solving at higher and lower levels ▪ Improve and maintain quality and performance ▪ Stimulate motivation and provide recognition ▪ Facilitate and participate in the continued learning of facility-based teams and individuals
Internal Supervision *Provide and model leadership* *Process of a particular facility or department; performed by groups and individuals, to oversee performance of individuals and quality of service delivery at the facility*	▪ ***Jointly*** set expectations for performance and quality ▪ ***Jointly*** monitor performance and quality according to goals, standards and expectations ▪ Provide constructive feedback ▪ Foster trust, open communication and team work ▪ Support and motivate providers with materials, training and recognition ▪ Build and participate on teams ▪ Promote team-based approaches to problem-solving ▪ Foster trust and open communication ▪ Collect and use data for decision making ▪ Serve internal and external customers/clients

Roles	Responsibilities
	▪ Improve and maintain quality and performance
Peer Supervision & Self Supervision *Improve your own skills and performance and those of colleagues*	▪ Jointly set and use clear expectations and professional standards ▪ Assess skills, measure performance and provide constructive feedback and coaching/mentoring ▪ Elicit and use customer and community feedback ▪ Monitor health outcomes
Client & Community Input *Mobilize around rights and needs, provide input and feedback, provide support for quality improvement and community outreach*	▪ Provide formative input on needs and expectations ▪ Provide feedback on quality and accessibility of services ▪ Partnership on problem-solving with health care providers, management and other community members and organizations.

Exercise 2.1: Supervisor Self-Assessment: *My Supervision Style*

(Job Aid: Biannual Self-Assessment for External Supervisor)

Purpose: The checklist will help you to personally identify your supervisory style and plan your future development as a supervisor. It will also help you to reflect on and apply your learning throughout this workshop and throughout the coming months as a trainer and external supervisor. This checklist is not a test: it will be completed and retained individually by you. Some of the information covered in the checklist is about things we have discussed up to now; other aspects will be covered in remaining workshop sessions. We will not discuss the findings of your self assessment as a group. But you will use them yourself during a session at the end of the workshop to develop your own continued learning plan.

Instructions: Please take 20 minutes to fill out this checklist. Read each item and mark your response according to the five point scale. The far right hand column is for you to record comments or notes you would like to use in the future for personal reminders, to ask questions from trainers, have discussions with colleagues, and/or note things for your future development as an external supervisor. If you rate yourself as a 1, 2 or 3 on any elements, these would be areas for you to consider continued learning and concrete action to build and strengthen your supervision style. (If you have not yet formally conducted supervision and therefore cannot assess yourself based on your experience as a supervisor, proceed with the self assessment and use the rating scale to indicate what you believe your knowledge level is for each item so that you can use the self assessment later to plan your SS continued learning.)

Scale:
1 = No / Not at all
2 = A little / Rarely
3 = Somewhat / Sometimes
4 = Very much / Usually
5 = Completely / Always

Supervisory Element	1	2	3	4	5	Your Notes
Clear job expectations						
41. I incorporate input from four sources when defining and acting on job expectations, both for my own job and for the jobs of those I supervise: (a) job descriptions; (b) clinical standards of practice; (c) expectations of patients/clients and communities to be served; and (d) colleagues and professional peers.						
42. I know and work toward meeting the specific job expectations (responsibilities, tasks and minimum level of performance) placed on me as an external supervisor.						
43. I know the public health goal, objectives, current status of performance and targets of the region and facilities I serve or will serve as a supervisor; I share this information routinely with those I supervise, including any modifications and progress made.						

Supervisory Element	1	2	3	4	5	Your Notes
44. I have discussed with the teams and individuals I supervise how and why supervision is conducted.						
45. I discuss with each person I supervise the job expectations for his or her job (responsibilities, tasks and minimum level of performance) so that the expectations are clear.						
46. I take the time to listen to questions and suggestions from staff I supervise concerning job expectations and how they can be met.						
47. I encourage those I supervise to make suggestions about how to improve the overall supervisory process and seek to know from them how supervision can be made more supportive.						
Clear performance feedback						
48. I provide ample time for discussion and encourage *two-way* communication between me and each person and team I supervise.						
49. I provide and discuss clear, *constructive* feedback to those I supervise on how they can improve specific elements of their performance.						
50. I use checklists to which the supervisee also has access in order to help guide my observations and structure the constructive feedback I provide.						
51. My feedback to help supervisees improve performance is provided as close as possible to the time of my observation of the supervisee's performance, but not given in front of other people so that the supervisee is not embarrassed and does not lose face.						
52. I provide positive feedback for tasks well done and progress made in improving performance and/or attaining goals/objectives; and/or demonstrating positive work attitudes and behaviors.						
53. The manner in which I deliver the feedback is respectful to the supervisee, and empowers him/her to improve his/her performance.						
54. When observing the performance of a supervisee, I review previous results of supervision, and/or learning/improvement objectives or plans in order to make reference to progress made by the supervisee according to the previous feedback given.						
55. I encourage feedback on my own performance and how it can be improved from those I work with, including those I supervise.						
Adequate physical environment and tools						
56. I ensure that the people I supervise have the physical environment to deliver quality services (efficient clinic						

Supervisory Element	1	2	3	4	5	Your Notes
flow; privacy for clients meeting with counselors and clinical providers; appropriate facilities for sterilizing instruments; organized recording keeping and information retrieval, etc.)						
57. I ensure that the people I supervise have adequate equipment deliver quality services (surgical instruments, drugs and supplies, infection prevention equipment, forms for record keeping, computerized information systems, etc.).						
58. I ensure that the people I supervise have adequate access to information to deliver quality services (information to maintain and improve their own performance as health care professionals; and educational aids and informational materials to provide information, education and counseling to clients).						
59. In cases where there adequate physical environment, tools and/or information are not available, I routinely advocate with those in authority that adequate resources be supplied through the health care system.						
60. In cases where there adequate physical environment, tools and/or information are not available, I encourage, facilitate and support local problem solving at the district, facility and/or community level to meet these needs.						
Motivation and incentives						
61. I discuss with those I supervise the factors that contribute to their motivation and job satisfaction, and I am responsive to these factors in my supervisory practice.						
62. I provide public recognition and praise for a job well done for individuals and teams I supervise.						
63. I encourage and reward creative problem-solving by teams and individuals.						
64. I value and am open to using ideas that are not my own, always providing recognition of the source of the idea.						
65. I use professional development and learning opportunities as a method to motivate those I supervise.						
66. Criteria and processes for receiving recognition, rewards and other forms of incentives are publically discussed in advance and transparent to all team members.						
Knowledge and skills required for the job						
67. I feel that I have adequate knowledge and skills to meet and/or exceed the expectorations placed on me as an external supervisor.						
68. I develop and actively use self-directed learning and performance improvement plans to acquire knowledge and skills I need.						

Supervisory Element	1	2	3	4	5	Your Notes
69. I ensure that the people I supervise have adequate knowledge and skills to perform their jobs according to expectations.						
70. When appropriate, I ensure that supervisees receive adequate on-the-job coaching and mentoring to help them improve their performance.						
71. I ensure that learners have adequate time to practice new skills and maintain their current level of skills and performance.						
72. When appropriate, I ensure that supervisees receive initial and/or follow-up training to acquire new knowledge and skills and/or improve their performance.						
73. I encourage and assist supervisees to develop and use self-guided learning plans to strengthen their knowledge and skills both to improve their performance and for their professional development and growth.						
74. I actively encourage innovative learning approaches such as peer-guided learning and distance learning.						
75. I routinely take part in discussion and learning with colleagues, professional peers, and other external supervisors in order to improve my own performance, discuss better and promising practices and solutions to common problems, and help solve the performance problems for facilities I supervise.						
Organizational Support and Leadership						
76. I use and help those I supervise use real data and other information on services delivered in order to assess progress and improve facility, team and individual performance.						
77. I model and encourage team members to know their clients and the community well, and to work in partnership with those outside their facility.						
78. I practice deep listening and open, respectful, two-way communication; I model this and encourage others to engage in this style of working.						
79. I conduct and document my supervisory functions on a regular, routine basis, planning and tracking progress over time.						
80. I am accessible to and open toward all levels of staff and persons I supervise.						

For the items above for which you rate yourself as a 1, 2 or 3: these are areas for you to conduct continued learning and take concrete action to build and strengthen your skills and improve your performance. List these areas below for reference.

_____

_____

_____

_____

_____

When you have finished, look up. Hold on to this self assessment checklist. We will be providing time at the end of the workshop for you to make your Personal Plan for Performance Improvement and Continued Learning.

SESSION THREE

TRAINERS' VERSION

Exercise 3.1.a: The Client's Perspective for Defining "Quality" in Health Care Service Delivery

Instructions: Your group will take the perspective of a person seeking health care services (a client at a hospital or women's consultation). Your group has 20 minutes to complete the exercise below.

a. **Quickly choose** someone in your group to be the "Group Facilitator". The Group Facilitator will manage the group discussion and write on notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

b. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept offered by other group members: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

Think of going to a health care facility, not as a professional health care provider, but as a client or patient. As a client/patient of health care services, what is important to you?

[Trainers and Group Facilitator: If the group hesitates to start or gets stuck (stops) during the brainstorming, you can prompt by reading them some of the questions below.]

- What qualities or characteristics about the services do you want to be present?
- How do you want to be treated by the staff of the clinic?
- What kind of information do you want to receive?
- How would you like the physical environment of the facility to be?

c. **Reflect** (1 minute): Each group member individually without speaking: Think of the three or four qualities mentioned during the brainstorming that are the most important to you. Why are these things important to a client/patient? How do you feel and react if they are not present?

d. **Discuss** (8 minutes): Discuss and record on the flip chart responses to these questions: Why you believe quality is important to client/patients? How you think it affects clients when they do not receive quality services (for example, where services are lacking in the qualities your group listed in the brainstorming).

e. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: the Group Facilitator will have one minute to share a summary of your group's work with the plenary. The Group Facilitator should use the flipchart paper on which your group as recorded their responses when you present to the plenary.

TRAINERS' VERSION

Exercise 3.1.b: Clinical Service Provider's Perspective for Defining "Quality" in Health Care Service Delivery

Instructions: Your group will take the perspective of a clinical service provider at a hospital or women's consultation. Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As a clinical service provider, how do you define quality services? List some characteristics of clinics and service providers, and behaviors of staff that should be present in order to ensure that the services are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

   [Trainers and Group Facilitator: If the group hesitates to start and needs more direction, or gets stuck (stops) during the brainstorming, you can prompt by reading them some of the questions below. Only use as many of the questions as necessary to help them get going]:

   Think of the ideal health care services you would be proud to provide:
   - What are the most important things the service providers need to do in order to do their jobs well?
   - What are the most important things the service providers need to have in order to do their jobs well?
   - How would you like the physical environment of the facility to be?
   - How should clients be treated by the staff of the clinic?

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the positive outcomes associated with good quality services (what outcomes occur when the qualities your group listed in the brainstorming are present in health services).

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

TRAINERS' VERSION

Exercise 3.1.c: Supervisor's Perspective for Defining "quality" in Health Care Service Delivery

Instructions: Your group will take the perspective of an External Supervisor responsible for supervision at a hospital or women's consultation. Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As a supervisor, what are the most important things you will look for in order to judge whether the services are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

   [Trainers and Group Facilitator: If the group hesitates to start and needs more direction, or gets stuck (stops) during the brainstorming, you can prompt by reading them some of the questions below. Only use as many of the questions as necessary to help them get going]
   - How should the physical environment of the facility to be?
   - What other characteristics of the services should be present in the service delivery environment and/or systems?
   - What characteristics should service providers have and/or demonstrate?
   - How should staff treat clients/patients? What behaviors of staff do you look for?
   - How should staff treat each other?
   - What kind of information should be available and provided?

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the negative outcomes that can result when services are not of good quality (when the qualities your group listed in the brainstorming are lacking in services).

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

TRAINERS' VERSION

Exercise 3.1.d: Oblast Level Health Official Perspective for Defining "Quality" in Health Care Service Delivery

(To be used if there are 20 or more participants)

Instructions: Your group will take the perspective of an official responsible for health care provision at the Oblast level (Ministry of Labor, Health and Social Affairs (MoLHSA). Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As an official responsible for health care services throughout the Oblast, what are the most important things you will look for in order to judge whether the services at health care facilities (hospitals and women's consultations) are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

   [Trainers and Group Facilitator: If the group hesitates to start and needs more direction, or gets stuck (stops) during the brainstorming, you can prompt by reading them some of the questions below. Only use as many of the questions as necessary to help them get going]
   - What characteristics of the services should be present in the service delivery environment and/or systems?
   - What characteristics should service providers have and/or demonstrate?
   - What types of indicators or targets could you consider at the Oblast level to judge the quality of services.

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the why it is important to improve and maintain quality?

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

PARTICIPANTS' VERSION

Exercise 3.1.a: The Client's Perspective for Defining "Quality" in Health Care Service Delivery

Instructions: Your group will take the perspective of a person seeking health care services (a client at a hospital or women's consultation). Your group has 20 minutes to complete the exercise below.

1. **Quickly choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept offered by other group members: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   Think of going to a health care facility, not as a professional health care provider, but as a client or patient. As a client/patient of health care services, what are some of the things that are important to you?

3. **Reflect** (1 minute): Each group member individually without speaking: Think of the three or four qualities mentioned during the brainstorming that are the most important to you. Why are these things important to a client/patient? How do you feel and react if they are not present?

4. **Discuss** (8 minutes): Discuss and record on the flip chart responses to these questions: Why you believe quality is important to client/patients? How you think it effects clients when they do not receive quality services (for example, where services are lacking in the qualities your group listed in the brainstorming).

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: the Group Facilitator will have one minute to share a summary of your group's work with the plenary. The Group Facilitator should use the flipchart paper on which your group as recorded their responses when you present to the plenary.

PARTICIPANTS' VERSION

Exercise 3.1.b: Clinical Service Provider's Perspective for Defining "Quality" in Health Care Service Delivery

Instructions: Your group will take the perspective of a clinical service provider at a hospital or women's consultation. Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As a clinical service provider, how do you define quality services? List some characteristics of clinics and service providers, and behaviors of staff that should be present in order to ensure that the services are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the positive outcomes associated with good quality services (what outcomes occur when the qualities your group listed in the brainstorming are present in health services).

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

PARTICIPANTS' VERSION

Exercise 3.1.c: Supervisor's Perspective for Defining "quality" in health Care Service Delivery

Instructions: Your group will take the perspective of an External Supervisor responsible for supervision at a hospital or women's consultation. Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As a supervisor, what are the most important things you will look for in order to judge whether the services are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the negative outcomes that can result when services are not of good quality (when the qualities your group listed in the brainstorming are lacking in services).

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

PARTICIPANTS' VERSION

Exercise 3.1.d: Oblast Level Health Official Perspective for Defining "Quality" in Health Care Service Delivery

(To be used if there are 20 or more participants)

Instructions: Your group will take the perspective of an official responsible for health care provision at the Oblast level (Ministry of Labor, Health and Social Affairs (MoLHSA)). Your group has 20 minutes to complete the exercise below.

1. **Choose** someone in your group to be the "Group Facilitator". The Group Facilitator will guide the group discussion and write notes on the flipchart. The Group Facilitator will present your group's work briefly to the plenary in step 5 of this exercise, using the flipchart pages completed by your group during the exercise.

2. **Brainstorm** (5 minutes): Follow standard brainstorming techniques: let group members respond quickly with words or short phrases, which the Group Facilitator will write on flip chart paper. All suggestions should be recorded without judging or debating the word or concept: do not argue with or exclude anyone's ideas. (The Recorder does not need to write "repeats" – if the same idea is mentioned more than once). Keep things going fast!

   As an official responsible for health care services throughout the Oblast, what are the most important things you will look for in order to judge whether the services at health care facilities (hospitals and women's consultations) are of good quality? (Don't think of any barriers or shortages right now – just tell us what you think *should* be there for good quality.)

3. **Reflect** (1 minute): Think of the three or four qualities mentioned during the brainstorming that are the most important to assure good quality. Why are these things important?

4. **Discuss** (8 minutes): Discuss and record on the flip chart the why it is important to improve and maintain quality?

5. **Write Flipcharts to report to the plenary**: Be ready to share the results of your brainstorming and group discussion to the plenary: you will have one minute to share a summary of your group's work. Use the flipchart paper on which your group as recorded their responses when you present to the plenary.

Handout 3.1: Client-Focused Family Planning

- **Place priority on meeting individual clients' and couples' health needs and** objectives.
- **Ensure that services are accessible, safe, and effective**.
- **Organize and provide services that are responsive to client expectations**, preferences, needs and values.
- **Actively involve clients in decision making related to FP and other health care**: clients are experts on their own personal situation.
- **Treat clients with respect**, understanding and fairness – in *all* aspects of service delivery, by *all* staff and *all* facilities.
- **Provide clients with accurate information**, **privacy and confidentiality.**
- **Ensure that the individual client's 'informed choice' guides decision making** and services provided.
- **Combine family planning services with information about and access to other RH services** such as antenatal care, safe motherhood, well-baby services and prevention of STIs
- **Identify and address gender-related issues** that influence access to services and the ways women and men are treated by providers.

Handout 3.2: IPPF Framework - Clients' Rights and Providers' Needs

Clients' Rights

1. **Information** about family planning
2. **Access** to all service delivery systems and health care providers
3. **Choice** of adopting, switching, or discontinuing methods
4. **Safety** in the practice of family planning
5. **Privacy** during discussions and physical examinations
6. **Confidentiality** of all personal information
7. **Treatment with dignity**, courtesy, consideration, and attentiveness
8. **Comfort** while receiving services
9. **Continuity of care** for as long as the client desires
10. **Ability to express their opinions** about the quality of services received.

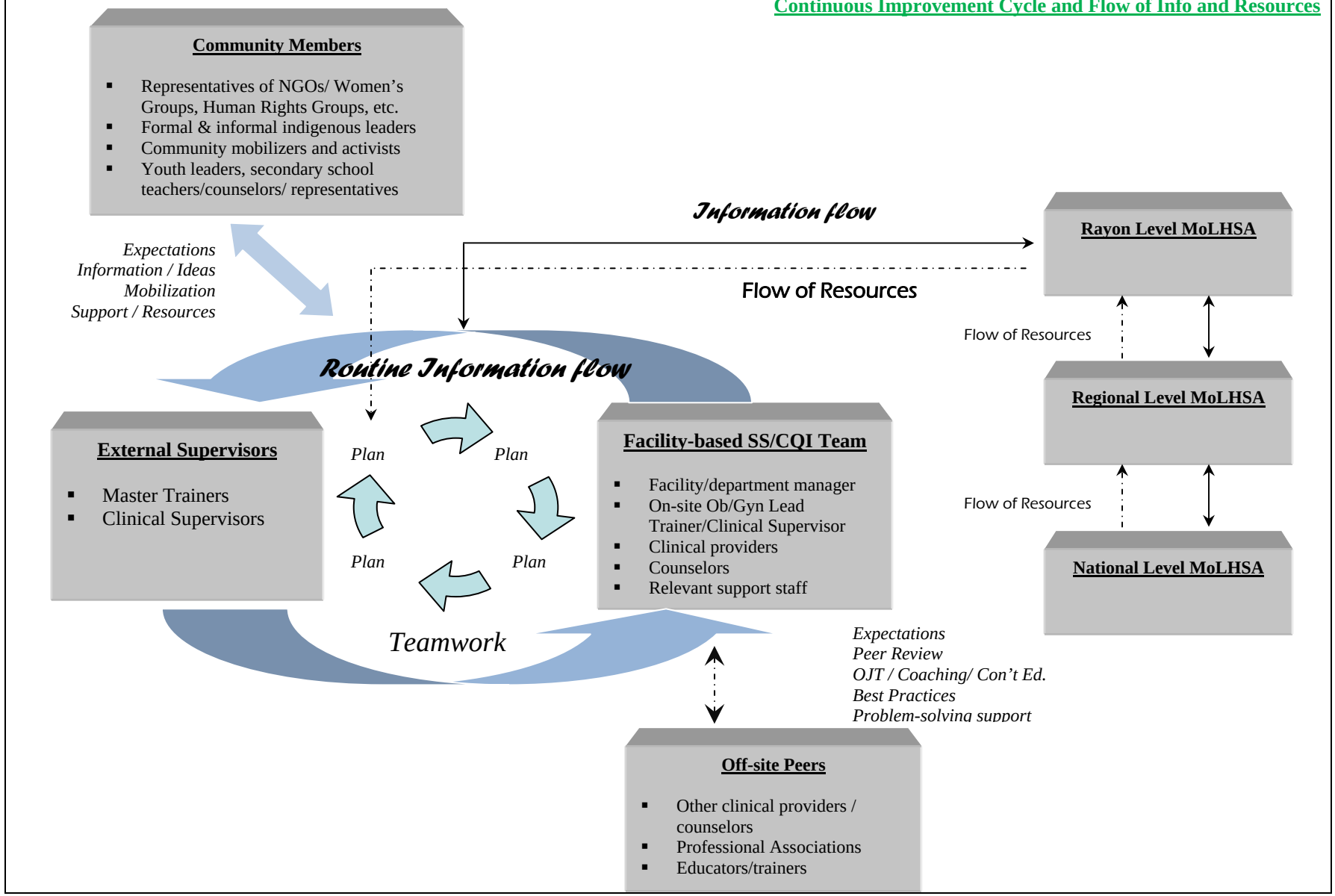
Providers' Needs

1. **Training** on technical and communication skills
2. **Information** on technical issues, updated regularly
3. **Infrastructure**, including appropriate physical facilities and efficient organization
4. **Supplies** of contraceptives, equipment, and educational materials
5. **Guidance** from service guidelines, checklists, supervision
6. **Back-up** from other providers, supervisors and levels of care
7. **Respect and recognition** from co-workers, managers, supervisors, clients, and community
8. **Encouragement** to provide good quality of care
9. **Feedback** from managers, supervisors, other service providers, and clients
10. **Self-expression**, so that managers and supervisors consider their views when making decisions.

Source: Adapted from Huezo, 1993.

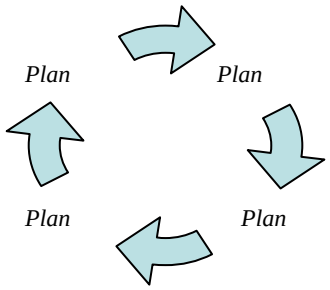
SESSION FOUR

PowerPoint Slide 4.4 / Handout 4.1: SSS Structure with Participants, Continuous Improvement Cycle and Flow of Info and Resources



WHERE IS HANDOUT 4.2??????????

Handout 4.3. Routine Responsibilities and Activities of External Supervisors



Overall Responsibilities

a. Perform supportive supervision of clinical and non-clinical aspects (i.e., managerial, reporting) of RH/FP service delivery at assigned facilities.

b. Work as a team member with facility-based staff to oversee the quality of RH/FP services, including performance of providers and work of facility-based SS/CQI teams.

c. Plan and follow the annual quarterly and biannual schedule of supervisory visits to assigned facilities (Job aid: Annual Calendar For External Supervisors; Job aid: Quarterly Planning Form for External Supervisors; Job Aid Biannual Planning Form for External Supervisors).

d. Periodically conduct self-assessment and plan for continued learning in SS knowledge and skills, and leadership competencies (Job aids: External Supervisor's Quarterly Self Assessment and Personal Plan; External Supervisor's Biannual Self Assessment and Personal Plan; As needed or annually: Exercise: My Leadership Competencies).

e. Attend scheduled meetings of SS Leadership Team (SS Trainers and External Supervisors) and JSI staff to share an overview of their SS work, share feedback, engage in problem solving and peer support, and discuss lessons learned.

Tasks Before a Supportive Supervision Visit to a RH/FP facility

a. Confirm dates of visit and availability of key staff who will participate in SS activities during visit.

b. Review and analyze information gathered during and after last SS visit:

- Status of key service indicators from quarterly service statistics from rayon and facility to be visited
- Facility Review (quarterly) or Facility Audit (biannual) with checklist
- Staff Performance Assessments: Clinical and counseling skills check lists

- Team Action Plans for Quality and Performance Improvement
- Reports from the facility, including any progress reports by facility-based SS/CQI teams
- Self-assessments and continued learning plans of individual staff
- Information on client satisfaction and community participation (submitted by facility or outside consultants).
- Notes from team and individual meetings conducted with staff last quarter.
- Red Flag list.

c. Work with facility manager or SS/CQI team leader to plan SS/CQI team meeting to take place during SS visit (Job aid: Conducting a SS/CQI team meeting).
   a. When will the meeting take place when all the staff on the team can be present
   b. What will the meeting cover? What will you specifically cover, as the external supervisor?
   c. How long will the meeting be?

d. Plan for Performance Assessment for individual staff during upcoming SS visit.
   a. Which staff will receive base-line performance assessment during this visit? Which checklist and other forms will be used?
   b. For which staff will you conduct a follow-up performance assessment? Which checklist and other forms will be used?

e. Plan for on-the-job training and/or coaching sessions
   a. Are there OJT and/or coaching/mentoring sessions that need to be conducted based on previously identified needs?
   b. Set aside time for "just-in-time" OJT and coaching/mentoring sessions based on needs that arise/are observed during visit.

Tasks During a Supportive Supervision Visit to a RH/FP facility

1. Meet with person in charge at facility, review schedule for visit and top priorities

2. Conduct Facility Review (if quarterly visit) or Facility Audit (if biannual visit).

3. Meet with SS/CQI team:

   a. Listen to the report of the facility-based SS/CQI team on:
      - Actions taken and progress made on SS/CQI Action Plans developed during concluding quarter (since last SS visit)
      - New Action plan items they have added since last visit
      - Information on client expectations and satisfaction they have collected through exit interviews and community participation.
      - Initial suggestions for SS/CQI issues to address this coming quarter as a follow up to previous action plan and/or pending and/or emerging issues and problems.

b. Review status of key service indicators from quarterly service statistics from rayon and facility to be visited

c. Review key findings from the Facility Review (or Facility Audit) that was conducted during this current SS visit.

d. Elicit other staff's comments about problems the staff and/or team has encountered during the quarter.

e. Based on a. through d. above:
   - Comment on and celebrate progress and improvements
   - Discuss which problems/challenges to address through SS/ CQI Action Plan (and/or more in-depth Performance Needs Assessment) during upcoming month and quarter.
   - Discuss how 'red flag' issues can be addressed through CQI, PI and or other

f. Coach team on CQI and PI tools and processes to help them carry out Action Plans.

4. Work with individual staff on:
   - Conduct baseline and/or follow-up performance assessments on clinical skills and counseling
   - Conduct on-the-job training and/or coaching sessions.
   - Mentor staff in relation to their individual Performance Improvement and Continued Learning (Job aid: Format for Staff Personal Plans for PI and Continued Learning).

Tasks After a Supportive Supervision Visit to a RH/FP facility

1. Document visit through SS visit/ trip report. Submit report

2. Enter results from SS visit in Biannual Supervision Summary Sheet.[39]

3. Update files of individual facilities and providers with findings and next steps from latest SS visit.

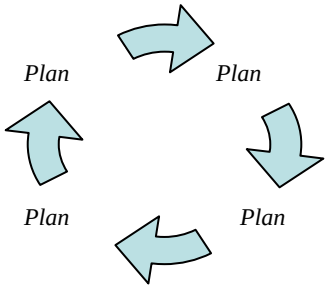
4. Conduct follow-up with clinic staff between SS visits via telephone and/or email. This can be "on demand"; if clinic staff call for guidance and/or problem solving assistance (Job aid: Red Flag List); the External Supervisor and facility head may also wish to set up a time in advance to follow up on and resolve pressing Red Flag issues from the last visit.

[39] Refers to pre-existing HWG form.

Handout 4.4: Routine Responsibilities and Tasks of Facility-based SS/CQI Teams

Facility-based SS/CQI teams work in close collaboration and coordination with other staff at their facility and with their External Supervisor to monitor and improve the quality of service delivery. Facility-based SS/CQI teams are comprised of staff such as:

- *Clinical Service Providers*
- *Counselors*
- *Facility manager*
- *Lead Ob/Gyn on site*
- *Internal Supervisor*
- *Relevant administrative and support staff*



Overall Responsibilities

1. Provide client-focused RH/FP services that meet or exceed the expectations of internal and external customers in areas including counseling, clinical service delivery, management, administrative, etc.

2. Work as a team member with the External Supervisor to oversee the quality of RH/FP services, including performance of providers and work of facility-based SS/CQI teams.

