

Family Planning Manager

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

In This Issue

<i>Editors' Note</i>	1
<i>Developing Local Data Systems for Decision Making</i>	2
<i>A Model for Using Information to Make Decisions</i>	3
<i>Collecting Service Data</i>	3
<i>Basic Clinic Forms</i>	4
<i>Using Service Data</i>	4
<i>Reviewers' Corner</i>	5
<i>Conducting Staff Training</i>	6
<i>Monitoring Clinic Performance Using New Acceptor Data</i>	6
<i>How to Strengthen Data Analysis</i>	6
<i>Sample Monthly Summary of Family Planning Activities</i>	7
<i>Analyzing New Acceptor Trends</i>	8
<i>Analyzing Contraceptive Method Mix</i>	9
<i>Analyzing Sources of Information</i>	10
<i>Working Solutions—Thailand</i>	11
<i>Checklist for Using Service Data</i>	12

Case Scenario

Mr. Traore Introduces Team Supervision

Supplement

Pocket Guide for Service Improvement

Improving Supervision: A Team Approach

Editor's Note

Supervision is so important to getting things done that most family planning organizations have developed a formal supervisory structure staffed with “supervisors” to help them ensure that activities are supervised. These “supervisors” work alongside managers who also perform their own supervisory activities on a day-to-day basis. Yet in spite of the special effort to provide supervision, managers are often frustrated by how difficult it is to create a supervisory system that improves program performance.

Necessary resources and training for supervisors are often lacking, supervisory visits rarely occur on schedule, and supervisees often don't understand the benefits of supervision. To make matters worse, program planners rarely consider these limitations when designing supervisory activities. Stripped of resources and without a team approach or on-the-job education from the supervisor, supervision often becomes a monitoring and control exercise symbolized by the standardized supervisory checklist.

This issue of *The Family Planning Manager* explores ways to improve supervision in family planning clinics. It focuses on developing an interactive team supervision strategy that can improve the supervision of activities and individual performance. The issue explains how clinic staff can work together as a team to provide ongoing supervision and improve the quality of family planning services. A supplement to this issue, the *Pocket Guide for Service Improvement*, is designed to be used by clinic staff to identify opportunities for improving family planning services.

The Guest Editors for this issue are Jaime Benavente and Claire Madden. Dr. Benavente is Director of Evaluation at Pathfinder International and Ms. Madden is Program Associate for Management Sciences for Health's Madagascar Population Support Project. Dr. Benavente and Ms. Madden have recently worked with the Ministry of Health in Burkina Faso to strengthen supervisory systems at the regional and local levels. ■

—The Editors

The Family Planning Manager

Editorial Review Board

Med Bouzidi, International Planned Parenthood Federation, England

Mike Egboh, Pathfinder International, Nigeria

Dr. Peter Mokaya, Seventh Day Adventist/Rural Health Services, Kenya

C.R. Nwugo, Planned Parenthood Federation of Nigeria

Dr. Cihangir Ozcan, Health Department of Turkish State Railways

Promboon Panitchpakdi, Thailand

María Isabel Plata, PROFAMILIA, Colombia

Jewel Quallo, Belize Family Life Association

Dr. Jovencia Quintong, Philippines Department of Health, Family Planning Services

Dr. Does Sampoerno, Pathfinder International, Indonesia

Dr. A.B. Sulaiman, Planned Parenthood Federation of Nigeria

Rose Wasunna, Mkomani Clinic Society, Kenya

Alex Zinanga, Zimbabwe National Family Planning Council

Field Advisor

Abu Sayeed, FPMD/Bangladesh

The Family Planning Manager (ISSN 1060-9172) is published bimonthly by Family Planning Management Development (FPMD), a project of Management Sciences for Health in collaboration with The Centre for Development and Population Activities (CEDPA).

Recommended citation: Management Sciences for Health. "Improving Supervision: A Team Approach" *The Manager* (Boston), vol. 2, no. 5 (1993): pp. 1-18.

Editor-in-Chief

James Wolff

Editor

Janice Miller

Foreign Editions and Review Board

Claire Bahamon

Case Scenarios

Linda Sutfenfield

Foreign Language Technical Editors

Alberto Rizo (Spanish)

Mohammed Zarouf (French)

Consulting Editors

Deirdre Wulf

Susanna Binzen

Design and Production - *Alan Yost* Marketing and Distribution

Jill Shulman, Thuy-Huong Nguyen

FPMD is supported by the U.S. Agency for International Development under Project No. DPE 3055-C-00-0051-00. This publication does not represent official statements of policy by the U.S. Agency for International Development.

Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.

Phone: (617) 527-9202

Fax: (617) 965-2208

Telex: 4990154 MSHUI

Developing an Alternative Approach to Supervision

The purpose of a supervisory system is to ensure the quality of program and clinic operations and to enable staff to perform to their maximum potential. Traditional approaches to supervision emphasize "inspecting" facilities and "controlling" individual performance. However, improving program performance and maintaining program standards by supervising individual performance is impractical because most services are complex and are not dependent on the actions of a single individual. A family planning client is satisfied because the receptionist at the desk was courteous and efficient, because the counselor provided her with information she used to make an appropriate choice of method, because the physician reviewed her medical history and performed an adequate physical exam if necessary, and because the many people working to purchase, transport, and store the contraceptive she chose have made it available in the clinic.

Supervising individual performance may help managers to correct mistakes or know who to reward. However, the results of individual supervisory visits are sometimes used by managers to blame individual workers for inefficiencies that are caused by the design and management of the service system(s). In addition, systems that supervise individual performance are rarely designed to consider the impact of environmental, social, and cultural factors such as program and policy issues, resource constraints, and group dynamics that affect an individual's performance.

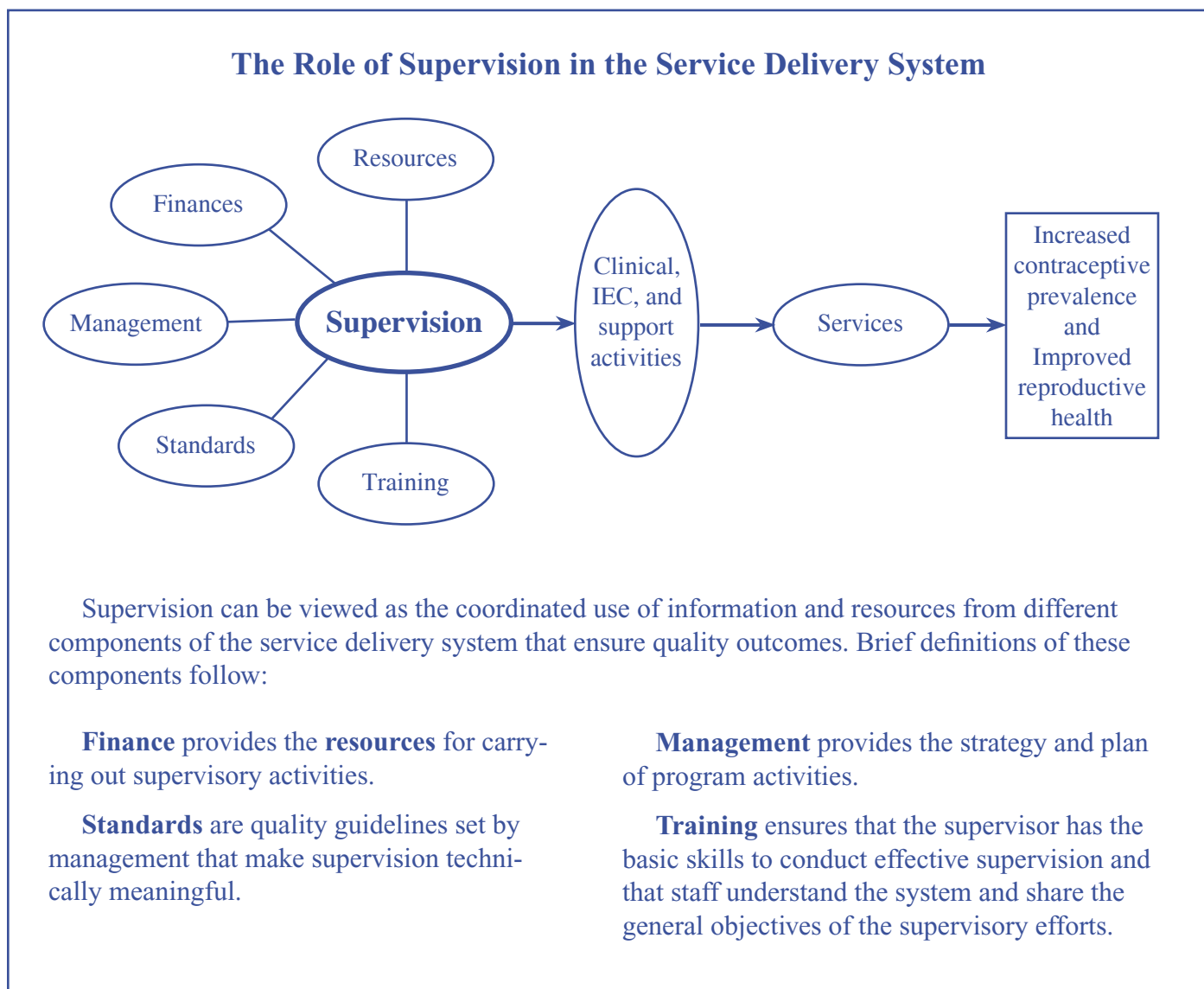
For a supervision system to be effective, the supervisor who visits the clinic periodically must develop a team approach with the clinic manager and staff. Establishing a team that has supervisory responsibilities makes it possible to have a supervisory system that functions between scheduled supervisory visits. To build a clinic supervisory team, supervisors visiting from the outside must develop the skills of the clinic manager and staff so that they can provide ongoing supervision.

