Facilitative Supervision for Quality Improvement

Participant Handbook

USAID
FROM THE AMERICAN PEOPLE

the ACQUIRE project

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The ACQUIRE Project
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@acquireproject.org
www.acquireproject.org

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Contents

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Module 1

Welcome and Introduction

Overview

Well-conducted supervision provides critical support to health care workers who deliver services. Of the five factors in the performance improvement model, three of them (clear job expectations, performance feedback, and motivation) relate directly to the role of the supervisor. When that role is carried out with commitment to meeting service providers' needs, it helps close the gap between actual and ideal performance.

The concept of facilitative supervision is based on widely accepted quality management principles. It is an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised.[1] Evidence demonstrates that continuous implementation of facilitative, or supportive, supervision generates sustained performance improvement.[2]

EngenderHealth published the *Facilitative Supervision Handbook* in 1999. It has been used successfully in many programs as a technical resource to explain the principles, roles, responsibilities, and processes of facilitative supervision. The *Facilitative Supervision for Quality Improvement* curriculum is an aid for trainers and was developed in response to an expressed need from the field for training materials to develop skills in the facilitative approach to supervision. It is designed to focus on the fundamentals of quality health care services, specifically on medical quality to assure clinical safety and on informed and voluntary decision making.

Goal of the Training Course

The goal of this training course is to build supervisors' knowledge, skills, and attitudes, to enable you to apply a facilitative approach to supervision to improve providers' performance and the quality of health care services.

Objectives for the Training Course

By the end of the training course, you will be able to:

- Explain the facilitative approach to supervision
- Explain and use the Fundamentals of Care Resource Package
- Explain the roles and functions of facilitative supervisors within the supervisory system to ensure the fundamentals of care

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[1]EngenderHealth. 1999. *Facilitative supervision handbook*. New York.

[2]Marquez, L., and Kean, L. 2002. Making supervision supportive and sustainable: New approaches to old problems. *MAQ Paper #4*. Washington, DC: U.S. Agency for International Development.

- Explain the role of supervisors in involving staff in the process of collecting data, analyzing data, and using them in programmatic and managerial decision making to improve the quality of health care services
- Demonstrate leadership, communication, and facilitation skills, including constructive feedback and coaching
- Explain supervision and system support for quality services by linking supervisory system with other service-delivery systems and external sectors
- Develop an action plan to apply the knowledge and skills acquired

During the training course, you will be asked to share your experiences with other trainees. In addition, practice supervisory visits will be part of this training course. During those visits, you might obtain clients' personal information from client records, site registries, and during observation of client-provider interaction. Both the participants in these practice visits and the trainers will be asked to sign a pledge of confidentiality (see next page), to make sure that everything that has been discussed in the training room and learned during the practice supervisory visits will remain confidential.

Pledge of Confidentiality

Facilitative Supervision for Quality Improvement

(Signed by all trainers for and participants in the training course)

I certify that any information obtained from client records, site registries, and/or logbooks that I might review during the practice supervisory visit, or obtained during observation of client-provider interaction or during course sessions when the training participants share their experiences with the group, will remain confidential.

Signed _____ Date _____

Module 2

Defining Quality Services: Fundamentals of Care for Ensuring Quality in Service Delivery

Essential Ideas

- ❑ The framework of clients' rights and staff needs guides site managers, supervisors, and staff in their efforts to improve the quality of services.
- ❑ There are three fundamentals of care for ensuring the quality of services:
  - Ensuring informed and voluntary decision making
  - Assuring safety for clinical techniques and procedures
  - Providing a mechanism for ongoing quality assurance and management
- ❑ A client focus is essential to the provision of quality services.

Session 2-1

Defining Quality of Services

Objectives

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

- Define quality of services
- Explain a framework of clients' rights and staff needs
- List and explain the steps in the quality improvement (QI) process

Quality of services is when the clients' rights are observed and staff needs are satisfied.

The Rights of Clients

Information: Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

Informed choice: Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

Safe services: Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Privacy and confidentiality: Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

Dignity, comfort, and expression of opinion: All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as

possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Continuity of care: All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The Needs of Health Care Staff

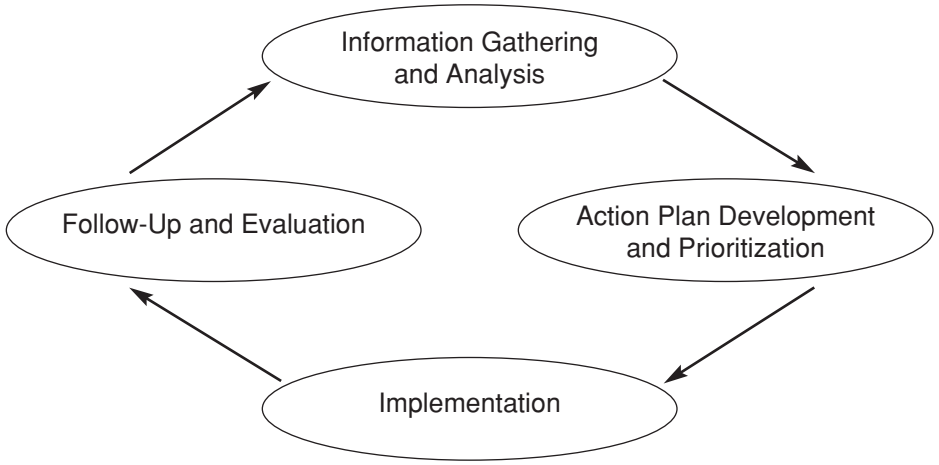
Facilitative supervision and management: Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients. Staff need to know clear expectations, receive feedback, and feel motivated.

Information, training, and development: Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up to date in their field and to continuously improve the quality of services they deliver.

Supplies, equipment, and infrastructure: Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, and the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

Adapted from: Huezo, C., and Diaz, S. 1993. Quality of care in family planning: Clients' rights and providers' needs. *Advances in Contraception* 9(2):129–139; and International Planned Parenthood Federation (IPPF). 1993. *The rights of the client*. Poster. London.

The Continuous Quality Improvement Process



Session 2-2

The Fundamentals of Care for Ensuring Quality in Service Delivery

Objectives

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

- List and explain fundamentals of care
- Describe the Fundamentals of Care Resource Package and how to use it

If efforts to expand access to quality family planning and reproductive health services are to be successful, programs must pay sustained attention to the fundamentals of quality of care. These fundamentals consist of three main elements:

1. Ensuring informed and voluntary decision making
2. Assuring the safety of clinical techniques and procedures
3. Providing a mechanism for ongoing quality assurance and management

Facilitative supervision is one of the key mechanisms for institutionalizing continuous quality assurance. It is also the primary means for maintaining a focus on the other two fundamentals of care to sustain service quality.

See a copy of Fundamentals of Care Resource Package (Appendix A) and a copy of a related PowerPoint presentation (Appendix D)

Module 3

A New Approach to Supervision

Essential Ideas

- ***Supervision*** is the process of directing and supporting staff so they may effectively perform their duties.

  —Stinson, W., et al. 1998, Quality supervision. *QA Brief* 7(1):4–6. Bethesda, MD: Quality Assurance Project.

- ***Management*** is the **organizational** process that includes planning strategically, setting objectives, managing resources, deploying the human and financial assets needed to achieve objectives, and monitoring and evaluating the results.
- The facilitative approach to supervision emphasizes the supervisor's role in leading a team of staff through a continuous process to better understand and meet the needs of their health care clients. Facilitative supervisors at all levels do this by focusing on the needs of the staff they oversee, and consider staff to be their own customers.
- The facilitative supervision approach emphasizes **mentoring, provision of constructive feedback, joint problem solving,** and **two-way communication** between supervisors and those being supervised.
- Supervisors play a critical role in achieving high-quality service provision.

Session 3

A New Approach to Supervision

Objectives

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

- Assess your own supervisory style
- Define the facilitative approach to supervision
- Explain the benefits of facilitative supervision

Guiding Principles for Quality Improvement

- A client-oriented mindset
- Staff involvement and ownership
- Focus on processes and systems
- Cost-consciousness and efficiency
- Continuous learning, development, and capacity building
- Ongoing quality improvement

A client-oriented mindset: The clients who come to the facility are considered as external clients. The staff are internal clients to each other. Each supervisor is the client of his or her supervisor. Facilitative supervisors focus on the needs and expectations of both external and internal clients. Clients have rights to quality services, and staff have needs for materials and other support necessary to delivering quality services. The facilitative supervisor keeps these rights and needs in mind when assessing quality, involving staff to identify problems and seek solutions.

Staff involvement and ownership: Facilitative supervisors involve staff in the quality improvement process and try to foster a spirit of ownership and teamwork by emphasizing the importance and contribution of everyone to better quality of services, including involvement in decision making.

Focus on processes and systems: Facilitative supervisors emphasize the importance of improving processes and systems rather than focusing on individual mistakes. The facilitative approach to supervision recognizes that 75% of problems are due to overly complex or faulty processes or systems—not to the people who try to implement these processes or systems.

Cost consciousness and efficiency: If something is not done correctly the first time, it has to be fixed and repeated. Poor quality is costly, both financially and in terms of the health of individuals and the community. In addition, it may have other costly results. Poor quality is wasteful, and good quality saves money.

"When processes are made better, total costs usually fall."
—Berwick, D. M, Godfrey, A. B., & Roessner, J. 1990.
Curing health care: New strategies for quality improvement. San Francisco: Jossey-Bass.

Continuous learning, development, and capacity building: Facilitative supervisors pay close attention to staff development and capacity-building. They transfer the knowledge and skills needed to implement the quality improvement and performance improvement processes. Facilitative supervisors ensure opportunities for staff for training, refresher training, and training in new processes and procedures. They enable staff to identify learning needs and assist staff in developing a plan on how to address those needs. Facilitative supervisors organize the transfer of knowledge and skills acquired by staff to other staff members and ensure the application of newly acquired skills by trained staff.

Ongoing quality improvement: Facilitative off-site supervisors visit sites systematically to foster the quality improvement process. They teach staff how to use different quality improvement tools and encourage staff to use them periodically. Facilitative off-site supervisors transfer the quality improvement tools to on-site supervisors. Changes in quality of services are regularly monitored and evaluated, while problem areas are constantly identified and improved.

Source: EngenderHealth. 2001. *Facilitative supervision handbook*. New York.

Assess Your Own Supervisory Style. Do You Need to Change Your Approach?