3. Participate on facility-based SS/CQI team:
    a. Attend SS/CQI monthly meetings to establish and review progress on SS/CQI Action Plans and identify and discuss any new problems that have arisen.

    b. Participate in monitoring and assess quality of services, including routine information gathering and analysis relevant to:
        - Status of key service indicators from the facility's monthly service statistics and client records
        - SS/CQI Action Plans, including information on clients' expectations and level of satisfaction.

    c. Identify problems and potential solutions (i.e.: interventions and/or changes).

    d. Participate in Performance Needs Assessments to analyze the problems identified and consider possible interventions/changes to solve problems.

    e. Take action to test, review and scaling up successful interventions/changes.

4. Periodically conduct self-assessment and plan for continued learning for knowledge and skills that will improve overall quality of services, individual performance and/or fulfill professional development goals.

5. Participate in peer assessment and mutual learning opportunities.

6. Participate in community involvement and action initiatives.

7. Prepare for and participate in quarterly and biannual SS visits by the External Supervisor.

Tasks Before a Supportive Supervision Visit to a RH/FP facility

1. Prepare a brief Progress Report (2 pages) on SS/CQI team's activities since last SS visit by External Supervisor. (Submit report to external supervisor 2 to 3 weeks before next SS visit).

2. Facility manager or SS/CQI team leader work with external supervisor to plan SS/CQI team meeting to take place during SS visit (Job aid: Conducting a SS/CQI team meeting).
    a. When will the meeting take place when all the staff on the team can be present
    b. What will the meeting cover? What will the SS/CQI specifically present during the meeting?
    c. How long will the meeting be?

3. Individuals staff: If you are scheduled to meet individually with the External Supervisor, be sure to update your "Personal PI and Continued Learning Plan" in time to share with the External Supervisor during coaching/mentoring and/or OJT sessions planned for the upcoming External Supervision visit.
    a. Update Personal Plan with any activities taken to fulfill personal goals.
    b. Conduct personal self-assessment and/or peer review and update goals in Personal Plan accordingly.

Tasks During a Supportive Supervision Visit to a RH/FP facility

1. Upon request, participate in Facility Review (quarterly) and Facility Audit (biannual) along with External Supervisor and other SS/CQI team members.

2. Meet with External Supervisor and SS/CQI team:
    a. Participate in the reporting of the facility-based SS/CQI team on:
        - Actions taken and progress made on SS/CQI Action Plans developed during concluding quarter (since last SS visit)
        - Quarterly information on client expectations and satisfaction they have collected through exit interviews and community participation.
        - Initial suggestions for CQI/PI issues to address this coming quarter as a follow up to previous action plan and/or pending and/or emerging issues and problems.

    b. Review status of key service indicators from monthly service statistics from rayon and facility to be visited

    c. Review findings from the Facility Audit with checklist conducted during this current SS visit.

    d. Elicit other staff's comments about problems the staff and/or team has encountered during the quarter.

e. Based on a. through d. above:
   - Comment on and celebrate progress and improvements
   - "Red flag" problems/challenges to address in Action Plan for upcoming quarter.
   - Discuss how 'red flag' issues can be addressed through CQI, PI and or other

3. Work with External Supervisor on:
   a. Baseline and/or follow-up performance assessments on clinical skills and counseling
   b. On-the-job training and/or coaching sessions.
   c. Mentoring in relation to their individual "Personal PI and Continued Learning Plan".

Tasks After a Supportive Supervision Visit to a RH/FP facility

1. Facility manager or SS/CQI team leader: document visit through updating SS/CQI Action Plan.

2. Continue routine service provision and SS/CQI responsibilities:
   a. Provide client-focused RH/FP services that meet or exceed the expectations of internal and external customers in areas including counseling, clinical service delivery, management, administrative, etc.

   b. Perform supportive supervision of clinical and non-clinical aspects of RH/FP services delivery at assigned facilities.

   c. Work as a team member with facility-based staff to oversee the quality of RH/FP services, including performance of providers and work of facility-based SS/CQI teams.

3. Conduct follow-up with clinic External Supervisor via telephone and/or email. Conduct this follow-up both monthly (on a pre-arranged date) and "on demand" if clinic staff need guidance and/or problem solving assistance.

Handout 4.5: HWG Supportive Supervision System Development Plan

Handout 4.5: HWG Supportive Supervision System Development Plan

Phase 1 Preparation

SSS Strategy Development and Approval

Develop TOT Draft curriculum and job aids

Develop SS Training Plan: Select Trainers/ External Supervisors to form **"SS Leadership Team"** (SSLT) Select training venues and dates for Phase 2

Conduct SS TOT for SSLT team with draft SS curriculum

Revise SS curriculum and job aids

Phase 2 Training

SSLT Trainers/External Supervisors conduct training for SS for facility staff

Workshop 1: 18 – 20 doctors, nurses, midwives from 1 maternity hospital

Workshop 2: 18 – 20 doctors, nurses, midwives from 1 maternity hospital

Workshop 3: 18 – 20 doctors, nurses, from 5 ambulatories

Workshop 4: 18 – 20 doctors, nurses, from 5 ambulatories

Workshop 5: 18 – 20 doctors, nurses, from 5 ambulatories

Workshop 6: PHC Regional Training Centers (2)

Workshop 7: 2 Women's consultations (KK & IDP)

Phase 3 Pilot Testing of SSS

Conduct External and Internal Supervision visits to facilities with staff trained in SS

Quarter 1, Month 1: Initial 2 day external SS site visit to all facilities in External Supervisors' area of responsibility

Quarter 1, Months 1-3: Facility-based SS/CQI team and External Supervisor each work on areas agreed to with External Supervisor & problems/issues that arise

Quarter 1, end Month 3: Progress report by facility teams; long-distance (cell phone/email) follow-up by external supervisor; continued work by facility-based SS/CQI teams

Quarter 2, Month 1: 2 day external SS site visit to all facilities in External Supervisors' areas of responsibility

Quarter 2, Months 1-3: Facility-based SS/CQI teams work on areas agreed to with External Supervisor and problems/issues that arise

Quarter 2, end Month 3: Progress report in SS and improvements by sites; long-distance follow-up by external supervisor; continued work by SS/CQI teams

Ongoing: Facility staff engage clients, community: discussion of client expectations and satisfaction; ways communities can support quality services

Phase 4 Finalization

Assess & Strengthen SSS based on pilot testing in Phase 3

Collect info and feedback on structure, processes and outcomes of the piloted SSS

SSLT meet to review information, add input, suggestions

Recommendations and plan for strengthening, finalizing, scaling up SSS made to MOH

MOH Authorization of scale-up plan

Conduct SS Refresher / Advanced Training for SSLT updating them on any changes

Phase 5 Scale-up of SSS

Conduct Roll-out

SSLT Train additional External Supervisors & facility teams

Conduct Routine SS

Refresher/Meetings SS problem solving

SESSION FIVE

Handout 5.1: Guidelines for Team Building	
Know your supervisees and help them know you	• Establish a respectful, open, friendly relationship with each supervisee. • After introductions, the Supportive Supervisor should describe her/his background and experience, and the Supportive Supervisor should ask about the background and experience of those he/she supervises. • Explain the 'team' concept and the participatory style of Supportive Supervision. • Supervisees should be encouraged to provide feedback to the supervisor.
Be participatory	• Use a participative style of leadership; encourage others to play leadership roles. • Practice Active Listening with supervisees and peers: show sympathy and understanding of their viewpoints. • Involve staff in discussions and decision making. • Do not allow the power of one or two persons to suppress the contributions of other group members.
Make quality and team work everyone's job	• Bring together all health workers at a given facility who are providing FP and related services to understand both their individual roles, and the work of the entire team for improving and maintaining access and quality. Facility staff should be invited and actively involved in the facility-based SS/CQI team.
Use meetings	• Use regular meetings to build the team and for the External Supportive Supervisor to gain acceptance as the team's leader.[40] Job aid: *Meeting of the Facility-based SS/CQI team* can help once your team has gotten underway.
Make expectations clear	• Help the team members understand the expectations placed on them both as health workers, and as members of the SS/CQI team.[41] • Involve supervisees and staff in using data for setting goals and objectives, and in data-based decision making.
Organize the team to meet expectations and achieve its goals and objectives	• Set aside time from the regular work schedule for the team to meet and conduct its SS/CQI activities. (A team meeting every other week is recommended, with SS/CQI follow-up work between meetings). • Encourage team members to volunteer for (and assign) roles, responsibilities and tasks needed to carry out the work of the team, (e.g.: data gathering such as client exit interviews, client record reviews, making charts/graphs based on service statistics, identifying best practices in a particular area, contact peers at other facilities to discuss problem-solving, etc).[42] • Document decisions and use them as basis for follow up.
Explain the rules	• Help the SS/CQI team establish internal rules, such as attend meetings, be on time, practice active listening, do not interrupt when someone else is speaking, how

[40] Over time, as facility-based SS/CQI teams build their skills at SS/CQI, there may be appointed an on-site SS/CQI team leader as well; or this role could rotate among appropriate on-site staff.
[41] For the expectations placed on individual health care workers, see sources such as their job descriptions, expectations expressed by external clients (women, men and adolescents in need of FP services), and directives from the MoLHSA. For the expectations placed on SS/CQI teams, see Handout 4.4: *Routine Responsibilities of SS/CQI Teams.*
[42] Assigned roles/tasks can rotate on a monthly or quarterly basis to give various team members a chance to take on new challenges, which can be very motivating, and understand and conduct various parts of the SS/CQI process.

Handout 5.1: Guidelines for Team Building	
	decisions will be made and who will make them, etc) • Explain any relevant MoLHSA policies and rules: Even though the SSS is a pilot project in the phase of being tested and refined by HWG and the SSLT, External Supervisors and the SS/CQI teams are still governed by the policies and rules of the MoLHSA. If there are MoLHSA rules the team members do not understand or that appear to be in conflict with intended SS/CQI actions at a given facility, the External Supervisor and SS/CQI team should consult and come to agreements before moving ahead.

Job Aid: Forming and Managing the Facility-Based SS/CQI Team

1. Engage clinic management.

It is useful to conduct the pilot in facilities with supportive management, to give the trial a chance to succeed and serve as a model for others, including regional and national leaders. It is critical to engage the facility directors, not only to keep them informed but, more important, to further cultivate their leadership in fostering a group mentality for continuous quality improvement.

The facility manager may decide to participate actively in the CQI team or delegate this responsibility, but should, at a minimum, be involved in approving identification and participation of team members, priority activities, and recommended action steps. The team should call upon the facility head to convey important communications to staff, such as changes in work processes, revised performance expectations, etc.

The CQI team regularly informs the manager of results, data trends, and planned activities.

2. **Form a multidisciplinary team.**

A staff member from the facility who has the authority to make decisions should lead the team. The team should also include staff members familiar with the process to be improved. Teams usually consist of 3–8 members, depending on the problem being addressed and the size of the facility. Since many processes involve multiple employees and cut across departments, multidisciplinary teams are often required in facilities larger than an ambulatory. At any time, the team can invite individuals, either from the facility or from outside, with specialized knowledge about aspects of a process to join the team.

Teams typically include formal leaders and informal leaders who have both the authority and leadership talents to foster institutional change. Team meetings should be conducted whenever External Supervisor conducts supervision visits and at regularly scheduled times in between visits. Depending on the size and complexity of the facility and staff, several of the functions listed below may be assumed by one person and/or the external supervisor.

The team should include:

- Leader
- Facilitator (if available, otherwise team leader facilitates. Some teams rotate the facilitator role among its members)
- Management representative (decision making, resource allocation, removal of barriers)
- Quality improvement staff
- Expert(s) on the selected topic for improvement
- Other staff involved in patient care

The most effective teams: 1) have specific team responsibilities and designated roles for each member; 2) follow clear processes for conducting meetings; and 3) have a suitable meeting environment with adequate space and seating where they will not be disturbed.

In some instances, an existing, but partially or wholly ineffective quality assurance team may already be in place. The pilot is a good opportunity for the clinic director to assess the performance of the existing team and determine whether it has:

- appropriate membership, including natural team leaders with a commitment to change and improvement
- the necessary skills to implement the CQI process.

Before beginning the pilot, the manager may decide to either update CQI team membership and/or upgrade skills needed to better implement quality improvement processes.

3. Conduct Efficient CQI Team Meetings

Being a member of the CQI team is typically an additional task for team members who are already busy due to their primary jobs and natural and assigned leadership roles. It is important that team interactions be focused so that they 1) minimize disruption for busy staff and clinic operations 2) avoid diverting the team from their primary role in health care service delivery and 3) stay focused on problem solving.

At the **first team meeting**, the leader should review the team's purpose and develop ground rules. What improvement has the team been convened to accomplish and what processes will they use? (See CQI model reviewed below.) If the facility head will not be a regular member of the CQI team, it is useful to have her/him attend the first meeting to voice support for both the team and its upcoming work. The External Supervisor should attend and help facilitate the first meeting, explaining the purpose and function of the CQI team.

The first task of the team is to establish ground rules for how it will work together. These are explicit expectations about how team members are to behave and how responsibilities will be assigned and fulfilled. As the team works together, all team members are encouraged to intervene when a ground rule is broken.

Examples of possible ground rules:

- meetings will begin promptly, whether or not all members have arrived;
- deadlines will be met;
- members will not interrupt each other;
- no member will dominate the conversation;
- members will be encouraged to take turns;
- members are expected to participate in each meeting;

Every meeting should have a **clearly stated goal** or goals and have an agenda that has been prepared in advance to guide the team in achieving the meeting goal. The team should agree to

how they will conduct meetings as part of laying ground rules for work. Following are seven steps for effective meetings:

1) Review minutes of previous meeting.

2) Clarify meeting goals.

3) Review agenda items.

4) Work through agenda items.

5) Review the meeting record.

6) Plan the next steps and the next meeting agenda.

7) Evaluate the meeting's effectiveness.

For the pilot phase, CQI teams should meet at least once per month and meet with the external supervisor when that person conducts the biannual supervisory visit.

4. Focus on one objective at a time

The CQI team should prioritize processes that negatively affect health care outcomes or service to patients**;** e.g., unintended pregnancies, barriers to full immunization, women not completing suggested number of antenatal visits, health care-related complications. It is important that leadership and all team members agree on the aim and that the problem be quantifiable (in order to measure improvement).

Priority problems are identified by:

- Quality deficiencies identified by the government (sanitary inspectors?), health authorities, external supervisors
- Higher than expected rates of referral for complications/specialized care
- Clinic service provision data
- Client and community feedback

4. Implement the performance management cycle

Identify Problem(s) and Solutions

- Review available data and set priorities
- Develop a plan to carry out proposed change (Who will do what? When? Where? How?)

Plan

- State the objective in quantifiable terms
- Determine what modifications should be made

- Determine what data will need to be collected

Do

- Make modifications
- Measure results
- Document problems and unexpected observations

Review

- Analyze data
- Compare the data to baseline
- Summarize what was learned

Revise

- Institute changes, if justified by results
- Repeat the cycle

Try to conduct small-scale tests first to be sure a proposed change works, before making large-scale system changes.

5. Communicate and Educate

- Use achievement of goals and staff involvement to celebrate successes; this increases the level of job satisfaction and fosters a climate of CQI
- Facility leadership and external supervisors should require regular updates, and staff should be kept informed
- Provide test results on small quality improvement cycles to pertinent departments and staff
- Secure leadership support and educate staff and clients on changes in processes

6. Periodically follow up on changes in order to monitor success; institute improvement cycle when needed

- Use follow-up measurement to monitor performance
- Watch for behavioral drift back into old patterns and address at once
- Develop and use strategies to maintain performance; e.g., leadership messages, team and individual awards and recognition (such as "employee or team of the month"), monitoring and feedback, celebration of success, office newsletters or posters

7. Document project activities and results

- Record all activities and project results as ongoing tasks
- File records for reference

SESSION SIX

Handout 6.1 ACTIVE LISTENING[43]

A. ACTIVE LISTENING

Active listening is a communication technique used to help people analyze and resolve their problem themselves. The active listener: 1) uses silence and a variety of short responses, 2) paraphrases what the person says, and 3) poses questions, in order to help the person reflect on his/her problem and find his/her own solution. Active listening communicates acceptance of the person in that the "helper" neither communicates judgments nor solutions. This facilitates decision-making by the individual and fosters problem-solving skills.

Active listening is useful in family planning consultations: Family planning clients may have questions, concerns, and problems that influence their ability to correctly use a family planning method. They may pose informational questions that in fact represent rumors, beliefs, anxieties or disagreement with a partner. Active listening is useful to help bring out what may be behind the initial statements, questions, or responses of a client, in order to be able to better respond to these concerns and to anything that may prevent the effective use of contraception.

Active listening is also ***useful in supervision***, so workers can understand their problems and formulate solutions.

Three particularly useful active listening techniques are passive listening, paraphrasing and using clarifying questions.

1. Passive listening

By learning to tolerate silence, the supervisor can pay more attention to what the worker says and allow space for the worker to expand on his/her initial statements.

The purpose of passive listening:

- give responsibility to the worker to explain his/her concerns, needs, problems; ask questions
- demonstrate to the worker that the supervisor is listening
- prevent the supervisor from imposing his/her ideas

Example:

Worker: "I don't know why we have to be observed counseling women who want an IUD. It's not such a difficult thing to do."

[43] Adapted from the Healthy Women in Georgia Project. Family Planning Training Curriculum. Module 13: Communication pp. 179–183.

Provider looks at the worker attentively and waits.

Worker: "Well, you know, since we were trained in IUD insertions, we haven't had much chance to practice, we have no pelvic models, and it makes you a little nervous to remember all the steps. What's the use of good counseling if we can't insert the IUD correctly?"

2. Paraphrasing

Paraphrasing is the reformulation of what the person said, including perception of feelings behind the message (expressed by tone of voice, facial expression, body language)

The purpose of paraphrasing:
• To verify supervisor's understanding of what worker or client says
• To help the supervisor refrain from interrupting the worker or client and giving advice
• To encourage the worker or client to continue to explain his/her point.

Example:

Health worker, rolling her eyes: "Oh no, here comes Mrs. X again to talk my ear off. That's the third time this week she's been in here."

Supervisor: "Mrs. X seems to come in quite often and take up your time."

Health worker: "She doesn't really have any health problems. She's just old and lonely and thinks this is the community center, since we put up some curtains and try to make it look welcoming for the FP clients."

Supervisor: "It must make you feel good that you've made the center so attractive. But it is time-consuming for the staff, when the "neighbors" visit too much, isn't it?"

3. Clarifying questions

Clarifying questions are open questions (i.e., that require more than a "yes" or "no" answer) that the supervisor uses to help the worker or client reflect and make her own decision. They serve to:
- Get more specific information
- Help the worker identify possible alternatives and weigh the pros and cons of each
- Help the worker reflect on her/his situation, feelings and values, and her behavior
- Give more structure to the discussion.

Example:

Worker, heatedly: "They call this puny little box a disposal bin for sharps. Can you believe it?"

Supervisor: "It seems big enough to me, since it gets taken away once/week. Why do you think it's too small?"

Worker: "It's not too small, it's too soft. You can easily get a needlestick if someone carelessly jabs a needle through the side of it."

B. CONDITIONS CONDUCIVE TO ACTIVE LISTENING

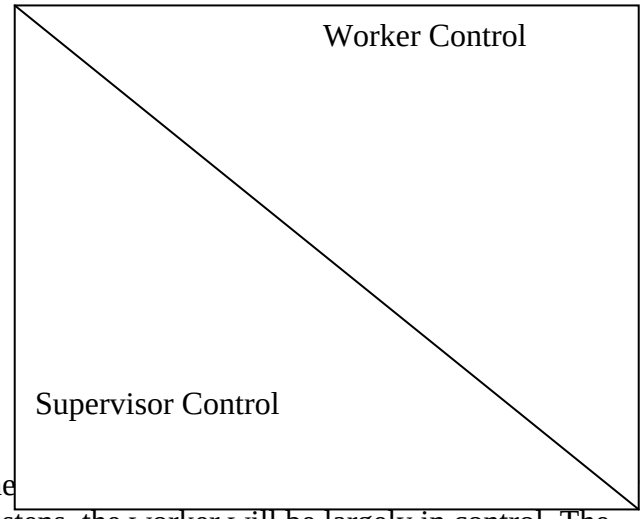
The supervisor must:
• feel accepting of the worker/be available to the worker
• want to help
• have time to help
• have confidence that the worker can solve his/her problem
• feel sufficiently objective
• not get upset
• be able to allow the worker to take responsibility for both the problem and solution

Note: Do not use active listening when the person only asks for specific information.

C. HELPING STRATEGIES – WHO IS IN CONTROL?

Whatever goals the supervisor may have, very little will be achieved without a working relationship with the worker. It is the relationship rather than any particular advice or technique that operates as the primary support and/or change agent. The following diagram illustrates different helping behaviors and what happens to the power relationship depending on the behavior chosen by the helper (supervisor).

Helper behaviors
Listening
Drawing out
Reflecting back
Clarifying
Open questioning
Closed questioning
Suggesting
Advising
Prescribing
Do it



The helper behaviors influence the
by the helper. If the helper only listens, the worker will be largely in control. The helper behaviors in the top half of the list all give the larger part of control to the

worker. Questioning is at the half-way mark: an open question will send the power back to the worker, a closed question will begin to direct the conversation and the helper will begin to control the conversation. Suggestions and advice assume that the helper knows best and can or should offer a solution to the problem, and helper action takes the problem out of the worker's control.

Any of these behaviors can be helpful and appropriate, depending upon the situ- ation, but those in the top half are most useful in fostering problem-solving skills. They "empower" the worker; that is, they help the worker to discover for himself/herself the problem, the options, and the chosen solution instead of confirming powerlessness by needing to be told, advised, or worse, "having it done for them".

D. EXAMPLES OF USEFUL CLARIFYING QUESTIONS

Open-ended questions (examples):

• What do you know about the waste management?
• What type of problems are you having?
• What do you think about the safety of hormonal contraceptives?
• Which contraceptives do you recommend for unmarried women?
• Can you describe for me some of the signs and symptoms of STIs?
• Tell me more about _____
• Would you tell me about _____
• I'd be interested in knowing _____
• How did you feel about _____
• Would you explain _____
• I'm not certain I understand _____
• Would you explain that in more detail _____
• What do you mean by _____
• Perhaps you could clarify _____
• What was there about _____ that appealed to you?
• What prompted your decision to _____
• How did you happen to _____
• Has there been any opportunity to _____
• To what do you attribute _____

Questions to verify your understanding of concerns, problems and/or worker questions:

• I need to ask you a question or two to help me know how best to answer your concern
• Would you tell me a little more about that?
• How do you feel about that?

Job Aid: Giving and Receiving Feedback

The "single most important factor associated with better supervisory or performance outcomes was the quality of the supervisory ***relationship.***"[44]

Giving Feedback

Giving feedback should be a respectful process that respects the dignity and value of all participants, even if the feedback is negative or disciplinary. The way a message is delivered can be as important as the content itself. For instance, a message intended to be positive can undermine someone's confidence if it is confusing, while a difficult message can motivate the recipient, if s/he feels supported and understands a clear way forward.

Giving feedback well relies on a set of communication skills. Whether providing positive or negative feedback, supervisors and peers should practice:

- Active listening: be sure the listener understands what is being said. Listen carefully to determine whether the message is being understood and if the person needs assistance in processing the information. Have the person repeat what has been said.

- Clear verbal communication: speak clearly, using simple words, and give specific examples, i.e., "you only mentioned the IUD as an option to that client during the counseling session" rather than "you need to improve your counseling skills".

- Make feedback a two-way conversation, not a speech.

[44] Rowe, K. Alexander, Don de Savigny, Claudio F. Lantana, Cesar G Victora. "How can we achieve and maintain high-quality performance of health workers in low-resource settings?" the Lancet August 9, 2005.

Some Tips For Providing Negative Performance Feedback

Plan your message and practice delivery	Plan in advance the content, flow, time and place of the conversation. If the conversation will be particularly difficult, make a script of key points and practice delivering the message with your own supervisor or a trusted friend or colleague not directly involved. Practice calm, objective statements.
Choose good time and place	Choose a quiet time and place to talk, taking into account the other person's schedule. Although feedback—even negative feedback—can be provided in informal moments on the job, for formal performance reviews or serious or persistent problems, structure the time and place. Give the person advance notice of a meeting, allowing him/her time to prepare. According to the severity of the situation, a potential negative reaction, or if a witness or arbitrator is considered necessary, agree with the person in advance to conduct the session in the presence of a neutral party.
Understand your own interests and emotions	Be conscious that you may have personal feelings influencing the discussion, particularly when having a difficult exchange. Why are you having this conversation? Is it really a performance issue or because you dislike the person's work style or want to exhibit control, etc.? If it is a performance issue, acknowledge feelings to the other person, such as difficulty in conveying the information, desire to remain objective and professional.
Have ground rules	Be clear that this is a performance not a personal issue so the conversation will focus on behaviors and actions. Agree that the conversation will remain civil and calm and, if not, it will be discontinued.
Maintain control of the conversation	A person receiving negative feedback may react emotionally or hostilely. Try to remain calm and objective. Try not to take things personally. If the conversation gets heated, review the ground rules. You may have to finish the conversation and schedule a follow-up meeting when the person has calmed down. Try to end on a positive note, such as acknowledging the person's feelings and value and resolving to work together to improve performance.
Be ready for resistance	The person may not agree, may not listen fully, or may become defensive. Don't argue or give up - give more examples of what you mean.

Receiving Feedback

Listen carefully. Remember it is hard to give feedback, so you may have to "read" the real message. When receiving negative feedback, sometimes it is difficult to hear beyond the first criticism to examples given or suggested actions. Ask for specific examples and clarifications, as needed. Take notes.

Acknowledge that you heard the person, whether you agree or not. Do not disagree or counter-attack. You do not need to give an immediate response or defense.

Stay focused on the issue, not on the personal.

If you need time to absorb the information, ask for it, perhaps taking a break or scheduling a future meeting.

If you are not sure the feedback is valid, verify with others who would know.

Ask for specific feedback: not "do you like the way I'm working?" but " do you have any comments about how I counseled that client".

If an apology is in order, apologize.

Agree to a plan of action, including specific tasks, behaviors and timelines for verification.

Whenever possible, thank the person for taking the time and interest to provide feedback. It is a difficult thing to do.

SESSION SEVEN

Handout 7.1. Checklist for Using Service Delivery Data[45]

Below is a general, generic checklist for steps and roles when it comes to using Service Delivery Data on a routine basis. The check list is organized by roles/responsibilities for Clinic Managers, Supervisors, and Mid-level and Senior Managers. However, for each type of facility participating in the HWG SS program, which staff is actually involved in each of the steps below will depend on the size of the facility, the existing roles and responsibilities of the facility's staff, and the decisions that are made concerning which indicators will be tracked regularly, what problems are identified and need to be solved, and what data is needed. These are issues that should be discussed and decided during the testing of the HWG SS pilot testing. Items below in bold marked with ***** are particularly important for external, supportive supervisors

1) For Clinic Managers

a. ___Review standard operating procedures and guidance from MoLHSA and HWG Project on what data should be collected and used regularly and by whom.

b. ___Review what data your particular facility is already collecting, analyzing, and using at your level, such as new acceptors, revisits, method mix, or how your clients learned of your services.

c. ___Decide what additional information (if any) your particular facility needs to collect, analyze, and use at your level, such as new acceptors, revisits, method mix, or how your clients learned of your services.

d. ____Decide if you are collecting any information that does not needed to be collected. Stop.

e. ___Decide how (and how often) you will present, analyze, and take action on the data that you have selected to use.

f. **___ *Involve supervisors in steps a. through d., above and in the development of your facility's plan.**

g. **___ *Involve supervisors in conducting staff training in data collection and analysis.**

h. ___ Discuss with your staff what actions should be taken to maintain or improve acceptance of your family planning services and your method mix. Select actions and implement them.

i. ___ Evaluate the effect of your actions by totaling, graphing, and analyzing your data monthly.

j. **___ *Forward copies of your service summaries, graphs, and analyses each month to your supervisor. Let your supervisor know the actions you are taking and indicate what kind of support you need from him or her.**

[45] Adapted from: Guide to National and Local Reproductive Health Indicators, Management Sciences for Health, accessed November 1st, 2007. http://erc.msh.org/mainpage.cfm?file=2.2.4q.htm&module=info&language=English; Accessed November, 2007.

2) For Supervisors

a. ___ *Participate with Clinic Managers in steps 1a. through 1.e., above.

b. ___ *Review each clinic's service summaries and graphs, or encourage managers to create them if they currently don't do so.

c. ___ *Provide regular feedback by discussing decisions and setting priorities with the staff you supervise.

d. ___ *Discuss with your clinic managers what actions they might take and what support they need that would help them to improve the performance of their clinics. Consider incorporating these discussions into your supervisory visits.

e. __ *Involve staff in collecting data and other important information in order to improve the quality of the program, services and performance of providers. (Continuous Quality Improvement and Performance Improvement activities).