Using a team approach to supervision requires that the supervisor disregard conventional disciplinary attitudes and shift from the role of "inspector" to the role of "facilitator." Team supervision is oriented toward teamwork, where problem solving is the main focus of the interaction, and supervisors become on-the-job teachers who support their staff. This issue examines how supervision can be improved by using a team approach. It shows how supervisors can work with clinic managers to develop an ongoing supervisory system within the clinic that continues to operate between scheduled supervisory visits to ensure high quality services. ■

Developing the Supervisory System

A family planning service delivery system is made up of a combination of components that together produce a variety of services. Supervisory activities aim to identify the parts of the overall system that need to be strengthened so that quality services can be maintained or improved. Within this supervisory system, different levels of supervisors and managers guide and coordinate the work of others to ensure that organizational goals, objectives, and standards are achieved.

An effective supervisor focuses on the *internal program environment*, including program planning, team problem solving, operations monitoring, and progress toward objectives, as well as on the *external environment*, including policy and guideline changes, training opportunities, communication with other levels of the health system, and advocacy. The following diagram shows how supervision fits in the service delivery system. ■



Strengthening Your Supervisory System

In order to carry out supervisory activities regularly and effectively, and to ensure that supervision is a priority within the larger health care system, managers must make sure their existing supervisory system has the appropriate level of support from the institution or organization. By answering the following questions, you can assess to what extent your own supervisory system benefits from institutional support.

- Does your system have clearly delineated lines of authority and well-defined supervisory levels?
- Does your system clearly describe appropriate supervisory procedures and provide tools for effective supervision such as guidelines, job descriptions, and supervisory protocols?
- Do managers at all levels receive and use data generated by the supervisory system?
- Do senior managers within the organization understand how the supervisory system func-

tions and how it *should* function, in order to improve quality and bring about desired outcomes?

- Do staff members at all levels of the organization understand the importance of supervision in achieving organizational goals?
- Is there an operational unit within your organization that has the responsibility for planning, implementing, and monitoring supervisory activities?
- Are adequate resources allocated in your organization's annual budget to carry out supervisory activities and to maintain the supervisory system?

If your assessment indicates a lack of organizational support for supervision, you need to develop a strategy for building this support within your institution. Linking supervisory activities to results may prove effective in demonstrating that supervisory activities lead to concrete improvements in service delivery. This, in turn, may lead to greater institutional commitment and additional resources for supervision. ■

Interaction Among Administrative Levels in a Supervisory System

Supervisory activities take place at three or more administrative levels. Each level has a unique role in the larger supervisory structure and relationships between these levels are critical to overall program performance. In an effective supervisory system, these relationships are clearly defined.

Interaction between the central level and the regional (provincial or departmental) level. For a family planning supervision system to be effective, the central level must actively support supervisory activities by providing human and capital resources. The central level can support regional supervision by:

- Developing standards of service quality;
- Developing reporting and monitoring systems to assess service quality and identify where supervision is needed;
- Organizing and supporting supervisory skills training for regional supervisors and service delivery teams;
- Responding to the service delivery needs expressed by regional supervisors;
- Allocating necessary resources for supervision.

Interaction between the regional level and the clinic level. Regional-level supervisors play a critical and often difficult role in the supervisory system. These supervisors

are primarily responsible for supervisory activities carried out in the service delivery sites in their region. These supervisors need to communicate regularly with clinic managers to provide prompt and constructive feedback, assistance with problem solving, and guidance in planning so that clinic objectives can be achieved. They must write reports to record and monitor the results of the visits.

In order to be effective, supervisors need training and support for their activities, as well as clear guidelines and a schedule of supervisory activities that includes all the facilities for which they are responsible. A good supervisor will work with a clinic team to continually monitor activities in the clinic

and will serve as an advocate for clinic managers at the regional office.

Interaction between the clinic manager and clinic staff. The clinic manager's job is to ensure that family planning clients receive quality services. Because supervisory visits are infrequent, the regional supervisor, clinic manager, and staff should form a team and share the responsibility for monitoring and improving day-to-day clinic activities. Working with the regional supervisor, the clinic team can track their progress toward meeting clinic objectives and communicate the kind of support they need from central and regional levels.

Working Solutions—Ecuador

Supervising Individual Performance is Not Enough

Studies have shown that focusing primarily on the performance of individuals is not enough, and does not ensure that the clinic will accomplish its goals and objectives.

Between 1985 and 1990 a rural health project was conducted in the district of Salcedo in Cotopaxi Province in Ecuador. The project worked to strengthen local planning following the Pan American Health Organization's strategy of SILOS (Sistemas Integrados Locales de Salud or "Local Integrated Health Systems"). An important aspect of this strategy was to strengthen supervision within the context of local planning.

The project conducted a study of the supervisory system and found that individual supervision was a barrier to participation in planning local activities. Supervisors were failing to motivate staff to participate in planning their local health system. When the focus was changed to supervising local teams rather than individuals, participation in local health activities increased markedly.

To build the local team, the district supervisor met with health center managers (usually a physician director or nursing administrator or both) to discuss planning and supervisory activities. The health center manager(s) then organized a health center team consisting of a dentist, a nutritionist, an environmental officer, and two to five staff nurses, depending on the size of the health center. Subsequent meetings with the supervisor and the clinic team at the clinic resulted in operationalizing the district plan at the health center level. In these meetings, the supervisor functioned as a facilitator and resource for the health center teams. The result was that the team members were able to see the connection between supervision and planning. In fact, supervision became the "normal" way to monitor the activities in the plan and to assess the achievement of objectives.

Supervising Family Planning Activities

Most family planning programs follow a conventional supervisory system where supervisors from the central or regional office make supervisory visits to clinic facilities once or twice a year. Often the visits are brief and supervisors have many different activities to monitor but little time for discussion and on-the-job training. The focus of the visit is usually on *individual* activities. The supervisor often spends the majority of his or her time filling out a checklist rather than investigating, analyzing, and discussing the causes of the problems that have been identified. Time is usually limited, causing the supervisor to leave the service delivery site without developing or discussing specific recommendations for improvement. Often no written plan of recommendations or follow up support is provided, and consequently staff find it difficult to improve their performance or the performance of the clinic as a whole.

Using a Team Approach to Supervision

By placing more emphasis on clinic team problem solving and on continuing on-the-job training, supervisors can overcome many of the shortcomings of conventional supervision. A team approach to supervision emphasizes individual performance as it relates to the ability of the team to achieve common goals. This approach has a forward focus; it looks at clinic performance to find areas where improvement can be made, rather than focusing on past individual shortcomings.

Within the context of limited resources and multiple infrastructural and cultural constraints to delivering family planning services, addressing problems as a team is a viable approach to problem identification and resolution. Identifying problems and finding solutions as a team helps to remove individual

blame and builds consensus. Effective supervisors build and support a clinic team that can work together to analyze shortcomings and identify and implement solutions. In this way, all team members can learn from each other's mistakes and successes.

Developing an Effective Team

A team is made up of a group of people working together to achieve a common goal. An effective team has certain characteristics that allow the team members to function more efficiently and productively. An effective team develops ways to share leadership roles and ways to share accountability for their work-products, shifting the emphasis from the individual to several individuals within the team. A team also develops a specific team purpose and concrete work-products that they produce together.

An effective team will have open-ended meetings and develop active problem-solving strategies that go beyond discussing, deciding, and delegating what to do; they do real work together. When necessary, individuals in a team will set aside their own work to assist other members of the team. In a well-functioning team, performance is based not on an individual member's ability to influence other members, but rather is assessed directly by measuring the work-products of the whole team.

Five Keys to Effective Team Supervision at the Clinic Level

To be an effective team supervisor you must:

- Support your staff.
- Pay attention to the needs of your staff and to the environment in which they work.
- Be a teacher—devote yourself to educating your staff.
- Discuss problems with your staff and work with them to find solutions.
- Understand the needs and demands of your clients.

Develop an effective team

Because field supervisors make only one or two visits a year to each rural clinic, they must set up a system that allows the clinic staff to feel and work like a team and to have the skills to solve problems together.