This is not a test. It is a tool for self-improvement, asking you to reflect on how you perform your supervisory tasks. Carefully read each question and respond honestly regarding your current performance. The purpose of this instrument is to help you identify areas in which you need to strengthen your supervisory capability.

Please take a few minutes to answer "Yes" or "No" to the questions below. Count the total score for each column.

Statement	Yes	No
Job Expectations		
1. I always discuss work expectations with each staff member I supervise.		
2. I discuss job description(s) periodically with the staff members I supervise.		
3. I always ensure that health staff have access to current reference books, norms, guidelines, and regulations in all areas and procedures of services offered.		
4. I always encourage and help the staff I supervise to do self-assessment and to develop an action plan to improve their performance and the quality of services.		
Performance Feedback		
5. I always provide staff with **constructive** feedback on their performance in a timely manner, focus on solutions to problems, and offer help (but not in front of others, to ensure staff do not lose face).		
6. I believe in empowerment rather than criticism.		
7. I work with the staff to ensure that they have ways to receive feedback from clients and the community.		
8. I always practice active listening and other communication skills when supervising and providing feedback.		
Motivation		
9. I often ask staff what motivates them and what does not, and I use this information to motivate staff effectively.		
10. I always recognize good staff performance by telling them personally and in front of their colleagues that they have done well.		
11. I always make the effort to ensure that there is a transparent and fair system of motivation and incentives.		
12. I always treat staff at all levels with respect, and I encourage staff to treat each other respectfully.		
Physical Environment and Tools		
13. I always make sure that the staff I supervise have the necessary equipment and supplies to do their job (including supplies for infection prevention) and to meet clients' and community needs and provide quality services.		
14. I always make sure that staff have the educational aids and informational materials they need to provide clients with information and to conduct counseling and educational activities.		
15. I make sure that the staff I supervise have adequate working conditions.		

Statement	Yes	No
Knowledge and Skills		
16. I work with staff to assess periodically sites' and individuals' learning needs and the areas in which staff need to improve their knowledge and skills.		
17. I always provide staff with the information they need to perform their jobs well.		
18. I provide or arrange the training that staff need, using training needs assessment results, to provide high-quality services.		
19. I provide on-the-job training/coaching, when appropriate.		
20. I always provide opportunities for the staff to practice new skills.		
Organizational Support		
21. I see myself as part of the staff team.		
22. I visit the sites under my jurisdiction frequently or I monitor service delivery at my site frequently.		
23. I regularly observe the day-to-day operations of the clinic.		
24. My primary objective is to improve the quality of services, not to collect data.		
25. I communicate regularly with staff about what is going on in the organization (such as policy changes, vision, goals, statistical data, and current and expected results for the institution).		
26. I speak to all levels of staff during my visits or when I monitor service delivery at my site.		
27. I create a relationship based on trust and openness so that staff feel free to discuss any problems they encounter.		
28. I ensure that staff have tools to continuously assess the quality of services and their performance, and I always encourage and help staff to identify their own solutions to the problems they encounter.		
29. I always try to create partnerships between staff and outside resources to help improve service quality.		
30. I always serve as liaison between a site and the larger system.		
31. I supervise clinical as well as administrative tasks, such as data collection, analysis, and use for decision making.		
32. I always try to find and bring in external resources when existing internal resources cannot solve the problem.		
33. I have a plan for my supervisory activities.		
Total		

All of the actions described in the questionnaire represent variety of behaviors and tasks while supervising staff. If you answered "no" to two or more of the questions, you may be ready to try a different approach to supervision. Share this tool with other supervisors at your work-place and encourage them to use it to reflect on their supervisory style.

See a copy of the PowerPoint presentation (Appendix D)

Module 4

Ensuring Informed and Voluntary Decision Making

Essential Ideas

- ❑ Essential elements of informed and voluntary decision making are:
  - Service/method options are available.
  - The decision-making process is voluntary.
  - People have appropriate information.
  - Good client-provider interaction (CPI), including counseling, is ensured.
  - The social and rights context supports autonomous decision making.
- ❑ Informed and voluntary decision making is:
  - A human right
  - An essential element of client satisfaction
  - A policy requirement

  Informed and voluntary decision making also significantly contributes to program effectiveness.
- ❑ Multiple factors affect clients' ability to make informed and voluntary decisions. Three levels of factors should be considered:
  - Individual/community/cultural factors
  - Service-delivery factors
  - Policies

Session 4

Ensuring Informed and Voluntary Decision Making

Objectives

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

- Explain the meaning and importance of ensuring informed and voluntary decision making in family planning and reproductive health
- Identify at least three factors that support and three factors that hinder informed and voluntary decision making
- Explain the role of client-provider interaction (CPI) and counseling in ensuring informed and voluntary decision making
- Identify at least five things that providers can do to ensure good CPI and informed and voluntary decision making
- Identify at least five things that supervisors can do to support and monitor good CPI and informed and voluntary decision making

Five Essential Elements of Informed and Voluntary Decision Making

I. Service options are available.

- Family planning services are available where and when individuals need them.
- A choice of methods is offered.
- Options are affordable.
- Referral mechanisms are in place for other methods.
- Linkages exist with other health services.

II. The decision-making process is voluntary.

- Individuals are free to decide whether or not to use services, without coercion or constraint.
- Clients are free to choose among available methods, without coercion or constraint.
- A range of service options is accessible to all categories of clients, including adolescents and unmarried individuals.
- Service providers are objective regarding all clients and methods.
- The individual's right to choose is respected and supported.

III. Individuals have appropriate information.

- Individuals have access to appropriate and accurate information about services and options.
- Individuals understand their risk for sexually transmitted infections and for HIV and AIDS and the protection that family planning options provide.
- Service providers assess clients' knowledge, fill any gaps, and correct any misinformation.
- Comprehensible posters and flipcharts are clearly in clients' view.
- Samples of family planning methods are available for clients to see and touch.
- Clients understand their options, essential information about their chosen method or treatment (including benefits and risks, conditions that would render it inadvisable for use, and common side effects), and the way their choice may affect their personal circumstances.

IV. Good client-provider interaction, including counseling, is ensured.

- Clients and service provides have dynamic, two-way interaction.
- Clients actively participate in discussions and are encouraged to ask questions.
- Staff have good communication skills (talking, listening, eliciting, probing, assessing).
- Counseling staff provide individualized care, tailoring the client-provider interaction and information to what clients want and need, and addressing individual circumstances and concerns.
- All staff use language and terms that clients can understand.
- Counseling staff have complete and correct information about sexual and reproductive health and about available services.
- Staff answer clients' questions fully and clearly.
- All staff are empathetic, respectful, nonjudgmental, and sensitive to power imbalances and gender differences between clients and providers.
- All staff maintain clients' privacy and confidentiality.
- Trained staff are assigned to counsel clients as a routine component of service delivery.
- Counseling serves as the checkpoint to ensure informed and voluntary decision making.
- Memory aids are used by staff and are provided to clients.
- The service setting is organized, clean, and cheerful, to put clients at ease.
- Auditory and visual privacy are ensured for counseling, regardless of the setting.
- Adequate seating is available during counseling for counselors, clients, and anyone else the clients choose to accompany them.

V. The social and rights context supports autonomous decision making

- Laws, policies, and social norms support the following:
  - Gender equity
  - Individuals' rights to decide whether and when to have children, and how many
  - Clients' right to access sexual and reproductive health information and services, regardless of age, sex, marital status, or sexual orientation

- Clients' right to make decisions and to exercise control over their sexuality and reproduction, free of discrimination, coercion, and violence
- Clients' right to protect their health and prevent disease
- Clients' right to privacy, confidentiality, dignity, and safety

Three levels to consider and discuss:

1. Individual/community/cultural factors
2. Service-delivery factors
3. Policies

See a copy of the PowerPoint presentation (Appendix D)

Module 5

Assuring Safety for Clinical Techniques and Procedures

Essential Ideas

- ❑ Medical safety is a critical issue for both ***clients*** and ***providers*** and relates to the ***procedures*** that are conducted in the ***clinical environment***. Medical safety is one of fundamentals of care.
- ❑ Clinical techniques and procedures are considered safe when skilled providers are practicing according to updated, evidence-based standards and guidelines and infection prevention protocols, within a physical structure appropriate for managing clinical and surgical procedures.
- ❑ Medical monitoring is a quality improvement intervention that entails the objective and ongoing assessment of the ***readiness*** and the ***processes*** of service delivery. Medical monitoring is conducted to ensure that services are safe and to identify gaps between best and actual practices, and it leads to recommendations for improvement, including performance improvement.
- ❑ **Guiding principles for supervisors**

  Be facilitative:

  - Work as a team member to model facilitative supervision
  - Talk with and listen to all levels of staff
  - Recognize jobs well done
  - Solve problems on the spot, when possible
  - Provide feedback in a constructive way
  - Involve staff in the decision-making process
  - Never criticize staff in front of a client or other staff

Session 5

Assuring Safety for Clinical Techniques and Procedures

Objectives

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

- Describe the medical monitoring process and how it contributes to assuring the safety of clinical techniques and procedures
- Identify areas that should be assessed through medical monitoring activities
- Explain the functions of on-site and off-site supervisors' conducting medical monitoring to improve the quality of medical services
- Explain what off-site supervisors should do before, during, and after the supervisory visit

Shown below is a format for a site action plan that supervisors and staff can use to record the problems that they have identified and the solutions that they have developed. Remember that a team-based approach should be used for problem-solving during the development of recommendations and the site's action plans. The root cause(s) of a problem should be identified using the "multiple why?" technique (an approach that involves asking "why" as many times as needed to get to the root cause).

Site Action Plan format (used by on-site supervisors and staff

Problem	Cause(s)	Recomendations	By Whom	By When

Shown below is a format for a supervisory action plan that an off-site supervisor can develop to help a site's staff and supervisors solve any problems that need external help. It is important that such plans address the fundamentals of care.

Supervisory Plan (used by off-site supervisors to follow-up on visits

Problem	Action/Resources Needed	Timeframe	Follow-up	Notes

Skilled providers are those who are practicing according to updated, evidence-based standards and guidelines and infection prevention protocols, within a physical structure appropriate for managing clinical and surgical procedures.

See a copy of the PowerPoint presentation (Appendix D)

Module 6

Using Data to Assure the Quality of Medical Services

Essential Ideas

- ❑ **"Data for decision making** refers to the process of *obtaining, analyzing, interpreting, making decisions, and taking action* on data to strengthen program performance."