3) For Mid- and Senior-level Managers

a. ___ Clarify the procedures for data collection, analysis, presentation, and use of information.

b. ___ Review and simplify data collection forms.

c. ___ Monitor and support clinic decisions and actions, and support clinics' growth with IEC materials and campaigns and contraceptive supplies.

d. ___ Program occasional site visits to evaluate the effectiveness of your information system.

Handout 7.2: Summary Information from Georgia Reproductive Health Survey, 2005[46]

Survey Characteristics:
The 2005 Reproductive Health Survey (RHS) is the second population-based national survey of this type conducted in Georgia. A sample of 6,376 women aged 15–44 years, were interviewed. The recent survey employed a sampling design geared toward providing independent regional estimates. The overall response rate was 99%. The questionnaire covered topics related to reproductive health for all women regardless of marital status, and included additional questions on family-life education and sexual behavior for women aged 15–24 years.

Survey Findings:
Preliminary findings showed that Georgian women tend to become sexually experienced at marriage (only 3% of sexually experienced women aged 15–24 years reported premarital intercourse). Georgian women initiate and complete childbearing at early ages, with the highest fertility levels reported among 20– to 24– year-olds. Fifty-two percent of women who have been pregnant in the past five years reported that their last pregnancy was mistimed or unwanted. The survey found that the induced abortion rate was 3.1 abortions per woman. Contraceptive prevalence among Georgian women in union was the lowest among any of the former Soviet republics with survey data. Only 47% of women in union reported using any method of contraception during the month preceding the interview and little more than half of them used a modern method (27% of women in union), principally the IUD (12%) and condoms (9%).

[46] http://www.cdc.gov/reproductivehealth/Surveys/SurveyList.htm#Georgia%20Republic%202005

Handout 7.3: Guide to National and Local Reproductive Health Indicators[47]

Sample Reproductive Health Indicators	
Family Planning—National Level	
Indicator	**What does it mean for reproductive health?**
Contraceptive prevalence rate (CPR)	Contraceptive prevalence refers to women of reproductive age (usually 15-49 years) who are currently using a contraceptive method. This indicator helps managers explore method mix and the effectiveness of information, education, and communication (IEC) messages. In some countries, this indicator gives a better idea of women's interest in contracepting when it is limited to married women and women in union, since other women in these countries might be less sexually active. It may be calculated for only modern methods (oral contraceptives, barrier methods, IUDs, injectables, implants, sterilization, condoms, and natural family planning), or it may also include traditional methods. CPR can also be computed for each individual type of modern method.
Age-specific fertility rates (ASFRs)	These annual rates of births to women of reproductive age (usually 15–49), divided into five-year age intervals, measure fertility very precisely and are useful in defining fertility trends in different age groups. They are particularly helpful in assessing the impact of family planning programs on younger age groups who tend to have higher fertility, older age of marriage, and more educational opportunities.
Total fertility rate (TFR)	This rate reflects the average number of children who would be born to a woman during her childbearing years if current age-specific birth rates remained constant during the woman's lifetime. It summarizes the level of fertility in a country and is useful for monitoring long-term decline in fertility.
Percentage approving of family planning	This indicator is a percentage of survey respondents of both genders who say they approve of the use of contraception for spacing births or preventing pregnancy, or approve of family planning information in mass media. Sometimes the respondents are further classified by background characteristics. It identifies how receptive the target population is to family planning and is particularly useful in countries where the CPR is relatively low and family planning programs are in early stages of development. If CPR is low and the approval rate is high, there is likely to be significant unmet need.
Percentage	This is the percentage of respondents who respond that they would like to have a

[47] Guide to National and Local Reproductive Health Indicators; a Supplement to *Using National and Local Level Data to Guide Reproductive Health Programs*, Management Sciences for Health http://erc.msh.org/mainpage.cfm?file=2.2.3c.htm&module=info&language=English; Accessed November, 2007.

desiring a child within two years	child, and if so, within two years. Respondents may be classified by gender, limited to women, or limited to women in union, and may be further classified by number of living children, age of respondent, place of residence, or education. The measure informs a program manager of reproductive intentions of different groups, women's interest in limiting the number of children in their family, and potential discrepancies between partners in desire for more children. It gives important insight into the degree of unmet need for contraception.
Percentage of unmet need for family planning	This is the percentage of women who are not using contraception out of all women who have a need for contraception because they do not desire any children within two or more years. If data are available, the denominator may be further refined to exclude infertile women, women who are currently pregnant, and amenorrheic women who intended a pregnancy or were using contraception. This indicator is based on a woman's desire not to have a child soon. In many countries this is determined from responses to a question asked only of women in union. Data for this indicator generally provide strong support for reaching demographic goals by meeting individual women's and couples' needs with broader, more accessible reproductive health services of higher quality.

Sample Reproductive Health Indicators		
Family Planning—Local Level		
Indicator	**What does it mean for reproductive health?**	**How can I use the data?**
Percentage of new acceptors	This percentage of men and women of reproductive age in the population who are new acceptors is used in family planning clinics to see if the program is achieving its objectives and to assess how well clinics are reaching new clients with services over time. A low percentage could indicate that (1) potential clients are unaware of services, (2) clinic location or hours are inconvenient, (3) prices are too high, (4) potential clients have heard about a lack of privacy, (5) rumors and misinformation are keeping potential clients away, or (6) family planning services in the area have met client demand. High numbers of new	If your clinic has a low percentage of new acceptors, you need to ask further questions to identify the main causes and then implement appropriate changes, such as (1) outreach, (2) a more convenient schedule, (3) sliding fee scale or special payment plans for poorer clients, (4) private areas for exams and counseling, (5) IEC, or (6) changes that enable your clinic to fill a market niche not filled by others. You can then use this indicator to monitor the effects of the changes you have implemented. For high numbers, you should monitor whether service quality is being maintained and whether continuing users are declining (or dropouts are increasing).

	acceptors that increase your overall number of clients raise the possibility that service quality may decline and continuing users may be lost.	
Percentage of continuing users (Percentage of dropouts)	The percentage of clients who are continuing users is used in family planning clinics to assess whether clients find clinic services acceptable. Low percentages of continuing users (or high percentages of dropouts) could indicate service problems that discourage clients from continuing their use of contraceptives (such as stockouts or inadequate counseling and follow up) or the availability of contraceptive supplies elsewhere.	If your percentage of continuing users is low compared with your new acceptors, you need to determine whether client dissatisfaction with services or more attractive services and supplies of contraceptives elsewhere are drawing your clients away and, if so, the causes of these. You can then use this indicator to monitor whether the service improvements you make result in an increase in continuing users.
Contraceptive method mix	This measure shows the percentage of different types of contraceptives selected by clients and thus reflects the preference of clients against the range of methods offered. Method mix should include short-term methods, long-acting methods, referrals for permanent methods, and any methods offered through clinic-affiliated CBD programs. This indicator needs to be compared with the diversity of clients' stages of reproductive life and clients' risk of exposure to STDs and HIV to determine the appropriateness of the mix. This indicator can be used to see if there is a relationship between IUD selection or condom selection and risk of STDs and HIV.	If your method mix represents a narrow range of contraceptives, but your clientele is diverse, or if the mix is inappropriate for the needs of your clients, then investigate whether these problems are due to provider bias, insufficient training, or shortages in supplies. Find out also if clients' misconceptions about certain methods that would be suitable for them are causing them to not select those methods. Determine method mix objectives, adopt actions to help broaden or reconfigure a method mix, and use this indicator to monitor the effect of these actions.

Number of clients served	Compare to local demand for services and to staffing patterns[48]	If you numbers of clients served is low compared with demand, investigate possible causes and implement changes, such as: (1) client expectations for and level of satisfaction with quality of services not met; (2) inadequate access to services due to factors such as distance, hours of operation and/or cost; (3) inadequate information and mobilization for clients and communities on services offered. If facility staff and services seem unable to keep with the demand, investigate possible causes and implement changes, such as: (1) inefficient work-processes; (2) # of competent staff available; (3) scheduling of staff.
Infection rate	Determine how many infections per case. [49]	Observe trends: are infections higher than the norm; and/or is there an increased infection rate? Investigate and implement changes: Where and under what circumstances infections are occurring?[50] Investigate and implement changes/improvement in IP procedures; knowledge and skills of providers and other staff involved in IP; availability and use of equipment and commodities for IP.
Medical complication rate	Determine how many medical complications per case. [51]	Observe trends, types, causes and sites of medical complications.[52] Investigate types, causes, sites; implement changes.

Program-based information for SS[53]	
Program Area	**Information to Gather, Review and Use during SS**

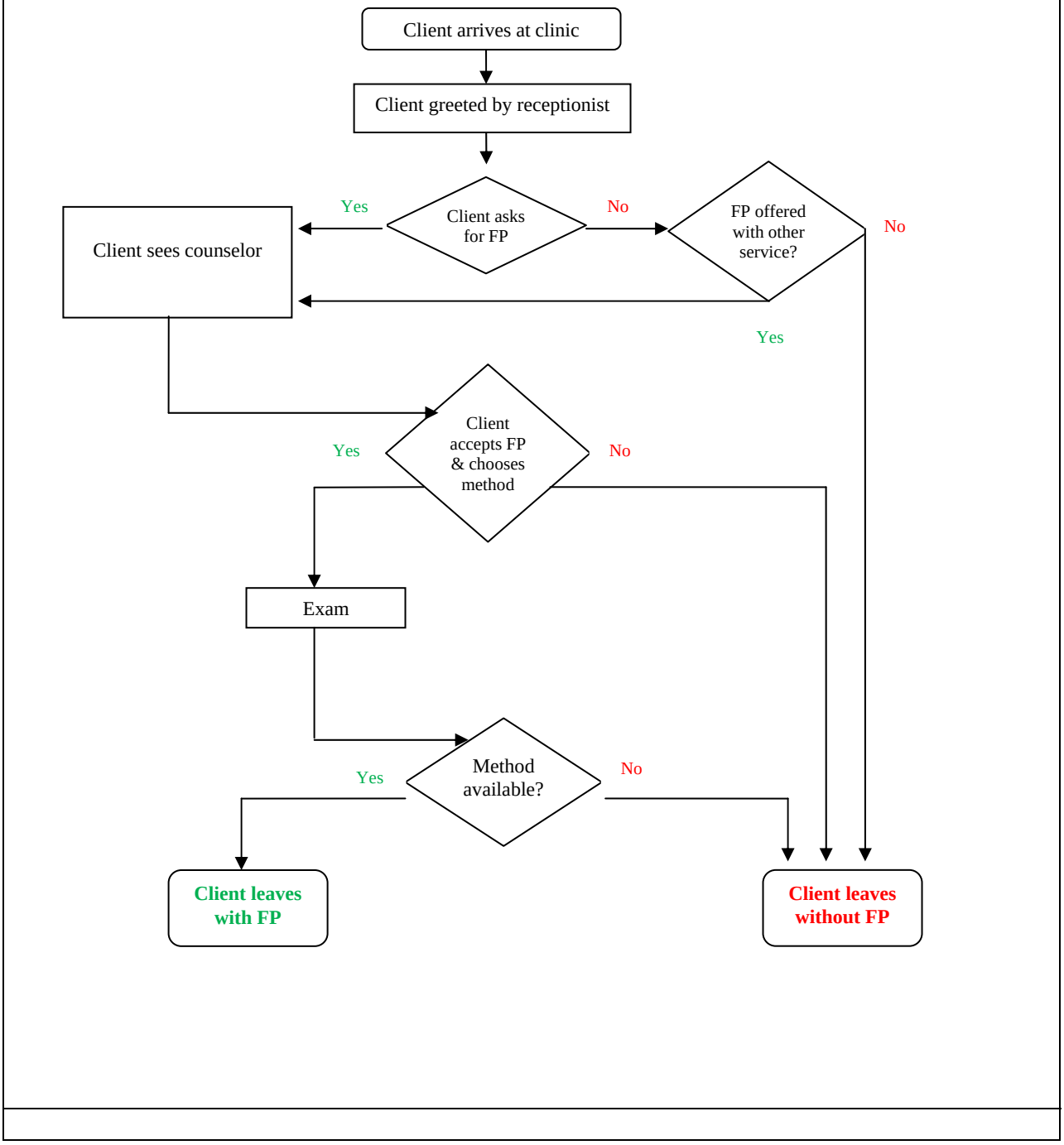
[48] Adapted from: Facilitative Supervision Handbook: EngenderHealth's Quality Improvement Series, EngenderHealth, 2001, pg. 125.
[49] Ibid.
[50] Ibid.
[51] Ibid.
[52] Ibid.
[53] Adapted from: Guide to National and Local Reproductive Health Indicators; a Supplement to *Using National and Local Level Data to Guide Reproductive Health Programs*, Management Sciences for Health http://erc.msh.org/mainpage.cfm?file=2.2.3c.htm&module=info&language=English; Accessed November, 2007. And "Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006. And *Quick Investiagation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in FP*. **MEASURE Evaluation Manual Series, No. 2.** Carolina Population Center, University of North Carolina at Chapel Hill, February 2001.

Program-based information for SS[53]	
Program Area	**Information to Gather, Review and Use during SS**
Quality of Services	• *Are client expectations for quality known and met?* • *Level of satisfaction with services* • *Provision of informed consent and counseling according to service standards* • *Level of performance according to clinical protocols and program guidelines* • *Adequacy of physical environment and readiness of clinic to provide services*
Referral system	• *Criteria in place and used for when a patient should be referred* • *Communication between provider(s) and client relevant to referral* • *Communication between faculties relevant to referral* • *Client movement through the referral system* • *Referral and follow-up documents*
Management Information System & Use of Data for Decision Making	• *Is the management information system working* • *Is there proper and complete filling out and use of:* o *Clinic registers and client records* o *Inventory forms* o *Supervisory forms* • *Updated map of catchment area displayed and used* • *Monthly reports completed and properly filed* • *Gathering and graphing of up-to-date key population-based and program-based data according to selected indicators* • *Use of data for planning and monitoring at the facility-level.*
Community participation	• *Exchanges/collaborations with groups in the community that represent the community and/or advocate for the rights and needs of community members* • *Regularity of clinic staff participation at meetings for community-provider partnerships* • *Regularity and extent of community outreach conducted* • *Types of support provided by the community (ad hoc and regular) for helping facilities meet client expectations, improve quality, mobilize community members, follow-up clients, etc.*

Program-based information for SS[53]	
Program Area	**Information to Gather, Review and Use during SS**
Provider Support: o Formal Training: o Supportive Supervision o On-the-job learning, mentoring / coaching; o Continuing Education	• *Orientation of staff to procedures and administration requirements their area of responsibility* • *Competency of staff for clinical and non-clinical tasks assigned* • *Mechanisms in place to promote adequate practice and use of skills (for retention); coaching and OJT; and refresher training* • *Regularity and completeness of Supervision* • *Supportive Supervision Style and Leadership Competencies of Supervisor* • *Opportunities for continued education and learning on and off the job for professional development* • *Peer review and exchange conducted*

SESSION EIGHT

Handout 8.1: Flow Chart, High Level View: *Client Requests Family Planning at a Clinic*



Handout 8.2: Creating a Flow Chart

- Have the 'right' people in the room – staff that have a role in conducting the work that will be examined and how know the steps, processes, systems, documents and standards involved

- Brainstorm the steps and/or tasks in the process/system your team is examining.

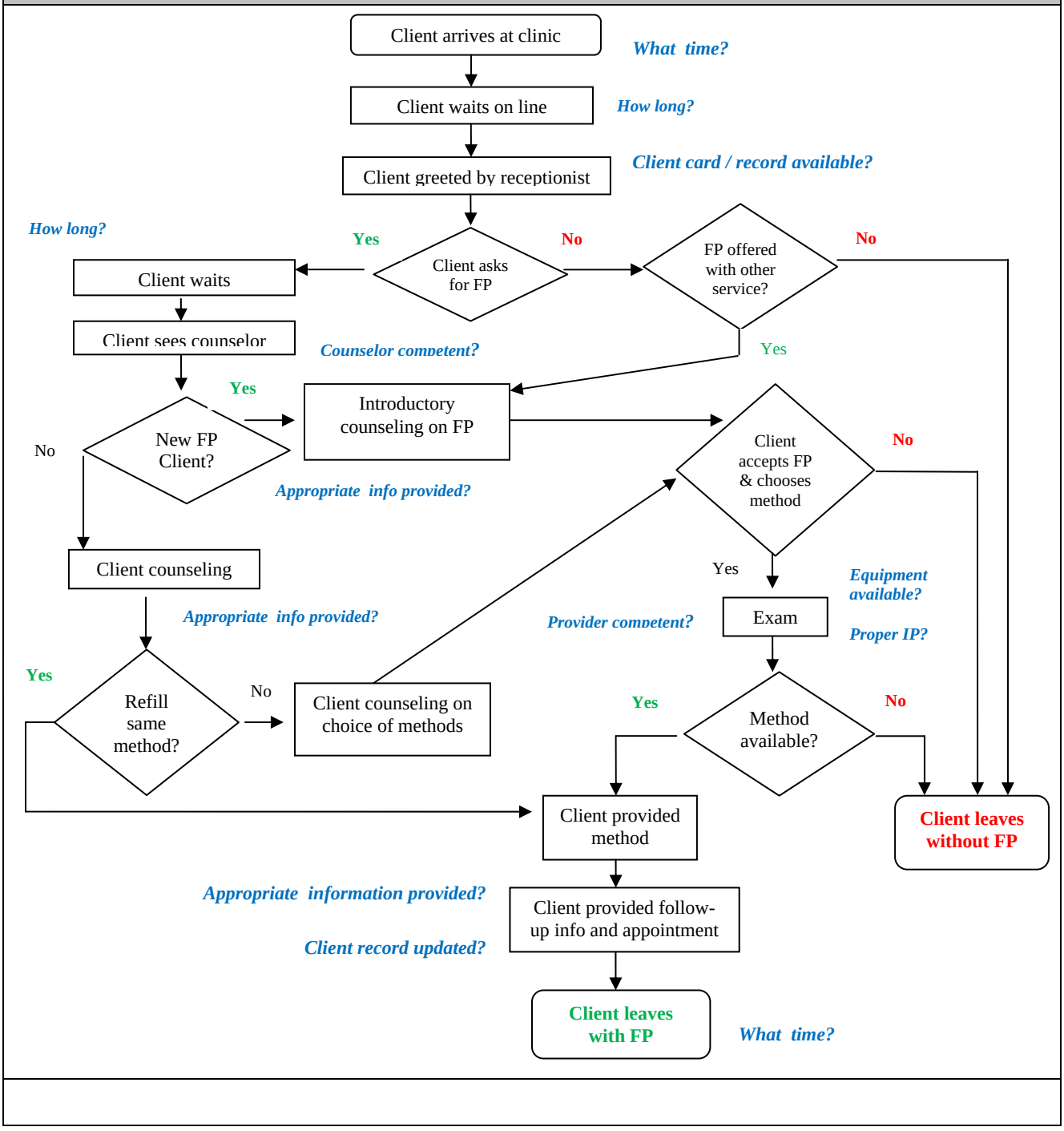
- Write the steps/tasks identified on small pieces of paper ("post-it" note paper if available)

- Affix the pieces of paper with the steps/tasks onto a blank sheet of flipchart paper, placing them in order of occurrence.

- Fill in more details about each step/ smaller steps on the flipchart or on other post-it notes affixed to the flipchart. To identify these details, ask questions like:
  - What really happens during this step?
  - Who is involved in this step?
  - Is there a decision to be made in this step; by whom?
  - What information is required in this step, especially to make decisions?
  - Is there a document we need use in this step and/or to fill out related to the step?
  - Is there an approval necessary; by whom?
  - Is there something that needs to be passed along from one person to another during this step or between this and the next step? If so, what is passed along (e.g.: a document, a piece of equipment, even the client), who is responsible for providing it, are there standard of quality that need to be meet before it is passed along, and to whom does it go?
  - How long does each step and handoff take? How long does the client wait between steps? Etc.

- Place:
  - 'Gray flags' where the team has a question and/or is uncertain what really happens in the step or between steps
  - 'Red flags' where the team agrees there is problem

Handout 8.3: Flow Chart, Medium Level: *Client Requests Family Planning at a Clinic*



SESSION NINE

Handout 9.1: Summary of FP Program Areas and Appropriate Tools for Monitoring[54] and Assessment by Supportive Supervisors and SS/CQI Facility-based Teams

Monitoring Program-based information for SS					
Program Area to Monitor / Assess	**Information to Gather, Review and Use during SS**	**Client Exit Interviews**	**Facility Review/ Audit with Checklist**	**Performance Assessment with Checklist(s)**	**Other**
Quality of Services	• *Are client expectations for quality known and met?*	♦	♦	♦	Focus Groups
	• *Level of satisfaction with services*	♦			♦
	• *Provision of informed consent and counseling according to service standards*			♦	
	• *Level of performance according to clinical protocols*			♦[55]	
	• *Adequacy of physical environment and readiness of clinic to provide services*		♦		
	• *Program/oblast goals and objectives known and progress made*		♦		
	• *Key indicators review (e.g. new acceptors; continuing users; contraceptive method mix/use; infection and/or medical complication rates)*		♦		
Referral system	• *Criteria in place and used for when a patient should be referred*		♦	♦	
	• *Communication between provider(s) and client relevant to referral*			♦	
	• *Communication between faculties relevant to referral*				
	• *Client movement through the referral system*	♦	♦		
	• *Referral and follow-up documents*		♦		
Information System & Use	• *Is the management information system working*		♦		
	• *Is there proper and complete filling out and use of:* o *Clinic registers and client records*		♦		

[54] Program Areas and Information to Gather adapted from sources including: Guide to National and Local Reproductive Health Indicators; a Supplement to *Using National and Local Level Data to Guide Reproductive Health Programs*, Management Sciences for Health http://erc.msh.org/mainpage.cfm?file=2.2.3c.htm&module=info&language=English; Accessed November, 2007.; **And: "**Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006. And *Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in FP*. **MEASURE Evaluation Manual Series, No. 2.** Carolina Population Center, University of North Carolina at Chapel Hill, February 2001.

[55] Pre-existing HWG tools: Counseling and clinical skills checklists.

Monitoring Program-based information for SS					
Program Area to Monitor / Assess	**Information to Gather, Review and Use during SS**	**Client Exit Interviews**	**Facility Review/ Audit with Checklist**	**Performance Assessment with Checklist(s)**	**Other**
	o *Inventory forms* o *Supervisory forms*				
	• *Updated map of catchment area displayed and used*		♦		
	• *Monthly reports completed and properly filed*		♦		
	• *Gathering and graphing of up-to-date key population-based and program-based data according to selected indicators*		♦		
	• *Use of data for planning and monitoring at the facility level.*		♦		
Community participation	• *Exchanges/collaborations with groups in the community that represent the community and/or advocate for the rights and needs of community members*		♦		Interviews with Community Representatives
	• *Regularity of clinic staff participation at meetings for community-provider partnerships*		♦		Interviews with Staff & Community Representatives
	• *Regularity and extent of community outreach conducted*	♦	♦		Interviews with Staff & Community Representatives
	• *Types of support provided by the community (ad hoc and regular) for helping facilities meet client expectations, improve quality, mobilize community members, follow-up clients, etc.*	♦	♦		Interviews with Staff & Community Representatives
Provider Support through Formal Training: On-the-job learning, mentoring / coaching;	• *Orientation of staff to procedures and administration requirements for their area of responsibility*		♦		Interviews with Staff
	• *Competency of staff for clinical and non-clinical tasks assigned*			♦	
	• *Mechanisms in place to promote adequate practice and use of skills (for retention); coaching and OJT; and refresher training*		♦	♦	Interviews with Staff
	• *Regularity and completeness of Supervision*				Supervision reports completed
	• *Supportive Supervision Style and Leadership Competencies of Supervisor*			♦	Interviews with Staff

Monitoring Program-based information for SS					
Program Area to Monitor / Assess	**Information to Gather, Review and Use during SS**	**Client Exit Interviews**	**Facility Review/ Audit with Checklist**	**Performance Assessment with Checklist(s)**	**Other**
Supportive Supervision; and Continuing Education	• *Opportunities for continued education and learning on and off the job for professional development*		♦		Interviews with Staff
	• *Peer review and exchange conducted*		♦		Interviews with Staff

Handout 9.2: Toolbox for Monitoring,[56] Assessment and Improvement of FP Program Areas by Supportive Supervisors and SS/CQI Facility-based Teams

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS

SS Activity/Task	Information to Gather, Analyze & Use for SS	Tools, Forms, Job Aids	When to Use in Monitoring & Assessing Performance	Example or Draft Provided	Lead SS Responsibility[57]	
					External SS	*Internal SS/CQI Team*
Identify and address critical problems	Elements/ problems that must be immediately addressed in order to ensure the safety of service delivery and to enable other service delivery functions to take place o Key infection prevention (IP) practices[58] o Missing or broken equipment for IP or other FP service delivery functions o Staff not on duty: absent, ill or cannot handle workload o Stock-outs in FP methods or key supplies o Other issues that compromise safety	• **Key Tool: Red Flag List**	Daily as Needed Routinely Weekly	✓		♦
Conduct a Quarterly SS Visit to a Facility[59]	• Previous SS/CQI Action plans • Red flag lists; cell/email phone logs	• Job aid: Quarterly SS Visit • **Key Tool: Facility Review** • **Performance Assessments with various checklists** (including Performance	Quarterly	✓	♦	

[56] Program Areas and Information to Gather adapted from sources including:: Guide to National and Local Reproductive Health Indicators; a Supplement to *Using National and Local Level Data to Guide Reproductive Health Programs*, Management Sciences for Health, http://erc.msh.org/mainpage.cfm?file=2.2.3c.htm&module=info&language=English; Accessed November, 2007.; **And:** "Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006. And *Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in FP.* MEASURE Evaluation Manual Series, No. 2**,** Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. **And:** *Supportive Supervision to Improve Integrated Primary Health Care*: Management Sciences for Health Occasional Paper No. 2 (2006).

[57] Denotes who is primarily responsible for taking the lead on SS for this program area: gathering the information (except where noted) by applying the tool, form or Job aid and leading the analysis and use by SS team members.

[58] As determined according to existing HWG competency-based checklist for Infection Prevention Practices

[59] In many countries, FP service facilities let the community know that once a month, the facility will either be closed (except for emergencies) or have reduced service delivery hours (except for emergencies) in order to accommodate the monthly and quarterly SS visits and SS/CQI team meetings with External Supervisors.

