



PRESENTS
**REPRODUCTIVE HEALTH
INTEGRATION
ISSUES**

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FOCUS: SUPERVISION

Reproductive Health Integration *Issues* is a publication of Initiatives Inc. designed to support the integration of reproductive health into the portfolios of community based organizations currently addressing other development concerns. In quarterly installments, *Issues* addresses the complex programmatic, managerial and evaluative questions that arise in planning and implementing RH integration strategies.

The newsletter is a by-product of the USAID-funded SEATS Project, Reproductive Health Integration Initiative (RHII), which is based on the premise that integration provides a cost-effective and efficient method of extending services, giving women and men the opportunity to make informed choices about their pregnancies, ensure their reproductive health and help their children to survive.

THE IMPORTANCE OF SUPERVISION

Supervision is key to successful and dynamic community based programs, enhancing an organization's ability to: reach its mission and objectives; sustain its programs; keep staff trained, interested and motivated; involve the community; monitor supplies and maintain quality and costs. Ideally, supervision should be provided at all levels of the organization. When effective, supervision helps an organization strengthen its overall results, improve the quality of the program and, most important, meet the needs of its clients.

Unfortunately, it is often the least understood and most ineffectively used management tool. Under the more conventional view of supervision, a worker's past performance is inspected, critically assessed and mistakes are pointed out. This limited approach misses an important opportunity to review performance for the purpose of improving work processes and ensuring the provision of quality services.

WHAT IS SUPERVISION?

Supervision is the vital, personal link between the service provider, paid or voluntary, and the organization. It is the interactive process in which the organization's goals and values are communicated and interpreted to workers and they, in turn, are guided and supported to help reach those goals. By helping service providers understand their responsibilities, improve their performance and organizing resources to assist them, supportive supervision helps staff to become more effective. In the process, satisfaction and commitment to the organization and its mission are built.

A supervisor ensures that those he/she supervises have:

- a detailed job description,
- the requisite skills and knowledge to execute the job,
- a detailed workplan with delineated responsibilities and timelines,
- a performance improvement plan,
- a system for feedback and incentives,
- appropriate resources and
- connections to the community

SUPERVISION AND INTEGRATION

Programs in which family planning or reproductive health is integrated into an ongoing portfolio, pose special problems for effective supervision. Supervisors, by definition, need to have more knowledge and skill than those they supervise. Reproductive health programs are best supervised by staff experienced in the health field. In integrated programs, particularly in non-health focused NGOs, there is often no staff member with the appropriate background. If a supervisor with knowledge and skill in the health field is hired to fill the void, there may be no one with the requisite skill to supervise the newly hired RH supervisor. In this situation, it is important to:

- identify the knowledge and skills required for supervision of the integrated project,
- review current staff background
- decide if the position can be handled in-house with additional training or if a new staff member is required
- provide training to all levels of workers, including management, orienting them to the goals and objectives of the new program

CRITERIA FOR SUPERVISORS

A supervisor must possess organizational, interpersonal and professional *skills*. He/she must have the ability to:

- communicate, listen and observe
- guide and teach
- instill confidence and motivate
- handle interpersonal problems and conflicts
- obtain necessary resources,
- organize appropriate training,
- delegate responsibility
- manage time and
- monitor supplies.

A RH supervisor must also possess *knowledge* of:

- existing government policies
- reproductive health technology: FP, Safe Motherhood, HIV/AIDS/STIs,
- contraceptives
- counseling
- logistic management
- setting objectives
- quality indicators
- monitoring and evaluation
- management information systems
- referral sources
- community organization

BARRIERS TO EFFECTIVE SUPERVISION

The most significant barrier to effective supervision is the lack of understanding of *who, how and when* to supervise. For a supervisor to be effective, he/she must be more knowledgeable than those supervised and have skill in helping others. There are a number of supervisory problems that typically plague organizations. Most supervisors have no training in the art of supervision. Promotions to supervisor are more often made on the basis of seniority or good work habits. An organization rarely performs an analysis of the requisite knowledge and skills required by supervisors to assist their staff. Supervisors do not receive the support or structure they require. They are asked to supervise too many people, situated too far apart, and are given too little time or resources. Travel or training budgets to reach staff or improve their skills are not allocated.

RESPONSIBILITIES OF A SUPERVISOR

A supervisor assists community workers (CWs¹) to: identify objectives; develop work plans; locate and

¹Please note the term community workers (CWs) is being used to represent all community based workers, including TBAs, CHWs, CHVs, CBDs.

use resources for training, supplies and referrals; focus on the needs of the client; interpret data for prioritizing clients; identify constraints and resolve problems. The supervisor should also help the CW promote the project in the community, and elicit feedback from community leaders about the needs for FP, access, quality and potential areas for improvements.

To strengthen the supervisory experience, a supervisor should prepare a supervision plan. This plan should include the following:

- Who is to be supervised?
When, and how often?
How much time is allocated?
- What will be reviewed?
What is required of the CW, e.g, records, client observations, clinic visits, community members?
- What should be accomplished before the next session?
When will the next session occur?