  Timmons, R. and Egboh, M. (ed.) [no date given]. Using service data: tools for taking action. *The Manager.* Retrieved from http://erc.msh.org/staticpages_printerfriendly/2.2.4_info_English_.htm, March 9, 2004.

- ❑ Two types of data are available to help program managers and supervisors make decisions. They are population-based data and program-based data.
- ❑ **Sources of population-based data include the following:**
  - Vital registries
  - Surveys, such as the Demographic and Health Surveys and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention
  - Official documents—for example, government policies, norms, and guidelines
  - Special studies (see, for example, Bertrand, J. T., & Escudero, G. 2002. *Compendium of indicators for evaluating reproductive health programs.* Vol. 1: Indicators for specific programmatic areas. MEASURE *Evaluation Manual Series*, No. 6, Chapel Hill, NC)
- ❑ **Sources of population-based data include the following:**
  - Service statistics
  - Facility-based surveys/medical monitoring results
  - Local surveys
  - Program documents (Bertrand & Escudero, 2002, above)
- ❑ **As well as:**
  - Financial and commodity reports
  - Self-assessment and supervisory assessment exercises (for example, COPE® exercises, medical monitoring reports, performance needs assessments, etc.)

Session 6

The Role of Supervisors in Involving Staff in the Use of Data for Decision Making

Objectives

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

- Identify sources of data
- List some key global reproductive health indicators
- Demonstrate skills needed to analyze and use data for making programming decisions
- Explain the role of supervisors in involving staff in the process of collecting and using data

Resource 6-1

Data for Decision Making

The following are some examples of the questions that supervisors need to answer every day:

- Which health needs are priorities in your community?
- Which staff should provide which services?
- Are there sufficient supplies, beds, and hospital beds for your caseloads?
- How many people have been reached by your facility's activities?

To help you in answering these and other questions, you may decide that you need to collect more data. However, data collection alone will not help you resolve these issues. For that, you need to use *data for decision making*. Data for decision making refers to the process of **obtaining, analyzing, interpreting, making decisions,** and **taking action** on data to strengthen program performance (Timmons & Egboh, no date). This is similar to the quality improvement process of gathering and analyzing information; developing and prioritizing an action plan; implementing interventions; and evaluating (EngenderHealth, 1999, p. 28).

When data become meaningful, they can help you and your staff in:

- Setting health priorities
- Formulating health policies
- Obtaining and allocating resources
- Planning, implementing, and monitoring public health intervention

(CDC, 2004)

Sources of Reproductive Health Data

One of the first steps you will carry out in data for decision making is to **gather** data. Two types of data that are available to help you and program managers make decisions are ***population-based*** or ***program-based*** (Bertrand & Escudero, 2002, pp. 7–9).

Sources of *population-based* data include the following:

- Vital registries
- Surveys such as the Demographic and Health Surveys and the Reproductive Health Surveys conducted by the U.S. Centers for Disease Control and Prevention
- Official documents (for example, government policies, norms, and guidelines
- Special studies (see Bertrand & Escudero, 2002, pp. 7–9)

Sources of *program-based* with a subset of service-based data include the following:

- Service statistics
- Facility-based surveys
- Local surveys
- Program documents (see Bertrand & Escudero, 2002, pp. 7–9)

As well as:

- Financial and commodity reports (Timmons & Egboh, no date)
- Self-assessment exercises (for example, COPE® exercises and resources like the Quality Measurement Tool or the Cost-Analysis Tool)

Population-based data

Population-based data provide a general picture of the health conditions of a specific country, region, or group. They create the context in which you can consider your own program.

The World Health Organization has compiled a list of 17 global reproductive health indicators that are tracked (Bertrand & Escudero, 2002, pp. 201–203). Some of the key indicators usually collected by family planning and reproductive health programs include the following:

- Total fertility rate
- Contraceptive prevalence rate
- Unmet need (for spacing and limiting)
- Maternal mortality ratio
- Antenatal care coverage
- HIV prevalence

In summary, **indicators commonly used in reproductive health** include definitions of these population-based indicators. The Population Reference Bureau updates its list of key reproductive health indicators annually.

Data from population-based sources can help you in setting goals for your program (Seltzer & Solter, no date). You will not be able to measure the impact your program has on these popula-

tion-based indicators. Impact is usually accomplished through the collective efforts of programs and agencies such as yours. Nevertheless, you can use the population-based indicators to identify critical areas of need and then to guide you in identifying the local-level indicators you will choose.

For example, say you reviewed the data and decided that you would follow your Ministry of Health's national goals of reducing fertility (which they have identified through population-based data). You consult population-based data and find that the total fertility rate is high in your country and region. Based on these data, chances are that the fertility rate is also high where you work. You would then choose local-level indicators that look at fertility and contraceptive use.

Program-based data

In many cases, you are probably already collecting program-based (service-based) data. Service statistics such as *numbers of clients served* or on *number of contraceptives dispensed* are examples of program-based data. Other examples of indicators derived from program-based data are listed in **Resource 6-2**.

One problem that programs sometimes face is that of collecting too much information (INFO Project, no date). Very often, we collect data because we think they *might be* useful, rather than because they *really are* useful. When too many data are collected, data collection becomes a cumbersome, time-consuming activity (INFO Project, no date). Also, it may cause staff to become less motivated about collecting data and about doing so properly.

There are a number of actions you can take to ensure that program-based data are relevant, which in turn can make it easier and more effective to incorporate them into your programs.

- Review the data that are already being collected. This means reviewing clinic forms, nominal rolls/logbooks/registries, and any summary forms. How are staff using this information? Are people collecting the information in the same way? Are definitions standardized for the different variables or indicators for which you may collect data? Do the indicators make sense? Are they indicators that you *think* you will use or those that you actually *will* use?
- What do staff consider the most important indicators to track? These may be related to performance, to management systems, or to service delivery. You may want to talk with different providers to learn more about these needs. COPE® exercises, client flow analyses, or data provided by some other quality improvement tool may also offer some insight into which data to track.
- What are the Ministry of Health's and/or health region's objectives in health? Indicators linked to these objectives should be included in your data collection systems.

Analyzing and Interpreting Data

Once you have obtained data, the next steps are to **analyze** and **interpret** the data. Exercises that you can carry out to analyze data include the following:

- Tabulating the data in ascending or descending order, or by time frames
- Disaggregating the data by region or by sociodemographic characteristics (e.g., by age, marital status, or educational level)

- Creating graphs and charts to help you to see trends visually (Bar charts and line graphs are good for observing changes over time; pie charts are helpful for looking at distributions.)
- Reviewing data for more than one time period to look at changes in an indicator over time (Timmons & Egboh, no date; INFO Project, no date)

As you review the data, bear the following questions in mind to help you in the analysis and interpretation of data:

- If you are looking at a range of issues or public health problems, compare the magnitudes of each of these. What are the most important problems affecting the population?
- What are the populations most heavily affected by the problem in question? Do they live in urban or rural areas? In which regions? Are they married or unmarried? What are the age-groups? Educational levels?
- How do the data change over time? Are there specific patterns tied to when the numbers peak, drop, or level off?

To assess changes over time and the progress of programs, we often measure indicators at different time intervals (e.g. annually, quarterly, or monthly). One calculation we carry out is **percentage change** (i.e., by what percentage did the indicator increase or decrease). Percentage change is calculated as follows:

Example:

[(Measure of indicator at time 2 – Measure of indicator at time 1) / Measure of indicator at time 1] X 100%

For example, the contraceptive prevalence for country X was 25% in 1985. It rose to 53% in 2000. What was the percentage change?

[(53–25)/25] X 100% = [(28)/25] X 100% = [1.12] X 100% = **112%**

Using Data to Make Decisions

Once you have analyzed and interpreted the data, the next step is to use the **data for making programming decisions**. In essence, you want to know if:

- Services and programs are operating well (in which case, no change is needed in programming)
- Services and programs are operating well, though room exists for improvement
- Services and programs are not operating well (in which case, plans are needed to address the gaps in service)

(Timmons & Egboh, no date)

You can document the next steps, individuals responsible, and timelines using the action plan format presented in Flipchart 5A, which is similar to that used in COPE® exercises.

Implementing Changes and Monitoring

Both the action plan and the information collected should be monitored and evaluated. Monitoring and evaluation should be done periodically to assess whether the steps taken to rectify problems have been effective and, if so, how effective they have been (Timmons & Egboh, no date). The **quality of the data** should also be monitored, to ensure that the information being collected is accurate and comparable over time.

Communication in the Data for Decision-Making Process

Often, data are collected as part of a requirement. These data then get sent to higher levels of ministries and departments of health, without being shared with those recording the data (INFO Project, no date). At a minimum, if other staff are needed to effect a change, then they too should be advised of the findings of the analysis and should agree to the action plan (Timmons & Egboh, no date). To improve staff motivation, think about ways to share the information with staff, so that they can see progress over time in these activities. Better yet, you may also want to involve staff in the process of analyzing data, so they have a stake in collecting good-quality data and learn to monitor their own progress.

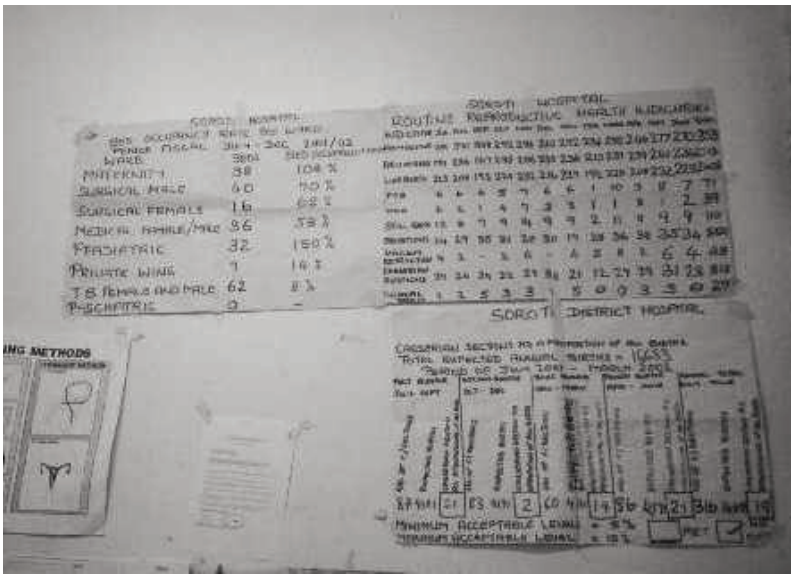


Figure 1: Staff at Soroti District Hospital, Uganda, tabulate and post the service statistics for their postabortion care program, so that all may see. The site's gynecology ward used figures on high bed-occupancy rates to advocate for a bigger ward.