There are several ways in which a supervisor can help clinic managers and staff become a strong team:

- **Establish objectives together.** Define performance objectives with the team and make sure that all team members understand the objectives and what actions will need to be taken in order to achieve them.
- **Develop a participative style.** Encourage staff to suggest ways to improve services. Listen to their ideas and acknowledge their points of view. Encourage team members to discuss issues and to find solutions together.
- **Organize meetings.** Hold meetings with the whole team during supervisory visits. Discuss supervisory and clinic objectives and encourage the team to discuss their concerns.
- **Organize the team.** Define roles and responsibilities together. If everyone has a clear role, individuals will be less likely to become frustrated and will be more willing to work together.
- **Explain the rules.** Discuss all norms and standards that have been established for this clinic by the Ministry or the organization. Explain the rationale for these rules and discuss their implications in day-to-day practice.
- **Promote team responsibility.** Encourage members of the clinic team to take responsibility for completing specific tasks and to solve problems as a team.

Six Characteristics of an Effective Team

- Team members share leadership roles
- Team develops own scope of work
- Team develops concrete work-products
- Team members are mutually accountable for work products
- Performance is based on achieving team products
- Problems are discussed and resolved by the team

Determining Which Activities to Supervise

Supervision at the clinic level involves providing support to staff in three key activity areas: clinical activities, management activities, and personnel activities.

Every supervisory visit should address activities in each of the three activity areas. A supervisor who focuses on a single activity area, such as the provider's ability to prescribe oral contraceptives, but does not explore how commodities are managed

or how staff treat clients at the clinic, will not have conducted a comprehensive visit. Each individual activity is important, but no activity has great value in isolation. Since it is not possible to focus on all the clinic activities during a single visit, when planning a supervisory visit the clinic manager and the visiting supervisor must identify which clinical, management, and personnel activities should be addressed during the next visit. Sometimes service statistics data can help to determine which areas are most in need of supervision.

Activity Areas		
Clinical	Management	Personnel
<ul style="list-style-type: none"> • Service provision and screening for contraceptive methods • Counseling and IEC • Client follow up and referral 	<ul style="list-style-type: none"> • Activity planning • Clinic organization and client management • Resource management • Supplies management • Information management 	<ul style="list-style-type: none"> • Staff motivation • Professional development • Conflict resolution

Supervising Clinical Activities

To ensure quality family planning services, supervisors must become proficient at providing continuing technical support and training in clinical activities. Several areas where supervisors can provide clinical support are clinical service provision and screening for contraceptive methods, counseling and IEC, and follow up and referral.

Service provision and screening for contraceptive methods. Supervisors should work with clinic staff to ensure that they make appropriate client assessments and can accurately determine the suitability of different contraceptive methods for a specific client. This includes taking a comprehensive medical history, performing an appropriate physical exam, detecting contraindications to the use of specific family planning methods, and counseling on potential side effects that might occur.

Counseling and IEC. Supervisors should make sure that staff provide accurate information to clients and have supportive discussions so that they understand the options available to them and can choose the most appropriate method. Supervisors can assess by direct observation, whether service providers make clients feel comfortable and treat them with respect.

Client follow up and referral. The supervisor should help staff to develop systems for providing follow up and referrals and for tracking discontinuers. The supervisor should remind staff of the importance of follow up and referral as a means to: find out if clients are satisfied, provide additional supplies, ensure correct method use, reassure or treat clients with side effects, treat any medical complications, assist the client in selecting an alternative method, or refer the client to another facility if she/he wants a method that the clinic cannot provide. This client follow up is critical to minimizing the loss of dissatisfied clients.

Supervisors Can Be Teachers

Supervisors can improve counseling and follow up by helping staff to:

- Greet the client cordially.
- Talk with the client and determine her perceptions and desires.
- Explain the different family planning methods.
- Help the client choose an appropriate method.
- Explain to the client how to use the method and explain any potential side effects.
- Urge the client to come for regular follow-up visits.
- Reach out to the client who is at risk of discontinuing contraception.

Supervising Management Activities

The skills required to effectively manage family planning services are often neglected in the formal training of supervisors, and as a result are also forgotten in supervisory routines. The recent trend to decentralize the management of family planning services makes it even more important to have effective managers at the middle and local levels. Supervisory visits present an ideal opportunity to advise family planning workers and clinic managers on how to manage more effectively. Activity planning, clinic organization and client management, resource management, supplies management, and information management are activities that supervisors can address during a supervisory visit.

Activity planning. Involving staff in planning activities allows the staff to see the entire scope of services the clinic provides, the level of effort required to provide each service, and how their individual roles fit into the overall service delivery program. Together, supervisors and their staff can set realistic objectives and intermediate targets, estimate the resources needed to accomplish the objectives, and keep track of the external factors affecting the proposed plan.

Clinic organization and client management. Supervisors can work with clinic staff to organize

the clinic space and streamline client routes so that clients can be served efficiently. To streamline client routes, diagram the path of each type of client that comes to the clinic and make changes to minimize the number of stops a client makes, minimize the number of staff a client must see, and serve clients quickly who are only coming for resupply.

Resource management. Supervision requires resources. Good supervisors will not only help clinic managers to manage their resources, but will also coordinate with their superiors to ensure that there are adequate resources to conduct their supervisory visits. Supervisors can develop a number of different strategies to stretch the use of scarce resources, as illustrated by the following example in Burkina Faso.

Supplies management. By training clinic managers and staff in basic inventory control practices, helping them to estimate minimum and maximum levels of supply, and setting up a system for ordering supplies, supervisors can play a critical role in ensuring that clinics do not run out of or waste necessary contraceptive and medical supplies.

Information management. A supervisor must pay particular attention to the information and statistics collected at the clinic. Collecting, recording, interpreting, analyzing, and disseminating data should be an integral part of activities conducted by the clinic staff. Supervision of these activities should be included in any supervisory visit. Supervisors should explain how staff can use the information they collect to improve the services that they are providing.

Tips for Supervising Information Management

- Know the objectives for the clinic or region you are supervising.
- Understand what information you need to collect.
- Know how to analyze the information.
- Continue to improve the collection and use of the data.
- Work with clinic staff to use the data to improve the quality of services.

Maximizing the Use of Resources

Though supervisors cannot control the financial decisions that are made by their superiors, there are creative ways of maximizing the use of limited resources, as seen in the following two examples:

- **Integrate supervisory activities to maximize use of financial resources.** In the province of Bazega in Burkina Faso, funds allocated for supervision for various vertical programs were pooled and the provincial medical director developed an integrated provincial plan for supervision in order to maximize the use of petrol and vehicles. At the beginning of each planning cycle, the provincial director of health meets with each member of the provincial supervision team to coordinate supervision visits to provincial clinics. Thus, though one supervisor may receive special funding for work on a vertical project, he can share his transportation with other supervisors. For example, two supervisors who need to travel to the same site (to supervise different aspects of the program) often go together on the same day, instead of making two trips at different times.
- **Develop a simple form to track transportation expenses.** UNFPA-funded provinces in Burkina Faso receive an allotment of funds to conduct supervisory visits and to repair vehicles. The funds are managed at the provincial level to promote the decentralized management of supervisory activities. A form has been developed to track which sites were visited, the mileage to the sites, the money used for petrol, and miscellaneous repairs. The Provincial Director requires that all supervisors fill out and sign the form for each series of visits and that the form be returned to the provincial office before subsequent funds are disbursed. This enables the Provincial Director to track supervision expenditures over time and to plan for future resource needs for supervision activities.

Please refer to the following issues of *The Family Planning Manager* for more information on how staff can make improvements in clinic organization.

“Reducing Client Waiting Time,” Volume I, Number 1, outlines steps for conducting a client flow analysis that will help clinics reduce the amount of time clients spend waiting for services and providers spend waiting for clients.

“Using Service Data: Tools for Taking Action,” Volume I, Number 2, describes ways for clinic staff to graphically present and interpret their service data so that program improvements can be made.

“Improving Contraceptive Supply Management,” Volume I, Number 4, helps staff to understand the basic techniques for storing, managing, and ordering contraceptive supplies so that adequate numbers of contraceptives will be available to clients.

“Reducing Discontinuation in Family Planning Programs,” Volume II, Number 3, provides staff with ways to measure, analyze, and reduce discontinuation rates through improvements in clinic protocols, client counseling and follow up, and staff training.

“Developing Plans and Proposals for New Initiatives,” Volume II, Number 4, enables staff to develop a plan and budget for a new program initiative, and either use the plan to achieve program objectives, or turn the plan into a proposal for funding.

Supervising Personnel Issues

Interpersonal dynamics have a profound effect on program and clinic performance. It is the clinic manager's job to help maintain morale in the clinic, assist the staff in managing conflict, and motivate the staff to perform to their potential. The clinic manager is in the best position to know what interpersonal conflicts exist or what staff members need to be motivated or challenged. If the clinic manager lacks the necessary skills to address personnel problems, these problems may lead to poor clinic performance. In order to develop and maintain an effective clinic team, supervisors need to teach and reinforce the skills of clinic managers so that they can motivate staff, support professional development and resolve conflicts among their staff.