Supervision Activities	
Pre-Meeting	Supervisor should: <ul style="list-style-type: none"> a) contact CW stating time and place of meeting. b) state whether she wants to observe a new or continuing client counselling session c) inform which records should be made available
Meeting	Supervisor should: <ul style="list-style-type: none"> a) review problems experienced since the last meeting and jointly discuss solutions b) discuss progress made on the performance improvement plan c) review records on new and continuing clients and help CW determine priority clients d) assist in compiling monthly records e) review CW workplan f) review method mix, supplies, quality and ordering system f) ask what community contacts have been made and for what purpose g) review referrals made and results h) provide feedback on CW performance and project progress

Supervision Activities	
Field Observation	Supervisor should: a) introduce her/himself to client and state purpose of visit; ensure privacy b) use a checklist to make notations regarding CW performance c) thank client d) provide feedback to CW and indicate areas requiring strengthening
Conclusion	Supervisor should: a) make a follow-up appointment b) state whether a field observation visit or client interviews will be included c) state whether a community meeting will be needed d) review areas requiring follow up before next meeting
Community Meeting	Supervisor should: a) promote family planning project b) ask for feedback from community on: knowledge of project, accessibility, problems and CW performance
Community Meeting (Continued)	c) ask how they can help promote FP/RH in their community d) ask how the project can be improved
Post Meeting	Supervisors should: a) compile monthly reports into composite monitoring report b) enter notes on supervision meeting c) arrange for any agreed upon training, resources

TYPES OF SUPERVISION

These can be used in combination to strengthen the supervisory process:

Facilitative supervision emphasizes two-way communication between the supervisor and those being supervised. It relies on mentoring, and joint problem solving to instill a commitment to quality and growth among staff. There are two key questions the supervisor should ask: Are the services provided meeting the needs of clients? Are staff continuously assessing the quality of their work and the processes by which they do their work?

Group supervision is a helpful process for motivation, feedback, teaching, problem solving, and data collection. It allows for sharing of experiences and peer feedback and has the added advantage of reducing the amount of time required for supervision. It should be in addition to scheduling individual worker contact for the purpose of observing provider-client contact and reviewing individual performance goals.

Peer supervision is a variation on group supervision in which the supervisor acts as a facilitator and the community workers discuss problems, solutions and next steps with each other.

TOOLS TO IMPROVE SUPERVISION

Checklists, which help a supervisor analyze client-provider observations quickly and efficiently, are helpful tools to guide both the worker and supervisor in strengthening individual and program performance. MAQ, available from the Johns Hopkins School of Public Health is a comprehensive checklist for family planning services which emphasizes improving access and quality at the clinic level but can be used in other settings. For example, sections of the checklist can be used by supervisors to review the performance of community workers and the overall quality of the program.

Self-assessment checklists can help the supervisor analyze his/her own performance. A good example of evaluative review and a performance improvement plan can be found in the electronic resource center of Management Sciences for Health (MSH).

The Performance Improvement Review (PIR) developed by Initiatives Inc. for SEATS, is a helpful package for monitoring program performance. It is designed, to be used biannually, as a quantitative and qualitative self-assessment process which provides a framework for capturing information on all aspects of community based programs. Using data from staff, community and client interviews as well as observation checklists for continuing and new client-provider contacts, PIR reviews the program on five dimensions: management and organization, quality of service, community commitment and involvement, supply, and sustainability as well as its quantifiable achievements: continuing clients, effective referrals and number of clients served. This allows reviewers to identify strengths and weaknesses in staff and program performance, develop a corrective plan of action and create a graphic representation of change over time.

To help in the supervisory process, for example, the PIR service provider interview asks questions about the provider's knowledge of family planning and training; the activities that take place during supervision; the provider's relationship with the community, the provider's understanding of the referral, supply and monitoring systems. The client interview focuses on client knowledge and satisfaction with the service they are provided. The observations reflect the activities in the counseling process and the accuracy of the information imparted. A review of these interviews reveals areas in which additional supervisor support or training is needed.

EXPERIENCE FROM THE FIELD

The Zamtam Project, an integrated family planning project in Zambia, has adapted the Performance Improvement Review as their biannual quality review process. Eighteen volunteer Community Based Distributors (CBDs) serve four peri-urban communities outside of Kitwe. The Project staff had a strong interest in improving the quality of the FP program. By reviewing the eight instruments included in the PIR package, the Project was able to identify areas of strength and weakness and take action to improve performance. Through client interviews, it became clear that the counseling they received about contraceptives was not complete. Clients were not knowledgeable about all contraceptive methods offered by the project, nor did they understand the potential side effects, their management or the advantages and disadvantages. The client-provider observations, confirmed that not all methods were being discussed. Following the monitoring review, the supervisor and service providers discussed the reason for the omission. CBDs responded that they had difficulty remembering all the methods when counseling clients. Together, the supervisor and CBDs brainstormed about how to fix the problem and decided upon a chart with samples of methods and drawings of the male and female reproductive systems. This visual aid reminded all workers to include the entire list of contraceptives in their counseling sessions and the clients, prompted by the pictorial cues, became more involved in the process, asking questions and participating in decision making. Subsequent monitoring reviews showed an increase in CBD technical competence from 50% to 74%, a higher percentage of new users, and a continuing client follow-up increase from 45% to 72% over a 6-month period.

World Vision, Zambia

PUBLICATIONS:

1. Integrating RH into NGO Programs Vol 1: Family Planning Lyons, J.V., Huddart, J.A. SEATS Project/Initiatives Inc 1997
2. The Family Planning Manager's Handbook, ed. Wolff, J.A., et al. MSH, CT 1991
3. Performance Improvement Review, Initiatives Inc. 1999

WEB LINKS FOR RH INFORMATION:

www.avsc.org www.rho.org
www.who.org www.erc.msh.org
www.ipfwhr.org www.fhi.org www.intrah.org

ISSUES WELCOMES CONTRIBUTIONS :

Send short articles, comments and suggestions to initiatives@att.net or mail to: Donna Bjerregaard, Editor, RHI Issues, Initiatives Inc. 276 Newbury Street, Boston, MA 02116

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