Remember that the format to be used for communicating findings is as important as the information itself. The information should be easy to understand (INFO Project, no date). Consider using graphs and charts, as opposed to preparing lengthy reports.

One suggestion for ensuring that communication of findings is an integral part of the data for decision-making process is to create a plan for sharing information (INFO Project, no date). Such a plan would visually set out how the information flows and indicate who needs the information, how it will be used, and how detailed the information should be.

Sources

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Resource 6-2

Indicators Commonly Used in Reproductive Health

An **indicator** is a "numerical measure that provides information about a complex situation or event" (Seltzer & Solter, no date). For example, for any given country, the well-being of its children may be summarized through the child mortality rate.

One of the simplest indicators to calculate is usually the count of an affected population or the population in question (Hennekens and Buring, 1987). We calculate this type of indicator every day in the work we carry out in our programs—the number of clients served, the number of hours worked, or the number of contraceptives distributed. We sometimes disaggregate this indicator across the different types of services (for example, by looking at the number of clients served in the family planning clinic or by counting the number of maternity clients attended). We may also disaggregate indicators by specific client characteristics (for example, by age).

Indicators are also often expressed as **rates** or **percentages**, with the **numerator** (i.e., the number on the top) representing an affected population and the **denominator** (i.e., the number on the bottom) representing the specific population from which the affected population was derived. When expressed as a rate, an indicator also is bound by a specific period of time and is usually multiplied by a constant (often 1,000 or 100,000). When expressed as a percentage, the constant is 100.

When choosing indicators to monitor programs, you need not start from scratch and create new indicators. Below is a list of commonly used reproductive health indicators, arranged by topic and scope. The reference list at the end of this document provides information about other excellent sources of information on indicators.

Fertility and Family Planning Indicators: Population Level

Indicator: Total fertility rate (TFR)

How calculated:
Average number of children who would be born to a woman during her childbearing years if current age-specific birth rates remained constant during the woman's lifetime (MSH, no date)

Purpose:

- Provides information about the level of fertility in a country
- Can be used to measure changes in fertility over time
- Can be used to assess the stage at which a country is in terms of its transition from high levels of fertility to low fertility (Table 1 shows the ranges of total fertility rates assigned to these transition stages, as described in Bongaarts, 2003)

Table 1: Ranges of total fertility rate assigned to transition stages

TFR	Transition stage	Country examples
7.0+	Pre	Mali, Yemen
6.0 to 6.9	Early	Malawi, Afghanistan
5.0 to 5.9	Early-mid	Senegal, Ethiopia
4.0 to 4.9	Mid	Bolivia, Kenya
3.0 to 3.9	Mid-late	Ecuador, India, Philippines
2.1 to 2.9	Late	South Africa, Argentina, Turkey
0.0 to 2.0	Post	Japan, Sweden, United States

Source: Adapted from Bongaarts, 2003; country examples are based on data from the *2003 World Population Data Sheet*, Population Reference Bureau

Indicator: Contraceptive prevalence rate (CPR)

How calculated:
[Number of women of reproductive age (between the ages of 15–49) reporting that they or their partners are currently using a method of contraception / Number of women of reproductive age)] X 100 (Bertrand & Escudero, 2002)

Purpose:

- Can be calculated for different sociodemographic and other characteristics
  - Age, marital status (though usually calculated for married women or women in union), urban vs. rural
  - Users of traditional, modern, individual, or all methods
- Provides information on method mix (MSH, no date)
- Demonstrates effectiveness of information, education, and communication messages (MSH, 2004)
- Indicates interest on the part of women to use contraception (MSH, no date)
- Shows effectiveness and/or status (see Table 2, p. 37) of family planning programs

The continuum in Table 2 maps out the different stages of the development of family planning programs. You can use the programming parameters listed in each panel for the particular stage at which you fall.

Table 2: Stages of development of family planning programs

Emergent	Launch	Growth	Consolidation	Mature
0–7%	8–15%	16–34%	35–49%	≥50%
Begin pilot services; build support and credibility for family planning programs.	Expand services beyond pilots; broaden institutional base and client population.	Diversify service channels and providers to expand access and availability; promote mix of clinic-based and community-based services.	Increase segmentation of services and markets.	Increase sector involvement; promote services for hard-to-reach populations.

Source: Destler et al., 1990.

Indicator: Unmet need (for spacing and limiting)

How calculated:
The number or percentage of women currently married or in union who are fecund and who desire to either terminate or postpone childbearing for two years, but who are not using a contraceptive method (Bertrand & Escudero, 2002).

Purpose:
- Provides information about the current level of opportunity for family planning programs (Ashford, 2003)
  - If unmet need for spacing is high, consider integrating family planning services into a variety of settings to reach women who want temporary or reversible methods (e.g., postpartum and postabortion care programs).
  - If unmet need for limiting is high, consider advocating for increased attention and resources to remove obstacles to long-term and permanent methods.
- Identifies target groups for activities that raise awareness about family planning accessibility
- Can be calculated for different subgroups
  - Married women, women in union, sexually active women
  - Spacers (potential users of temporary methods) or limiters (potential users of permanent methods)

Family Planning Indicators: Program Level

Indicator: Number/percentage of new acceptors

How calculated:
(Number of clients choosing a method of family planning for the first time/total number of clients attended) X 100 (MSH, no date)

Purpose:

- Provides information on performance of family planning program
  - If the number/percentage of new acceptors is low or declines, one needs to identify why this is happening.
    - Are there problems with outreach?
    - Is scheduling inconvenient?
    - Are prices too high?
    - Are there problems with quality of care?
    - Do people know about the services?
    - Is there competition from others for the same services? (MSH, no date)
  - If the number/percentage of new acceptors is high or increases, one should continue to maintain or find ways to improve quality. The number of continuing users should also be tracked as a way of assessing whether clients are returning for services. (MSH, no date)
- Can be disaggregated into different subgroups, thus allowing one to assess whether or not target groups are being reached (Bertrand & Escudero, 2002)
  - By type of contraceptive method
  - By sociodemographic population (men vs. women, age-groups, educational level)
  - By timing of service (e.g., postpartum, postabortion)

Indicator: Number/percentage of continuing users

How calculated:
(Number of clients choosing a method of family planning for the first time/total number of family planning clients attended) X 100 (MSH, no date).

Purpose:

- Provides information on performance of family planning program
  - If number/percentage of continuing users is low or declines, one needs to identify why this is happening.
    - Has anything (e.g., prices, scheduling, staffing, contraceptive supplies) changed in the way services are being offered?
    - Are clients facing barriers in continuing to use their contraceptives?
    - Are clients dissatisfied with services?
    - Is there competition from others for the same services?
  - If number/percentage of continuing users is high or increases, one should continue to maintain or find ways to improve quality (MSH, no date).
- Can be disaggregated into different subgroups, thus allowing one to assess whether or not target groups are being reached
  - By type of contraceptive method

- By sociodemographic population (men vs. women, age-groups, educational level)
- By timing of service (e.g., postpartum, postabortion)

Safe Motherhood Indicators: Population Level

Indicator: Maternal mortality ratio (MMR)

How calculated:
(Number of women dying as a result of pregnancy-related complications during a reference period / total number of live births within the reference period) x 100,000 (Bertrand & Escudero, 2002)

Purpose:
- Serves as an overall marker of a population's health, the socioeconomic status of women, and the state of a country's health system (Bertrand & Escudero, 2002)
- In particular, indicates the accessibility and quality of antenatal, delivery, and postpartum and postabortion care (MSH, no date)

Indicator: Cesarean sections as a percentage of all live births

How calculated:
(Number of cesarean sections performed / number of live births) X 100 (Bertrand & Escudero, 2002)

Purpose:
Provides insight as to access, use, and quality of health services. International organizations such as the United Nations Children's Fund (UNICEF), World Health Organization (WHO), and United Nations Population Fund (UNFPA) have set the **recommended rate as 5% to 15%**. Rates below 5% suggest that cesarean sections are unavailable or inaccessible. Rates above 15% suggest that the procedure is being overused, thereby posing risks to women and draining resources (Bertrand & Escudero, 2002)

Indicator: Percentage of women attended at least once during pregnancy by trained personnel

How calculated:
(Number of women having made at least one antenatal visit with trained personnel – number attended by trained traditional birth attendants / estimated total number of pregnant women) X 100 (Bertrand & Escudero, 2002)

Purpose:
- Serves as a proxy for data on maternal mortality and morbidity (Bertrand & Escudero, 2002)
- Bears a strong association with rates of perinatal survival (Bertrand & Escudero, 2002)

Indicator: Percentage of births attended by skilled health personnel

How calculated:
(Number of births attended by skilled health personnel during the reference period / total number of live births occurring within the reference period) / X 100 (Bertrand & Escudero, 2002)

Purpose:
- Provides information on women's use of delivery services
- Serves as a proxy for data on maternal mortality and morbidity
  - Association exists between presence of skilled health personnel at delivery and maternal outcomes
  - "Skilled health personnel" include midwives, doctors, and nurses with midwifery and life-saving skills. Traditional birth attendants, whether trained or untrained, are excluded. (Bertrand & Escudero, 2002)

Safe Motherhood Indicators: Program Level

Indicator: Case fatality rate (CFR)—all complications

How calculated:
[(Number of deaths from specified obstetric complications in a facility / number of women with specified obstetric complications attended in a facility) x 100 (Maine, McCarthy and Ward, 1992; UNICEF, WHO, and UNFPA, as cited in Bertrand & Escudero, 2002).

Purpose:
- Allows tracking of facility's effectiveness in treating pregnancy-related complications—in particular, the quality and promptness of treatment (Bertrand & Escudero, 2002)

Indicator: Time to definitive treatment

How calculated:
Based on data collected from facility registers and case records (Maine et al., 1997). To construct this indicator, one needs the date and time of admission and the date and time of treatment/delivery. To ensure comparability, there must be standard definitions of what is meant by "admission time" and "definitive treatment" for different types of obstetric complications (Bertrand & Escudero, 2002).