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
	• Progress reports submitted by the facility • Key Indicator s/ Service Statistics	Assessment of Counseling and General FP Skills) • Job aid: Tips for Observers:Conducting performance Assessments that Include Client-provider Interactions • Materials on SS, PI and CQI (for instructing staff during meeting and OJT)				
Conduct a Biannual SS Visit to a Facility[10]	• Previous SS/CQI Action plans • Red flag lists; cell/email phone logs • Progress reports submitted by the facility • Key Indicators/ Service Statistics • In-depth program review of program areas that have shown weakness to ensure that all standards, systems and acceptable levels of performance required for safe, efficient client-centered service delivery are in place and functioning; and follow-up action is planned and taken for areas that cannot be solved at the levels of the facility and/or external supervisor. • Client relations and Community Outreach and Partnerships • Progresses on Action Plans and Individual Staff Continued Learning/Improvement Plans	• Job aid: Biannual SS visit • **Key Tool Facility Audit** • **Key Tool(s): Performance Assessment(s) with Checklists** • Materials on SS, PI and CQI, OJT, Peer Review, Continued Learning (for instructing staff during meeting and OJT) • Any materials necessary for an in-depth program review in relevant area	Biannual	✓	♦	

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
	• Peer Review and OJT process					
Track quality and performance over time	• Findings from quarterly and biannual SS checklists (Facility Review and Facility Audit)	• SS Quarterly Visit Summary form[60]	After each SS visit	✓	♦	
	• Improvements in quality of services and service delivery systems	• Action plans (format) by facility-based SS/CQI teams		✓		
	• Indicators/service statistics	• MIS reports				
Improve Performance of Providers & Quality of Services	***Performance Needs Assessment*** ▪ *Desired and Actual Performance (to compare and identify the "performance gap")*	• Performance Improvement Framework • Findings from Facility Review or Audit with checklist • Performance Assessments with checklists • Key Indicators of service and quality/ service statistics • Findings from client **Exit Surveys and/or Focus Group Discussions**	Weekly / Monthly	✓	♦ Quarterly	♦ Weekly
	▪ *Identify Root Causes of Performance Problems*	• Cause-effect diagrams (Why Tree; Fishbone diagram) • Flow Charts	As needed	✓	♦ Quarterly	♦ Weekly
			As needed	✓	♦ Quarterly	♦ Weekly
	▪ *Select solutions/interventions to address problems*	• Decision matrix	As needed	✓	♦ Quarterly	♦ Weekly
	▪ *Plan for and conduct improvement*	• SS/CQI Action Plan (format)	Weekly/ Quarterly	✓	♦ Quarterly	♦ Weekly
Consult with External	Ad hoc	• **Key Tool: Red Flag list** • Job aid: Cell phone log form	As needed	✓		♦

[60] Pre-existing HGW tool: Quarterly Summary form

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
Supervisor on difficult problems between SS visits						
Develop Individual Staff Plans for Performance Improvement and Continued Learning	Level of Performance according to clinical standards & protocols	• Key Tool(s) Performance assessment(s) with observation and checklists of RH/FP skills for counseling and clinical skills[3]	Monthly and/or Biannual[61]	✓	♦	
		• Job aid: Self assessment for facility-based staff	Biannual			♦
		• Job aid: Conducting Peer review	Biannual			♦
	Level of Performance according to standards for Supportive Supervision	• Job aid External Supervisor' Monthly Self-Assessment	After each SS visit	✓	♦	
		• Job aid External Supervisor's Biannual Self-Assessment	Biannual	✓	♦	
		• Job aid: Leadership Self-Assessment	Biannual	✓	♦	
Mentoring / coaching staff	• Findings from Performance Assessments, Facility Review and Facility Audit conducted by External Supervisor • If staff person would like to share: Findings from Self-assessment (but ONLY if staff		As needed		♦	

[61] There should be a baseline Concurrent Assessment for each provider in each RH/FP area for which they are responsible. There should be follow-up Concurrent Assessments for each provider to document that (a) the provider has made any necessary improvement in skills; and (b) that skills are maintained. For (a) skill areas in which the provider needed to improve, the Concurrent Assessment can be repeated the following month until a satisfactory performance is achieved and maintained for two to three consecutive months. For (b) if the baselines is satisfactory, follow-up Concurrent Assessments can be conducted every 3 to 6 months, depending on the strength of the baseline score.

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
	person would like to share these self assessment findings!) • Job Aids for performing responsibilities/tasks • Job descriptions					
Giving and receiving feedback	• Ad hoc feedback on performance • Findings from Performance Assessments, Facility Review and Facility Audit conducted by External Supervisor • If staff person would like to share: Findings from Self-assessment (but ONLY if staff person would like to share these self assessment findings!)	• Job aid: for giving and receiving feedback	As needed	•	♦	♦
Conduct a SS/CQI meeting with facility staff ***Performance Needs Assessment***	• Previous Action Plan	• Job aid: Meeting of facility-based SS/CQI team	Every two weeks at staff meeting or other planned meetings			♦
o *Compare Desired and Actual Performance*	• Performance Improvement Framework • Problems recognized by staff during routine work • Findings from **Facility Review or Audit** • **Performance Assessments with checklists** • Key Indicators of service and quality/ service statistics	• PI Framework	Every other Week or Monthly	✓	♦ Monthly	♦ Weekly

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
	• Findings from client **Exit Surveys and/or Focus Group Discussions**					
o *Identify Root Causes of Performance Problems*		• Brainstorming • Cause-effect diagrams (Why Tree; Fishbone diagram) • Flow Charts	As needed	✓	♦ Monthly	♦ Weekly
o *Select solutions/interventions to address problems*	Results of: • Brainstorming • Cause-effect diagrams (Why Tree; Fishbone diagram) • Flow Chart Analysis	• Decision matrix	As needed	✓	♦ Monthly	♦ Weekly
o *Plan for and conduct improvement*		• SS/CQI Action Plan (format)	Weekly/ Monthly	✓	♦ Monthly	♦ Weekly
Community participation	• Exchanges/collaborations with groups in the community that represent the community and/or advocate for the rights and needs of community members	• Job aid: SS/Working with the Community Partnerships for Quality				♦
	• Regularity of clinic staff participation at meetings for community-provider partnerships					
	• Regularity and extent of community outreach conducted					
	• Types of support provided by the community (ad hoc and regular) for helping facilities meet client expectations, improve quality, mobilize community members, follow-up clients, etc.					
	• Exchanges/collaborations with groups in the community that represent the community and/or advocate for the rights and needs of					

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART ONE: TOOLS LISTED BY SS ACTIVITIES / TASKS						
SS Activity/Task	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[57]**	
					External SS	***Internal SS/CQI Team***
	community members					
	• Regularity of clinic staff participation at meetings for community-provider partnerships					
	• Regularity and extent of community outreach conducted					
	• Types of support provided by the community (ad hoc and regular) for helping facilities meet client expectations, improve quality, mobilize community members, follow-up clients, etc.					
Provider Support through Formal Training: On-the-job learning, mentoring / coaching; Supportive Supervision; and Continuing Education	• Orientation of staff to procedures and administration requirements their area of responsibility	• Biannual Facility Audit • Job aid: for mentoring/coaching		✓	♦	
	• Competency of staff for clinical and non-clinical tasks assigned					
	• Mechanisms in place to promote adequate practice and use of skills (for retention); coaching and OJT; and refresher training					
	• Regularity and completeness of Supervision					
	• Supportive Supervision Style and Leadership Competencies of Supervisor					
	• Opportunities for continued education and learning on and off the job for professional development					
	• Peer review and exchange conducted					♦

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART TWO: TOOLS LISTED BY FP PROGRAM AREA						
FP Program Area	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[62]**	
					External SS	***Internal SS/CQI Team***
Clear Expectations *(Set, addressed, monitored)*	Customer Expectations/Satisfaction	• Client Exit interviews	Monthly/ Biannual	✓		♦
		• Focus groups discussion questions	Every 6 months		♦ ***Other[63]***	♦
		• Surveys; Open-ended Interviews	1 – 2 / year		♦ ***Other[2]***	♦
	Program Goals and Objectives	• Program documents	Every 6 months		♦	♦
	Procedures and standards required for each aspect of service delivery (clinical and non-clinical)	• Documents: FP Program Guidelines, Clinical Protocols and Best Practices • Observation with Checklists	Monthly		♦	♦
	Roles, responsibilities, tasks and minimum qualifications for each staff member	• Job Descriptions	Biannual		♦	
	Management and Administrative Standard operating Procedures	• Documents: FP Program Guidelines, Standard Operating Procedures for Management and Administration • Observation with Checklists • Job aids	Biannual		♦	♦

[62] Denotes who is primarily responsible for taking the lead on SS for this program area: gathering the information (except where noted) by applying the tool, form or Job aid and leading the analysis and use by SS team members.
[63] Refers to other specialized staff and/or consultants responsible for gathering the information and providing preliminary analysis. External Supervisors and SS/CQI teams take responsibility for further interpretation of the information gathered and for taking action on the information.

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART TWO: TOOLS LISTED BY FP PROGRAM AREA						
FP Program Area	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[62]**	
					External SS	***Internal SS/CQI Team***
Quality of Service Delivery	Provision of informed consent and counseling according to service standards	• Performance assessment with observation and checklists of RH/FP skills for counseling and clinical skills[64]	♦	✓		
	Level of Performance according to clinical standards & protocols		Quarterly	✓	♦	
	Adequacy of physical environment and readiness of clinic to provide services	• Facility Audit	Quarterly	✓		♦
	Level of Client Satisfaction with services	• Client exit interview	Quarterly	✓		♦
	Infection rates	• Client records • Service statistics	Quarterly or sooner if needed		♦	♦
	Medical complication rates	• Client records • Service statistics	Quarterly or sooner if needed		♦	♦
	Contraceptive method mix for services provided	• Service statistics	Quarterly			♦
	Service delivery meeting objectives for retaining continuing users and attracting new users	• Key Indicators/service statistics from MIS	Quarterly and/or Biannual[65]	✓	♦	♦
Referral System	Criteria in place and used for when a patient should be referred	• Quarterly Facility Review • Biannual Facility Audit		✓	♦ Quarterly	♦
	Communication between provider(s) and client relevant to referral					

[64] Pre-existing HWG tools: Counseling and clinical skills checklists.

[65] There should be a baseline Concurrent Assessment for each provider in each RH/FP area for which they are responsible. There should be follow-up Concurrent Assessments for each provider to document that (a) the provider has made any necessary improvement in skills; and (b) that skills are maintained. For (a) skill areas in which the provider needed to improve, the Concurrent Assessment can be repeated the following month until a satisfactory performance is achieved and maintained for two to three consecutive months. For (b) if the baselines is satisfactory, follow-up Concurrent Assessments can be conducted every 3 to 6 months, depending on the strength of the baseline score.

HWG SUPPORTIVE SUPERVISION TOOLBOX - PART TWO: TOOLS LISTED BY FP PROGRAM AREA						
FP Program Area	**Information to Gather, Analyze & Use for SS**	**Tools, Forms, Job Aids**	**When to Use in Monitoring & Assessing Performance**	**Example or Draft Provided**	**Lead SS Responsibility[62]**	
					External SS	***Internal SS/CQI Team***
	Communication between faculties relevant to referral					
	Client movement through the referral system					
	Referral and follow-up documents					
Management Information System	Is the management information system working	• Quarterly Facility Review • Biannual Facility Audit	Quartlerly & Biannual	✓	♦	♦
	Is there proper and complete filling out and use of: • Clinic registers and client records • Inventory forms • Supervisory forms					
	Updated map of catchment area displayed and used					
	Monthly reports completed and properly filed					
	Gathering and graphing of up-to-date key population-based and program-based data according to selected indicators					
	Use of data for planning and monitoring at the facility-level.					

TRAINERS' VERSION

Exercise 9.1. Preparation for SS Practice Site Visit

Total time: 40 - 45 minutes for this exercise

Preparation and Instructions to the Trainer and HWG staff:

- In order for the workshop trainers and participants to conduct this exercise, which includes practicing for conducting Performance Assessment of provider's skills in FP service provision **the HWG Project/staff must provide copies of the competency-based checklists listed below** (or comparable competency-based checklists that cover provision of key FP/contraceptive methods and counseling and informed choice). These checklists will be used during the SS practice site visit conducted during this session.
  Handouts needed for this exercise:

  - Handout 9.3: *Job aid: External Supervisor Conducting a Monthly SS Visit*
  - Handout 9.4: Key Tool: *Monthly Facility Review*
  - Handout 9.5: Key Tool: Performance Assessment for Counseling and General FP Technical Skills
  - Handout 9.7: *HWG FP Checklist: Client Assessment Checklist for screening clients seeking IUDs*[66]
  - Handout 9.8: *HWG FP Checklist: IUD Demonstration Checklist*[1]
  - Handout 9.9: *HWG FP Checklist: Infection Prevention Practices*[1]
  - *Any other Checklists HWG has to guide the delivery of FP/contraceptive methods*

- The TOT trainer and HWG professional staff experienced with previous HWG supervision activities (like Nino and Lika) should lead/facilitate the groups.

- Review Handouts and tools (checklists) in advance, selecting and agreeing among the trainers/facilitators, for which tools you will allow time for role plays and practice.

- Depending on which checklists you choose to demonstrate and allow participants to practice with, you will need to plan to have some training materials on hand, such as Zoe models and printed materials. For example, conducting a role play/demonstration of an External Supervisor conducting a Performance Assessment of IUD insertion (which is recommended) would require you to have a Zoe model and proper equipment on hand.

[66] Refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

Or conducting a Performance Assessment of counseling would need some example client materials such as counseling flipcharts and brochures.

Conducting the Exercise:

Trainer Step 1: Open the small group work by commenting again that during the group work participants will plan for our site visits, including reviewing and practicing with the job aid and checklists.

Trainer Step 2: Provide background information on the facility your group will visit (Group 1: Batumi Women Consultation; Group 2: Batumi Primary Health Care (Family Medicine) Center). Background information should include, but not be limited to:

- Number of all staff (providers, administrative, etc) by types (doctors, nurses, receptionists, counselors, cleaners, etc).
- Size of facility and list of types of services provided there.
- Whether staff at this facility is responsible for overseeing the work of other facilities and/or staff in other facilities, and if so, give details.
- Whether staff in this facility has previously received FP or other training through the HWG project.
- Whether this facility is already routinely covered by HWG follow-up visits.

Trainer Step 3: Remind participants again that tools need to be useful in the field, so if they have any comments or suggestions before or after the actual site visit, we will note those down.

Trainer Step 4: Review again briefly which sections of the Job Aid: *Monthly SS visit by External Supervisor* will be covered during the site visit:

b. **B. 1.: Greet and meet briefly with person in charge** at facility, review schedule for visit and top priorities.
c. **B. 2.: Conduct Monthly Facility Review** (Job aid: Monthly Facility Review). Involve 1 or 2 facility staff in review as a way of coaching them.
d. **B.3.a: Conduct baseline and/or follow-up performance assessments** on clinical skills and counseling (Key Tool: Performance Assessment for Counseling and General FP Skills; additional HWG competency-based checklists for specific FP methods and Infection Prevention as selected by workshop organizations/ trainers and as needed during site visit.)[67]

[67] "Additional HWG competency-based checklists" refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family*

- **3.c. Meet with facility head/SS/CQI team to review key findings** from the Facility Review conducted during this current SS visits. Thank facility head.

Trainer Step 5: Introduce and review each key tool/checklist to be used during the site visit, using the process described below:

e. Each time you introduce a tool, first allow the participants a minute to read through the tool silently to themselves.

f. Next, go through the tool section by section, explaining how it is used, and responding to questions, and comments.

g. Make short demonstrations of how selected checklists (or parts of checklists) can be used during SS.

- For example, use a **role play** and demonstration with the Performance Assessment tool for Counseling and General FP Skills, demonstrating how to conduct the Performance Assessment and give feedback to the provider. (This role play requires three persons: a client, a provider and a supervisor observing the providers performance and marking on the checklist. Feedback is given to the provider in the role play AFTER the client leaves).
- The role play should be done twice
  - First time: the trainer/facilitator should play the role of the External Supervisor, with two volunteer participants playing the role of facility staff and client
  - After finishing the role play/demonstration led by the trainer, have participants break into smaller groups for 10-15 minutes and practice with the tool via role plays.
- Repeat the role play/demonstration process with other 2 or 3 other checklists/handouts you and the HWG team have selected.

h. Also to help prepare participants for the site visits: The trainer may also wish to make reference to the Job aid: *Tips for Observers Conducting Performance Assessments that Include Client-provider Interactions.*

Planning. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

Trainer Step 6: (4:10 – 4:15) After you have allowed participants to review all the checklists and allowed them time to practice with the selected ones, use the last 5 minutes of the session to explain to participants that tomorrow we will lead the day with a group work session and exercise that helps them process and use the information they gather at the site visits.

Trainer Step7: (4:10 – 4:15), thank the participants, offer them words of encouragement, and depart with them for the clinics of the site visit.

Job Aid: Tips for Observers

Conducting Performance Assessments that include Client-Provider Interactions[68]

While conducting Supportive Supervision for the Healthy Women in Georgia Project, there will be times when External Supervisors and/or Peers will conduct Performance Assessments of service providers' performance while the service providers conduct counseling, examinations and screening, and deliver various FP contraceptive methods.

The observation of these interactions between the client and the provider supplies important information regarding how the client is counseled, examined and provided with a contraceptive method. External Supervisors and Peer who act as observers for these areas should be medically trained and have experience in providing family planning. Typically, such observers are physicians, nurses, and/or nurse midwives who have both experience and training in implementing family planning. Because these observers have experience and training, they are able to effectively evaluate the client-provider interaction. This type of observation requires excellent listening skills and attention to detail during the observation.

Know the contents and sequence of the Performance Assessment Checklist(s) that will be used
The Performance Assessment checklists (e.g.: SS Key Tool: Performance Assessment of Counseling and General FP Skills) is divided into sections, but the client-provider interaction may not follow the sequence of the observation guide. As a result, it is extremely important that the observer learn the content and order of the observation guide so that, when she sees an action or hears an issue discussed, she will know precisely where the item is contained within the guide. At times, the observer may need to mark items after the consultation is complete.

Obtain permission to observe client-provider interaction
Observers must receive permission from the provider(s) to sit in on the examination and consultation. Before the start of the consultation, the provider should find out if it is acceptable for an observerto be present, including that permission should be asked of the client to be seen.

Providers should be made aware beforehand that the observer **can not** participate in the consultation. The observer should not offer her advice or opinions **unless** the provider performs

[68] Adapted from: From *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007: "The "tips" for observers were largely drawn from *The Situation Analysis Approach to Assessing Family Planning and Reproductive Health Services: A Handbook* (Miller et al., 1997), Chapter IV: Observation of Client-Provider Interaction (CPI) 89."

an action that threatens the patient's safety or health. Before the observation begins, the provider should be asked to act as he/she would in the absence of the observer. Because the presence of the observer will inevitably affect the client-provider interaction, the observer should make herself as unobtrusive as possible.

Be aware of new versus continuing users

In the observation guide, some questions apply to ALL clients (**both** continuing users and new users), and some only apply to new users. For the purposes of this study, a **new user** is a client who is either a new contraceptive user, is restarting contraceptive use, is switching contraceptive methods or is new to the facility. A **continuing user** is a client who is a current user, is coming in for a follow-up visit, or is having a problem with a method. It is very important that you know how to distinguish between these two types of clients. Instructions appear within the observation guide as to what items apply to which type of family planning client.

Dress and act appropriately while observing

During the observation, the observer should make every effort to sit in the background such that she does not make eye contact with either the client or the provider. Observers should wear appropriate clothing such as a nursing uniform or a white coat.

Link the observation with the client's exit interview

If there are client exit interviews happening that day: At the close of the observation, the observer should ask the client if she would agree to be interviewed. If she agrees, lead her to the person administering the client exit interview. Be sensitive to the fact that she may have been at the clinic for a long time. Emphasize the importance of her participation in the study, and respect her wishes if she chooses not to participate in the client exit interview. Be sure to check that the client number on the observation guide corresponds with the client number on the client exit interview.

Review the instruments

At the conclusion of the observation, it is extremely important that you take time to review the instrument in order to verify which items contained within the observation guide took place during the observation and were recorded, and which did not and may need to be followed up on.

Job Aid: Monthly Supportive Supervision Visit Conducted by an External Supervisor

Task	***Your Notes to prepare for Visit***
A. Before a Supportive Supervision Visit to a RH/FP facility	
f. **Confirm dates** of visit and availability of key staff will participate in SS activities during visit.	
g. **Review and analyze information** gathered during and after last SS visit:	
a. Status of key service indicators from monthly service statistics from rayon and facility to be visited	
b. Facility Review with checklist	
c. Staff Performance Assessments: Clinical and counseling skills check lists	
d. Facility-based Action Plans for SS/CQI	
e. Monthly/quarterly reports by facilities	
f. Self-assessments and continued learning plans of individual staff that have been shared with you as External Supervisor	

Task	***Your Notes to prepare for Visit***
A. Before a Supportive Supervision Visit to a RH/FP facility	
g. Information on client satisfaction and community participation (e.g.: quarterly client exit surveys submitted by facility and/or surveys, focus groups or other information provided by entities outside the facility).	
h. Notes from team and individual meetings conducted with staff last quarter.	
i. Red Flag List / Phone and email logs.	
h. **Plan with facility manager or SS/CQI team leader** to take part in SS/CQI team meeting that will be held during SS visit	
a. When will the meeting take place when all the staff on the team can be present	
b. What will the meeting cover? What will you specifically cover, as the external supervisor? (Job aid: Meeting of facility-based SS/CQI team.)	
c. Agree to (and plan) what coaching on SS/CQI and/or information you as External Supervisor will share during that meeting.	
d. Plan to include review of status of key service indicators from monthly service statistics from rayon and facility to be visited	

Task	***Your Notes to prepare for Visit***
A. Before a Supportive Supervision Visit to a RH/FP facility	
e. Other:	
i. **Plan for individual staff performance assessments** during upcoming SS visit.	
c. Which staff will have base-line performance assessment during this visit? For which RH/FP services will the assessment be conducted? Which checklist and other forms will be used?	
d. Which staff will have follow-up Performance Assessment during this visit? For which RH/FP services will the assessment be conducted? Which checklist and other forms will be used?	
j. **Plan for on-the-job training and/or coaching sessions**	
c. Are there on-the-job-training (OJT) and/or coaching/mentoring sessions that need to be conducted based on previously identified needs?	
d. Set aside time for OJT and coaching/mentoring sessions based on needs that arise/are observed during visit.	
e. Confirm if there are 1 or 2 facility staff who can take part in the Facility Review as a way of coaching them.	
k. **Other planning**:	

Task	*Your Notes to prepare for Visit*
A. Before a Supportive Supervision Visit to a RH/FP facility	
Other:	

Task	*Your Notes While you conduct the visit*
B. During Supportive Supervision Visit to a RH/FP facility	
1. **Greet and meet briefly with person in charge** at facility, review schedule for visit and top priorities. Confirm if there 1 or 2 facility staff in who can take part in the Facility Review as a way of coaching them.	
2. **Conduct Facility Review** with checklist (Key Tool: Monthly Facility Review)[69].Involve 1 or 2 facility staff in review as a way of coaching them.	
3. **Meet with SS/CQI team**:	
g. Listen to the report of the facility-based SS/CQI team on including any information they share on:	
• Actions taken and progress made on SS/CQI Action Plans developed during concluding quarter (since last SS visit)	

[69] Revised from previous HWG tool: Women Consultation, Ambulatory, reproductive health office Assessment Questionnaire Family Planning – Periodic Visits

Task	***Your Notes While you conduct the visit***
B. During Supportive Supervision Visit to a RH/FP facility	
• New Action plan items they have added since last visit	
• Information on client expectations and satisfaction they have collected through exit interviews and community participation.	
• Initial suggestions for SS/CQI issues to address this coming quarter as a follow up to previous action plan and/or pending and/or emerging issues and problems.	
h. Review status of key service indicators from monthly service statistics from rayon and facility to be visited	
i. Review key findings from the Facility Review with checklist conducted during this current SS visits.	
j. Elicit other staff's comments about problems the staff and/or team has encountered during the quarter.	
k. Based on a. through d. above:	
• Comment on, praise and celebrate progress and improvements!	
• Discus which problems/challenges to address through SS/ CQI Action Plan (and/or more in-depth Performance Needs Assessment) during upcoming month and quarter.	

Task	*Your Notes While you conduct the visit*
B. During Supportive Supervision Visit to a RH/FP facility	
• Discuss how 'red flag' issues can be addressed through CQI, PI and or other methods	
l. Coach team on CQI and PI tools and processes to help them carry out Action Plans.	
4. <u>Conclude SS/CQI Meeting</u> with agreement on any next steps not in the Action Plans.	
5. <u>Work with individual staff</u> on:	
a. **<u>Conduct baseline and/or follow-up performance assessments on clinical skills and counseling</u>** (Key Tool: Performance Assessment for Counseling and General FP Skills; additional HWG competency-based checklists for specific FP methods and Infection Prevention.)[70]	
b. Conduct on-the-job training and/or coaching sessions.	

[70] "Additional HWG competency-based checklists" refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning.* MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

Task	***Your Notes While you conduct the visit***
B. During Supportive Supervision Visit to a RH/FP facility	
c. Mentor staff in relation to their individual Continued Learning plans (Job aid: format for Personal Plans Performance Improvement and Continued Learning).	

Task	***Your Notes***
After Supportive Supervision Visit to a RH/FP facility	
5. Document visit through SS visit/ trip report. Submit report to	
6. Enter results from SS/visit in Quarterly Supervision Summary Sheet.[71]	
7. Update files of individual facilities and providers with findings and next steps from latest SS visit.	

[71] Refers to pre-existing HWG Summary Sheet (color coded tracking sheet)

Task	*Your Notes*
After Supportive Supervision Visit to a RH/FP facility	
8. Conduct follow-up with clinic staff between SS visits via telephone and/or email. Conduct this follow-up both monthly (on a pre-arranged date) and "on demand" if clinic staff call for guidance and/or problem solving assistance.	
9. Other actions for the External Supervisor to take based on findings of the SS Visit.:	
10. Complete Job Aid: External Supervisor's Monthly Self-Assessment and Personal Plan	

Job Aid: Monthly Planning Form For External Supervisors

Supervisor's Name:	**Rayon Assigned**:	**Date completing form**: _____
Name of Facility to be visited:	**Dates of visit:** __Yes / __ No	**Visit confirmed?:**
	Name of Facility Head:	**Contact info:**

Planning the Monthly Visit		**Planning Completed**
Areas to cover:	***Notes /comments for planning purposes:***	✓
Red Flag(s)/problem-solving	Red Flag Issues to cover: 1. 2. 3.	
Facility Review		
SS/CQI team meeting		
SS/CQI Action Plan		
Base-line Performance Assessments to conduct	Staff Names and skills/competencies to be assessed: 1. 2. 3.	
Follow up Performance	Staff Names and skills/competencies to be assessed:	

Planning the Monthly Visit **Areas to cover:**	***Notes /comments for planning purposes:***	**Planning Completed** ✓
Assessment to conduct	1. 2. 3.	
OJT/Coaching, mentoring to conduct		
Other:		
New or updated information from the MoLHSA or other sources (national or international; best practices, clinical updates, etc) the External Supervisor will share with facility staff.		

Key Tool: Monthly Facility Review[72]

A General information

A1. Date_____ A2.Region _____ A3. City/Rayon _____
A4. Facility_____
A5. Facility representative (*Name, family name):* _____ A7. Specialty: _____
A8. Clinical Observer/ Coordinator (*Name, family name):* _____
A9. Others Visit Participant(s) (*Name, family name):* _____
A10. Total population in catchment area_____ A11. No. women of reproductive age women (15-49)_____
A12. No. <1 year olds_____ A13. No. <15 years olds _____ A14. No. ≥ 65 years olds _____ A15 No. pregnant women (current) _____
A16. Were there any "Red Flag problems" reported to the External Supervisor in the month since the last SS visit?
_____Yes _____No
A17. If yes, note them here briefly:
_____

[72] Adapted from sources including the previous HWG Supportive Supervision From "Women Consultation, Ambulatory, reproductive office Assessment Questionnaire - Period Visit" John Snow, Inc, 2006 ; **And:** *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007; **And:** Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006. And *Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in FP*. MEASURE Evaluation Manual Series, No. 2**,** Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. **And:** *Supportive Supervision to Improve Integrated Primary Health Care*: Management Sciences for Health Occasional Paper No. 2 (2006).