Staff Motivation. Supervisors will not always have control over an employee's motivation, but there are still many things that a supervisor *can* do to improve an employee's sense of motivation and job satisfaction. Supervisors can have a positive effect on staff morale by providing positive feedback to staff on a regular basis, expressing appreciation for their efforts, and engaging them in problem solving and decision making. These actions will help to reaffirm the importance of their jobs to the achievements of the program.

Techniques for Motivating Staff and Increasing Staff Morale

Tell your staff regularly and specifically what you value in their work;

- Encourage your staff to use their problem-solving skills;
- Create opportunities for staff to increase their responsibility;
- Involve staff in decision making about issues that affect them;
- Follow through on commitments to your staff;
- Create an organizational identity by using logos and special uniforms etc.;
- Above all, praise staff in public, but address personally sensitive issues in private.

Professional development. Supervisors must support staff development by continuing to provide (or help provide access to) training, educational, and professional development opportunities. Supervisors should provide staff with on-the-job training, and arrange for staff to attend training programs. Staff can also increase their knowledge and professional skills by visiting other family planning programs. Supporting the development of your staff's professional skills helps to: maintain staff morale, increase job performance, build the institutional capacity of the program, and broaden the skills base of your staff. Staff development will also result in attracting and retaining a strong professional team.

Conflict resolution. A critical aspect of supervising staff is managing conflict among staff. The cause of these conflicts may be interpersonal or related to dysfunctional organizational systems. Supervisors must learn to become conflict managers. In this role they can resolve disputes by observing, analyzing, and helping the disputing parties to develop mutually agreeable solutions.

To resolve conflicts, the supervisor must learn to remain neutral. Avoid taking sides. Help the disputing parties to separate the problem from the people involved. Sometimes the disputing parties are so angry with each other that they believe that the other person is the problem. Even though this usually is not the case, it takes a good supervisor to help the two sides separate their personal differences from the real problem. A good supervisor will help disputing parties to see and understand their interests behind their positions. Once these interests have been identified, the parties can focus on areas of common interest instead of their individual positions. These areas often serve as a starting point for discussion. A good supervisor will help search for and develop solutions that meet the needs and interests of both parties. Finally, if you have remained neutral, you can insist that both parties agree on objective criteria to use to make any decisions to resolve the conflict. ■

Recognizing the Importance of the Supervisee's Perspective

An important and often overlooked aspect of supervision is the supervisee's perception of the importance and usefulness of supervision. Most approaches to supervision do not regard the supervisee's point of view as important. Yet the supervisee's perspective plays a significant role in the supervisee's ability to function effectively as part of a team.

Since every supervisor is also supervised by someone else, when you are supervising, you

should keep in mind what your perspective would be as the supervisee, and what information you would need to have. Inform those you supervise about the rationale for supervisory activities, including what to expect from supervision, how they can benefit from it, how supervision can be improved, and how they can use supervision to improve their own performance and the overall performance of the team. By paying attention to the supervisees' roles in the supervisory system and to their attitudes and perceptions, supervisors can help those they supervise to become active and effective team players.

Tips for Encouraging Staff Participation in the Supervisory Process at the Clinic Level

- Help your staff to plan activities in the health unit.
- Develop and share the supervisory schedule with your staff so that they know and have input into what activities will be supervised.
- Encourage your staff to take an active role in their own performance analysis.
- Create an atmosphere in which your staff feel at ease when they communicate with you by listening and acting on their ideas.
- Ask your staff for feedback regarding your supervision.
- Give your staff constructive feedback.

Working Solutions—Honduras

Using Supervision Results to Track Performance

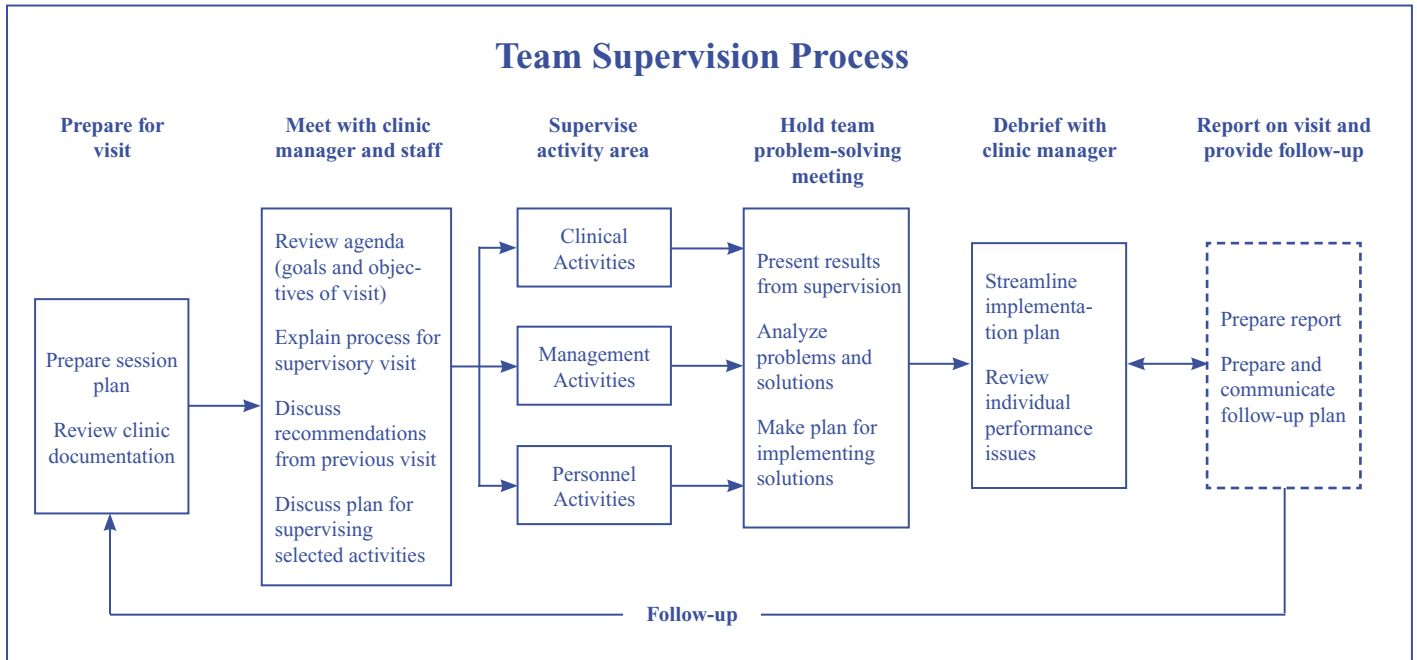
The Honduras Ministry of Health has implemented a supervisory system whereby central-level staff, regional supervisors and health center staff jointly develop a detailed supervision instrument. The instrument uses a YES/NO method for identifying problems in all clinic activities, from the availability of supplies to the correct medical examination of a pregnant woman. The answers convert to a value of 1 for YES or 0 for NO. The scores are then totaled and percentages are calculated for each program component by clinic staff. At each supervisory visit, supervisors review the activities related to the items on the supervision instrument. Problems are signled out for special attention and the supervisor and staff make a commitment, called a "compromiso." The "compromisos" are written down and the person or persons who will be responsible for taking action on the situation and the approximate date when the actions will be taken is agreed upon.

The goal is for the health center to improve its own score, so the results of the supervisory visit are used to graph clinic performance. Graphs of performance scores help to motivate staff by permitting them to see their own progress toward clinic goals. The data collected on the supervisory visit can also be used to compare the performance among programs and health centers.

Conducting Supervisory Visits Using the Team Supervision Process

To conduct a useful supervisory visit using the team supervision process, a supervisor must follow certain basic steps. The following diagram illustrates

the steps involved in a clinic-level team supervisory visit. The following guidelines for conducting a supervisory visit were developed in collaboration with the Burkina Faso Directorate of Family Health for regional health supervisors to use when conducting supervisory visits to local clinics. The same basic process can be used by a clinic-based supervisor who supervises staff within a clinic. ■



How to . . .

Conduct a Supervisory Visit

Step 1: Prepare for the Visit

Supervisory Schedule. For each visit or series of visits, prepare a simple schedule that includes the dates, times, and places, and the names of the supervision team members. The schedule should include the general objectives for the visit and should be sent to the clinic manager in advance. Use this communication as an opportunity to ask the clinic manager and other clinic personnel to prepare for the visit. (This may include preparing statistical reports, making a list of issues that the clinic staff feel the supervisor needs to address, or re-reading previous supervisory reports.)

Supervisor’s Visit Plan. Developing a supervisor’s visit plan involves determining what activities will be conducted before, during, and after the actual visit. All supervisory visits require good planning. Obtain and review the job descriptions for each staff member or, if those don’t exist, a list of the tasks that each staff member performs. Get a copy of clinic objectives for each of the clinics you supervise. Your visit plan should include: objectives of the visit; activities and tasks to be supervised and carried out; the supervision tools to be used; the type of supervision to be conducted; the resources needed; and a visit schedule.