Purpose:
- Provides information on the quality of maternity care services (Bertrand & Escudero, 2002)

HIV/STI: Population Level

Indicator: HIV/AIDS prevalence rate

How calculated:
(Number of adults aged 15–49 who are infected with HIV at a given point of time / total number of people aged 15–49) X 100 (WHO, no date).

Purpose:
- Informs program managers as to the importance of information, education, and communication on prevention and condom use (MSH, no date)
- May provide insight as to what program managers should expect in terms of forecasting numbers of patients and allocating resources to meet the needs of these potential clients (MSH, no date)

Sources

The information on how the indicator was calculated, as well as the different purposes, was compiled from the following sources:

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See a copy of the *World Population Data Sheet* (Appendix C)

Module 7

Building Leadership Skills

Essential Ideas

- **A leader** is *someone who influences and guides others toward the accomplishment of a goal*.
- **Leadership** qualities include the ability to inspire others, establish trust, and promote teamwork.
- **Managing** refers to overseeing systems and processes, focusing on *doing things correctly*, using resources wisely.
- A **mission** is a statement that summarizes an organization's purpose and provides the rationale for defining goals and objectives.
- "A **vision** is an image of hope, something you truly wish to create."

  —Management Sciences for Health. 2005. *Managers who lead: A handbook for improving health services.* Boston.

- **Trust** is the knowledge that another person will not take advantage of you, which allows you to feel safe putting your self-esteem and position in that person's hands.
- **Work climate** is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a place.
- Three key dimensions of **work climate** are clarity, challenge, and support.
- **To lead staff through change** (i.e., to implement new practices) takes effort.

  Successful supervisors lead their staff through five phases:

  - Recognizing a challenge
  - Identifying promising practices
  - Adapting and testing one promising practice or set of practices
  - Implementing the new practice(s)
  - Scaling up the successful new practice(s)

  Management Sciences for Health. 2004. Management strategies for improving health services. *The Manager,* 13(3).

"In its essence, leadership is a lifestyle, not a position."

—John Hawkins, founder and president, Leadership Edge Inc.

Session 7-1

Leadership Styles

Objectives

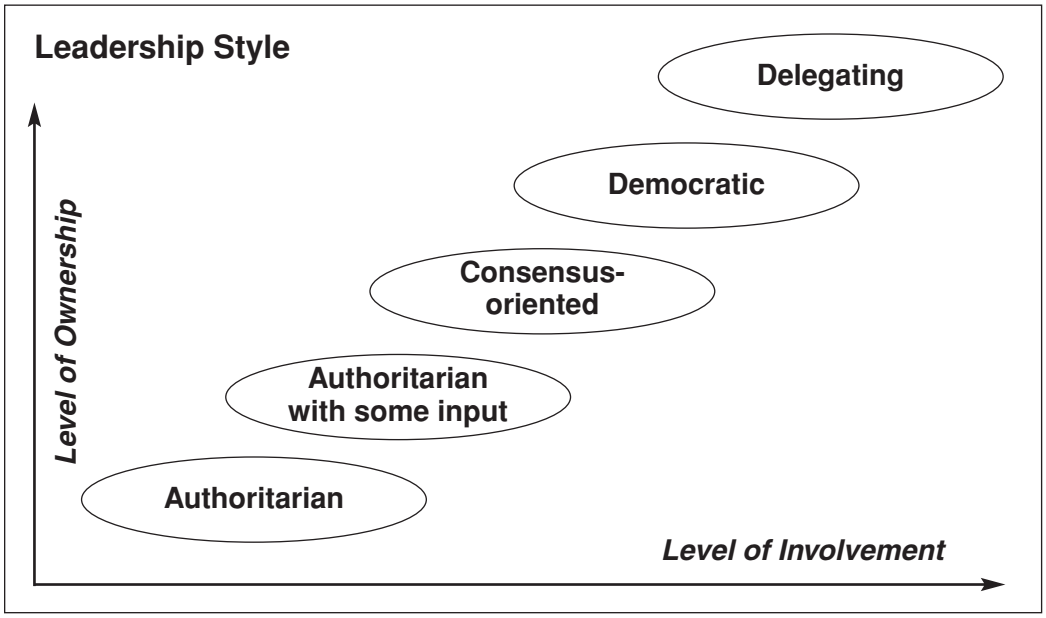
By the end of this session, you will be able to:

- Describe who people can call a leader and what qualities make him or her a leader
- Describe different leadership styles

A leader is ***someone who influences and guides others toward the accomplishment of a goal.*** Leadership qualities include the abilities to inspire others, to establish trust, and to promote teamwork.

Management refers to overseeing systems and processes, focusing on *doing things correctly*, using resources wisely. The facilitative supervisor's immediate goal is to teach others how to undertake the quality improvement process, with the ultimate goal of enabling them to provide high-quality services that meet their clients' needs.

By combining good leadership and management qualities, supervisors are able to lead staff to *do the right things the right way*.



Leadership Competencies

Competency	Application
Master yourself	Reflect on yourself and be aware of your impact on others, manage your emotions effectively, use your strengths, and work on your shortcomings.
See the big picture	Look beyond a narrow focus to take into account conditions outside your immediate areas of work.
Create a shared vision	Work with others to envision a better future and use this vision to focus all your efforts.
Clarify purpose and priorities	Know your own values and what is most important to accomplish.
Communicate effectively	Hold conversations focused on outcomes; balance advocacy with inquiry; and clarify assumptions, beliefs, and feelings within yourself and others.
Motivate committed teams	Create the clarity, trust, and recognition necessary to lead to high performance that can be sustained over time.
Negotiate conflict	Reach agreements from which both sides can benefit.
Lead change	Enable your work group to own challenges, enlist stakeholders, and navigate through unstable conditions.

Adapted from: Management Sciences for Health. 2005. *Managers who lead: A handbook for improving health services*. Boston.

Leadership Styles

Leadership Style	Description	Advantages	Disadvantages
Authoritarian	Leader makes decisions and announces them to staff.	• Style saves time. • Decision is usually clear and final. • Leader is in control.	• Other, better options may not be considered. • Staff may lack commitment to the decision. • Staff may be resentful or uncooperative.
Authoritarian, with some input	Leader makes decisions and announces them after receiving input from one or more staff members	• Style results in increased information for decision making. • Approach produced decisions relatively quickly. • Decision is usually clear and final.	• Staff not asked for input may lack commitment or be uncooperative. • Other, better options may not be considered.
Consensus-oriented	Entire group discusses and agrees to support group decisions. Leader maintains authority.	• Staff feel more involved and committed. • Staff support for decisions may be greater. • Chance of implementation is good.	• Approach is time-consuming and may require long meetings or multiple meetings. • Compromise decisions may be unclear. • Consensus may not always be possible.
Democratic	All members of the group vote for their preferred decision.	• Staff feel involved. • Decisions receive a high level of support. • Chance of implementation is good.	• Decisions may take more time. • Most popular decision may not be best option available. • Those on the "losing side" may feel resentful.
Delegating	Leader assigns decision-making task to another person or to a group.	• Approach offers opportunity for developing leadership qualities in others. • Chance of implementation is high.	• Leader sacrifices control. • Decisions may take more time. • Team may not have skills and knowledge to make a good decision.

What Leadership Style Would You Recommend?

Group exercise

For each of the following situations, what leadership style would be best for decision making? Why?

1. The clinic director is about to leave on a trip to the capital city for an important meeting with other clinic directors. However, the deadline for a decision on what types and quantities of surgical gloves to order is due, and the director has no time to review the information already gathered (surgical supply catalogs, projections on the number of procedures to be performed, relevant service protocols, and the budgetary allocation for the purchase of gloves). Medical, logistical, and administrative personnel are available at the clinic. What leadership style should the director use? Why?

   _____
   _____
   _____
   _____
   _____

2. There has been a serious car accident, and the driver of one car is bleeding profusely. Among those who have stopped to help is a doctor. Others are in a panic and shouting suggestions about what to do. What leadership style should the doctor adopt? Why?

   _____
   _____
   _____
   _____
   _____

3. The director of an agency has received a request for a proposal. To prepare and submit the proposal on time, the staff will have to drop all current projects and work overtime and on weekends. There is no guarantee that the agency will win the contract, but an all-out effort of all concerned will be needed to develop a document of very high quality. The director must make a decision on whether to make a bid for the contract. What leadership style should the director use? Why?

   _____
   _____
   _____
   _____
   _____

Answers

Situation I

Delegation. The Director should delegate the decision to a small group consisting of medical, logistical, and administrative personnel. This group has more time than the clinic director to review the information, and this group is qualified to make the decision.

Situation II

Authoritarian. Time is of the essence; if action is not taken promptly, the driver might die. The doctor has the best information and qualification to determine the proper course of action as quickly as possible.

Situation III

Consensus. The director needs the feedback of staff to know whether it is possible for them to drop all current projects to work on the proposal. In addition, because the proposal would require high-level commitment of staff for overtime and weekend work, all of the staff must support the decision. The quality of the proposal might suffer if staff resent the decision or do not understand.

Session 7-2
Building Vision and Trust

Objectives

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

- Define a mission and a vision
- Explain how to build the vision
- Describe what behaviors help to foster trust

A **mission** is a statement that summarizes the organization's purpose and provides the rationale for defining goals and objectives.

A **vision** is an image of hope for something you truly wish to create. An inspiring vision:

❏ Reflects a high standard of performance

❏ Represents future accomplishments (measurable results)

❏ Conjures up an image or picture

Trust is the knowledge that another person will not take advantage of you, which allows you to feel safe putting your self-esteem and position in that person's hands.

Source: Harrington-Mackin, D. 1994. *The team building tool kit: Tips, tactics, and rules for effective workplace teams*. New York: American Management Association..

Example of a Mission Statement:

"EngenderHealth works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of health care. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local needs."

How to Build Trust

❏ Create and maintain a nonthreatening environment

❏ Pay careful attention to communications

❏ Model correct behavior by showing trust in others and being reliable yourself

❏ Practice appropriate self-disclosure

Create and maintain a nonthreatening environment

In group meetings, maintain **confidentiality**, treat all staff with **respect**, treat all staff as **equals**, and use **facilitation skills** to make sure that all staff treat each other with respect and equality, regardless of rank. Pay attention to the **physical environment**, including seating arrangements during the meetings.