Assessment method *(AM): 1= Immediate Observation; 2= Record Check; 3= Interview*
Assessment scale *(circle one): 0-50% = 1 (poor), 50-75%= 2 (satisfactory), 75-100%= 3 (good)*

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
B	**Physical Environment, Set-up and Equipment**					
B1	Is the family planning delivery service office cozy, clean and tidy; cleaning conducted each day?					
B2	Is there adequate, well-organized space to welcome clients properly; provide appropriate privacy and confidentiality during reception, counseling (auditory) and service delivery (visual); provide adequate workspace for clinically correct services and lab work; and store and maintain equipment and other supplies in secure and medically safe conditions?					
B3	Are doctors' and counselors' offices equipped with booklets, IEC materials on FP					
B4	Are posters, visual materials in the waiting hall?					
B5	Are the patient's rights displayed in conspicuous place in the waiting area or in the doctors' offices?					
B6	Is there Contraceptive Supply for minimum 3 maximum 6 month?					
B7	Is there a place for contraceptives to be stored?					
B8	Are contraceptive storage conditions maintained, including First-in-First-out (FIFO) procedures?					
B9	Is there a register to record the delivered contraceptives?					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
B10	Was there any lack of contraceptives during the last 6 months?					
B11	Is there an up-to-date list of facility repairs needed and taking place (doors, windows, water, phones, furniture, etc.)?					
B12	Is there adequate number of functioning equipment to safely provide the full range of FP/contraceptive services that is to be offered by this type of facility? (IUD insertion kits, lamps, gyn tables, equipment for Infection Prevention practices, etc.) (See FP Equipment and Supplies List, attached)					
B13	Are there clear signs outside; and clear signs in the facility listing services available at which times, and directing clients where to receive specific services?					
B14	Is the facility accessible and welcoming to youth? The disabled? Men? Women?					
B15	Are waiting times and client flow periodically assessed?					
B16	Is there a suggestion/complaint box displayed and used in the facility?					
	Section B assessment subtotal	1 2 3				
C	**Medical Record Review**					
C1	Does the medical record have the following data of the patient's first visit:					
	Date of the last menstruation?					
	Weight?					
	Blood pressure?					
C2	WHO eligibility criteria/class related to the method selected by the patient?					
C3	Are all the visits of the patent/client					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	recorded?					
C4	Is patient/client weight, blood pressure reported during repeated visits?					
C5	For returning patients: Does the patient's record the patient's (self-identified) reproductive goals (space or limit births) and note the contraceptive methods previously selected/used?					
C6	Is there a patient's signature in the register or in the patient's medical record confirming the free of charge delivery of contraceptives?					
	Section C assessment subtotal	1 2 3				
D	**Information System and Use of Information**					
D1	Is the facility MIS system functioning?					
D2	Is the facility up-to-date on monthly/quarterly reports?					
D3	Has the facility identified and internally tracked key indicators (such as new acceptors, continuing users, contraceptive method mix)?					
D3.x	*List key indicators being currently tracked and displayed by facility staff and their current values:*					
	Key Indicator 1:					
	Key Indicator 2:					
	Key Indicator 3:					
D4	Is up-to-date (monthly or quarterly) status of the key indicators and other data graphically displayed (using tables and charts) in a place it can be seen by staff?					
D5	Is there displayed an up-to-date map of the facility's catchment area, including other					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	service delivery points, and community outreach sites?					
D6	Does the facility staff routinely (monthly, quarterly, annually) review and discuss program-based and population-based indicators that reflect the quality and reach of the services they offer (e.g. key indicators, rates of infections and/or complications; method mix; unmet need for FP services among various age groups and/or geographic areas)?					
D7	Does the clinic routinely collect (e.g.: monthly or quarterly) discuss and act on information concerning client expectations and level of satisfaction with accessibility and quality of services?					
D8	Do staff understand the expectations placed on them for their roles in delivering quality FP?					
D9	Are clinical standards, program guidelines and procedures, and job descriptions up-to-date and in a format easily accessible to all relevant staff?					
	Section D assessment subtotal	1 2 3				
E	**Referral System**					
E1	Are there clear criteria and guidelines for when a patient should be referred to another facility for services?					
E2	In cases where a patient has been referred, is there full notation on the client record of to where and for what service?					
E3	Is a letter sent with patient to the referral site?					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
E4	Are there established lines of communication with the sites to which referrals are sent?					
E5	Do staff at the facility issuing the referral follow-up to determine whether a client received the services for which they were referred.					
E6	Do staff at the facility receiving referral follow-up to inform the referral site that the received the services for which they were referred?					
E7	Do staff (such as the counselor who originally saw the client) at the referring facility make an effort to contact					
	Section E assessment subtotal	1 2 3				
	Staff/Personnel Management					
F	**Staff/Personnel Management**					
F1	Are orientation procedures for new staff conducted as needed?					
F2	Are all staff oriented and up-to-date on the staff procedures, administration requirements, and new pronouncements/guidance from the MoLHSA for their area of responsibility?					
F3	Is the staff work schedule and on-call roster displayed; is it fair?					
F4	Are there methods used to motivate staff to provide perform up to standards, improve performance, and provide high quality performance that exceeds expectations? (This can include written and verbal feedback, public recognition, awards, employee of the month, opportunities for continued learning such as conferences and					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	additional training, assignment of additional desired responsibilities, promotion, etc.)					
F5	Is there a displayed clinic task list and appropriate rotation of tasks?					
F6	Is the absentee/attendance register used?					
F7	Is there task not performed or services not delivered because of a lack of number/type of staff and/or staff competencies?					
F8	Are their regular staff meetings for information exchange and problem-solving?					
F9	For each staff person is there a record of conferences attended and training received? Are these reviewed for equal opportunity?					
F10	Are staff who attending training and or conferences given time during work hours to debrief and/or coach their on-site colleagues on the content of the events attended?					
F11	Are staff receiving timely, constructive feedback on their performance?					
F12	Are discipline problems documented and copied to the External Supervisor?					
	Section F assessment subtotal	1 2 3				
G	**Red Flag Review**					
G	Status of previously reported Red Flag problems: have they been resolved in part or entirely?					
G1	Status of Red Flag #1:					
G2	Status of Red Flag #2:					
G3	Status of Red Flag #3:					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
G4	Other Red Flag (critical) problems that have come up since the last review but have not been reported yet to the External Supervisor or noted in the Facility Review or Performance Assessments. Describe:					
H	Other observations/ comments:					

Family Planning Equipment and Supplies List

Source*: Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning.* MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007.

EQUIPMENT AND SUPPLIES	MARK IF AT LEAST ONE IS AVAILABLE
1. Flashlight	
2. Working lamp	
3. Scale	
4. Blood pressure gauge	
5. Thermometer	
6. Stethoscope	
7. Scissors	
8. Sterile needles and syringes	
9. Specula	
10. Tenacula	
11. Uterine sound	
12. Alligator forceps	
13. Sponge holding forceps	
14. Artery forceps	
15. Dressing forceps	
16. Tissue forceps	
17. Mosquito forceps	
18. Intestinal forceps	
19. Babcock forceps	
20. NSV ringed forceps	
21. Scalpels	
22. Sutures	
23. Needle holder	
24. Retractor	
25. Tubal hook	
26. Sharp trocars	
27. Sterilizers	
28. Iodine	
29. Xylocaine or lignocaine	

EQUIPMENT AND SUPPLIES	MARK IF AT LEAST ONE IS AVAILABLE
30. Antiseptic	
31. Chlorine solution	
32. Sterile gloves	
33. Disposal containers for contaminated waste/supplies	
34. Sharps containers for used sharps	
35. Plastic buckets or containers for decontamination	
36. Clean instrument containers	
37. Instrument trays	
38. Swab containers with sterile swabs or sterile gauze	
39. Examination couch or table	
40. Examination table capable of trendelenburg	
41. Operation theater	
42. Recovery room	
43. Procedure area for IUD, injectables or NORPLANT	

Chapter III: Facility Audit with Interview of Manager 61

SESSION TEN

Exercise 10.1. Using findings from Practice SS Site visits

Description: Small group members will work together to process the information they collected during the SS site visits and by the end of the exercise, they will have completed:

- An SS Action Plan for their work as an External Supervisor.
- An SS/CQI Facility-level Action Plan.

Total time: 80 minutes for Steps 1 through 7 of this exercise (for Step 8, an 5 additional minutes per group to share their work with the plenary).

Group set up:

- Divide the participants into 2 groups: Group 1: Batumi Women Consultation; Group 2: Batumi Primary Health Care (Family Medicine) Center.
- HWG trainers and staff work together with groups, providing support as needed.
- Each group should have participant to facilitate and keep time.
- Each group should record their work on flipcharts so they can share it with the plenary at the end of the 80 minutes allotted for the exercise.

Steps of the Exercise:

- **Step 1:** Complete the assessment scale subtotals (poor/satisfactory/good) for each area on each checklist used during the SS practice visit (if not already done.)

- **Step 2:** Review the information collected during the SS Practice site visit with the two key SS Tools: Monthly Facility Review; and Performance Assessment for Counseling and General FP Skills. Also review any additional information gathered through any other FP methods specific checklists for performance assessments used during the site visits.

- **Step 3:** Select priority problems from those documented on the SS Tools (including areas where the performance rated "poor" on the rating scale)—priority problems to be addressed through SS by the External Supervisor and the SS/CQI teams, respectively (if there is a long list of problems, more than 4 or 5, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which problems to address.

- **Step 4:** For each problem selected, state where possible the desired and actual performance and the performance gap(s) they observed during their site visit.
    - Record desired and actual performance and the performance gap on Job aid: Performance Improvement Specification form. Make each quantified, if possible)

- **Step 5:** Identify the root causes of the problems by selecting and using appropriate PI and CQI tools to identify the root causes of such as brainstorming, cause effect analysis (why-why-why trees and/or fishbone diagrams) and flow charts (note: not all of these tools must be used: sometimes the root causes of problems may be obvious staff and only brainstorming and discussion will be necessary. However, for more complex problems, or when there are potentially multiple root causes, the small group (and trainers/facilitators assigned work with them) should select the appropriate tool such as why-tree, fishbone diagram and/or flow chart for analyzing the problems they have identified.
    - Record the root causes identified on Job aid: Performance Improvement Specification form using the language of "Performance Factors")

- **Step 6:** Identify and select interventions/changes that will address the root causes and will 'fix' the performance problem. (If there are many possible interventions, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which intervention(s) to try first to solve the problem.

- **Step 7:** Complete the SS Action Plans:
    - SS Action Plan for the External Supervisor (Job aid: Format for the SS Action Plan of the External Supervisor)
    - Facility-level SS/CQI Action Plan (Job aid: Format for the Facility-level SS/CQI Action Plan).

- **Step 8:** Each group will have 5 minutes to share Group work with the plenary.

Job Aid: Performance Improvement Specification Form[73]

Summary of problem: _____

Desired Performance [Quantified, if possible]	**Actual Performance** [Quantified, if possible]	**Performance Gap** [Quantified, if possible]	**Root Cause(s)**[74] To identify, use tools: • Why-why-why tree • Flow Chart • Brainstorming	**Actions to Take (Interventions) To address root causes of problems**

[73] Adapted from: Job Aid: "Performance Improvement Specification Form", from *Performance Improvement, Stages, Steps and Skills*, The PRIME II Project, IntraHealth International, Inc, http://www.intrahealth.org/sst/tool2-1.html, accessed November, 2007.

[74] Should be stated in terms of Performance Factors: Lack of: Clear Job Expectations; Timely Performance Feedback; Motivation and Incentive, Work Environment and Supplies; Organizational Support; Knowledge and Skills.

Job Aid: Decision Matrix

Purpose and Description: A decision matrix help teams to make decisions using specific criteria. In the HWG SS/CQI context, a Decision Matrix can be used in one of two ways:

A. To help teams prioritize and to select which problem(s) they should address first when faced with a long list of problems
B. To select among possible changes/interventions to try when trying to address the root cause of a problem.

Decision Matrix 1: Select which problem(s) the facility-based SS/CQI team should address when faced with a long list of problems.

Problems Identified	Criteria **Affects safety of clients and/or providers**					Criteria **Important to External Client**					Criteria **Data on problem exists or can be obtained**					Criteria **Problem related to known expectations, standards, procedures**					Criteria **Problem and possible solutions are within the authority of team**					Total
A.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
B.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
C.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
D.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	

Step 1: Write the top three or four problems identified by the team in the far left column "Problems Identified".
Step 2: Rate each problem according to the criteria by circling a number on the scale of 1 (lowest) to 5 (highest). For example, a problem that rates 1 under the criteria: "Affects safety of clients and/or providers" is not very dangerous to clients or providers.

Step 3: Add the total number produced by the criteria for each problem and enter it in the total column.

Step 4: Select the one or two problems that have the highest total. The team will next work on identifying the root causes of these problems and taking action to solve the problems. (The problems not selected should be noted and review again at the next SS/CQI team meeting and/or reported to the External Supervisor so that follow-up action can be taken collaborative or the issue can be address by the supervisor if it is out of the control of the facility-based SS/CQI team.

Decision Matrix 2: Select which changes/interventions the facility-based SS/CQI team should address when faced with a long list of problems.

Problem Identified: _____

Possible changes/interventions to solve the problem	Criteria **Addresses the Root Cause(s) of the problem: Likely to be effective in helping solving the problem**					Criteria **The change/intervention is within the responsibility and authority of the facility team**					Criteria **Potential effects/results of the change can be measured by data the team can collect**					Criteria **Resources exist or can be obtained by the team to make the change/intervention**					Criteria **The team has the competencies necessary to make the change/intervention**					Total
A.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
B.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
C.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
D.	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	

Step 1: Write the top three or four possible changes/interventions the team can put in place to address "Problem Identified".

Step 2: Rate each change/intervention according to the criteria by circling a number on the scale of 1 (lowest) to 5 (highest). For example, if an intervention rates 1 under the criteria: "Resources Exist or can be obtained to make the change/intervention", this indicates that the resources are not at hand the team would difficulty obtaining them.

Step 3: Add the total number produced by the criteria for each intervention and enter it in the total column.

Step 4: Select the interventions that highest total. The team will next work on

- further designing the changes/interventions if necessary,
- taking action to put the change/intervention in place,
- and collecting data to measure whether and to what extent the intervention closed the performance gap.

The team may request and obtaining external assistance and resources for any of these through discussion and/or collaboration with the facility manager (if not already on the team), external supervisor, and/or peers.

Job Aid: Example Format for an External Supervisor's SS Action Plan

Problem	**SS Actions for the External Supervisor to take / Resources needed**	**Is the SS/CQI facility-based team also working on some aspect of this problem?** **List Interventions they will work on**	**External Supervisor Follow-up necessary**	**Action completed and report back by when**	**Notes**

Job Aid: Example Format for a Facility-level SS/CQI Action Plan

Problem	**Root Causes**[75]	**Interventions Selected**	**Actions Necessary**[76]	**Lead responsible and team members**[77]	**Action completed and report back by when**

[75] Should be stated in terms of Performance Factors: Lack of: Clear Job Expectations; Timely Performance Feedback; Motivation and Incentive, Work Environment and Supplies; Organizational Support; Knowledge and Skills.
[76] Denotes what the team needs to do to make changes, put intervention in place and measure results. Can include data collection, changes in procedures or systems; re-training or continued learning, coaching, community outreach, etc.
[77] Lead responsible should include a member of the facility-based SS/CQI team or the external supervisor. Other team members can be SS/CQI team members, and/or other staff at the facility, peers or community members who have been requested to work on identifying and solving the problem by putting the interventions in place.

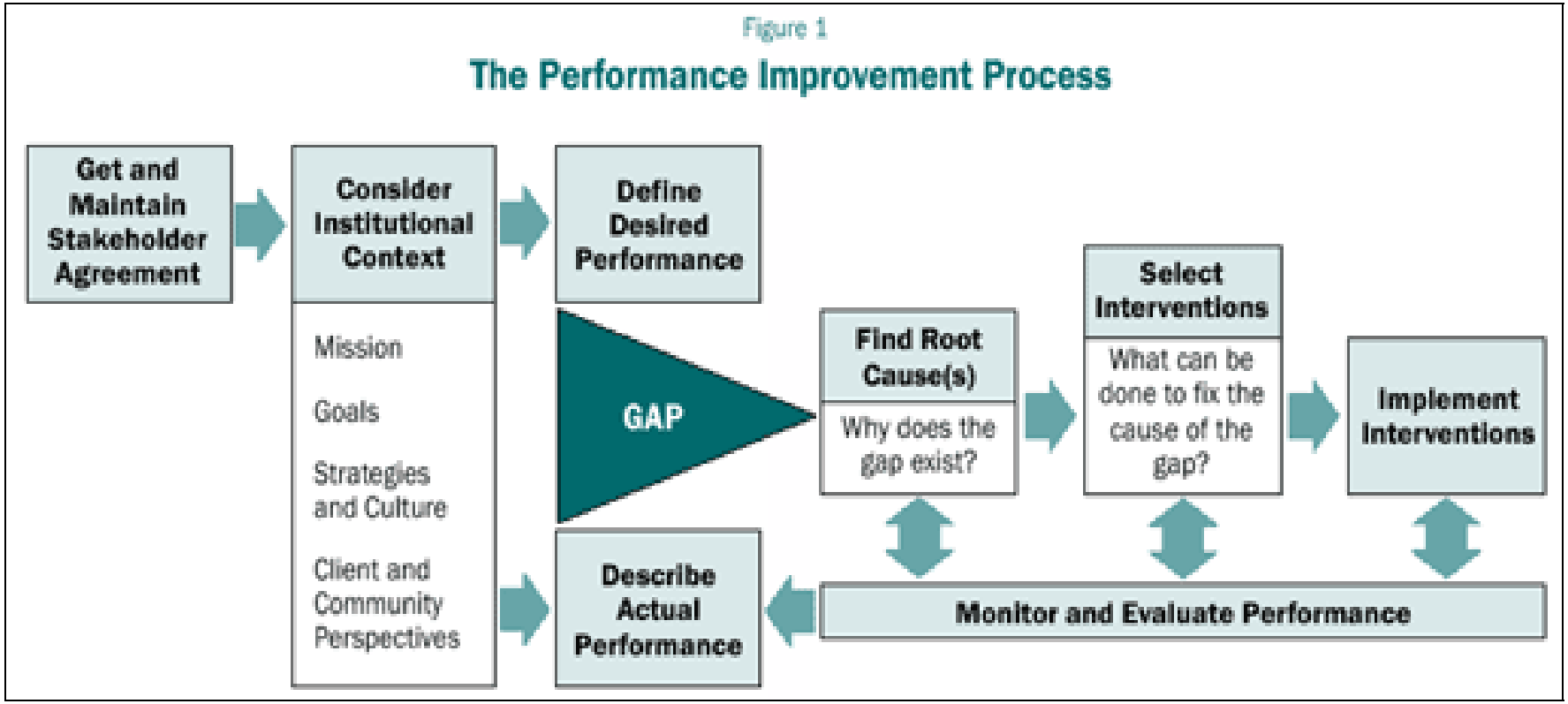


Figure 1
The Performance Improvement Process
Get and Maintain Stakeholder Agreement
Consider Institutional Context
Mission
Goals
Strategies and Culture
Client and Community Perspectives
Define Desired Performance
GAP
Describe Actual Performance
Find Root Cause(s)
Why does the gap exist?
Select Interventions
What can be done to fix the cause of the gap?
Implement Interventions
Monitor and Evaluate Performance

Performance Factors
▪ **Clear job and performance expectations** *Job descriptions, clinical **standards** and protocols, **client expectations** and needs, program objectives, benchmarks*
▪ **Feedback on performance** o *Written or verbal **feedback from supervisor** and/or peers;* o *Posting clinic **data*** o *Collecting **feedback from clients** in exit interviews and/or focus groups*
▪ **Physical Environment** o ***Workspace** necessary to welcome clients properly, provide clinically correct, private, confidential services, and provide necessary spaces for staff to perform other tasks necessary for quality service delivery* o ***Equipment and supplies** necessary to provide clinically correct, private, confidential services*
▪ **Motivation to perform** o *Verbal and/or written **recognition** for performing up to standards and/or making improvements* o *Access to **professional development*** o *Employee of the week or month award* o *Public recognition through news letter, radio, newspaper, internet, etc.* o *Promotion*
▪ **Organizational support** o *Mission of organization, leadership and management; systems such as a **functioning supportive supervision system*** o ***Communication*** o *Organizational structure* o *Well-conceived job roles and responsibilities (documented in **job descriptions**)* o *Work rescheduling for removal of competing job tasks*

- **Knowledge and skills (competencies) to do the job**
  - *Formal face-to-face training events/courses*
  - *Job aids*
  - *Updates*
  - *Peer and group-based learning*
  - *On-the- job training, coaching/mentoring*
  - *Self-study/ self-directed learning*
  - *Distance learning/ computer-based learning*

Exercise 10.1. Using findings from Practice SS Site visits

Total time: 80 minutes for steps 1 through 7 of this exercise (step 8, 5 additional minutes per each group to share their work with the plenary).

Description: Small group members will work together to process the information they collected during the SS site visits and by the end of the exercise, they will have completed:

- An SS Action Plan for their work as an External Supervisor.
- An SS/CQI Facility-level Action Plan.

Group set up:

- Divide the participants into 2 groups: Group 1: Batumi Women Consultation; Group 2: Batumi Primary Health Care (Family Medicine) Center.
- HWG trainers and staff work together with groups, providing support as needed.
- Each group should have participant to facilitate and keep time.
- Each group should record their work on flipcharts so they can share it with the plenary at the end of the 80 minutes allotted for the exercise.

Steps of the Exercise:

- **Step 1:** Complete the assessment scale subtotal (poor/satisfactory/good) for each area on each checklist used during the SS practice visit (if not already done.)

- **Step 2:** Review the information they collected with the two key SS Tools: Quarterly Facility Review; and Performance Assessment for Counseling and General FP Skills; plus information they gathered through any other FP methods specific performance assessments used during the site visits.

- **Step 3:** Select priority problems from those they documented on the SS Tools (including areas where the performance rated "poor" on the rating scale)—priority problems to be be addressed through SS by the External Supervisor and the SS/CQI teams, respectively (if there is a long list of problems, more than 4 or 5, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which problems to address.

- **Step 4:** For each problem selected, state where possible the desired and actual performance and the performance gap(s) they observed during their site visit.
    - Record desired and actual performance and the performance gap on Job aid: Performance Improvement Specification form. Make each quantified, if possible)

- **Step 5:** Identify the root causes of the problems by selecting and using appropriate PI and CQI tools to identify the root causes such as brainstorming, cause-effect analysis (why-why-why trees and/or fishbone diagrams) and flow charts (note: not all of these tools must be used: sometimes the root causes of problems may be obvious staff and only

brainstorming and discussion will be necessary. However, for more complex problems, or when there are potentially multiple root causes, the small group (and trainers/facilitators assigned work with them) should select the appropriate tool such as why-tree, fishbone diagram and/or flow chart for analyzing the problems they have identified.

- Record the root causes identified on Job aid: Performance Improvement Specification form using the language of "Performance Factors")

- **Step 6:** Identify and select interventions/changes that will address the root causes and will 'fix' the performance problem. (If there are many possible interventions, the small group team can use the Job aid: *Decision Matrix* to come to agreement on which intervention(s) to try first to solve the problem.

- **Step 7:** Complete the SS Action Plans:
  - SS Action Plan for the External Supervisor (Job aid: Format for the SS Action Plan of the External Supervisor)
  - Facility-level SS/CQI Action Plan (Job aid: Format for the Facility-level SS/CQI Action Plan).

- **Step 8:** Each group will have 5 minutes to share Group work with the plenary.

Supplemental (Optional) Job Aid for Trainers – Example of Step by Step Performance Improvement Specification[78]

This job aid provides step-by-step information for completing the Performance Improvement Specification form. As you complete the steps described below, you will define desired and actual performance, identify the root causes of performance gaps (the difference between desired and actual performance), consider appropriate interventions to close the gaps, and rank the interventions on a cost benefit scale.

Steps 1 & 2: Define Desired and Actual Performance

First Things First: Specify the problem in terms of performance

People will often present you with problems like "clients are not returning to the clinic." While that is certainly a problem, it is stated in general terms that do not reflect anyone's performance. Your job is to "drill down" until you uncover the performance that is the root cause of the problem. Once you've done that, you can define desired performance and the actual performance.

The "why-why-why" technique is useful to gain specificity and uncover the performance in the problem. When presented with a problem, keep asking "why?" until there are no more answers. (Those of you with small children will be especially familiar with this technique.)

Example of the why-why-why technique
A: People aren't coming back to our clinic.
B: Why aren't they coming back?
A: Well, I'm not sure. I hear some complaints about the time it takes.
B: Why are people complaining about the amount of time?
A: I guess they think it takes too long.
B: Why do they think it takes too long?
A: Maybe they think a four-hour wait is too long, and maybe they are right.
B: Why do people have to wait four hours?
A: Well, the providers can only do so much, but they only see about one person per hour.
B: Why do they only see one person per hour?
A: Well, they have a lot to do with each client.
B: Are there any other reasons? ("why" else?)
A: Well, they have a lot of down time between clients.
B: Why do they have a lot of down time?
A: Hm, they have some paperwork, and they take long breaks.
B: Ah ha!

The interviewer turns a hard-to-solve problem (people not coming back) into a performance problem (long breaks) that can be attacked. The interviewer should then go back and start at the beginning again to see if other problems need to be identified. In this case, you would say, "Are there any other reasons people are not coming back?"

Specify the performance in question

When defining desired and actual performance, your role is to describe the performance in observable, measurable indicators. We will use these indicators later to determine project success. Good performance indicators:

[78] From: "Performance Improvement Specification Form", from *Performance Improvement, Stages, Steps and Skills*, The PRIME II Project, IntraHealth International, Inc, http://www.intrahealth.org/sst/tool2-1.html, accessed November, 2007.

- State accomplishments or behavior of the performer
- Are observable
- Are measurable
- Can be agreed upon by independent observers
- Give a clear, unambiguous, yes-or-no answer to "did they or didn't they?"
- Are under the control of the performer

Poor Example	Problem/With Example	Better Example
The provider should show they care about the client.	Ambiguous—there are many ways to show that one cares.	The provider lets the client finish all explanations and does not interrupt.
The provider should spend adequate time with each client.	*Adequate* is open to many interpretations.	The provider spends at least 20 minutes with each client.
The provider should know the client-provider interaction (CPI) protocol.	Not observable: we cannot see what someone knows, only what they do.	The provider follows the five steps of the CPI protocol with every client.
The provider respects the privacy of each client.	Not observable and ambiguous.	The provider should meet with every client in a place that allows conversations that cannot be overheard by anyone else.
The provider sees at least five clients every day.	Not under the control of the provider—what if only three come to the clinic?	The provider takes no longer than 15 minutes of break/documentation time between clients when clients are in the waiting room.
There should be adequate supplies in the clinic.	Not the behavior or accomplishment of the provider. This might be a cause of a performance problem, but it is not a description of desired performance.	When available, the provider should give each OC client a two-cycle supply.
The providers have inadequate community support.	Not the behavior or accomplishment of the provider. This might be a cause of a performance problem, but it is not a description of performance.	Providers have explicit mechanisms to solicit feedback about performance from community members; the provider acts on feedback and communicates results.
The providers do not offer integrated RH services.	Ambiguous—no clear definition of *integrated.* Or, if there is a definition, it should be used instead.	The providers offer the five minimum services listed in the clinic policy manual or refer clients when the service is unavailable at their site.

Step 3: Define Performance Gaps

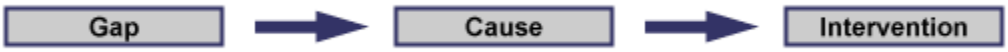
Once you have described performance in observable and measurable terms, stating the gap is often a simple matter of arithmetic—just subtract the desired from the actual. Some examples appear in the table below.

Desired Performance	Actual Performance	Gap
All providers should offer all five FP methods available at our clinic.	Only 3 of the 10 providers regularly offer all five methods.	70 percent (7 out of 10) do not offer all five methods.

Providers should spend 8 to 10 minutes consulting with clients regarding their reason(s) for coming to the clinic (and reviewing the resolution of prior health concerns as noted on the client's chart) before starting procedures.	Eight of 10 providers spend an average of less than five minutes with clients discussing current and past health concerns (some frequently do not consult the client's chart) prior to beginning procedures.	80 percent of providers are not performing at the desired level.

Step 4: Determine Root Causes of Gaps

Determining the root cause is an essential step of any PI investigation. Selecting the right intervention is completely dependent on finding the root cause of the performance gap. Remember the relationship between performance and interventions:



We should only select **interventions** that will fix the **cause** of the **gap.** If we select an intervention that does not fix the root cause of the gap, there will be no positive change in performance. For example, consider what happens if we offer training when lack of skills and knowledge are not the cause of a performance gap.

There are many effective root-cause analysis tools, including the why-why-why technique described here and the Diagnosing Performance Problems table also included in this section.

Root Cause Analysis Tool: Why-Why-Why Technique

The why-why-why technique was described earlier as a means of getting clients to describe problems in relation to performance. The same technique can be used to explore the root causes of gaps. When exploring the root cause(s) of a gap, interviewers must keep asking why until they have exhausted the possible causes for the gap. Since there may be more than one reason, it is necessary to examine all the possibilities and consider which are most responsible for the gap.

State the Root Cause in Terms of the Related Performance Factor

After you have determined a root cause, you should be able to state the performance factor to which the root cause is related. The goal is to state the root cause as specifically as possible. Examples of root causes and the related performance factors are shown below.

- Providers do not know they are supposed to spend a minimum of 10 minutes interviewing: Lack of clear job expectations
- Providers have no idea whether their clients are satisfied with their service: No performance feedback
- The supervisor never acknowledges when providers do a good job or a bad one: No incentives for good performance
- Providers have no private areas in which to do counseling: Inadequate work environment
- Providers have to perform every function themselves and have no time to spend with clients: Inadequate organizational support
- Providers do not know how to recommend the best FP method (based on client interview): Lack of knowledge and skills

Step 5: Propose Interventions

When you have found the root cause of the performance problem, and you have stated it in terms of its factor, the intervention will become obvious. The table below provides some possible interventions.