In preparation for the visit, review all documents related to the clinics you supervise. Make sure that both the clinic manager and staff review the previous supervisory report and the recommendations that you made at the last visit. Prior to the visit the clinic manager and staff should discuss any changes that have been implemented and whether they think the changes have been helpful. This preparatory work will enable you, the clinic manager, and the clinic staff to consider past problems, positive changes that have been made, and specific issues that need to be addressed. Remember, it is important to be prepared! On the appointed day, arrive on time at the clinic and bring all the material you need with you.

Step 2: Meet with the Clinic Manager and Staff

A supervisory visit includes collecting information, identifying problems, assessing work conditions, finding possible solutions to identified problems, and providing encouragement and on-the-job training to clinic staff. As a supervisor, it is your job to help the clinic manager and clinic personnel to improve their performance and their working environment. Make an effort to respond to the needs of the individuals and to the needs of the team, and to share with them any technical information that can help them to improve the quality of services.

First meet with the clinic manager and then with all the clinic staff together to:

- **Review the visit plan and discuss the goals and objectives of the visit.** As a supervisor you should build consensus around the objectives. *Does the staff feel that any objectives should be modified? Do they recommend that the supervisor add any objectives or activities?*
- **Explain how the visit will be conducted.** Use this opportunity to describe the supervisory methods you will use. *Will you be observing their technical work?*

Will staff receive feedback and/or informal training? Will they have the opportunity to ask questions?

- **Review recommendations and commitments of the last supervisory visit.** Discuss the solutions that have been implemented, the areas where the clinic has succeeded, and the areas that still need improvement.
- **Discuss the supervision of activity areas.** Discuss the specific activities that will be the focus of the visit and ask for input from the staff on what issues may need to be addressed in each of the three activity areas. *What specific issues have posed recurrent problems for the clinic, such as long waiting time or lack of needed contraceptive or medical supplies?*
- **Schedule a problem-solving meeting with the clinic team.** Explain the purpose of the team problem-solving meeting and schedule a time for it to be held at the end of the visit, so that clinic team can be prepared to actively participate in the meeting. Explain that its purpose is to discuss problems, identify possible solutions, and give and receive feedback on the visit. *How should staff prepare for the meeting? How will the team meeting be structured?*

Step 3: Supervise Activity Areas

After the initial meetings with the clinic manager and the staff, you should observe the day-to-day activities you have decided to observe in each of the clinical, management, and personnel activity areas. Be aware of how these activities interact with other parts of the larger service delivery system. As you conduct the visit, consider what improvements can be made to strengthen both individual and clinic performance. Whenever possible and appropriate, provide on-the-job training to improve individual skills. Be sure to make a record of any issues to refer to for the next visit.

Assessing personnel issues is often difficult, but it is an important role for every supervisor. Communication, the distribution of responsibilities, and the resolution of conflicts are among the activities to which you should devote attention during your visit.

Step 4: Conduct a Problem-Solving Team Meeting

After supervising the selected activities, hold a meeting with all the clinic staff to discuss the strengths and weaknesses of the program, and the short- and long-term solutions that can be implemented. It is important to give feedback to staff in a way that enables the staff to accurately perceive the problems and to improve clinic performance. Team meetings are ideal in helping clinic staff formulate objectives, identify and discuss problems and possible solutions, and receive informal training in specific areas that affect everyone's jobs.

Giving and Soliciting Feedback

As a supervisor, you can give feedback individually or, if the information is pertinent to the entire clinic staff, to all staff members at the same time. If you give individual feedback, you should ask the staff member to propose solutions. You can also give feedback to the team by holding a group discussion during which staff can propose solutions and build consensus together.

It is just as important to *ask* for feedback on the usefulness of the supervisory visit as it is to *give* feedback to the staff on clinic performance. Before leaving the clinic, ask the staff whether the answers to their questions were satisfactory, whether they understand all of the technical areas that were addressed, whether they understand what you expect from them between now and the next visit, and what concerns and issues they would like you to present to central-level managers.

Before leaving the clinic, be sure to finalize plans with clinic staff for implementing the solutions and plan an approximate time for the next visit.

Step 5: Conduct a Debriefing Meeting with the Clinic Manager

After meeting with the entire clinic team, you can meet with the clinic manager alone. The debriefing meeting with the clinic manager should include a discussion of ways to improve clinic performance, the proposed implementation of solutions, and any individual performance issues that arose during the visit that the clinic manager should monitor. Include in the discussion what kind of follow up the clinic manager should make to ensure that the desired results are achieved.

Work with the clinic manager to review and identify specific clinic performance standards and to develop plans for improving the clinical, management, and personnel activities necessary to achieve these standards. Together, identify the performance measures that will be used to assess the clinic's success in meeting these standards in the future, who will play leadership roles, and how the team will be held accountable for the results.

Step 6: Report on Supervision and Provide Continuous Follow-Up

Supervision does not end when you leave the clinic at the end of a visit. You should take with you your own plan for how you can help to improve services, such as sending needed information and supplies to the clinic or referring issues to a higher level. Write a report of the visit and include the recommendations of the clinic team for improving service delivery. Send the report to the clinic and to the regional director. Between visits, you and the clinic manager and staff can use the report as a guide for implementing the recommendations. Provide follow up to ensure that any changes suggested during the supervisory visit are reinforced with training or support.

Team Supervision for Family Planning Service Providers in Guatemala

The Family Planning Unit (FPU) of Guatemala's Ministry of Health is using the team supervisory approach to identify and solve service delivery problems. This approach relies on team problem solving by clinic staff, technical assistance from supervisors, and a service provider self-evaluation checklist.

The FPU team supervision initiative provides all clinic staff in the district with training on how to use the self-evaluation checklist to identify problems in their clinics. Clinic staff then meet in teams and apply three criteria to determine which of the problems the team should address. These criteria are:

Clinic staff must agree that an identified problem needs to be solved.

Clinic staff must believe that they can solve the problem by themselves with the resources that are available in the district.

Individual team members must accept responsibility for the specific actions that they have outlined to correct the problem.

Using these criteria, the most frequent problems that have been selected for improvement are related to information, education, and communication with clients, followed by problems with client-provider relationships and the technical competence of providers.

The clinic teams then develop action plans for the problems they select. Supervisors visit periodically and provide technical assistance in resolving these problems. They also keep track of the status of the problems selected, the actions taken, and the results that were achieved. In this way, they find and share with clinic staff the most effective solutions in their district. In the future, this team supervision process may be evaluated using indicators of cost-effectiveness, couple years of protection (CYP), client and worker satisfaction, and quality of care.

Accompanying this issue of *The Family Planning Manager* is the *Pocket Guide for Service Improvement*, a self-evaluation guide designed to be used to identify opportunities for improving family planning services. The pocket guide is adapted from the self-evaluation checklist that the Population Council's Operations Research project in Latin America (INOPAL II) designed with the Ministry of Health in Guatemala to improve family planning services.

Reviewers' Corner

A forum for discussing additional applications of FPM concepts and techniques

On developing teams...One reviewer recommended, "To help develop a team approach, we held a workshop on a topic we knew interested everyone, such as gender issues and STDs. During the workshop we asked the participants to discuss problems they encounter in dealing with these issues in their work. We emphasized that they had to offer a solution to each problem, as a way of sharing new ideas and participating in problem solving."

On allocating time for supervisory activities...One reviewer advises, "In small organizations or programs, supervision tends to be less formal due to smaller numbers of staff and fewer resources assigned to supervisory activities. It is important nevertheless, for clinic managers to make sure that a supervisory schedule is developed and regular supervision occurs at the clinic even if a schedule is not institutionalized at the national or regional level."

On providing support and follow up...One reviewer suggests, "We have developed an additional method of supervision. We have established a free telephone line to the Central office that clients can use to ask questions or to register complaints. Then staff in the Central office follow up with the local clinic to discuss the issues and help find solutions for resolving the problems with the clients."

On making the importance of supervision visible...One reviewer relates, "During the year, program officers from the national level visit to discuss issues in specific program and administrative areas such as accounting, clinic management, youth programs, outreach, etc. During these visits, program officers discuss program goals and objectives with the staff and review program achievements. They also let us know of solutions that have been successful in other regions or programs. This aspect of supervision greatly helps to expand our base of knowledge and to learn from the experience of other programs."