Pay careful attention to communication

The free flow of information is important. When people are kept informed, they feel valued and an integral part of the team; when there is secrecy, they feel threatened. Communication should be as complete as possible and should transmit positive messages of trust. Always provide feedback in a constructive way.

Model correct behavior by showing trust in others and being reliable yourself

You are a role model for staff and your actions are as important—or per-haps more important—than your words. Make sure there is consistency between your words and actions: If you say that your next supervision visit will take place in one month, make sure that you respect that commit-ment. If you cannot make a promised visit, communicate the reasons and set up another appoint-ment. If you promise to arrange training, do not fail to do so. Show your trust in others by delegating responsibility to them as often as possible and by acknowledging and praising their successes.

Practice appropriate self-disclosure

When you share with others what you are thinking and what you want, people are more likely to trust you because they understand you. However, revealing too much can be problematic—particularly in cultures in which it is not common to share one's feelings or inner thoughts. Keep cultural constraints in mind when practicing self-disclosure.

Source: Wilson, G. L.1996. *Groups in context: Leadership and participation in small groups*. *4th edition*. New York: McGraw-Hill.

Session 7-3

Recognition and Motivation: Tips for Leading Staff

Objectives

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

- Describe what motivates employees
- Describe what external motivation and internal motivation are
- List at least five best ways to motivate staff
- List at least 3–4 indications/signs of low motivation and performance
- Define work climate and explain its influence on staff performance
- Explain how supervisors can influence a work group's climate
- Describe tips for leading staff

What Is Motivation?

Motivation can be described as the energy to do something. Each person has motives, needs, and pools of energy that represent potential behaviors.

Throughout the world, poor-quality services and poor performance are a direct result of staff feeling unmotivated or unrecognized for their efforts in service provision and unhappy with a work climate.

External motivation

External motivation involves using motivators that come with a job—for example, pay, benefits, office space, and safety. A dangerous worksite or pay at survival level demotivates many employees. External motivation can also include giving positive feedback and recognition, often constructive motivators.

Internal motivation

Internal motivation comes from within an employee. It can be influenced by the feeling that a supervisor cares about her or him as a person and by opportunities for growth, advancement, recognition, and responsibility. Think back for a moment to your own experiences as a member of a high-performing team. What were some of your internal motivators? Were they related to the satisfaction of innovating and creating a new approach, solving problems, making a contribution, surpassing established standards and goals, or learning and working with a dynamic group of people? Everyone has many of the same internal motivators, but individuals may be more inspired by different motivators. Do you know what motivates each member of

your work group? Once you get to know what motivates your staff members and what motivates each of them, you can create a work climate that offers opportunities that will motivate them and encourage their performance.

In the workplace, internal resources of motivation energize staff as they work. People often feel motivated for high performance by one of three primary motivators (or a mix of them): power (visibility and prestige); affiliation (having good relations); or achievement (pride in a job well done and greater responsibility) (McClelland, D. C. 1985. *Human motivation*. Glenwood, IL: Scott-Foresman). For example, people motivated by power want positions of visible responsibility. People motivated by affiliation want to work in a group where the interpersonal relations are pleasant and supportive. People motivated by achievement want to see the results and to know that their efforts contributed to those results.

Source: Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

Indicators of Low Motivation and Performance

Staff may show specific **signs** of low motivation or performance, such as:

- Absenteeism and tardiness (delay beyond the expected or proper time)
- Decreased productivity
- Disengagement and inflexibility of work habits
- Dissatisfaction among clients
- Failure of a work group to meet specific performance targets
- Frequent or unresolved conflict among staff
- Poor communication among group members and with you
- Staff resistance to new processes and ideas

Staff may also **complain**. The following are some common complaints that supervisors/managers worldwide have heard:

- "This place is so disorganized. We don't know what direction we are going in. Today, one task has high priority, but tomorrow a different task has priority."
- "We are asked to produce results, but we don't have support or necessary resources."
- "No one appreciates our work. No one says thank you."
- "We get plenty of criticism when things go wrong, but rarely any positive feedback."
- "Things are tense and unpleasant. Our boss just barks at us. Sometimes I wish I didn't have to go to work."

Source: Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

The Top 10 Ways to Motivate Staff

1. **Personally thank** employees for doing a good job—verbally (in front of colleagues), in writing, or both—in a timely way, often, and sincerely.

2. **Take time to meet** with and **listen** to your staff.

3. **Provide specific and frequent feedback** to staff about their performance. Support them in improving performance.

4. **Recognize, reward, and promote** high performers; deal with low or marginal performers so that they improve or leave.

5. **Keep staff informed** about how the organization is doing, upcoming services or products, strategies to be competitive, financial position, new policies, etc.

6. **Involve staff in decision making,** especially in decisions that affect them. Involvement leads to commitment and ownership.

7. **Give staff an opportunity to learn new skills and develop;** encourage them to do their best.

8. Show all staff how you can **help them meet their work goals while achieving the organization's goals.** Create a partnership with each employee

9. **Create a work environment that is open, trusting, and fun.** Encourage new ideas, suggestions, and initiative. **Learn from, rather than punish for, mistakes**

10. **Celebrate successes**—of the organization, of the department, and of individual staff members. Take time for team- and morale-building meetings and activities. Be creative!

Resource: Improving the Climate in Your Workplace through Good Leadership

Work climate is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a place.

"An analysis of data on 3,781 executives, correlated with data from climate surveys filled out by those who worked for them, suggests that 50% to 70% of employees' perception of working climate is linked to the characteristics of the leader." (p. 82)

Source: Goleman, D. 2000. Leadership that gets results. *Harvard Business Review*, March-April, pp. 78–90.

Organizational culture is different from climate. The culture is the pattern of shared values and assumptions that organizational members share. Assumptions that have worked well in the past are taught to new members as "the way we do things here." A supervisor may develop a climate that differs from the prevailing cultural norms. Supervisors influence the climate of their work group more than any other factors.

Improving the Climate in Your Workplace through Good Leadership

- Understand three key dimensions of work climate
- Assess the climate of your work group
- Take action to improve your group's climate

An organization's work climate is affected by many factors inside and outside an organization: the organization's history, culture, management strategies and structures, and external environment, as well as internal leadership and management practices. Supervisors and managers can control some of these factors, such as their own management and leadership practices, but not others.

Understanding Three Key Dimensions of Climate

- **Clarity**
  - An environment provides clarity when the group knows its roles and responsibilities within the big picture. Group members are aware of the needs of their clients, and the consequences of failing to achieve these standards are understood.

- **Support**
  - In a climate of support, the group members feel they have the resources and backing they need to achieve the goals. Resources include essential supplies, equipment, tools, staff, and budget. Emotional support includes an atmosphere of trust, mutual support, and deserved recognition, in addition to individuals' inner resources. Such an atmosphere is created when group members feel their capabilities are acknowledged, when they participate in decisions that impact the work group, and when they sense appreciation and reward for both individual and group successes.

- **Challenge**
  - A climate of challenge exists when group members experience opportunities to stretch, take on challenges with reasonable risks, and discover new ways of doing things to be more effective. Group members feel a sense of pride in belonging to their work group, feel a commitment to shared goals and purposes, and feel prepared to adopt alternative activities when required. They actively take responsibility, develop skills and capacities to deliver appropriate services, and are better equipped to take reasonable risks.

All three of these dimensions are critical for fostering performance. Employees faced with challenges but lacking support and clarity can experience stress and frustration. They may feel set up to fail. Without challenge or support, employees who are clear about expectations may find their workday restrictive, deadening, or even punitive. Supported staff will not stretch themselves or build their skills if they feel unchallenged.

Note: For more information and for climate assessment tools, see Management Sciences for Health. 2002. Management strategies for improving health services: Creating a work climate that motivates staff and improves performance. *The Manager*, 11(3).

Resource

Tips for Leading Staff

How can you lead staff and colleagues toward the goal of quality improvement? The following tips will help you guide staff in group decision making and foster commitment.

- ❑ **Share the vision of high-quality services.**
  One of the best ways to motivate people is to share an inspiring vision. If you are excited about what the future could be for the site, if you are optimistic about the staff's ability to achieve that future, and if you are able to articulate it, you will inspire them to follow you toward that goal. A staff that is excited about the goal will be more willing to go through a process of change in order to achieve it. A leader could enable staff to envision what their service would be like if it were a model that everyone came to see and learn from.

- ❑ **Build commitment and confidence.**
  Emphasize the importance of quality improvement. Use recognition, praise, and positive reinforcement to build confidence. At the outset, guide the group toward solving small problems in order to build the confidence and expertise to tackle larger problems.

- ❑ **Be well-informed and prepared.**
  You cannot expect people to follow you if you are not sure where you are going or what you are doing. Become expert in the skills, quality improvement tools, and problem-solving methodologies that you will be transferring to your colleagues. Always be prepared for meetings and interventions.

- ❑ **Use facilitation skills.**
  Show leadership in the group's meetings by using facilitation skills to keep the group on track and manage interpersonal and power-related conflict.

- ❑ **Do real work.**
  Be an active participant in the endeavor by modeling facilitative behavior, taking part in problem-solving activities, and serving as liaison between the site and off-site resources. When your colleagues see your active participation, they will be convinced of your commitment to the process and to them, and they will be more willing to follow you.

- ❑ **Be ethical.**
  Be honest in your communications. Support your colleagues as they implement the quality improvement methodologies that you are suggesting and as they cooperate in facilitative supervision.