Performance Root Cause	Possible Intervention
Lack of Information—no clear job expectations	Let performers know what is expected of them: ▪ Job descriptions ▪ Written protocols ▪ Norms for the job ▪ Clear verbal statement of expectations
Lack of information—no clear immediate performance feedback	Provide clear feedback on work performance, as soon as possible after the performance, for example: ▪ Regularly post client satisfaction data ▪ Provide information about adherence to a CPI checklist ▪ Verbally tell a provider how they are doing compared to what is expected of them
Poor work environment or tools	Provide the tools, environment and supplies necessary to do the job, for example: ▪ Enough light ▪ Private space to do counseling
Lack of incentives for doing good work	Provide incentives contingent upon performing up to standard, for example: ▪ Verbal “good job” for good performance ▪ Access to training or other development activity ▪ Employee-of-the-week award ▪ Public recognition in newsletter, newspaper ▪ Notation on employment record
Lack of organizational support	Provide organizational support, which may require any of the following: ▪ Supportive supervision that makes sure all the other performance factors are in place ▪ Rewriting mission statements ▪ Restructuring of the organization

	▪ Restructuring of the reporting relationship
Lack of skills and knowledge	Provide training/learning activities/opportunities, for example: ▪ Job aids ▪ Instructional manuals ▪ Self-study modules ▪ On-the-job training ▪ Peer training ▪ Workshops ▪ Classroom training

SESSION ELEVEN

Handouts for which you will need one for each participant and trainer:

- Handout 11.1. Overview of 5 Key Tools and Key Job Aids for Supportive Supervision
  - Key tool: Red Flag List (Introduction and 3 forms: External Supervisor form; Facility-level form; Clinical-Supervisor Phone/email log form)
  - Job Aid: Quarterly SS Visit by External Supervisor
  - Key tool: Facility Audit with Checklist
  - Job Aid: Annual Calendar for External Supervisors
  - Job Aid: Monthly and Quarterly Planning Forms for External Supervisors
  - Key tool: FP Client Exit Interview
  - Job aid: Tips for Interviewers Conducting FP Client Exit Interviews

Overview of 5 Key Tools and Key Job Aids for SS Assessment / Monitoring

Key
♦ = Lead ◊ = Participates with Lead ∗ = Also uses (or can use) aid/tool

Job Aid and 5 Key Tools for Assessment / Monitoring	Who uses				Notes
	External Supervisor	SS/CQI Team	Peer and/or Self	Other	
Daily, Bi-Weekly, and As Needed Basis					
• **Key Tool: Red Flag List**	∗	∗		♦ Manager or Senior Provider on Duty	Daily as Needed Routinely on a weekly -basis
• **Job aid: Cell phone log form (to use with Red Flag list)**	♦	∗		♦ Manager or Senior Provider on Duty	As needed (along with Red Flag List)
• **Job aid: Meeting of facility-based SS/CQI team**	◊	♦			Every other Week (Bi-weekly) (30 – 60 minutes or during planned staff meeting)
• **Job aid: Performance Improvement Specification form**[79]	◊	♦			Bi-Weekly as needed
• **Job Aid: Decision Matrix**	◊	♦			Optional, as needed
• **Job Aid: Example format for a Facility-Level SS/CQI Action Plan**	◊	♦			Bi-Weekly as needed

[79] From "Performance Improvement Specification", from *Performance Improvement, Stages, Steps and Skills*, The PRIME II Project, IntraHealth International, Inc, http://www.intrahealth.org/sst/tool2-1.html, accessed November, 2007.

Job Aid and 5 Key Tools for Assessment / Monitoring	Who uses				Notes
	External Supervisor	SS/CQI Team	Peer and/or Self	Other	
• **Job Aid: Example format for an External Supervisor's SS/ Action Plan**	♦	◊			Monthly per Facility
• **Job Aid: (Optional/Supplemental for Trainers) Step by Step Performance Improvement Specification**	◊	♦			As needed
Monthly and/or Quarterly Basis					
• **Job Aid: Monthly Planning Form for External Supervisors**	♦				Monthly
• **Job Aid: Monthly SS Visit Conducted by an External Supervisor** • **Key Tool: Facility Review with Checklist** • **Key Tool: Performance Assessment of Counseling and General FP Skills**	♦	◊			Monthly
• **Key Tool: Client Exit Interview**		♦			Monthly
• **Job aid: Tips for Observers Conducting Performance Assessments that Include Client-provider Interactions**	♦	◊	*		Monthly
• **Job aid: Tips for Interviewers Conducting FP Client Exit Interviews**	◊	♦			Monthly or Quarterly
• **Job aid: Mentoring**	♦				As needed Monthly & Quarterly
• **Job aid: OJT and coaching**	♦		*		As needed Monthly & Quarterly
• **Job aid External Supervisor's Monthly Self-Assessment and Personal Plan**	♦				After each SS visit
Quarterly Basis					
• **Job aid: Quarterly SS Visit Conducted by an External Supervisor**	♦	◊	*		Quarterly

Job Aid and 5 Key Tools for Assessment / Monitoring	Who uses				Notes
	External Supervisor	SS/CQI Team	Peer and/or Self	Other	
• **Key Tool: Facility Audit with Checklist** • **Key Tool: Performance Assessment with Checklists**					
• **Job aid: Self assessment for facility-based staff**			♦		Quarterly
• **Job aid: Conducting Peer review**			♦		Quarterly
• **Job aid External Supervisor's Quarterly Self-Assessment and Personal Plan**	♦		*		Quarterly
• **Job aid: Leadership Self-Assessment**	♦		*	* Community Representative	Quarterly
• **Job aid: SS/Working with the Community Partnerships for Quality**	◊	♦	*	* Community Representative	Quarterly
Annual Planning, Updated Quarterly and Monthly as Necessary					
• **Job aid: Annual Calendar for External Supervisors**	♦	◊			Annually Updated Quarterly and Monthly as nesssary

Key Tool: Red Flag List[80]

Purpose and Description

This tool provides a format for (a) documentation of "red flag problems" by staff at facilities providing FP/RH; and (b) guidance and support needed and provided from the External Supervisor to resolve the red flag problem.
Identification of red flag problems and use of the red flag tool is typically initiated by facility staff. Red flag problems include:

A. An emergency with an individual client for which consultation is needed beyond that which can be provided by clinical service providers on duty and/or assigned to the facility. (In this case the Red Flag List is used along with the tool: Clinical-Supervisor Phone /Email Log Sheet; see form below.)

B. Critical problems that that must be addressed immediately in order to ensure the safety of service delivery and/or to enable other service delivery functions to take place, for example:
   - Key infection prevention (IP) practices[81]
   - Missing or broken equipment for IP or other key FP service delivery functions
   - Staff not on duty: absent, ill or cannot handle workload
   - Stock-outs in FP methods or key supplies.

   These critical problems can be resolved, if possible, by the staff based at the facility; including the SS/CQI team and/or the Senior Manager and Clinical Provider on duty. If the red flag problem cannot be resolved at that level, facility-based staff should contact their External Supervisor via phone or email for support, and record the interaction using the appropriate tool.

In either case (A. or B., above), the facility-manager or senior service provider on duty should use the tool/form to document the red flag problem and how it was resolved. The tool provides a written record of the nature of the problem, who was involved in identifying and resolving the problem, the outcome(s) of actions taken to resolve the problem, and any follow-up necessary along with who is responsible for taking the follow-up actions.

[80] Concept adapted from *Supportive Supervision to Improve Integrated Primary Health Care*: Management Sciences for Health Occasional Paper No. 2 (2006); and Evidence-based Supportive Supervision for Health Workers: a Practical System for Improving FP Services, Annex P: Clinical Supervisor's Cell Phone Consultation Log, Tom Coles, JSI Research and Training Inc, October 2005.
[81] As determined according to competency-based checklist for Infection Prevention Practices

Red Flag List: External Supervisor Form

Date: _____ Name of Facility: _____

Name of person completing this Red Flag form: _____

Names of other facility staff identifying the problem: _____

_____

Problem(s) Discussed:	
Supervisor: ask the Facility Staff and record the responses to the following:	
x	1. Problem(s) presented:
	a. Key infection prevention (IP) practices[82]:
	b. Missing or broken equipment for IP or other key FP service delivery functions
	c. Staff not on duty: absent, ill or cannot handle workload:
	d. Stock-outs in FP methods or key supplies:
	e. Other:
	2. Actions Already Taken To Address Problem(s):
	3. Status/ Outcome(s) of Actions Already Taken:
	4. Supervisor: Record Summary of the Advice / Instructions Given:
	5. Next Steps, including monitoring and follow-up required, by whom, by when:

[82] As determined according to competency-based checklist for Infection Prevention Practices

Red Flag List: Facility-Level Form

Date: _____ Name of Facility: _____

Name of person completing this Red Flag form: _____

Names of other facility staff identifying the problem: _____

_____

Problem(s) Discussed:	
Staff reporting: Discuss the following with the External Supervisor and record the responses :	
x	1. Critical Problem(s) identified:
	a. Key infection prevention (IP) practices[83]:
	b. Missing or broken equipment for IP or other key FP service delivery functions
	c. Staff not on duty: absent, ill or cannot handle workload:
	d. Stock-outs in FP methods or key supplies:
	e. Other:
2. Actions Already Taken To Address Problem(s):	
3. Status/ Outcome(s) of Actions Already Taken:	
4. Summary of the Advice / Instructions Given from External Supervisor:	
5. Next Steps, including monitoring and follow-up required, why whom, by when.	

Use the back of the form for additional comments.

[83] As determined according to competency-based checklist for Infection Prevention Practices

Red Flag Form: Clinical-Supervisor Phone / Email Log

Date: _____ Time: _____ Name of Facility: _____

Name of External Supervisor completing this form: _____

Names of other facility staff identifying the problem: _____

_____

Emergency with an individual client
Supervisor: ask the Facility Staff calling and record the responses to the following:
1. Client name:
2. Problem(s) presented:
3. Medical History:
4. Physical Examination:
5. Investigations:
6. Clinical Services/Procedures/Management Already provided:
7. Outcome(s) of Services Already Provided:
8. Specific Questions the Facility Staff has about services that should be provided:
9. Supervisor: Record the Advice Given:
10. Next Steps, including monitoring and follow-up required, by whom, by when:

Use the back of the form for additional comments.

Job Aid:

Quarterly Supportive Supervision Visit By an External Supervisor

Task	*Your Notes to prepare for Visit*
C. Before a Supportive Supervision Visit to a RH/FP facility	
l. **Confirm dates** of visit and availability of key staff will participate in SS activities during visit.	
m. **Review and analyze information** gathered during and after last SS visit:	
j. Status of key service indicators from monthly service statistics from rayon and facility to be visited	
k. Facility Audit form with checklist	
l. Staff Performance Assessments: Clinical and counseling skills check lists	
m. SS/CQI facility-level Action Plans for Quality and Performance Improvement	
n. Any reports filed by the facility and/or by facility-based SS/CQI teams	
o. Any self-assessments and continued learning plans of individual staff that they have shared with you as External Supervisor	

Task	*Your Notes to prepare for Visit*
C. Before a Supportive Supervision Visit to a RH/FP facility	
p. Information on client expectations, satisfaction and community participation (e.g.: quarterly client exit surveys submitted by facility and/or surveys, focus groups or other information provided by entities outside the facility).	
q. Notes from team and individual meetings conducted with staff last quarter.	
r. Red Flag Lists/ Phone and email logs.	
n. **Plan with facility manager or SS/CQI team leader** to take part in SS/CQI team meeting that will be held during SS visit	
a. When will the meeting take place when all the staff on the team can be present	
b. What will the meeting cover? What will you specifically cover, as the external supervisor? (Reference to Job aid: Meeting of facility-based SS/CQI team.)	
c. Agree to (and plan) what coaching on SS/CQI and/or information you as External Supervisor will share during that meeting.	
d. Plan to include review of status of key service indicators from monthly service statistics from rayon and facility to be visited	
e. Other:	

Task	*Your Notes to prepare for Visit*
C. Before a Supportive Supervision Visit to a RH/FP facility	
o. **Plan for individual staff performance assessments** during upcoming SS visit.	
e. Which staff will have base-line Performance Assessment during this visit? For which RH/FP services will the assessment be conducted? Which checklist and other forms will be used?	
f. Which staff will have follow-up Performance Assessment during this visit? For which RH/FP services will the assessment be conducted? Which checklist and other forms will be used?	
p. **Plan for on-the-job training and/or coaching sessions**	
f. Are there on-the-job-training (OJT) and/or coaching/mentoring sessions that need to be conducted based on previously identified needs?	
g. Set aside time for OJT and coaching/mentoring sessions based on needs that arise/are observed during visit.	
h. Confirm if there 1 or 2 facility staff who can take part in the Facility Audit as a way of coaching them.	
q. **Other planning**:	
Other:	

Task	*Your Notes While you conduct the visit*
D. During Supportive Supervision Visit to a RH/FP facility	
1. **Greet and meet briefly with person in charge** at facility, review schedule for visit and top priorities. Confirm if there are 1 or 2 facility staff who can take part in the Facility Review as a way of coaching them.	
2. **Conduct Facility Audit** with checklist (Key Tool: Facility Audit, including in-depth program review outlined on to Facility Audit tool). Involve 1 or 2 facility staff in review as a way of coaching them.	
3. **Meet with SS/CQI team**:	
m. Listen to the report of the facility-based SS/CQI team on including any information they share on:	
• Actions taken and progress made on SS/CQI Action Plans developed during concluding quarter (since last SS visit)	
• New Action plan items they have added since last visit	
• Information on client expectations and satisfaction they have collected through exit interviews and community participation.	
• Initial suggestions for SS/CQI issues to address this coming quarter as a follow up to previous action plan and/or pending and/or emerging issues and problems.	

Task	*Your Notes While you conduct the visit*
D. During Supportive Supervision Visit to a RH/FP facility	
n. Review status of key service indicators from monthly service statistics from rayon and facility to be visited	
o. Review key findings from the Facility Audit with checklist conducted during this current SS visits.	
p. Elicit other staff's comments about problems the staff and/or team has encountered during the quarter.	
q. Based on a. through d. above:	
• Comment on, praise and celebrate progress and improvements!	
• Discuss which problems/challenges to address through SS/ CQI Action Plan (and/or more in-depth Performance Needs Assessment) during upcoming month and quarter.	
• Discuss how 'red flag' issues can be addressed through CQI, PI and or other methods	
r. Coach team on CQI and PI tools and processes to help them carry out Action Plans.	
4. <u>Conclude SS/CQI Meeting</u> with agreement on any next steps not in the Action Plans.	
5. <u>Work with individual staff</u> on:	

Task	*Your Notes While you conduct the visit*
D. During Supportive Supervision Visit to a RH/FP facility	
• **Conduct baseline and/or follow-up performance assessments on clinical skills and counseling** (Key Tool: Performance Assessment for Counseling and General FP Skills; additional HWG competency-based checklists for specific FP methods and Infection Prevention.)[84]	
• Conduct on-the-job training and/or coaching sessions.	
• Mentor staff in relation to their Personal Plans for Performance Improvement and Continued Learning (Job aid: Facility Staff Personal Plans for Performance Improvement and Continued Learning)	

[84] "Additional HWG competency-based checklists" refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

Task	*Your Notes*
After Supportive Supervision Visit to a RH/FP facility	
11. Document visit through SS visit/ trip report. Submit report to --	
12. Enter results from SS/visit in Quarterly Supervision Summary Sheet.[85]	
13. Update files of individual facilities and providers with findings and next steps from latest SS visit.	
14. Conduct follow-up with clinic staff between SS visits via telephone and/or email. Conduct this follow-up both monthly (on a pre-arranged date) and "on demand" if clinic staff call for guidance and/or problem solving assistance.	
15. Other actions for the External Supervisor to take based on findings of the SS Visit.:	
16. Complete Job Aid: External Supervisor's Self-Assessment (short form for after each visit), and personally plan to strengthen own performance.	

[85] Refers to pre-existing HWG Summary Sheet (color coded tracking sheet)

Key Tool: Binannual Facility Review[86]

A General information

A1. Date_____ A2.Region _____ A3. City/Rayon _____
A4. Facility_____
A5. Facility representative (*Name, family name):* _____ A7. Specialty: _____
A8. Clinical Observer/ Coordinator (*Name, family name):* _____
A9. Others Visit Participant(s) (*Name, family name):* _____
A10. Total population in catchment area_____ A11. No. women of reproductive age women (15-49)_____
A12. No. <1 year olds_____ A13. No. <15 years olds _____ A14. No. ≥ 65 years olds _____ A15 No. pregnant women (current) _____
A16. Were there any "Red Flag problems" reported to the External Supervisor in the quarter since the last SS visit?
_____Yes _____No
A17. If yes, note them here briefly:
_____
A19. Are there any unresolved problems from SS/CQI Action Plans that you know of before beginning Facility Audit?
_____Yes _____No
A20. If yes, note them here briefly:
_____

[86] Adapted from sources including the previous HWG Supportive Supervision From "Women Consultation, Ambulatory, reproductive office Assessment Questionnaire - Period Visit" John Snow, Inc, 2006 ; **And:** *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007; Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006. And *Quick Investigation of Quality (QIQ): A User's Guide for Monitoring Quality of Care in FP*. MEASURE Evaluation Manual Series, No. 2**,** Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. **And:** *Supportive Supervision to Improve Integrated Primary Health Care*: Management Sciences for Health Occasional Paper No. 2 (2006). **And:**

Assessment method *(AM): 1= Immediate Observation; 2= Record Check; 3= Interview*
Assessment scale *(circle one): 0-50% = 1 (poor), 50-75%= 2 (satisfactory), 75-100%= 3 (good)*

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
B	**Physical Environment, Set-up and Equipment**					
B1	Is the family planning delivery service office cozy, clean and tidy; cleaning conducted each day?					
B2	Is there adequate, well-organized space to welcome clients properly; provide appropriate privacy and confidentiality during reception, counseling (auditory) and service delivery (visual); provide adequate workspace for clinically correct services and lab work; and store and maintain equipment and other supplies in secure and medically safe conditions?					
B3	Are doctors' and counselors' offices equipped with booklets, IEC materials on FP					
B4	Are posters, visual materials in the waiting hall?					
B5	Are the patient's rights displayed in conspicuous place in the waiting area or in the doctors' offices?					
B6	Is there Contraceptive Supply for minimum 3 maximum 6 month?					
B7	Is there a place for contraceptives to be stored?					
B8	Are contraceptive storage conditions maintained, including First-in-First-out (FIFO) procedures?					
B9	Is there a register to record the delivered contraceptives?					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
B10	Was there any lack of contraceptives during the last 6 months?					
B11	Is there an up-to-date list of facility repairs needed and taking place (doors, windows, water, phones, furniture, etc.)?					
B12	Is there adequate number of functioning equipment to safely provide the full range of FP/contraceptive services that is to be offered by this type of facility? (IUD insertion kits, lamps, gyn tables, equipment for Infection Prevention practices, etc.) (See FP Equipment and Supplies List, attached)					
B13	Are there clear signs outside; and clear signs in the facility listing services available at which times, and directing clients where to receive specific services?					
B14	Is the facility accessible and welcoming to youth? The disabled? Men? Women?					
B15	Are waiting times and client flow periodically assessed?					
B16	Is there a suggestion/complaint box displayed and used in the facility?					
	Section B assessment subtotal	1 2 3				
C	**Medical Record Review**					
C1	Does the medical record have the following data of the patient's first visit:					
	Date of the last menstruation?					
	Weight?					
	Blood pressure?					
C2	WHO eligibility criteria/class related to the method selected by the patient?					
C3	Are all the visits of the patent/client					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	recorded?					
C4	Is patient/client weight, blood pressure reported during repeated visits?					
C5	For returning patients: Does the patient's record the patient's (self-identified) reproductive goals (space or limit births) and note the contraceptive methods previously selected/used?					
C6	Is there a patient's signature in the register or in the patient's medical record confirming the free of charge delivery of contraceptives?					
	Section C assessment subtotal	1 2 3				
D	**Information System and Use of Information**					
D1	Is the facility MIS system functioning?					
D2	Is the facility up-to-date on monthly/quarterly reports?					
D3	Has the facility identified and internally tracked key indicators (such as new acceptors, continuing users, contraceptive method mix)?					
D3.x	*List key indicators being currently tracked and displayed by facility staff and their current values:*					
	Key Indicator 1:					
	Key Indicator 2:					
	Key Indicator 3:					
D4	Is up-to-date (monthly or quarterly) status of the key indicators and other data graphically displayed (using tables and charts) in a place it can be seen by staff?					
D5	Is there displayed an up-to-date map of the facility's catchment area, including other					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	service delivery points, and community outreach sites?					
D6	Does the facility staff routinely (monthly, quarterly, annually) review and discuss program-based and population-based indicators that reflect the quality and reach of the services they offer (e.g. key indicators, rates of infections and/or complications; method mix; unmet need for FP services among various age groups and/or geographic areas)?					
D7	Does the clinic routinely collect (e.g.: monthly or quarterly) discuss and act on information concerning client expectations and level of satisfaction with accessibility and quality of services?					
D8	Do staff understand the expectations placed on them for their roles in delivering quality FP?					
D9	Are clinical standards, program guidelines and procedures, and job descriptions up-to-date and in a format easily accessible to all relevant staff?					
	Section D assessment subtotal	1 2 3				
E	**Referral System**					
E1	Are there clear criteria and guidelines for when a patient should be referred to another facility for services?					
E2	In cases where a patient has been referred, is there full notation on the client record of to where and for what service?					
E3	Is a letter sent with patient to the referral site?					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
E4	Are there established lines of communication with the sites to which referrals are sent?					
E5	Do staff at the facility issuing the referral follow-up to determine whether a client received the services for which they were referred.					
E6	Do staff at the facility receiving referral follow-up to inform the referral site that the received the services for which they were referred?					
E7	Do staff (such as the counselor who originally saw the client) at the referring facility make an effort to contact					
	Section E assessment subtotal	1 2 3				
F	**Staff/Personnel Management**					
F1	Are orientation procedures for new staff conducted as needed?					
F2	Are all staff oriented and up-to-date on the staff procedures, administration requirements, and new pronouncements/guidance from the MoLHSA for their area of responsibility?					
F3	Is the staff work schedule and on-call roster displayed; is it fair?					
F4	Are there methods used to motivate staff to provide perform up to standards, improve performance, and provide high quality performance that exceeds expectations? (This can include written and verbal feedback, public recognition, awards, employee of the month, opportunities for continued learning such as conferences and additional training, assignment of additional					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	desired responsibilities, promotion, etc.)					
F5	Is there a displayed clinic task list and appropriate rotation of tasks?					
F6	Is the absentee/attendance register used?					
F7	Is there task (or tasks) not performed or services not delivered because of a lack of number/type of staff and/or staff competencies?					
F8	Are their regular staff meetings for information exchange and problem-solving?					
F9	For each staff person is there a record of conferences attended and training received? Are these reviewed for equal opportunity?					
F10	Are staff who attending training and or conferences given time during work hours to debrief and/or coach their on-site colleagues on the content of the events attended?					
F11	Are staff receiving timely, constructive feedback on their performance?					
F12	Are discipline problems documented and copied to the External Supervisor?					
	Section F assessment subtotal	1 2 3				
	Client Relations, Community Outreach, Community-Health Provider Partnerships					
G1	Did the facility conduct exit interviews, and discuss and use the findings to improve quality and/or staff performance?					
G2	Do providers know and understand the importance of knowing and working to achieve client expectations and satisfaction?					
G3	Does the facility staff conduct it service delivery with the needs and preferences of various groups in mind: youth, the					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
	unmarried, those with disabilities, men, and women?					
G4	Has the community been involved in helping set the facility's priorities?					
G5	Does the community actively support the facility's clinics programs?					
G6	Has the clinic conducted outreach into the community to provide information and/or help clients access services?					
G7	Has the clinic formed partnership and/or conducted outreach to potential clients with members of the community, such as educators in middle, high school and universities?					
G8	Is there an established group with representatives of the community and facility that meet regularly to discuss expectations, service quality, and problems the community can help solve?					
G9	As the facility-community partnership group met during this quarter?					
G10	Did the community provide tangible support (time, expertise, material support), to either community outreach or clinic operations during this quarter? (e.g.: help facilities meet client/community expectations, improve quality of services, mobilize community members, disseminate information)?					
	Section G assessment subtotal	1 2 3				
	Organizational / Provider Support					
H1	Is there a vision and/or quality mission statement developed and clearly posted?					

		Yes	No	Comment/Explanation	Supportive supervision action to be taken, by whom, by when	AM
H2	Are core values for team work developed and posted where staff can see them?					
H3	Are job roles, responsibilities and task assignments within the clinic well-conceived?					
H4	Are all staff provided with clear, achievable performance expectations derived from appropriate sources such as job descriptions, up-to-date standards and protocols, best practices, client expectations and directives form supervisors and MoLHSA).					
H5	Is there periodic assessment of performance and learning needs of staff in all categories?					
H6	Is there an up-to-date performance/continued learning plan used for each staff member?					
H7	Are there continued learning opportunities on and off site for performance improvement and/or staff development?					
H8	Has supervision been supportive, regular and complete during the quarter?					
H9	Is coaching and OJT conducted on site by colleagues and/or visiting peers?					
H10	Has opportunities for one-to-one or group peer[87] review and/or information exchange been implemented during the quarter?					
	Section H assessment subtotal	1 2 3				

[87] Peers are colleagues/health workers with same or similar job responsibilities from outside the particular facility. Peers include service providers, counselors, members of medical and/or nursing teaching institutions, or professional associations.

		Yes	No	Comment/Explanation	Action to be taken by Facility Head, Facility staff, External Supervisor, by when	AM
I	**In-depth program review**					
	Previously reported Red Flag problems: have they been resolved in part or entirely?					
I 1	Red Flag #1:					
I 2	Red Flag #2:					
I 3	Red Flag #3:					
	Previously reported problems from SS/CQI Action Plans: have they been resolved in part or entirely?					
I 4	Problem from SS/CQI Action Plan #1:					
I 5	Problem from SS/CQI Action Plan #2:					
I 6	Problem from SS/CQI Action Plan #3:					
	For each Red Flag problem from SS/CQI Action plans reported during the quarter, and for areas in which the facility head and/or External Supervisor believe quality and performance should be strengthened:[88] work with the facility staff to perform an in-depth program review that includes and necessary assessments and other information gathering, included by not limited to the following:					
I 7	Are all expectations, standards and procedures for this area accessible and understood by the relevant staff?					
I 8	Are all the systems related to this area functioning well?					
I 9	Do relevant staff have the specific competencies necessary to perform each task for which they are responsible					
I 10	Are staff receiving timely, constructive feedback on their performance in this area?					
I 11	Is there adequate workspace, equipment and					

[88] Depending on the number of problems identified, the External Supervisor may have to prioritize which 2-4 problems/areas to address in the in-depth review. The External Supervisor can work with the facility head and other staff using the Job aid: Decision Matrix to select the appropriate problem.

		Yes	No	Comment/Explanation	Action to be taken by Facility Head, Facility staff, External Supervisor, by when	AM
	supplies in this area?					
I 12	Are staff provided with motivation to perform to the level of standards and expectations? (including recognition for work well done).					
I 13	Are there opportunities in the facility for regular communication and problem solving related to this area?					
I 14	Is there more data needed about the problem and/or possible solutions before action can be taken?					
I 15	Is there adequate support from sources within and beyond the facility (External Supervisor, MoLHSA, community) for the facility and staff to provide safe, efficient, client-centered services according to acceptable levels of quality?					
	Section I assessment subtotal	1 2 3				
J1	Other observations/ comments:					

Family Planning Equipment and Supplies List

Source*: Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning.* MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007.

EQUIPMENT AND SUPPLIES	MARK IF AT LEAST ONE IS AVAILABLE
1. Flashlight	
2. Working lamp	
3. Scale	
4. Blood pressure gauge	
5. Thermometer	
6. Stethoscope	
7. Scissors	
8. Sterile needles and syringes	
9. Specula	
10. Tenacula	
11. Uterine sound	
12. Alligator forceps	
13. Sponge holding forceps	
14. Artery forceps	
15. Dressing forceps	
16. Tissue forceps	
17. Mosquito forceps	
18. Intestinal forceps	
19. Babcock forceps	
20. NSV ringed forceps	
21. Scalpels	
22. Sutures	
23. Needle holder	
24. Retractor	
25. Tubal hook	
26. Sharp trocars	
27. Sterilizers	
28. Iodine	
29. Xylocaine or lignocaine	

EQUIPMENT AND SUPPLIES	MARK IF AT LEAST ONE IS AVAILABLE
30. Antiseptic	
31. Chlorine solution	
32. Sterile gloves	
33. Disposal containers for contaminated waste/supplies	
34. Sharps containers for used sharps	
35. Plastic buckets or containers for decontamination	
36. Clean instrument containers	
37. Instrument trays	
38. Swab containers with sterile swabs or sterile gauze	
39. Examination couch or table	
40. Examination table capable of trendelenburg	
41. Operation theater	
42. Recovery room	
43. Procedure area for IUD, injectables or NORPLANT	

Chapter III: Facility Audit with Interview of Manager 61

Key Tool: Client Exit Interview – Family Planning[89]

Date: _____ Medical Institution: _____

Name of Interviewer: _____

N	Question	Response
1	What was the reason for your visit today?	Get information or counseling _____ 1 Receive, get prescribed or referred for a contraceptive method for the first time _____2 Restart same contraceptive method after not using _____3 Get supplies for method already using _____4 Switch contraceptive method _____5 Discuss a problem about method currently using _____6 Other: (specify:_____)_____7
2	Age:	☐☐
3	Education:	High School----------1 Vocational ----------2 Higher ----------3
4	Pregnancy & Delivery Number:	Pregnancy #_____ Delivery ----- Spontaneous Abortion ------- Artificial Abortion---------
5	do you have any children? If so, how many?	☐
6	Do you want to have more children?	Yes----------1 No ----------2 **If No, Skip to question 8**
7	When are you planning to have next child?	☐
8	Do you know how to avoid unwanted pregnancy?	Yes----------1 No ----------2
9	Name the family planning methods you know:	

[89] Adapted from sources including the previous HWG "FP Client Interview", and Client Exit Interview, Chapter Two; *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007.