References

- Ajello, Clayton, Noel McIntosh and Penelope Riseborough, eds. *National Family Planning Service Delivery Guidelines*. JHPIEGO, Baltimore, MD. 1993.
- Benevente, J., Susana Heredia, and Lupe Orozco. *Supervisión Evaluativa de Centros de Salud*. Proyecto de Supervivencia Infantil. MSP/USAID/Quito, Ecuador, 1988.
- Fisher, Roger and Bruce Patton. *Getting to Yes: Negotiating Agreement Without Giving In*. Houghton Mifflin Company, Boston, MA, 1981.
- FPMD Project. "Guide Pour les Superviseurs du Niveau Intermediare," MOHSAF du Burkina Faso, Draft 1993.
- Heegaard, F. "A Proposed Conceptual Framework for Analyzing Needs for Supervisory Training in Family Planning Programs." *Teaching Population Management*. University of North Carolina, Chapel Hill, 1975.
- Hussain, Z "Correlates of Effectiveness of Field Supervision in Family Planning Programs." (monograph). I.B.A. Dhaka University, Bangladesh, 1983.
- Katzenback, Jon R., and Smith, Douglas K., "The Discipline of Teams." *Harvard Business Review*, March-April, 1993.
- Madden, Seligman, Benavente, et al., "The Supervisory System of Burkina Faso's Family Planning Program: A Baseline Evaluation." The Family Planning Management Development project, Management Sciences for Health, Boston, MA, 1992.
- Simmons, Ruth., "Supervision: The Management of Frontline Performance." In *Organizing for Effective Family Planning Program*, edited by Robert J. Lapham, and George Simmons: National Academy Press, Washington, D.C. 1987.
- Wolff, J., L. Suttentfield, and S. Binzen, eds. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs*. Kumarian Press, West Hartford, CT., 1991.



Checklist for Improving Supervision: A Team Approach

For Clinic Managers

- Discuss with your supervisor ways in which supervision can be made more effective.
- Solicit input from your clinic staff about how the supervisory system can be changed to improve overall clinic performance.
- Develop guidelines with your supervisor for introducing a team supervision approach.
- Create a team supervisory system that functions between supervisory visits.
- Decide with your staff and supervisor what educational and training programs are necessary to improve clinical and management skills.
- Discuss problems with your staff and work with them to find solutions.
- Hold regular meetings with your staff to involve them in the supervisory process.

For Supervisors

- Develop a supervisory system that focuses on supervising clinic activities and achievement of clinic objectives, rather than on day-to-day individual performance.
- Discuss and agree on an approach to supervision that involves the clinic manager and staff as part of the supervisory team.
- Be an advocate for the clinic manager and staff to ensure that they can take advantage of educational and training opportunities.
- Be well prepared for a supervisory visit by reviewing previous recommendations and actions you have taken to support the clinic activities.
- At the end of each supervisory visit, prepare a list of actions with the clinic manager and staff that you all agree to implement before the next supervisory visit.
- Be committed to providing timely and regular feedback to your clinics.

The Family Planning Manager is designed to help managers develop and support the delivery of high-quality family planning services. The editors welcome any comments, queries, or requests for free subscriptions. Please send them to:



The Family Planning Manager
Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.
Phone number: (617) 527-9202
Fax number: (617) 965-2208
Telex : 4990154 MSHUI

The FPMD project is funded by the U.S. Agency for International Development. This project provides management assistance to national family planning programs and organizations to improve the effectiveness of service delivery.

The

Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

Mr. Traore Introduces Team Supervision

“So, tell me about your visit at Mirabel Clinic,” said Mr. Traore, leaning back in his chair. “How did it go?”

“It went well, I suppose,” said Mrs. Sangare. She had spent the previous day on a regular supervisory visit to one of the family planning clinics in her province, and was meeting with her supervisor. “They were quite well prepared for my visit, and had the items I had requested ready and waiting. I filled out all the regular supervisory checklists and met with each staff member to ask questions. I then went over the problems I found with the clinic manager and offered solutions.”

“Did you follow up and make sure the staff had accomplished all they had said they would?” asked Mr. Traore.

“Yes, I met individually with each staff member, I checked their workplans and objectives, and if things had not been accomplished, I asked why. However, I found that staff morale was low. The clinic manager told me she was having problems with staff motivation; she wanted me to help her out, so I did try to reinforce the importance of their work and of doing a good job. But I hate being this inspector who comes in to look for things that have been done wrong, and even though I make a point to notice and praise them for jobs well done, my visits always seem to make them very nervous. I think they are reluctant to tell me about problems because it will reflect badly on them. So I think they often try to cover up their problems, which means they don’t get resolved.”

“I am very interested to hear you say this,” said Mr. Traore, “and it leads very well into something I am going to discuss at our staff meeting today, but I’ll tell you something about it now. We are going to

be implementing a new kind of supervision in our program. As you might recall, not long ago we conducted an evaluation of our supervisory system. The evaluation found that our current system is not very effective, and recommended that we implement an approach called team supervision. Since the family planning program is well established, we think that the clinics are able to take on more of the responsibility now for their own management. This system will give more problem-solving and decision-making responsibility to the clinics, and will make you and the other provincial supervisors more like facilitators and less like inspectors. While you will still meet with individual staff members on your visits, you will also conduct a group meeting of all staff members where they will identify and analyze problems, and work with you as a team to come up with the solutions. The hope is that they will eventually learn to do this team problem solving even when you are not present. The focus will shift from assessing their individual tasks to assessing how well they—as a team—carry out the clinic’s activities and meet clinic objectives. Your role as supervisor will change somewhat, and I will go into more detail about this at the meeting this afternoon.”

“I like the sound of this new system,” said Mrs. Sangare. “I’ll look forward to hearing the rest this afternoon.”

The next morning, Mrs. Sangare sat at her desk with two stacks of paper before her. One stack had the materials on team supervision that had been handed out at the staff meeting the previous afternoon. The other stack contained the materials she had assembled about Centreville Clinic, the clinic she was scheduled to visit in two weeks. In the stack

Case Scenario: Mr. Traore Introduces Team Supervision

were the clinic's recent quarterly report of service statistics, supply requests, her notes and report from her last visit, documentation of what she had done since the visit to follow up, and the most recent

communications from the clinic. Mrs. Sangare began reviewing the information in both stacks as she started preparing for her first supervisory visit using the team supervision approach.

Case Discussion Questions: Mr. Traore Introduces Team Supervision

- 1. What main differences between the new style of supervision and the old style will Mrs. Sangare need to explain to the clinic manager and the clinic staff? Prepare a brief list of ways in which the new supervisory system will differ from the old system.**
- 2. Using the information on team supervision in the issue, what actions would Mrs. Sangare take before her supervisory visit? What actions should the clinic manager take before the supervisory visit? Please answer in detail.**
- 3. Using the information on team supervision in the issue, what actions would Mrs. Sangare take during the supervisory visit? Please answer in detail.**
- 4. Using the information on team supervision in the issue, what actions would Mrs. Sangare take after the supervisory visit? What actions should the clinic manager take after the supervisory visit. Please answer in detail.**
- 5. What additional training or organizational changes (if any) will be needed for this new system to be successful?**

Case Analysis: Mr. Traore Introduces Team Supervision

- 1. What main differences between the new style of supervision and the old style will Mrs. Sangare need to explain to the clinic manager and the clinic staff? Prepare a brief list of ways in which the new supervisory system will differ from the old system.**
 - The new system is participatory; all staff will be involved in identifying, analyzing, and resolving issues and problems, rather than the supervisor alone.
 - The focus will shift from supervising individual performance to looking at activities as a whole and the way in which the individuals contribute to them.
 - Goals and objectives will be for the team as a whole and individual targets will be directly related to team goals and objectives.
 - Instead of acting as an inspector and rule enforcer, Mrs. Sangare will act as a facilitator in problem solving, and as an advocate for the staff by relaying their needs and problems to the higher levels.
 - The staff will be asked to take greater responsibility for the smooth operation of all the management systems, and will be able to bring about positive changes themselves, thus bringing them greater job satisfaction.

Case Analysis: Mr. Traore Introduces Team Supervision

- 2. Using the information on team supervision in the issue, what actions would Mrs. Sangare take before her supervisory visit? What actions should the clinic manager take before the supervisory visit? Please answer in detail.**

Before the supervisory visit, Mrs Sangare:

- Drafts a supervisory schedule, which states the objectives of the visit and names the date and time of the visit and everyone who will participate.
- Sends this to the clinic manager, along with any requests she may have for information that she would like to have ready upon her arrival.
- Drafts her own supervisory session plan. This states her objectives for this visit, the tasks she plans to carry out and the people with whom she will carry them out, information she needs to gather, the issues she needs to discuss with each person, and the resources she'll need.

Before the supervisory visit, the clinic manager:

- Reviews the previous supervisory report and the recommendations made at the last visit.
- Meets with the relevant staff to discuss the status of the implemented changes and to determine whether the changes have been helpful.
- Makes a list of all the topics that need to be brought up during the visit to send to Mrs. Sangare.

- 3. Using the information on team supervision in the issue, what actions would Mrs. Sangare take during the supervisory visit? Please answer in detail.**

During the supervisory visit, Mrs Sangare:

- Meets with the clinic manager to review the day's agenda, the session plan, goals and objectives of the visit.
- Reviews the recommendations and commitments of the last visit and discusses progress and findings.
- Meets with all staff in order to plan the visit, including determining the objectives and schedule, and developing a plan for the later problem-solving meeting.
- Conducts supervisory activities in activity areas and with individuals. Systematically evaluates clinical, management, and personnel activities by selecting specific activities to observe, particularly those with problems.
- Conducts a team meeting.
- Gives feedback on findings, including praise for progress and achievements.
- Presents problems and asks the whole team for explanations and analysis.
- Encourages everyone to speak if they are at all involved.
- Makes every staff member see that his or her contribution is significant.
- Facilitates to make sure the meeting doesn't become a blaming session, but rather a way to strengthen and improve how staff carries out activities.
- Makes sure everyone knows their responsibilities for implementing the solutions, and makes clear what the supervisor will be responsible for doing.