Session 7-4

Leading Staff through Change

Objectives

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

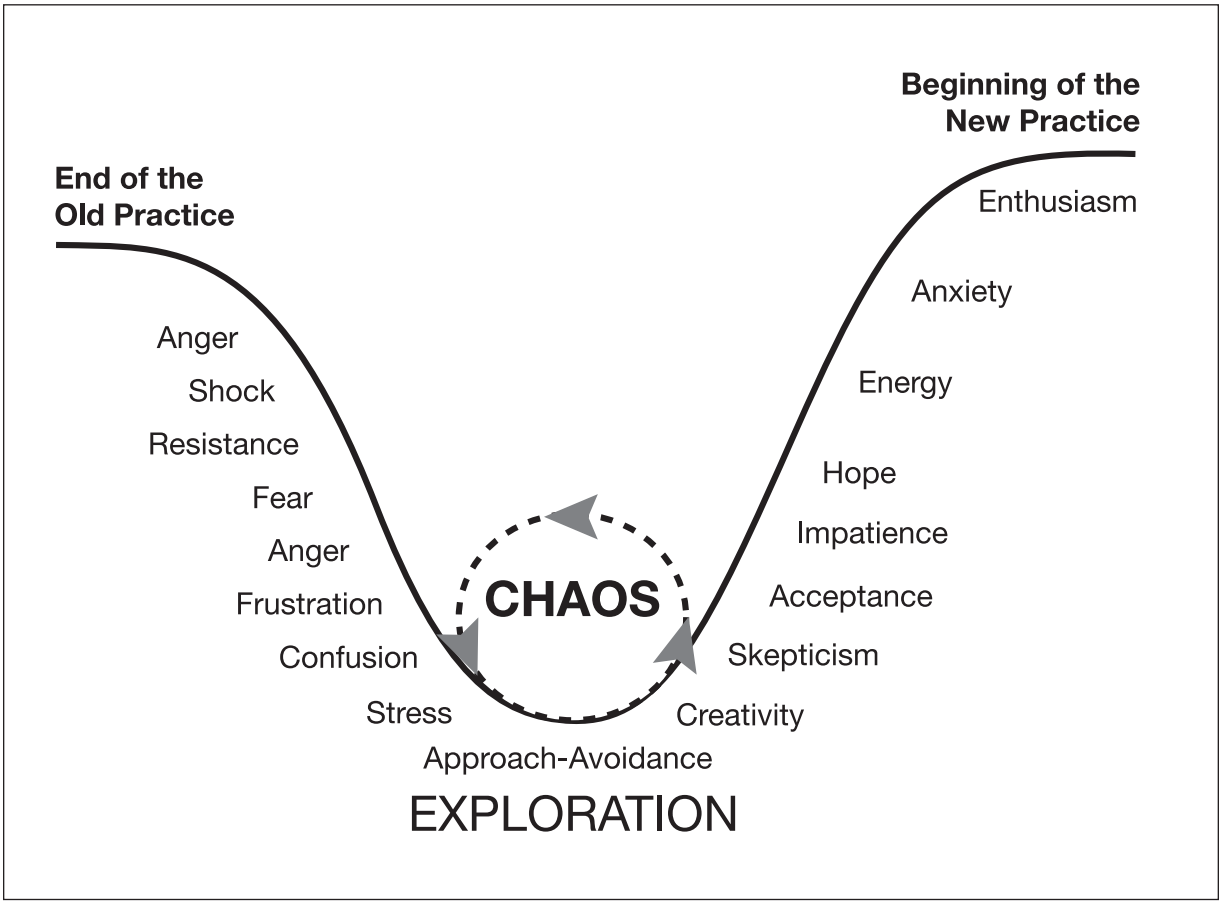
- List the factors that help to translate innovative ideas into workable practices
- Explain how to deal with people's reaction to changing practices
- Describe phases in the process of leading the staff through change
- Describe the role of facilitative supervisors as a liaison with the larger system

Supervisors play an important role in helping health care personnel to adapt to change in their institutions. Supervisors may help people to become aware of a new situation, to identify barriers and show benefits of change, to provide logistical information, and to use others' experience. To make improvements in performance and in service delivery, people need to change their behavior. The task of supervisors is to help people to make those changes.

Dealing with Individual Responses to Change

Focus on Past			Focus on Future
	DENIAL **Change-agent strategy** ❑ Provide information ❑ Reinforce that change will happen	**COMMITMENT** **Change-agent strategy** ❑ Validate commitment ❑ Set long-term goals ❑ Let people manage themselves, providing support when requested	
	RESISTANCE **Change-agent strategy** ❑ Create opportunities for expressing fears and doubts ❑ Show empathy with people's concerns ❑ Resist the impulse to explain or defend ❑ Build supportive coalitions and find individuals who can influence individual resisters	**EXPLORATION** **Change-agent strategy** ❑ Make available opportunities and resources ❑ Involve people in planning ❑ Encourage people to get together and support one another	

Individual responce to Change



See a copy of the PowerPoint presentation (Appendix D)

Module 8

Supervision and System Support for Quality Services

Essential Ideas

- ❑ Supervisors play a critical role in high-quality service provision.
- ❑ Each organization is a dynamic open system, consisting of interconnected and interacting elements.
- ❑ Health care is "in active exchange with its environment and influenced by such external factors as donor priorities, the political climate, and the sociocultural and economic context of the community. Beyond the organization lie many additional factors that affect services. Outside environment may influence the organization's standards, services, and even structures. The recognition and management of external influences are tasks for the organization's leaders."

  —Jennings, V., et al. 2000. Analyzing the organizational context for a positive client-provider interaction: A leadership challenge for reproductive health. *MAQ Paper* Vol. 1, No. 1. Baltimore: Johns Hopkins Bloomberg School of Public Health/INFO Project.

- ❑ Sustainable quality improvement requires a more comprehensive systems approach, which helps to address the full range of issues and factors affecting the health system.
- ❑ The systems approach intervenes at the level of the health system and enables supervisors to play an active role in ensuring high-quality provider performance and services provision.

Session 8

Supervision and System Support for Quality Services

Objectives

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

- Explain what systems support sustainable quality and performance improvement within the facility, the larger health system, and outside the health system
- Analyze what environmental context the health system operates in
- Describe the roles of supervisors as a liaison with the systems within the facility and with the larger system

A **comprehensive systems approach** helps supervisors to address the full range of issues affecting the health care system. The important role of supervisors is in managing the systems, structure, and staff, by serving as a liaison with the larger system and within the health care system to ensure the fundamentals of care. Supervisors must recognize what role they play in the supervisory system and what the relationships are among the site, district, middle, and central levels, what specific supervisors' actions are required, and why it is important for supervisors to be aware about all processes that exist in the external environment and within the health care system (health sector reform).

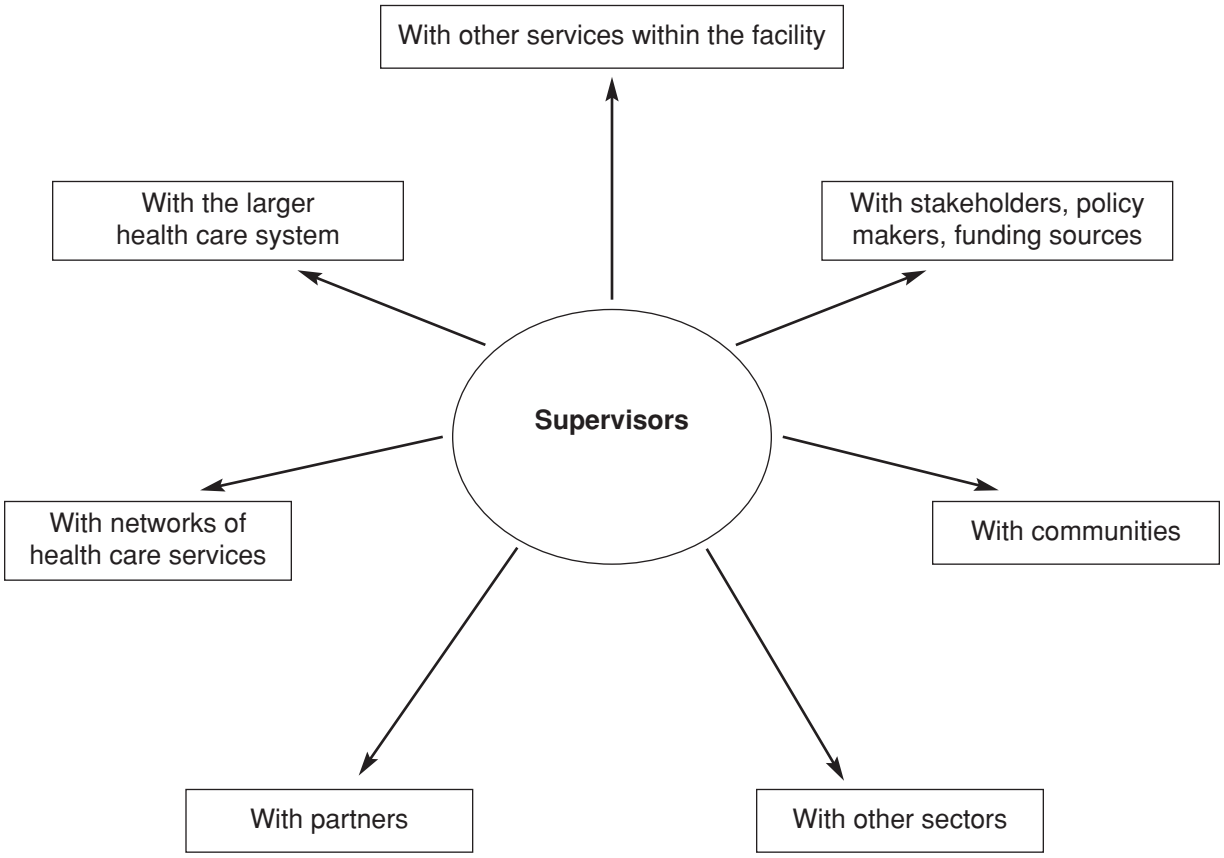
Supervision and System Support for Quality Services

Support Systems within the Health System	Functions
Facilitative supervision and management—an overarching system linking all of the systems involved in service provision	**Ensuring the fundamentals of care and a quality of services framework** Managing human resources: planning for deployment; deploying staff; ensuring that job descriptions are available and that job expectations are clear; ensuring that a mechanism for performance evaluation exists, including providing constructive feedback, recognition, motivation, and a reward system; ensuring that staff have access to updated standards/guidelines/protocols and use them correctly; serving as liaison to bring changes into national/regional policies and standards Ensuring that operational protocols/regulations are in place and updated. Ensuring that there is a mechanism in place to collect service statistics, analyze them, discuss them with the staff, and use them for decision making (see Monitoring and evaluation system). Ensuring access to services, including a well-operating referral system; ensuring a proper infrastructure that enables staff to provide quality services (creates an environment that fosters privacy, confidentiality, efficiency, and client and staff comfort) and ensures the fundamentals of care. Ensuring that a mechanism is in place to involve staff in a continuous quality and performance improvement process through use of the quality improvement and performance improvement tools and approaches. Ensuring that an outreach system is in place to educate communities and increase access to services (IEC). Providing links to the larger system within the health system, as well as with the outside sectors. Using advocacy activities to promote a well-functioning health system and the goals of the health care.
Finance	Developing a budget/business plan ensuring the resources needed for service provision; mobilizing new kinds of resources, especially at the community level; analyzing and adjusting service fees and developing a flexible fee schedule.
Training	Ensuring that there is a mechanism in place to link supervisory and training systems to involve staff in assessing learning needs, planning how to address those needs, implementing training plans using the whole-site training approach, monitoring trainees, and supporting the application of new knowledge and skills; that there is a mechanism in place enabling staff to transfer knowledge, skills, and attitude to other staff; that there is a mechanism in place for training capacity building; and that “Inreach” is used to increase access to services (applied within a facility).
Logistics	Planning, obtaining, and distributing equipment, materials (including IEC materials), and supplies needed for service provision, to ensure access to safe services and informed voluntary decision making for all clients. The inventory system is in place (First Expired, First Out [FEFO]).
Monitoring and evaluation	Establishing a mechanism to monitor a site’s/program’s performance, to collect and analyze data, and to use the data for decision making (see facilitative supervision and management).