N	Question	Response
10	Have you ever used any method of contraception?	Yes----------1 No----------2 **If No, Skip to question 14**
11	What methods do you use currently to avoid unwanted pregnancy? (Let client respond, don't read list.)	Pill _____1 IUD _____2 Injedtable_____3 Implant_____4 Condom_____5 Spermicide_____6 LAM_____7 Surgical_____8 Traditional _____9 Other (specify: _____) _____10
12	Who advised /selected method you are using?	Doctor----------1 Spouse_____2 Friend----------3 Neighbor----------4 Other----------5
13	If you are using a method, have you had any problems with the method you are using that you discussed with the service provider?	Not Using_____1 -**Skip to question 17** Yes_____2 No_____3 -**Skip to question 17**
14	Did the provider try to understand the problem?	Did not discuss_____1 Yes _____2 No _____3
15	Did the provider suggest what you should do to solve the problem	Yes----------1 No ----------2
16	Were you satisfied with the advice or treatment you received for your problem?	Yes----------1 No ----------2
17	Did you come to receive a specific contraceptive method?	Yes----------1 No ----------2
18	Which method did you have in mind to receive today?	Pill _____1 IUD _____2 Injedtable_____3 Implant_____4 Condom_____5 Spermicide_____6 LAM_____7 Surgical_____8 Other (specify: _____) _____9 Non in mind: _____10
19	Which methods did the provider discuss with you?	Pill _____1 IUD _____2 Injedtable_____3 Implant_____4 Condom_____5 Spermicide_____6 LAM_____7 Surgical_____8

N	Question	Response
		Other (specify: _____) _____9
20	Did you receive a contraceptive method today?	Yes----------1 No ----------2
21	Were you given a referral or prescription for a method today?	Yes----------1 No ----------2
22	Which method did you receive or receive a referral or prescription for today?	Pill _____1 IUD _____2 Injedtable_____3 Implant_____4 Condom_____5 Spermicide_____6 LAM_____7 Surgical_____8 Other (specify: _____) _____9
23	***TO BE ANSWERED/ MARKED BY INTERVIEWER***: Did the client receive her/his method of choice? ***(Compare the responses to questions 18 and 22. If they are the same, circle "Yes". If they are different, circle "No".***	Yes----------1 No ----------2
24	Are you confident with the method you have received?	Yes----------1 No ----------2 Did not receive a method _____3 -**Skip to question 27**
25	Did the provider explain to you the possible side effects of the method?	Yes----------1 No ----------2
26	Did the provider tell you what to do if you had a problem while using the method?	Yes----------1 No ----------2
27	Where you told when to return for a follow-up visit?	Yes----------1 No ----------2
28	When you were meeting with the counselor or provider today, do you think other clients could hear what was said?	Yes----------1 No ----------2
29	Did you have a pelvic exam during your visit today?	Yes----------1 No ----------2 -**Skip to question 31**
30	Did you have enough privacy during your exam? (probe: so that no other clients and staff other than those caring for you could see you?)	Yes----------1 No ----------2
31	Do you believe that the information you shared about yourself today with the provider will be kept confidential?	Yes----------1 No ----------2
32	During your visit to the clinic today, how were you treated by the provider?	Very well _____1 Well _____2 Not very well/poorly _____3
33	During your visit to the clinic today, how were you treated by the other staff?	Very well _____1 Well _____2 Not very well/poorly _____3

N	Question	Response
34	Do you feel waiting times were reasonable to too long?	No waiting time _____1 Reasonable _____2 Too long _____3 Don't know _____4
35	During your talk with the doctor, was how to protect yourself and your partner against sexually transmitted diseases and HIV/AIDS discussed?	Yes----------1 No ----------2
36	Did you discuss with the service provider whether you would like children in the future and when?	Yes----------1 No ----------2
37	Did you know there were free contraceptives at your ambulatory/women consultation center?	I knew----------1 HP told me now----------2
38	Who do you address for consulting and service selected to contraception?	Ambulatory doctor----------1 OB/GYN ----------2 other----------3
39	What is your opinion and attitudes towards contraceptive pills? (explain)	
40	What is your opinion about the services you received today?	Very good/ satisfied _____1 -**Skip to 43** Good / satisfied _____2 -**Skip to 43** Poor / not satisfied _____3
41	What aspects of the service did you find poor or unsatisfactory?	
42	What you would do to change that part of the service?	
43	What was particularly good or helpful about the services today? What?	Yes----------1 **Specify**: _____ No ----------2
44	Do you feel you needed or wanted anything related to the health care service you were not able to receive today?	Yes----------1 **Specify**: _____ No ----------2
45	Any final comments?	

Job Aid: Tips for Interviewers

(Client Exit Interviews)[90]

Building Rapport

At the beginning of the interview, you and the respondent are strangers to one another. It is important that you introduce yourself in a friendly manner, since the respondent's initial impression of you will influence her willingness to participate.

Make a good first impression

When you first meet with the respondent, try your best to make her feel at ease. Choose your words carefully and try to put the respondent in a positive frame of mind for the interview. Be sure to smile and introduce yourself and explain the study being conducted. An example of a good introduction is provided below:

> "Good afternoon. My name is _____. I am a representative of [name of your organization]. We are conducting a survey about family planning [family life and health] services and are interviewing women throughout the country. I would like to talk with you and ask you some questions."

Always have a positive approach

Do not be apologetic when approaching respondents. For instance, do not say: "Are you too busy?", "Would you mind answering some questions?", or "Would you spare a few minutes?" These types of questions can lead to refusal from potential participants. Instead, *tell* the respondent, " I would like to ask you a few questions" or "I would like to talk with you for a few minutes."

Stress confidentiality of the responses to all clients

Assure all clients, especially those who are reluctant to participate, that the information is confidential. Explain that ***no*** individual names will be used for ***any*** purpose since each client will be assigned a number, not a name. In addition, information about respondents will be reported as a group. (Do not request other identifying information such as addresses).

Answer any questions from the respondent frankly

[90] Adapted from: *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf, accessed November 2007: "These tips are largely drawn from: 1) *Interviewer's Manual: For use with Model 'A' Questionnaire for High Prevalence Countries*, (Macro International, 1997); and 2) *The Situation Analysis Approach to Assessing Family Planning and Reproductive Health Services: A Handbook* (Miller et al., 1997), Chapter V: Client Exit Interview 125."

Prior to the interview, the respondent may have some questions for you about the survey. Answer her questions in an honest and pleasant manner. You can inform her that the purpose of the interview is so that the health care system can better meet the needs of clients. If she has specific questions about family planning methods or medical information, tell her you will direct her to a nurse who can answer her questions after the interview.

The respondent may be concerned about the length of the interview. Tell her the exit interview takes approximately 15 minutes, and stress to her the importance of her participation in the survey.

Interview the respondent alone

The presence of a third person can prevent the respondent from being open and honest. It is extremely important that the interview be conducted in a private area where she cannot be seen or heard.

If it is not possible to have privacy, you may have to carry out the interview in the presence of other people. In this case, you should try to separate yourself and the respondent as much as you can from other people and speak directly to her so others cannot hear.

Conducting the Interview

Be neutral throughout the interview

In an interview, people are usually polite and try to tell you what they think you want to hear. As a result, it is important that you remain neutral while you ask the questions. Do not allow the respondent (through your facial expression or your tone of voice) to think that she has given you the "right" or the "wrong" answer. Never approve or disapprove of any of the respondent's answers.

During the interview, a respondent may ask you your opinions about family planning. Focus the interview on the respondent's opinions and explain that telling her your opinions would slow down the interview process.

In the questionnaire, questions are worded in a neutral manner. Be sure to ask the complete question to ensure neutrality. If the respondent gives an unclear answer, try using the following probes:

- "Can you explain a little more?"
- "I did not hear you, could you please explain again."
- "There is no hurry. Take a moment and think about it."

Never suggest answers to the respondent

If a respondent gives an answer that is not relevant to the question asked, **do not** prompt her by saying "So you mean . . . right?" Oftentimes, the respondent will agree with your answer, even if that is not what she originally meant. Instead, try to probe in such a way that the respondent comes up with the answer herself. Never read off the list of coded responses to the respondent unless the instructions indicate to do so.

Do not change the wording or the sequence of the question

The wording and the sequence of the questions in the questionnaire must not be changed. If a respondent does not understand a question, simply repeat it again slowly and clearly. If she still does not understand the question, you may then reword the question as long as you are careful not to change the original meaning of the question. However, provide only the minimum amount of information necessary to obtain an answer to the question.

Handle hesitant respondents tactfully

There may be situations where the respondent loses interest in the interview. The respondent may say "I don't know," give answers that are not relevant, act bored, contradict something she has already said, or refuse to answer the question. In this instance, you must find a way to re-engage her in the interview. Take a few minutes to talk about something else that is not related to the interview such as the weather, her town, her daily activities, etc.

If a woman gives irrelevant or very wordy answers, listen to what she says. Do not interrupt her abruptly. Gently, try to steer her back to the interview questions. It is extremely important that you maintain a friendly atmosphere. The respondent should not feel intimidated. She should feel as though the interviewer is sympathetic and someone to whom she could say anything and not feel shy or embarrassed.

If the respondent remains reluctant to answer, explain that the same questions are being asked of women all over the country at different family planning clinics. All of the answers from the surveys will be grouped together and a client number, **not** her name, will be associated with her responses. If she still refuses to answer, mark "Will Not Respond" the appropriate spot on the questionnaire and move on to the next question.

Remember: A respondent cannot be forced to answer a question.

Do not form expectations

Do not form expectations about the ability and the knowledge of the respondent. For example, do not assume that women from rural areas are less educated, illiterate and know nothing about family planning.

It is also important to acknowledge that there may be differences between you and the person that you are interviewing. The respondent may feel that you are different than she is and as a result be mistrustful of you. Try your best to make her feel at ease so that she is comfortable talking with you.

Do not hurry the interview

Ask questions slowly and clearly to ensure that the respondent understands the question being asked. Be sure to give her plenty of time to answer. If a respondent feels rushed, she may not take time to fully think through her answers, or she may answer "I don't know." If you feel that the respondent is not fully thinking through her answers, remind her that there is no hurry and that she should take her time to consider her opinion.

Job Aid: Annual Calendar For External Supervisors[91]

Supervisor's Name: _____ Oblast & Rayon Assigned: _____ Year: _____

Clinic name	Specify below exact dates for each Clinic Monthly and Quarterly visit:											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Notes:

[91] Adapted: "Clinic Supervisor's Manual", MSH and USAID/South Africa, 2006.

Job Aid: Quarterly Planning Form For External Supervisors

Supervisor's Name:	**Rayon Assigned**:	**Date completing form**: _____
Name of Facility to be visited:	**Dates of visit:** **Visit confirmed?:** __Yes / __ No	
	Name of Facility Head:	**Contact info:**

Planning the Quarterly Visit **Areas to cover:**	***Notes /comments for planning purposes:***	**Planning Completed** ✓
Red Flag(s)/problem-solving	Red Flag Issues to cover: 1. 2. 3.	
Facility Review		
SS/CQI team meeting		
SS/CQI Action Plan		
Base-line Performance Assessments to conduct	Staff Names and skills/competencies to be assessed: 1. 2. 3.	
Follow up Performance Assessment to conduct	Staff Names and skills/competencies to be assessed: 1. 2. 3.	
OJT/Coaching, mentoring to conduct		
Other:		

Planning the Quarterly Visit **Areas to cover:**	***Notes /comments for planning purposes:***	**Planning Completed** ✓
New or updated information from the MoLHSA or other sources (national or international; best practices, clinical updates, etc) the External Supervisor will share with facility staff.		

Job Aid: Biannual Planning Form For External Supervisors

Supervisor's Name:	**Rayon Assigned**:	**Date completing form**: _____
Name of Facility to be visited:	**Dates of visit:** **Visit confirmed?:** __Yes / __ No	
	Name of Facility Head:	**Contact info:**

Planning the Biannual Visit **Areas to cover:**	**Notes /comments for planning purposes:**	**Planning Completed** ✓
Red Flag(s)/problem-solving	Red Flag Issues to cover: 1. 2. 3.	
Facility Review		
SS/CQI team meeting		
SS/CQI Action Plan		
Base-line Performance Assessments to conduct	Staff Names and skills/competencies to be assessed: 1. 2. 3.	
Follow up Performance Assessment to conduct	Staff Names and skills/competencies to be assessed: 1. 2. 3.	
OJT/Coaching, mentoring to conduct		
Client Relations, Community Outreach, Community-Health Provider Partnerships	With whom outside the facility will the External Supervisor meet? What new information is available about the community to share?	

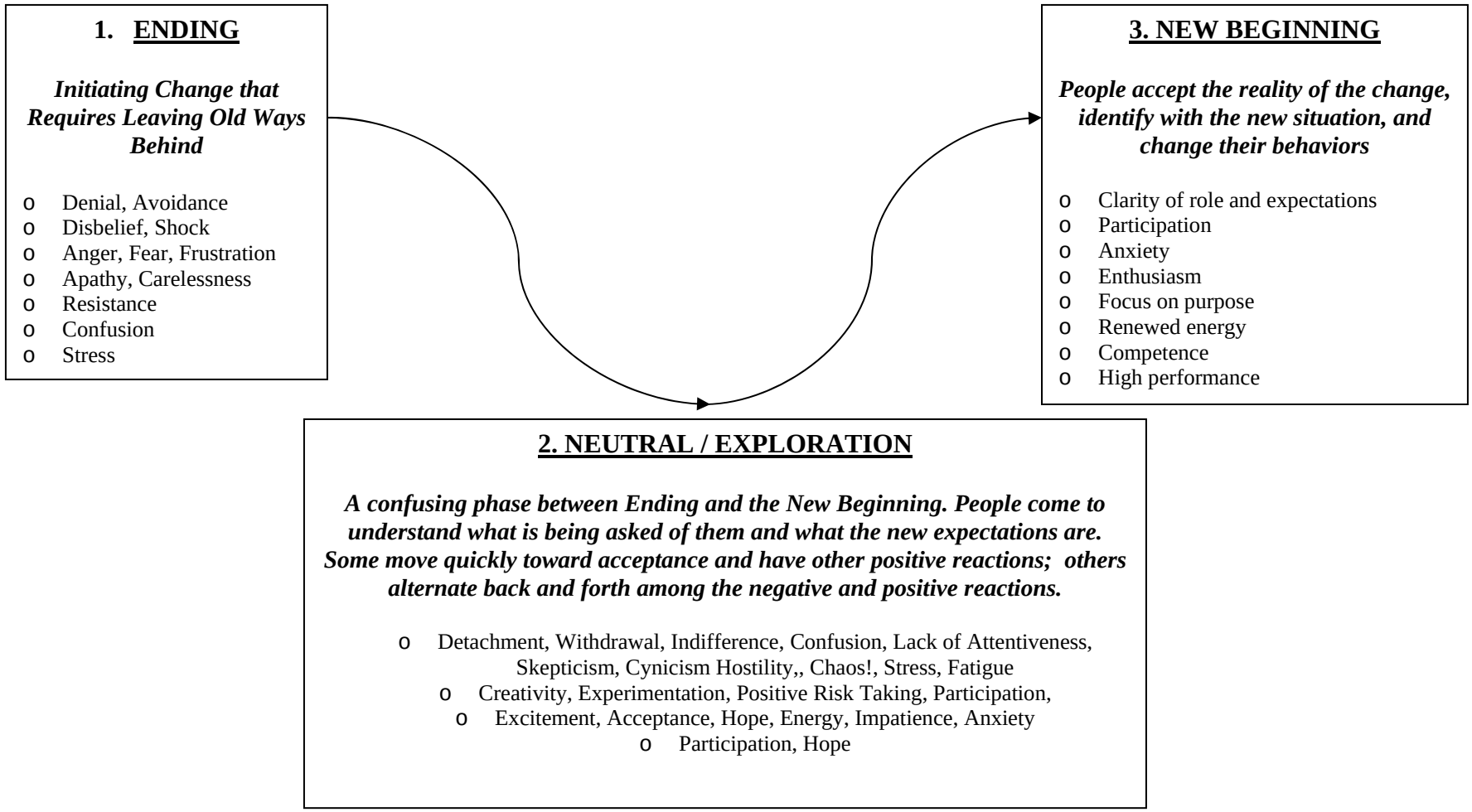
Planning the Biannual Visit **Areas to cover:**	**Notes /comments for planning purposes:**	**Planning Completed** ✓
Organizational / Provider Support		
New or updated information from the MoLHSA or other sources (national or international; best practices, clinical updates, etc) the External Supervisor will share with facility staff.		

Planning the Biannual In-depth Program Review	***Determine for which areas to conduct the in-depth program review:***	**Planning Completed** ✓
	<u>Previously reported Red Flag problems</u>: 1. 2. 3.	
	<u>Previously reported problems from SS/CQI Action Plans</u>: 1. 2. 3.	
	<u>Other areas to cover based on determination of facility head and/or External Supervisor</u>: 1. 2. 3.	

SESSION TWELVE

Handout 12.1: Reactions to Change and Strategies for External Supervisors to Manage Transition

Phases and Typical Reactions to Change[92]



[92] Adapted from Haneberg, op cit, p. 60.

Strategies for External Supervisors to Manage Transitions When Organizational Change is Occurring

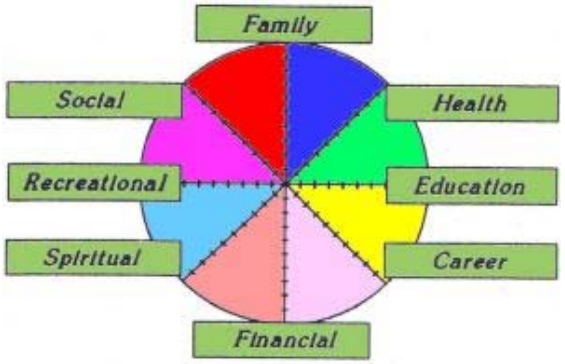
Transition Phase	Description	Typical Reactions	Strategies
1. Ending	Organizational change has been announced or just begun. This phase requires leaving behind the old ways of doing things. This involves personal loss to staff, even if the coming changes are perceived as positive ones. People can sometimes resist giving up old ways of doing things, even if they agree the old ways were insufficient. If they were particularly comfortable with the old ways, the ending can be an especially stressful, especially until they understand and become more skilled at the new ways of doing things.	o Denial o Avoidance o Disbelief o Shock o Anger o Fear o Frustration o Apathy o Carelessness o Resistance o Confusion o Stress o Hope	Communicate often and clearly to explain the need for the change(s), what the desired outcomes of the changes are, and how and when the changes happen, and that staff will have input and a role in helping make the changes. Acknowledge what is ending and what old ways will need to be ended. Acknowledge personal losses and anxiety. Model active listening to the concerns raised. Do not be too sensitive and reactive to the strong negative reactions of others. Everyone transitions in his or her own fashion.
2. Neutral	The Neutral Phase is a confusing time between Ending and the New Beginning. But this is where the real transformation takes place that is necessary for people to transition and perform under the changed conditions. During this Phase, there is learning and exploration, as people come to understand what is being asked of them and what the new expectations are. Some people move more quickly toward acceptance and other positive reactions, while others alternate back and forth among the negative and positive reactions for a while**.** Going through both the negative and the positive may be important for some individual's ability to transition to the New Beginning brought about by the change(s). Staying too long in the neutral	o Detachment o Withdrawal o Indifference o Confusion o Lack of Attentiveness o Skepticism o Cynicism o Hostility o Chaos! o Stress o Fatigue o New energy and ideas o Creativity o Experimentation o Excitement o Impatience o Anxiety o Positive Risk Taking o Participation o Acceptance o Hope	Continue to communicate often and clearly and to model active listening to the concerns raised. Do not be too sensitive and reactive to the strong negative reactions of others. Hold some team building and trust building exercises that allow staff to both work through their feelings and make positive contributions to the change processes. Begin to introduce the changes. Encourage brainstorming and experimentation for staff to help contribute to or enact the changes in their facilities or the larger system. (This can be done, for example, through the facility-based SS/CQI team). Have staff identify their own "quick-wins" – small but visible changes that staff believe will better improve quality and performance. Encourage staff to select simple things that will be visible to clients.

Transition Phase	Description	Typical Reactions	Strategies
	phase causes anxiety and demoralization. Managers should try to make a decision regarding desired change and move staff as efficiently as possible through this phase.		Discuss with staff how the Performance Factors (especially organizational support and motivation and incentives) will be addressed to help support them in their jobs to meet the new or revised expectations. Meet with individual staff and/or groups of staff to provide any necessary re-orientation, training, OJT, coaching, mentoring. Set realistic performance targets during the transition period. Expect slow-downs in work. Celebrate successes, even small ones. Continue to work on developing your own SS and leadership competencies, so that you can support your supervisees.
3. New Beginning	People only enter this phase after they pass through Ending and The Neutral Phases. They also must understand what is expected of them in the new situations produced by the organizational change. This phase requires people to behave and perform in new ways, which can be a source of anxiety related to their competence and/or sense of personal value and self-esteem. They may also be fearful of being punished for mistakes. Therefore they may wait to see how others do before jumping fully in on the new beginning.	o Clarity of role and expectations o Participation o Anxiety o Enthusiasm o Focus on purpose o Renewed energy o Competence o High performance	Continue to communicate often and clearly and to model active listening to the concerns raised. Do not be too sensitive and reactive to the strong negative reactions of others. Be realistic and open that challenges will arise and setbacks will happen. Address these with patience as part of the overall change process. Be transparent in trial and error and in decision making. Continue with individual staff and/or groups of staff to provide any necessary re-orientation, training, OJT, coaching, mentoring. Ensure that Performance Factors are in place. Celebrate successes, even small ones. Provide public recognition for progress made, expectations met and jobs well done.

SESSION THIRTEEN

Handout 13.1: Characteristics of Effective Leaders

Visionary	Sees and help the team construct a clear picture of excellence for the future
Ethical	Honest and fair; having integrity; trustworthy; follows codes of conduct professionally and personally; respects dignity, diversity, equity, informed choice; transparent and fair decision making processes
Empathic	Understands others' feelings, goals and situations
Inspiring role model	"Walks the talk" and motives others by example
Supportive	Facilitates and empowers others to achieve to grow, learn, perform and achieve success
Self-aware	Knows how own behaviors impact others; reflects on own strengthens and weaknesses and works on self improvement
Responsible	Consistent work to fulfill expectations and job requirements; steps forward to take on new roles and takes when appropriate
Accountable	Willing to accept consequences of decisions, actions, and whether expectations have been met
Self-Confident	Feeling of trust in ones abilities, qualities and judgment; self-esteem = self-worth = good self-image; how secure a person is in their own decisions and actions
Positive	Upbeat. Recognizes and builds on what is good and valuable in people, events, situations and organizations. Optimistic about the abilities of people and possibility of improvement, even when realistically facing challenges. Shows appreciation of the work and commitment of others, what's going well and the progress being made. The attitude that "the glass is half full" (not half empty) and that with some effort, things can work out well. Consider problems identified as opportunities to improve. Celebrates individual and team success with others.
Determined and Committed	Able to keep leading and supporting despite obstacles, challenges and setbacks; demonstrates continued effort, consistency and "stick-to-it-tiveness" when striving to achieve goals and/or facing challenges.
Objective judgment	Able to weigh facts and possible courses of action make sound decisions; able to view facts and many sides of an issue without personal feelings affecting behaviors and decisions
Fair minded	Shows fair treatment to all people; uses evidence-base approaches when appropriate
Open-minded & flexible	Open to new ideas and considers alternative approaches that may not be his/her own
Good communicator	Verbally and non-verbally; face-to-face and over distance/time: • Clearly communicates vision and expectations, performance feedback, provides public recognition. • Careful active listener; listens fully before responding. • Comfortable leading meetings and making presentations • Can negotiate in a variety of situations.
Resourceful	Finds, and empowers others to find, the resources needed to do the job and to improve
Knowledgeable, Skilled and Competent	As a leader, manager and health professional.
Accessible, Interested and Aware	Makes time to work well with people at all levels organization and community; shows interest in listening and understanding the opinions and situations of others; knows 'what going on" and has a deep understanding of key professional issues and organizational functions
Sense of humor	Uses humor to put people at ease, connect with people, help them learn, and diffuse tense situations.

Handout 13.2:	**Competencies for Leading and Managing SS/CQI Teams**[93]
Competency	**Tips for applying the competency to Supportive Supervision**
Master yourself	• **Know your own beliefs and values** and how they are (and/or should be) reflected in your work, relationships and actions • **Assess your strengths** and how to best use them to lead yourself and others. • **Assess your weaknesses** and take action for self improvement. Know how own behaviors impact others. • **Identify sources of personal reward** and rejuvenation to sustain productivity and commitment. • **Includes "Whole-person approaches"**[94]: the leader will work on creating fulfillment and balance among 8 dimensions of the 'whole person' (see figure below[95]). Ignoring one or more dimension or allowing dimensions to become unbalanced reduces performance in other areas: family; health and fitness; education and learning; career; financial, spiritual, recreational, social. 

[93] Adapted from sources including "*Managers Who Lead for Improving Health Services*", Management Sciences for Health, 2005;and MCH LEADERSHIP SKILLS SELF-ASSESSMENT, *Developed by Kathy Irene Kennedy, DrPH, MA;* Corresponds to the Maternal and Child Health Leadership Competencies Version 2. 0, by the MCH Leadership Competencies Workgroup (Editors), February 2007. http://leadership.mchtraining.net/custom/MCH%20Leadership%20Comp%20doc_final_1.pdf.

[94] "*A Whole Person/Systematic Approach to Organization Change Management"* Dooley, Jeff, 1998. http://www.lifemanagementservices.co.uk/whole_person, Accessed November 2007

[95] Ibid.

Handout 13.2:	**Competencies for Leading and Managing SS/CQI Teams[93]**
Competency	**Tips for applying the competency to Supportive Supervision**
See the big picture	• **Think strategically**: Vision and plan of the long term while maximizing performance in the short term. Look beyond a narrow focus and the immediate demands (and crises) of daily work, short-term objectives, targets and tasks. Take into account larger goals, trends, and needs. Focus on how to create a better future by being proactive and creating value through high quality results for society, your clients, organization, team and your partners. • **Create a shared vision** with others of a better future and use this vision to focus all your efforts. Assess opportunities you have to make this vision a reality and threats that may endanger this vision. Be ***proactive*** in addressing both opportunities and threats (not just reactive, acting only when something bad has happened!). • **Use "systems thinking":** the inter-related processes and tasks that are used to achieve a purpose or goal. Making a change in one part of a system (a step or task) will affect other parts of the systems (other steps or tasks in the process or related processes). Take time to think ahead to try to anticipate what parts of a system will be effected by the changes you make and be prepared to address new needs or problems that may arise because of the change. (Flow charts used during CQI to help with this analysis and planning).
Prioritize and make decisions based on information	• **Know what is most important to accomplish**, when. • **Be decisive**, but do not jump to conclusions or make decisions without sufficient information, analysis and dialogue.
Communicate effectively	• **Hold conversations** with your team and staff that are focused on vision and desired outcomes. • **Balance** your inquiry about their insights and deep listening to their points with advocacy of your own positions. • **Clarify assumptions**, beliefs and feelings with yourself and others. Don't jump up the ladder of inference!
Build teams	• **Use a regular, systematic process** to build and manage teams. • **Delegate** authority and responsibility to team and **empower** them to take action.
Build trust	• **Show people they can rely on you** by demonstrating integrity, competence, predictability, tact, confidentiality, open-mindedness and fairness in your own behaviors. • **Build trust among teams** you supervise by setting these qualities as expectations, and encouraging and recognizing these behaviors in others. • **Create and maintain non-threatening** relationships and work environment.