Case Analysis: Mr. Traore Introduces Team Supervision

- Asks the staff if they have received adequate answers to their questions or have further questions.
- Asks the staff whether they have concerns or questions they would like to have communicated to the next organizational level.
- Conducts a debriefing meeting with the clinic manager.
- Discusses how to improve clinic performance (by identifying clinic performance standards and developing action plans for improving clinical, management, and personnel activities necessary to achieve these standards).
- Reviews individual performance issues.
- Helps identify performance measures that assess whether the clinic is meeting these standards.

4. Using the information on team supervision in the issue, what actions would Mrs. Sangare take after the supervisory visit? What actions should the clinic manager take after the supervisory visit. Please answer in detail.

After the visit, Mrs Sangare:

- Develops a plan for what she will do to support the clinic's activities.
- Writes the supervisory report of her visit, including a set of recommendations.
- Sends the report to the clinic and the regional director.
- Provides follow up to ensure that any changes suggested during the supervisory visit are reinforced with training or support.

After the visit, the clinic manager:

- Uses the supervisor's report as a guide for implementing the recommendations.

5. What additional training or organizational changes (if any) will be needed for this new system to be successful?

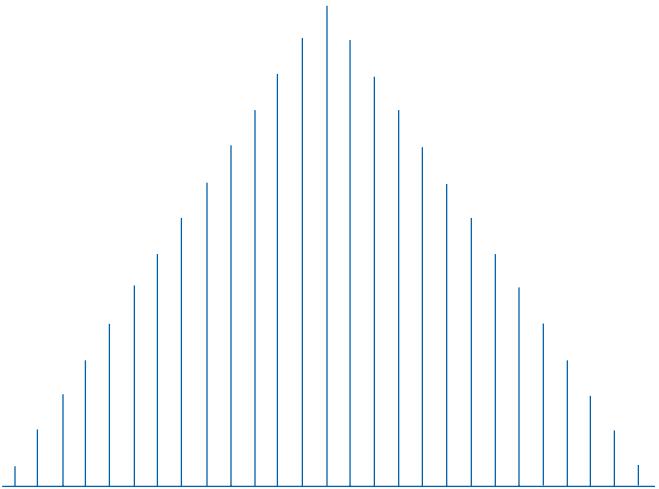
Supervisors and clinic managers could receive training, if necessary, in problem solving, motivating staff, building staff into a team, and providing positive, constructive feedback.

The central level must actively support supervisory activities by providing human and capital resources. The central level must also take the following actions: develop reporting and monitoring systems to track supervision needs; organize and support supervisory skills training for regional supervisors and service delivery teams; respond to the service delivery needs expressed by regional supervisors by coordinating the use of resources, including vehicles and petrol.

The central level must train supervisors and ensure that they receive clear guidelines, that there is a schedule of supervisory activities covering all facilities, and that supervisors produce written reports that are used to record and monitor results of the visits.

The clinic manager and service providers must ensure that problem-solving skills and strategies are developed among staff to improve services. The clinic manager should build a team that can develop and implement ways to improve services, monitor day-to-day operations and progress toward meeting clinic performance objectives, and communicate with the external supervisor when outside resources or support are needed.

Pocket Guide
for
Service Improvement



A supplement to *The Family Planning Manager*
October/November/December 1993

This pocket guide is adapted from a self-evaluation checklist that the Population Council's Operations Research project in Latin America (INOPAL II) designed with the Ministry of Health in Guatemala, which is being used by the Ministry to improve family planning services. This work represents an expansion of the Client-Oriented and Provider-Efficient (COPE) checklist developed by the Association for Voluntary Surgical Contraception (AVSC) in Africa using the recommendations of the Agency for International Development's Sub-committee on Quality Indicators for Family Planning Service Delivery.

A supplement to *The Family Planning Manager*
October/November/December 1993

Pocket Guide for Service Improvement

Because supervisory visits to clinics are infrequent, managers need a system for providing supervision on an ongoing basis. One strategy for accomplishing ongoing supervision is to provide clinic staff with self-evaluation guidelines that they can use to discover systems problems in their clinic. Using these individual self-assessment guidelines to identify problems, clinic teams can develop activities for improving services.

This supplement to *The Family Planning Manager*, the *Pocket Guide for Service Improvement* is a self-evaluation guide designed to be used to identify opportunities for improving family planning services. The guide is intended to help clinic staff to assess service quality at the clinic level in three main activity areas: clinical, management, and personnel activities. This guide can be used by clinic staff between supervisory visits and by the supervisor on regularly scheduled team supervision visits to identify ways to make improvements in service delivery. You can use the guide to recognize the strengths and weaknesses in your client services.

Name: _____

Title: _____

Service Facility: _____

District: _____

Name of Supervisor: _____

Date: _____

Instructions for Using the Guide

For each question, mark YES or NO depending on the situation in your service delivery site. If you think that the situation could be improved, circle the **X** in the right hand column under the heading “**Circle the X if this can be improved.**” If you cannot answer the question, go to the next question. Each **X** you circle represents an opportunity for service improvement.

Example

Is information provided to clients about other methods that are not provided in this clinic?

Circle the X if this can be improved

Yes

No

X

In the question above, the respondent believes that information is not given to clients about female sterilization, and therefore circles NO. The respondent also believes that this situation can easily be remedied by informing all new clients, so the X is also circled.

Example

Is the date of expiration of contraceptive supplies periodically verified to ensure that the ones closest to expiration are distributed?

Circle the X if this can be improved

Yes No X

In this example, the clinic manager circled YES because she uses a First-to-Expire, First-Out inventory control system.

Example

Do you explain to each client how to use the method he/she selected?

Yes No X

In this example, the clinic manager circled YES because staff regularly explain to clients how to use the method they have selected. In addition, the clinic manager circled X because she believes that clients would understand the explanations better if visual aids were used.

Remember: The more opportunities for improvement you find, the more you will be able to improve your services. Be as self-critical and honest as possible in the responses. Use your creativity to think of solutions to the obstacles to delivering high-quality services.

Instructions for Using the Results of the Self-Assessment with Your Team

Once you have completed the self-assessment, meet with the other team members to review all the responses together. Consider taking the following steps to improve your services:

1. Agree on 10 areas of activity that can be improved, using the following criteria:
 - Agreement among team members that the problem(s) identified needs to be solved;
 - Problem can be solved with available resources;
 - Team members agree to accept responsibility for specific activities required to solve the problem.
2. Make a list of the activity areas selected in the order of importance.
3. Plan the steps to take in order to improve the situation;
 - Determine how the team will carry out the activities;
 - Fix a date for completing the activities.
4. Implement the improvements.
 - Keep all the team members involved as you work towards a solution.

I. Clinical Activities

A. Method Availability

Circle the X if this
can be improved

1. Are family planning methods, or information on methods not provided, always available in your clinic for:

- Pills?	Yes	No	X
- Condoms?	Yes	No	X
- Vaginal foam?	Yes	No	X
- Injectables?	Yes	No	X
- IUDs?	Yes	No	X
- Implants?	Yes	No	X
- Natural methods?	Yes	No	X
- Breastfeeding?	Yes	No	X

2. Do you refer clients to other clinics for methods that are not available in your clinic?

- Injectables	Yes	No	X
- IUDs	Yes	No	X
- Implants	Yes	No	X
- Female sterilization	Yes	No	X
- Vasectomy	Yes	No	X

-
3. Are the following methods provided or presented without restriction, such as exams prior to prescription, husband's permission, age, parity, etc:
- Circle the X if this can be improved**
- | | | | |
|-----------------------------|-----|----|---|
| - Pills | Yes | No | X |
| - Condoms | Yes | No | X |
| - Vaginal foam | Yes | No | X |
| - Injectables | Yes | No | X |
| - IUDs | Yes | No | X |
| - Implants | Yes | No | X |
| - Female sterilization | Yes | No | X |
| - Vasectomy | Yes | No | X |
| - Natural methods | Yes | No | X |
| - Breastfeeding as a method | Yes | No | X |

B. Technical Capability

1. Do you have written guidelines that describe how services and methods should be provided? Yes No X
2. Do you follow clinic guidelines for delivering family planning services? Yes No X