Handout 13.2:	**Competencies for Leading and Managing SS/CQI Teams[93]**
Competency	**Tips for applying the competency to Supportive Supervision**
Coach/ mentor staff	• **Help individual to:** o Assess their assumptions, values, personal vision and goals for professional development o Assess the strengths and weaknesses in work performance o Set relevant and realistic goals and objectives for performance improvement and professional development o Take action toward achieving their goals and objectives o Learn by continuing to reflect on their actions, progress and achievements, sharing feedback
Motivate staff	• **Help staff initiate and sustain effort** to make progress and achieve goals. • **Know and address the components of motivation**: o Perception of the value of a goal or task. o Belief about consequences of good quality (and poor quality) work. o Belief about chances of success. • **Know and address the factors that motive performance of your own staff/supervisees**: o Recognition o Information o Involvement in decision making o Regular, specific feedback o Being listened to and having ideas used o Progress solving problems and/or accomplishing goal/objectives o Sense of safety and caring o Seeing tangible improvement o New opportunities to learn; additional responsibility o Pay o Pride in a job well done
Negotiate conflict	**Reach agreement** from which both sides can benefit (win-win situations). Understand conflict is a natural part of work and relationships, but try to avoid making differences of opinion become personal and/or negative.
Lead change	**Enable your colleagues and the staff and teams you supervise to "own" challenges**, involve stakeholders, and navigate through unstable conditions.
Promote positive client relationships	• Know the needs and expectations of current clients • Understand and be motivated to reach out to potential clients • Make client satisfaction a priority • Provide high quality services that exceed clients' expectations • Communicate effectively with current and potential clients

Exercise 13.1 Supervisor Self-Assessment: Leadership Characteristics and Competencies for Supportive Supervision[96]

Purpose: The checklist will help you to personally identify your leadership competences as they are relevant to Supportive Supervision. This checklist is not a test: it will be completed and retained individually by you. The main purposes of the self-assessment are to help you plan your future development as a leader and supervisor and to identify your current strengthens so you can reflect on how best to use them.

Instructions: Please take 20 minutes to fill out this checklist. Read each item and mark your response according to the five point scale. The far right hand column is for you to record comments or notes you would like to use in the future for personal reminders, to ask questions from trainers, have discussions with colleagues, and/or note things for your future development as an external supervisor.

Scale:
1 = No / Not at all
2 = A little / Rarely
3 = Somewhat / Sometimes
4 = Very much / Usually
5 = Completely / Always

Self Assessment: Leadership Competencies for Supportive Supervision						
Competencies	**1**	**2**	**3**	**4**	**5**	**Your Notes**
1. Master yourself						
a. I have clearly identified my own beliefs and values and how they are (and/or should be) reflected in and affect my work, relationships and actions.						
b. I assess my strengths and how to best use them to lead myself and others.						
c. I assess my weaknesses and take action for self improvement.						
d. I identify and regularly use sources of personal reward and rejuvenation to sustain my productivity and commitment.						
e. I create fulfillment and balance among 8 dimensions of my 'whole person': family; health and fitness; education and learning; career; financial, spiritual, recreational, social.						

[96] Adapted from sources including "*Managers Who Lead for Improving Health Services*", Management Sciences for Health, 2005;and MCH LEADERSHIP SKILLS SELF-ASSESSMENT, *Developed by Kathy Irene Kennedy, DrPH, MA;* Corresponds to the Maternal and Child Health Leadership Competencies Version 2. 0, by the MCH Leadership Competencies Workgroup (Editors), February 2007. http://leadership.mchtraining.net/custom/MCH%20Leadership%20Comp%20doc_final_1.pdf.

Self Assessment: Leadership Competencies for Supportive Supervision						
Competencies	**1**	**2**	**3**	**4**	**5**	**Your Notes**
2. See the big picture						
a. I think strategically by visioning and planning for the long term while maximizing performance in the short term. I look beyond a narrow focus and the immediate demands (and crises) of daily work, short-term objectives, targets and tasks.						
b. I create with others a shared vision for a better future, and we use this vision to focus all our efforts. This includes working with others to identify and act on opportunities to make this vision a reality and threats that may endanger this vision.						
c. I use "systems thinking" by taking time to think ahead to try to anticipate what parts of a system will be affected by the changes made to other parts, addressing new needs or problems that may arise because of the change.						
3. Prioritize and make decisions based on information						
a. I know what is most important to accomplish and when and base my actions on this.						
b. I am decisive, but do not jump to conclusions or make decisions without sufficient information, analysis and dialogue.						
4. Communicate effectively						
a. I hold conversations with the teams and individual staff I supervise that are focused on vision and desired outcomes.						
b. I inquire about my supervisees' insights and listen deeply to their points instead of *only* advocating for my own positions.						
c. I clarify assumptions, beliefs and feelings when I communicate with others. I do not assume I know what someone means without checking in with them.						
5. Build teams						
a. I use a regular, systematic process to build and manage teams.						
b. I delegate authority and responsibility to staff and teams I supervise and empower them to take action.						
6. Build trust						
a. I show people they can rely on me by demonstrating integrity, competence, predictability, tact, confidentiality, open-mindedness and fairness in my behaviors.						

Self Assessment: Leadership Competencies for Supportive Supervision						
Competencies	**1**	**2**	**3**	**4**	**5**	**Your Notes**
b. I build trust among staff and teams I supervise by setting these positive qualities (cited above) as expectations, and encouraging and recognizing these behaviors in others.						
c. I create and maintain non-threatening relationships and work environment.						
7. Coach/ mentor staff						
I help individual staff I supervise to: a. Assess their assumptions, values, personal vision and goals for professional development						
b. Assess their strengths and weaknesses in work performance.						
c. Set relevant and realistic goals and objectives for performance improvement and professional development.						
d. Take action toward achieving their goals and objectives.						
e. Learn by continuing to reflect on their actions, progress and achievements, sharing feedback						
8. Motivate staff						
a. I help staff initiate and sustain effort to make progress and achieve goals.						
b. I address the components of human motivation: ▪ Perception of the <u>value</u> of a goal or task. ▪ Belief about <u>consequences</u> of good quality (and poor quality) work. ▪ Belief about <u>chances</u> of success.						
c. I know and address the factors that motive performance of my own individual staff/supervisees.						
9. Negotiate conflict						
a. I understand differences of opinion and conflict are natural parts of relationships and work						
b. I avoid making differences of opinion become personal and/or negative.						
c. I work to reach agreements from which both sides can benefit (win-win situations).						
10. Lead change						
a. I enable colleagues and the staff and teams I supervise to "own" challenges, involve stakeholders, navigate through unstable conditions and make necessary changes.						
11. Promote positive client relationships						
a. I know and address the needs and expectations of current clients						

Self Assessment: Leadership Competencies for Supportive Supervision						
Competencies	**1**	**2**	**3**	**4**	**5**	**Your Notes**
b. I understand and am motivated to reach out to potential clients (those not yet using services but could/should be)						
c. Client satisfaction is a top priority for me.						
d. I work to provide high quality services that exceed clients' expectations.						
e. I communicate effectively with current and potential clients.						

For the items above for which you yourself as a 1, 2 or 3: these are areas for you to conduct continued learning and take concrete action to build and strengthen your leadership competencies. Review this self-assessment checklist and note the top three areas you will address first as your top priorities. Use the format below to plan concrete actions you can take to enhance your performance as an External Supervisor.

1. _____

2. _____

3. _____

When you have finished, look up. Hold on to this self assessment checklist. We will be providing time at the end of the workshop for you to make your Personal Plan for Performance Improvement and Continued Learning.

SESSION FOURTEEN

Exercise 14.1: Example Format for External Supervisor's Personal Learning Plan: Performance Improvement and Continued Learning for SS Competencies

PART 1: SS and Performance Factors			
I. Performance Factor	**J. Action should I personally take to improve in this area**	**K. Support will I need**	**L. Target or indicator for achievement**
In the spaces below, list the 3 areas you will work on continued learning and improvement during this quarter: • Clarifying **job expectations** • Providing clear performance **feedback** • Promoting motivation and incentives • Ensuring adequate **physical environment and tools** • Ensuring you have the **knowledge and skills** required for the External Supervisor's job and the job's of those you supervise • Providing **organizational support and leadership**	*For each Performance Factor listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • Guidance from HWG staff, SSLT peers, MoLHSA • Printed Job aid • Improved team work with facility-staff • Coaching/mentoring or OJT – from whom? • Formal training through, distance learning, face-to-face training event, etc.)	*How will I know if I've improved?* • What's my current level of performance • What is the desired level of performance • What's the gap? • What improvement will I achieve this quarter?
1.			
2.			
3.			

Exercise 14.1: Example Format for External Supervisor's Personal Learning Plan: Performance Improvement and Continued Learning for SS Competencies

PART 2: SS and Leadership Development			
E. Leadership Competency	**F. Action should I personally take to improve in this area**	**G. Support will I need**	**H. Target or indicator for achievement**
In the spaces below, list the two areas you will work on continued learning and improvement during this quarter: • Master yourself • See the big picture • Prioritize and make decisions • Communicate effectively • Build teams • Build trust • Coach/mentor staff • Motivate staff • Negotiate conflict • Lead change • Promote positive client relationships	*For each Leadership Competencies listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • Guidance from HWG staff, SSLT peers, MoLHSA • Printed Job aid • Improved team work with facility-staff • Coaching/mentoring or OJT – from whom? • Formal training through, distance learning, face-to-face training event, etc.)	*How will I know if I've improved?* • What's my current level of performance • What is the desired level of performance • What's the gap? • What improvement will I achieve this quarter?
1.			
2.			

Job Aid: External Supervisor's Quarterly Self Assessment[97] and Personal Plan

Purpose: External Supervisors should complete this form at the end of each quarter, before starting their new round of quarterly supportive supervisory visits. This checklist is not a test: it will be completed and retained individually by you. You will use the findings to continue to develop and implement your own continued learning plan and continue to enhance your performance as a supervisor, especially in the areas of interpersonal relationships and organization of work.

Instructions: Please take 20 minutes to fill out this checklist, and set aside additional time immediately after that for reflection on your responses and planning for your continued learning and direct action to strengthen your performance as a supportive supervisor.

5. **Did you adhere to your planned your schedule**?

   d. **List clinics visited during past quarter, with dates of visits***:*

- Clinic: _____Date:_____
- Clinic: _____Date:_____
- Clinic: _____Date:_____
- Clinic: _____Date:_____

   e. **Are there clinics you did not visit at the schedule time, for the scheduled duration, or missed entirely**?

- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____
- Clinic: _____ Reason for not meeting schedule: _____

[97] Assessment questions adapted from: "Job aid: Quarterly Self Assessment for External Supervisor", draft, HWG TOT, JSI, 2008; **And** "Clinic Supervisors Manual, MSH and USAID/South Africa, 2006.

f. If you filled out one or more clinics in section 1.b above: indicate in the space below what changes can you make to ensure that these you are better able to plan and adhere to your schedule. (*Note in your response below whether you will need guidance or assistance from the HWG Project and/or MoLHSA to resolve this/these issues or make the necessary changes*).

6. **<u>Organizing your work</u>: enhancing your approach to supportive supervision: *do you need to make positive changes*?***(check "Yes" or "No" for each item below)*

Organizing your work	Yes	No	Comments if "No" was checked
k. Did you ensure that each facility heads knew the dates and agenda for the SS the visit?			
l. Did you plan with the facility head the details of what would be accomplished?			
m. Did you review the profiles of the overall facility, staff at the facility, and community in advance of the visit according to the Job aid for SS Quarterly visit?			
n. Did you plan with the facility head (and/or other key facility staff) the specifics of what would be accomplished during the visit according to the Job aid for SS Quarterly visit?			
o. Did you plan enough time for key aspects of the Quarterly visit: Facility Review; Performance Assessment(s); meetings with staff, including attending the SS/CQI team meeting if one was being held the week of your visit?			
p. Did you ensure that transportation was available in time for the visit?			
q. Did you organize your forms and other information before the visit so they could be easily used?			
r. Did you complete all the necessary checklists during the visit?			
s. After the visit, did you document and report your findings according to the appropriate HWG and MoLHSA forms and procedures?			
t. Other comments:			

7. **<u>Supportive Supervisory Relationships</u>: enhancing your approach to supportive supervision: *do you need to make positive changes*? ?***(check "Yes" or "No" for each item below)*

Supportive Supervisory Relationships	Yes	No	Comments if "No" w

Supportive Supervisory Relationships	Yes	No	Comments if "No" w
q. Did you approach all facility staff more as a partner and team member rather than an authoritarian supervisor?			
r. Did you greet all the facility staff you encountered with equal respect and kindness?			
s. Did you make yourself aware of, and comment on, any known, recent personal experiences of individual staff at the facility that would benefit from a supportive supervisor's words of comfort, best wishes, condolences or congratulations?			
t. Did you demonstrate respect, patience and warmth toward all the staff you worked directly with, especially for those with whom you conducted Performance Assessments?			
u. Did you model a kind and warm attitude and speech toward any clients at the facility that you encountered directly?			
v. Did you allow for time for the facility head and/or staff to complete any client consultations that were underway at the time of your arrival and hand off to appropriate staff?			
w. Did you model deep listening skills, demonstrating that you understood the points being made before offering guidance, corrections or advice?			
x. Did you provide ample time for discussion and encourage *two-way* communication between yourself and each person and team you supervise? (Including for problem solving on work related issues; and for understanding what staff like about their jobs, what would motivate them to perform better and what their wishes and expectations are for the future.)			
y. Did you wait for the appropriate time to make any comments to staff concerning areas that need improvement in quality and performance, never commenting on mistakes or areas needed for improvement in front of clients or other staff, unless the immediate safety of a client or staff member was at risk?			
z. Did provide *constructive* feedback when addressing areas to be improved, never scolding, criticizing, humiliating or de-motivating staff.			
aa. Did you provide practical, feasible guidance and suggestions to staff about how they can solve problems, including obtain resources such as equipment and supplies.			
bb. Did you encourage and model team work?			
cc. Did you encourage staff to better know and work with the community, providing practical, feasible suggestions of how to do so?			
dd. Did you find personal, meaningful ways to commend and praise teams and			

Supportive Supervisory Relationships	Yes	No	Comments if "No" w
individual staff for tasks/jobs well done and progress made toward improvements?			
ee. Did you show interest in and support for the continued professional learning and development of the staff?			
ff. Other comments:			

8. **Reflection and planning:**

For the items above for which you checked "No": these are areas for you to make positive change in your performance. Review this self-assessment checklist and note the top three to five areas you will address first as your top priorities. Use the format on the next page to plan concrete actions you can take to better meet your schedule, organize your work, and/or enhance your supportive supervisory relationships.

Format for External Supervisor's Quarterly Personal Performance Improvement Plan

E. Area for change/ improvement	F. Action should I personally take to improve in this area?	G. Support will I need	H. Target or indicator for Achievement
In the spaces below, list the areas in which you will work on making positive change in your performance • *Adhering to the schedule* • *Organizing your work for before, during, after SS visits* • *SS Relationships*	*For each Area for change or improvement listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • *More time on the job for planning and follow-up* • *Guidance from HWG staff, SSLT peers, MoLHSA* • *Printed Job aid* • *Improved team work with facility-staff* • *Coaching/mentoring or OJT – from whom?* • *Formal training through, distance learning, face-to-face training event, etc.)*	*How will I know if I've improved?* • *What's my current level of performance* • *What is the desired level of performance* • *What's the gap?* • *What improvement will I achieve this quarter?*
1.			
2.			
3.			
4.			
5.			

Other comments:

Job Aid: External Supervisor's

Quarterly Self Assessment and Personal Plan

Purpose: The checklist will help you to personally identify your supervisory style and plan your future development as a supervisor. This checklist is not a test: it will be completed and retained individually by you. You will use the findings to continue to develop and implement your own continued learning plan.

Instructions: External Supervisors should complete this form at the end of each quarter, before starting their new round of quarterly supportive supervisory visits. Please set aside approximately 40 – 50 minutes to fill out this checklist, and set aside additional time immediately after that for the section on reflection and planning for your continued learning. Read each item and mark your response according to the five point scale. The far right hand column is for you to record comments or notes you would like to use in the future for personal reminders, to ask questions from trainers, have discussions with colleagues, and/or note things for your future development as an external supervisor. If you rate yourself as a 1, 2 or 3 on any elements, these would be areas for you to consider continued learning and concrete action to build and strengthen your supervision style. (If you have not yet formally conducted supervision and therefore cannot assess yourself based on your experience as a supervisor, proceed with the self assessment and use the rating scale to indicate what you believe your knowledge level is for each item so that you can use the self assessment later to plan your SS continued learning.)

Job Aid: External Supervisor's

Quarterly Self Assessment and Personal Plan

Scale:
1 = No / Not at all
2 = A little / Rarely
3 = Somewhat / Sometimes
4 = Very much / Usually
5 = Completely / Always

Supervisory Element	1	2	3	4	5	Your Notes
Ensuring clear job expectations						
81. I incorporate input from four sources when defining and acting on job expectations, both for my own job and for the jobs of those I supervise: (a) job descriptions; (b) clinical standards of practice; (c) expectations of patients/clients and communities to be served; and (d) colleagues and professional peers.						
82. I know and work toward meeting the specific job expectations (responsibilities, tasks and minimum level of performance) placed on me as an external supervisor.						
83. I know the public health goal, objectives, current status of performance and targets of the region and facilities I serve or will serve as a supervisor; I share this information routinely with those I supervise, including any modifications and progress made.						
84. I have discussed with the teams and individuals I supervise how and why supervision is conducted.						
85. I discuss with each person I supervise the job expectations for their jobs (responsibilities, tasks and minimum level of performance) so that the expectations are clear.						
86. I take the time to listen questions and suggestions from I supervise concerning job expectations and how they can be met.						

Supervisory Element	1	2	3	4	5	Your Notes
87. I encourage those I supervise to make suggestions about how to improve the overall supervisory process and seek to know from them how supervision can be made more supportive.						
Providing clear performance feedback						
88. I provide ample time for discussion and encourage *two-way* communication between me and each person and team I supervise.						
89. I provide and discuss clear, *constructive* feedback to those I supervise on how they can improve specific elements of their performance.						
90. I use checklists that the supervisee also has access to in order to help guide my observations and structure the constructive feedback I provide.						
91. My feedback to help supervisees improve performance is provided as close as possible to the time of my observation of the supervisee's performance, but not given in front of other people so that the supervisee is not embarrassed and does not lose face.						
92. I provide positive feedback for tasks well done and progress made in improving performance and/or attaining goals/objectives; and/or demonstrating positive work attitudes and behaviors.						
93. The manner in which I deliver the feedback is respectful to the supervisee, and empowers him/her to improve his/her performance.						
94. When observing the performance of a supervisee, I review previous results of supervision, and/or learning/improvement objectives or plans in order to make reference to progress made by the supervisee according to the previous feedback given.						
95. I encourage feedback on my own performance and how it can be improved from those I work with, including those I supervise.						
Ensuring adequate physical environment and tools						
96. I ensure that the people I supervise have the physical environment to deliver quality services (efficient clinic flow; privacy for clients meeting with counselors and clinical providers; appropriate facilities for sterilizing instruments; organized recording keeping and information retrieval, etc.)						
97. I ensure that the people I supervise have adequate equipment deliver quality services (surgical instruments, infection prevention equipment, form for record keeping,						

Supervisory Element	1	2	3	4	5	Your Notes
computerized information systems, etc.).						
98. I ensure that the people I supervise have adequate access to information to deliver quality services (information to maintain and improve their own performance as health care professionals; and educational aids and informational materials to provide information, education and counseling to clients).						
99. In cases where there is not adequate physical environment, tools and/or information available, I routinely advocate with those in authority that adequate resources be supplied to through the health care system.						
100. In cases where there is not adequate physical environment, tools and/or information available, I encourage, facilitate and support local problem solving at the district, facility and/or community level to meet these needs.						
Promoting motivation and incentives						
101. I discuss with those I supervise the factors that contribute to their motivation and job satisfaction, and I am responsive to these factors in my supervisory practice.						
102. I provide public recognition and praise for a job well done for individuals and teams I supervise.						
103. I encourage and reward creative problem-solving by teams and individuals.						
104. I value and am open to using ideas that are not my own, always providing recognition of the source of the idea.						
105. I use professional development and learning opportunities as a method to motivate those I supervise.						
106. Criteria and processes for receiving recognition, rewards and other forms of incentives are publically discussed in advance and transparent to all team members.						
Ensuring knowledge and skills required for the job						
107. I feel that I have adequate knowledge and skills to meet and/or exceed the expectorations placed on me as an external supervisor.						
108. I develop and actively use self-directed learning and performance improvement plans to acquire knowledge and skills I need.						
109. I ensure that the people I supervise have adequate knowledge and skills to perform their jobs according to expectations.						

Supervisory Element	1	2	3	4	5	Your Notes
110. When appropriate, I ensure that supervisees receive adequate on-the- job coaching and mentoring help them improve their performance.						
111. I ensure that learners have adequate time to practice new skills and maintain their current level of skills and performance.						
112. When appropriate, I ensure that supervisees receive initial and/or follow-up training to acquire new knowledge and skills and/or improve their performance.						
113. I encourage and assist supervisees to develop and use self-guided learning plans to strengthen their knowledge and skills both to improve their performance and for their professional development and growth.						
114. I actively encourage innovative learning approaches such as peer-guided learning and distance learning.						
115. I routinely take part in discussion and learning with and from colleagues, professional peers, and other external supervisors in order to improve my own performance, discuss better and promising practices and solutions to common problems, and help solve the performance problems for facilities I supervise.						
Providing organizational support and leadership						
116. I use and help those I supervise use real data and other information on services delivered in order to access progress and improve facility, team and individual performance.						
117. I model and encourage team members to know their clients and the community well, and to work in partnership with those outside their facility.						
118. I practice deep listening and open, respectful, two-way communication; I model this and encourage others to engage in this style or working.						
119. I conduct and document my supervisory functions on a regular, routine basis, planning and tracking progress over time.						
120. I am accessible to and open toward all levels of staff and persons I supervise.						

Continued next page…

Reflection and planning:

For the items above for which you yourself as a 1, 2 or 3: these are areas for you to conduct continued learning and take concrete action to build and strengthen your competencies and improve your performance. Review this self-assessment checklist and note the top three to five areas you will address first as your top priorities. Use the format below to plan concrete actions you can take to enhance your performance as an External Supervisor.

Format for External Supervisor's Quarterly Personal Plan: Performance Improvement and Continued Learning for SS Competencies

M. Performance Factor	N. Action should I personally take to improve in this area	O. Support will I need	P. Target or indicator for achievement
In the spaces below, list the 1 – 5 areas you will work on continued learning and improvement during this quarter: • Clarifying **job expectations** • Providing clear performance **feedback** • Promoting motivation and incentives • Ensuring adequate **physical environment and tools** • Ensuring you have the **knowledge and skills** required for the External Supervisor's job and the job's of those you supervise • Providing **organizational support and leadership**	*For each Performance Factor listed in column A, indicate the Actions You will personally take to learn more and/or improve you SS performance*	*For example:* • *Guidance from HWG staff, SSLT peers, MoLHSA* • *Printed Job aid* • *Improved team work with facility-staff* • *Coaching/mentoring or OJT – from whom?* • *Formal training through, distance learning, face-to-face training event, etc.)*	*How will I know if I've improved?* • *What's my current level of performance* • *What is the desired level of performance* • *What's the gap?* • *What improvement will I achieve this quarter?*
1.			
2.			
3.			
4.			

M. Performance Factor	N. Action should I personally take to improve in this area	O. Support will I need	P. Target or indicator for achievement
5.			

WORKSHOP EVALUATION

Please rate the following:

	Excellent	Good	Fair	Poor	Comments
Supportive Supervision					
Tools					
Job Aids					
Workshop Sessions					
Facilitation					
Site Visits					
Group Work					
Workshop Logistics					

What were the most useful parts of the workshop for you? Why?

What were the least useful parts of the workshop for you? Why? How could they be improved?

For trainers/supervisors, do you feel prepared to implement the pilot phase? If not? Why not, and what do you need?

For health managers, do you think this pilot plan is feasible? Why or why not?

What recommendations do you have for making the pilot of greatest future use to health systems in Georgia?

Other comments:

HWG curriculum

OCs 68
POPS 80
DMPA 90
IUD 99
GATHER 170
Active Listening 179-181

Five Key Tools

Red Flag List
Facility Review with Checklist (quarterly)
Facility Audit with Checklist (quarterly)
Performance Assessment for Counseling and General FP Skills
Client Exit Survey

Handouts

Session One:

- Workshop Objectives
- Workshop Schedule

Session Two:

- Handout 2. 1: Overview of Roles and Responsibilities in Supportive Supervision: External, Internal, Self/Peer, and Client/Community

- Exercise 2.1: *Supervisor Self-Assessment: My Supervision Style*

Session Three:

- **Exercise 3.1: Trainers' Versions** of *Perspectives on Defining Quality in Health Care Services*
  - 3.1.a : Client's Perspective
  - 3.1.b: Clinical Service Provider's Perspective
    - 3.1.c: Supervisor's Perspective
    - 3.1.d: (and if 20 or more participants): MoLHSA Offical's Perspective
- **Exercise 3.1: Participants' Versions** of *Perspectives on Defining Quality in Health Care Services*
  - 3.1.a: Client's Perspective
  - 3..b.: Clinical Service Provider's Perspective
    - 3.1.c: Supervisor's Perspective
    - 3.1.d: (and if 20 or more participants): MoLHSA Offical's Perspective
- **Handout 3.1:** *Client Focused Family Planning*
- **Handout 3.2:** *IPPF Framework of Clients' Rights, Providers' Needs*

Session 4

- Handout 4.1: *SSS Structure and Participants, with Continuous Improvement Cycle and Flow of Information and Resources*
- Handout 4.2: *SSS Structure and Activities*
- Handout 4.3: *Routine Responsibilities of External Supervisors*
- Handout 4.4: *Routine Responsibilities of SS/CQI Teams*
- Handout 4.5: *HWG SSS Development Plan*

Session 5

- Handout 5.1: Guidelines for Team Building

Session 6:

Handout:pp. 179-181 of HWG Eng. FP Participant's Curriculum on Active Listening

Session 7

- **Handouts:**
  - 7.1: Checklist for Using Service Delivery Data
  - 7.2:Summary Information from Georgia Reproductive Health Survey 2005

- 7.3: Regional Estimates from Georgia RH Survey 2005
- 7.4: Guide to National and Local Reproductive Health Indicators

Session 8

- Handout 8.1: Flow Chart, High Level: *Client Requests Family Planning at a Clinic*
- Handout 8.2: Creating a Flow Chart
- Handout 8.3: Flow Chart, Medium Level: *Client Requests Family Planning at a Clinic*

Session 9:

- Handout 4.2: *SS Structure and Activities*
- Handout 4.3: *Routine Responsibilities of External Supervisors*
- Handout 4.4: *Routine Responsibilities of SS/CQI Teams*
- Handout 9.1: *Summary of FP Program Areas and Appropriate Tools for Monitoring and Assessment by Supportive Supervisors and SS/CQI Facility-based Teams*
- Handout 9.2: *Toolbox for Monitoring and Assessing FP Program Areas by Supportive Supervisors and Facility-based SS/CQI Teams*
- Handout 9.3: Job aid: External Supervisor Conducting a Quarterly SS Visit
- Job aid: Quarterly Planning From for External Supervisors
- Handout 9.4: Key Tool: *Quarterly Facility Review*
- Handout 9.5: Key Tool: Performance Assessment for Counseling and General FP Technical Skills
- Handout 9.7: *HWG FP Checklist: Client Assessment Checklist for screening clients seeking IUDs*[98]

[98] Refers to pre-existing HWG checklists for competencies for delivery of specific contraceptive methods. These or similar competency-based checklists for FP service provision must be provided by HWG staff to make handouts for the participants. If HWG is lacking such competency-based checklists, it is suggested that the Project refer to sources such as the method specific observation guides found in Chapter IV of *Quick Investigation of Quality (QIQ) A user's Guide for Monitoring Quality of Care in Family Planning*. MEASURE Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill, February 2001. http://www.cpc.unc.edu/measure/publications/pdf/ms-01-02.pdf

The Europe and Eurasia Regional Family Planning Activity
John Snow, Inc.
1616 N. Fort Myer Drive, 11th Floor
Arlington, Virginia 22209 USA
Tel: 1 (703) 528-7474
Email: nberdzuli@jsi.com
URL: www.jsi.com