	Circle the X if this can be improved		
3. Do you have written guidelines to refer to for handling complications from:			
- Pills?	Yes	No	X
- Injectables?	Yes	No	X
- IUDs?	Yes	No	X
- Implants?	Yes	No	X
4. Do you have a system for following up clients who have experienced complications from clinical methods?	Yes	No	X
5. Do you have guidelines for sterilizing instruments?	Yes	No	X
6. Do you follow clinic guidelines for sterilizing instruments?	Yes	No	X
7. Have you received training for:			
- Contraceptive methods in general?	Yes	No	X
- Injectables?	Yes	No	X
- IUD insertion/withdrawal?	Yes	No	X
- Implants?	Yes	No	X
- Voluntary surgical contraception?	Yes	No	X
- Reproductive risk?	Yes	No	X

**Circle the X if this
can be improved**

- | | | | |
|---|-----|----|---|
| 8. Are the guidelines on the above topics periodically updated? | Yes | No | X |
| 9. Breast exams: | | | |
| - Are they done on clients? | Yes | No | X |
| - Are women taught how to examine their breasts? | Yes | No | X |
| 10. Urinary tract infections and STDs: | | | |
| - Are they diagnosed and treated? | Yes | No | X |
| - Are clients referred to another clinic? | Yes | No | X |

C. Information and Orientation for Clients

Information to Potential Clients:

- | | | | |
|--|-----|----|---|
| 1. Do you conduct educational activities about family planning? | Yes | No | X |
| 2. In the past 15 days, have you given talks on family planning? | Yes | No | X |

**Circle the X if this
can be improved**

- | | | | |
|--|-----|----|---|
| 3. Are men routinely given information on family planning? | Yes | No | X |
| 4. Are family planning educational activities organized on a regular basis by rural health workers, health volunteers, and traditional midwives? | Yes | No | X |

Information to Clients:

- | | | | |
|---|-----|----|---|
| 1. Do you inform clients about what will be done during clinical procedures? | Yes | No | X |
| 2. Do you give information on all the family planning methods available and offered at your clinic? | Yes | No | X |
| 3. Do you provide information to clients on contraceptive methods that are not provided at your clinic? | Yes | No | X |
| 4. Do you explain to each client how to use the method he/she has selected? | Yes | No | X |

**Circle the X if this
can be improved**

5. Do you inform clients about the advantages, disadvantages, risks, and minor side effects of every method?
- | | | |
|-----|----|---|
| Yes | No | X |
|-----|----|---|

C. Orienting Clients

1. When meeting with clients, do you:
- | | | | |
|------------------------------|-----|----|---|
| - listen to their concerns? | Yes | No | X |
| - clear up doubts or rumors? | Yes | No | X |
| - ask questions? | Yes | No | X |
| - give examples? | Yes | No | X |
| - discuss alternatives? | Yes | No | X |
| - use simple language? | Yes | No | X |
| - share information? | Yes | No | X |
2. In your counseling session do you discuss issues such as:
- | | | | |
|----------------------------------|-----|----|---|
| - sexuality? | Yes | No | X |
| - health? | Yes | No | X |
| - sexually transmitted diseases? | Yes | No | X |
| - AIDS? | Yes | No | X |

**Circle the X if this
can be improved**

- | | | | |
|---|-----|----|---|
| 3. In your counseling session, do you inform clients of possible side effects and let them know that they can switch to another method if they experience problems? | Yes | No | X |
| 4. Are the following IEC materials available or visible: | | | |
| - wall posters? | Yes | No | X |
| - brochures? | Yes | No | X |
| - physical display of contraceptive methods? | Yes | No | X |
| - information on availability of family planning services? | Yes | No | X |

II. Management Activities

A. Follow-up Mechanisms to Assure Continuity of Care

- | | | | |
|---|-----|----|---|
| 1. Are there procedures for recording follow-up appointments for clients? | Yes | No | X |
| 2. Are follow-up appointments given after family planning visits? | Yes | No | X |
| 3. Are appointments given to clients for method resupply visits? | Yes | No | X |

-
- | | | | | |
|----|--|---|----|---|
| 4. | Have you been trained on how to give information on: | Circle the X if this can be improved | | |
| | - follow-up visits | Yes | No | X |
| | - changing methods | Yes | No | X |
| | - treating side effects | Yes | No | X |
| 5. | Is any type of follow up done on clients who have not returned to the family planning program? | Yes | No | X |

B. Organization of Services, Physical Space, and Supplies

- | | | | | |
|----|---|-----|----|---|
| 1. | Are family planning services offered every day that the clinic is open? | Yes | No | X |
| 2. | Do clients always receive the family planning service that they desire <i>on the same day</i> and <i>at the same time</i> of their visit? | Yes | No | X |
| 3. | Do you think clients wait an acceptable length of time to be seen by health care personnel? | Yes | No | X |
| 4. | If you think clients wait too long, have you examined ways to reduce client waiting time? | Yes | No | X |

	Circle the X if this can be improved		
5. Is there a system for resupplying continuing users who come for resupply, so that they don't have to wait with new clients?	Yes	No	X
6. Physical Space			
- Is the clinic clean?	Yes	No	X
- Are there enough chairs for clients to sit on while waiting?	Yes	No	X
- Are the service and waiting areas protected from the sun and rain?	Yes	No	X
- Are functioning toilets available for client use?	Yes	No	X
- Is running water available?	Yes	No	X
- Is there sufficient lighting?	Yes	No	X
7. Is there a clean, safe, well-ventilated space for storing contraceptives and other program supplies?	Yes	No	X
8. Does an up-to-date inventory control card exist for each contraceptive product?	Yes	No	X

	Circle the X if this can be improved		
9. Do you periodically verify expiration dates of contraceptives in order to distribute those which are closer to expiration?	Yes	No	X
10. Do you know from where to order contraceptives?	Yes	No	X
11. Do you have adequate equipment available for the insertion and removal of IUDs?			
- medical instruments	Yes	No	X
- gloves	Yes	No	X
- gauze	Yes	No	X
- sterile gowns	Yes	No	X

C. Supervision and Use of Data

1. Are data accessible and current on:			
- visits by method?	Yes	No	X
- follow-up visits by method?	Yes	No	X
- active users by method?	Yes	No	X
- number of contraceptives distributed by method?	Yes	No	X
2. Does every client have a client record?	Yes	No	X

**Circle the X if this
can be improved**

- | | | | |
|---|-----|----|---|
| 3. Is the client record updated at each visit? | Yes | No | X |
| 4. Do you have an adequate supply of forms for recording client and program information? | Yes | No | X |
| 5. Are there instructions available for staff on how to fill out clinic forms? | Yes | No | X |
| 6. Are data regularly reviewed, discussed, and compared to previous periods by the service delivery team? | Yes | No | X |
| 7. Do you currently have a system that provides ongoing supervision between supervisory visits? | Yes | No | X |
| 8. Does your supervisor provide support for: | | | |
| - detecting problems? | Yes | No | X |
| - designing solutions to problems? | Yes | No | X |
| - on-the-job training? | Yes | No | X |
| - detecting and satisfying the needs of service delivery personnel? | Yes | No | X |

**Circle the X if this
can be improved**

9. Which topics are included in supervision meetings or discussions:
- how to make family planning services more convenient and acceptable for the clients? Yes No X
 - how to improve service quality? Yes No X
 - how to develop IEC activities? Yes No X
 - what staff training is needed? Yes No X
 - how to coordinate with other levels to solve problems in the family planning program? Yes No X

III. Personnel Activities

A. Knowing the Client

1. Do you ask members of the community and your clients about:
- the quality of clinic services? Yes No X
 - their ideas about how your services could be improved? Yes No X
 - their ideas for additional services? Yes No X

2.	Do you have a system for finding out whether clients are satisfied with the contraceptive method they use and with your clinic's family planning services?			Circle the X if it is improved can be
3.	At the beginning of a family planning visit, do you:	Yes	No	X
	- try to determine what a client's contraceptive needs are?			
	- ask if the client wishes to space out or limit births?	Yes	No	X
	- ask if the client is breastfeeding?	Yes	No	X
	- ask if the client wishes to change methods?	Yes	No	X
		Yes	No	X

B. Relations between Clients and Service Personnel

1.	Do your clients have privacy when they are examined?			
2.	Are clients informed that all information will be kept confidential?	Yes	No	X
		Yes	No	X

C. Relations between Staff Members

Circle the X if this
can be improved

- | | | | |
|---|-----|----|---|
| 1. Do you feel that you are treated with respect by your colleagues? | Yes | No | X |
| 2. Is it pleasant to work at the clinic? | Yes | No | X |
| 3. Do you think that work is evenly distributed among all staff? | Yes | No | X |
| 4. Do you think that staff members communicate well with each other so that problems can be discussed and resolved? | Yes | No | X |
| 5. Are staff meetings: | | | |
| - held regularly? | Yes | No | X |
| - used to discuss and resolve problems? | Yes | No | X |
| 6. Do you feel that staff members are recognized for work they do well? | Yes | No | X |

Notes

Notes



FAMILY
PLANNING
MANAGEMENT
DEVELOPMENT

The Family Planning Manager
Family Planning Management Development
Management Sciences for Health
400 Centre Street
Newton, Massachusetts 02158, U.S.A.
Phone number: (617) 527-9202
Fax number: (617) 965-2208
Telex: 4990154 MSHUI