Environmental Factors That Affect the Health Care System

- ❑ **Clients/communities**
- ❑ **Country/national programs**
- ❑ **Policies, legislation, political will**
- ❑ **Cultural practices**
- ❑ **Health policies and essential services packages (ESP)**
- ❑ **Stakeholders and policy makers**
- ❑ **Country/regional/district finance system/funding sources**
- ❑ **Donors' priorities**
- ❑ **Networks of health services**
- ❑ **Information/education/communication/media**
- ❑ **Infrastructure/production**
- ❑ **Partnerships**
- ❑ **Private sector**
- ❑ **Nongovernmental organizations (NGOs)**
- ❑ **Other**

Resource: Links to the Larger System



Module 9

Building Communication Skills

Essential Ideas

- ❑ To apply a facilitative approach to supervision, supervisors have to approach the people they manage in a different way, by using certain communication skills. Those skills are similar to the ones used in counseling clients, because facilitative supervision and counseling have some common goals: the creation of an environment of trust and the establishment of a spirit of cooperation.
- ❑ Facilitative supervisors use the following **communication techniques:**
  - Active listening
  - Body language
  - Verbal and nonverbal encouragement
  - Appropriate questioning techniques (using open-ended questions)
  - Paraphrasing and clarification
- ❑ Active listening is listening to another person in a way that communicates **understanding, empathy, and interest:**
  - It is different from hearing.
  - It requires energy, skills, and commitment.
  - It makes the speaker feel important, acknowledged, and empowered.
- ❑ **Use of body language** means the use of facial expression, posture of the body, the position of different parts of the body (arms, legs, eyes), gestures, space, and seating.
- ❑ Researchers have shown that what we call "body language" says more than our words or our tone of voice as a communication mechanism. ***More than half of what people "hear" from us has nothing to do with our words!***

(*continued*)

Three Aspects of Interaction

- When you communicate, three aspects are important and vary in the impact they have on the person(s) with whom you interact:
  - **Body language 55%**
  - **Tone of voice 38%**
  - **Actual words 7%**
- **Verbal and nonverbal encouragement** involve the use of words, phrases, and gestures that indicate attention and the wish that the person would continue speaking.
- **Open-ended questions** are the questions that cannot be answered with one word (i.e., "yes" or "no"). If staff are encouraged to explain a situation in more detail, supervisors will have a better understanding and be able to assist them more effectively. Usually, open-ended questions start with such words as "how," "why," "what," etc.
- Paraphrasing is "restating what the speaker said in different words, to demonstrate attention and understanding and to encourage the speaker to continue."
- ***Clarification*** is "asking questions in order to better understand what the speaker said." Clarification is similar to paraphrasing, but its purpose is to ensure understanding rather than to motivate the speaker to continue speaking.

Session 9

Building Communication Skills

Objectives

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

- Explain the importance of communication skills when applying the facilitative approach to supervision
- Demonstrate active listening techniques
- Demonstrate verbal and nonverbal encouragement
- Ask open-ended questions
- Use paraphrasing and clarification techniques

To apply the facilitative approach to supervision, supervisors have to approach the people they manage in a different way, by using certain communication skills. Those skills are similar to the ones used in counseling clients, because facilitative supervision and counseling have some common goals: the creation of an environment of trust, and the establishment of a spirit of cooperation.

Facilitative supervisors use the following **communication techniques:**

- Active listening
- Attention to body language
- Verbal and nonverbal encouragement
- Appropriate questioning techniques (using open-ended questions)
- Paraphrasing and clarification

Active listening is listening to another person in a way that communicates **understanding, empathy, and interest.**

- It is different from hearing.
- It requires energy, skills, and commitment.
- It makes the speaker feel important, acknowledged, and empowered.

Attention to body language means being aware of someone's facial expression, posture of the body, the position of different parts of the body (arms, legs, eyes), gestures, space, and seating.

Researchers have shown that what we call "body language" says more than our words or our tone of voice as a communication mechanism. ***More than half of what people "hear" from us has nothing to do with our words!***

Three Aspects of Interaction

When you communicate, three aspects are important and vary in the impact they have on the person(s) with whom you interact.

Body language 55%
Tone of voice 38%
Actual words 7%

Verbal and nonverbal encouragement involves the use of words, phrases, and gestures that indicate attention and the wish of the person to continue speaking:

Examples: Verbal Encouragement

- I see
- I understand
- I get it
- That is clear
- Uh-huh
- I hear you!

Examples: Nonverbal Encouragement

- Nodding your head
- Mirroring the speaker's facial expression (e.g., smiling when then speaker smiles, frowning when the speaker frowns)

Open-ended questions are questions that cannot be answered with one word (i.e., "yes" or "no"). If staff are encouraged to explain the situation in more detail, supervisors will have a better understanding and be able to assist them more effectively. Usually, open-ended questions start with such words as "how," "why," "what," etc.

Paraphrasing

Paraphrasing is restating what the speaker said in different words to demonstrate attention and understanding and to encourage the speaker to continue.

Paraphrasing Guidelines

- Listen to the speaker's basic message.
- Give the speaker a simple summary of what you believe is the message. Do not add any new ideas.
- Observe a cue or ask for a response that confirms or denies the accuracy of the paraphrase.
- Do not restate negative statements that people may have made about themselves in a way that confirms this perception. If someone says, "I really acted foolishly in this situation," it is not appropriate to say, "So, you feel foolish."
- Use paraphrasing sparingly. Your objective is to encourage the person to continue speaking, and constant interruption may be counterproductive. Typically, you will use paraphrasing when the speaker hesitates or stops speaking.

Clarification is asking questions in order to better understand what the speaker said. Clarification is similar to paraphrasing, but its purpose is to ensure understanding rather than to motivate the speaker to continue speaking.

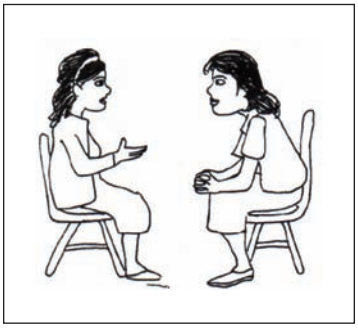
Some guidelines on clarification:

1. Admit that you do not understand exactly what the person is telling you.
2. Restate the message, as you understand it, asking if your interpretation is correct. Use phrases such as **"Do you mean that…?"** or **"Are you saying that…?"**
3. Do not use clarification excessively. People may resent being interrupted if it happens too frequently.

Dos and Don'ts of Active Listening

Dos	Don'ts
Concentrate on what the speaker is saying.	**Do not do** other things (e.g., look through papers) when the speaker is talking. **Do not daydream** or get distracted by surrounding events.
Allow the speaker to express himself or herself.	***Do not interrupt.*** **Do not finish** the speaker's sentences.
Allow the speaker to control the conversation.	**Do not ask** questions that change the subject.
Accept the speaker's opinion as valid for himself or herself.	**Do not rebut**, criticize, or judge.
Pay attention not only to the words, but also to gestures and behavior.	**Do not anticipate** what the speaker is going to say next **Do not ignore** the emotional context
Prevent emotions from inhibiting active listening no matter what the speaker is saying	**Do not become angry**, defensive, or upset

Adapted from: Harper, A., & Harper, B. 1996. *Team barriers: Action for overcoming the blocks to empowerment involvement and high performance*. New York: MW Corporation.



Module 10

Working Effectively with Staff

Essential Ideas

- ❑ Facilitative supervisors use skills **to build a team** and **to work effectively with groups.**
- ❑ Different facilitation techniques are appropriate for each stage of the group development process.
- ❑ Groups work as effective teams when there is an atmosphere of trust, openness, respect, and interdependence, and when each member of the group feels that he or she can realize himself/herself as a professional and as a person. Facilitative supervisors understand this and are able to make the most of group dynamics to create such an atmosphere.
- ❑ To use group dynamics successfully, supervisors need to know how to:
  - Foster a nonthreatening environment
  - Encourage different levels of staff to work together
  - Encourage different types of personalities to work together
  - Manage and resolve conflicts
- ❑ Type of feedback include:
  - **Negative**—overly critical, causing hurt feelings
  - **Positive**—supportive, causing good feelings
  - **Punitive**—focused on assigning blame
  - **Constructive**—focused on solving the problem
- ❑ Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback. In addition, facilitative supervisors understand that their job is to help their customers solve problems or correct mistakes. Therefore, facilitative supervisors always give both **positive** and **constructive** feedback and ensure two-way communication.
- ❑ Steps in providing constructive feedback include:
  - Choosing appropriate timing
  - Conveying your positive intent
  - Describing specifically what you have observed
  - Stating the impact of the behavior or action
  - Asking the other person to respond
  - Focusing the discussion on solutions (the constructive part of feedback)

Session 10-1

Building a Team

Objectives

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

- Explain the stages of team development
- List the characteristics of effective groups
- Describe behaviors that help supervisors to build a team and make the most of a group's dynamics

In their everyday work, supervisors deal with group(s) of people. Although groups are established for a number of purposes, most experience several almost predictable stages of development. Each group changes with the passage of time from how it was in the beginning. When you are aware of these stages, you may be better able to understand what is happening with the group and why. Let's look briefly at those stages.

The role of supervisors and leaders changes as a group develops. The goal of facilitative supervisors is to help other supervisors and staff to solve their quality improvement and performance improvement problems by themselves, if possible. To improve quality, staff will have to work as a group or team to identify and address problems. Most staff have little experience in working effectively in groups.

Supervisors need to know how to:

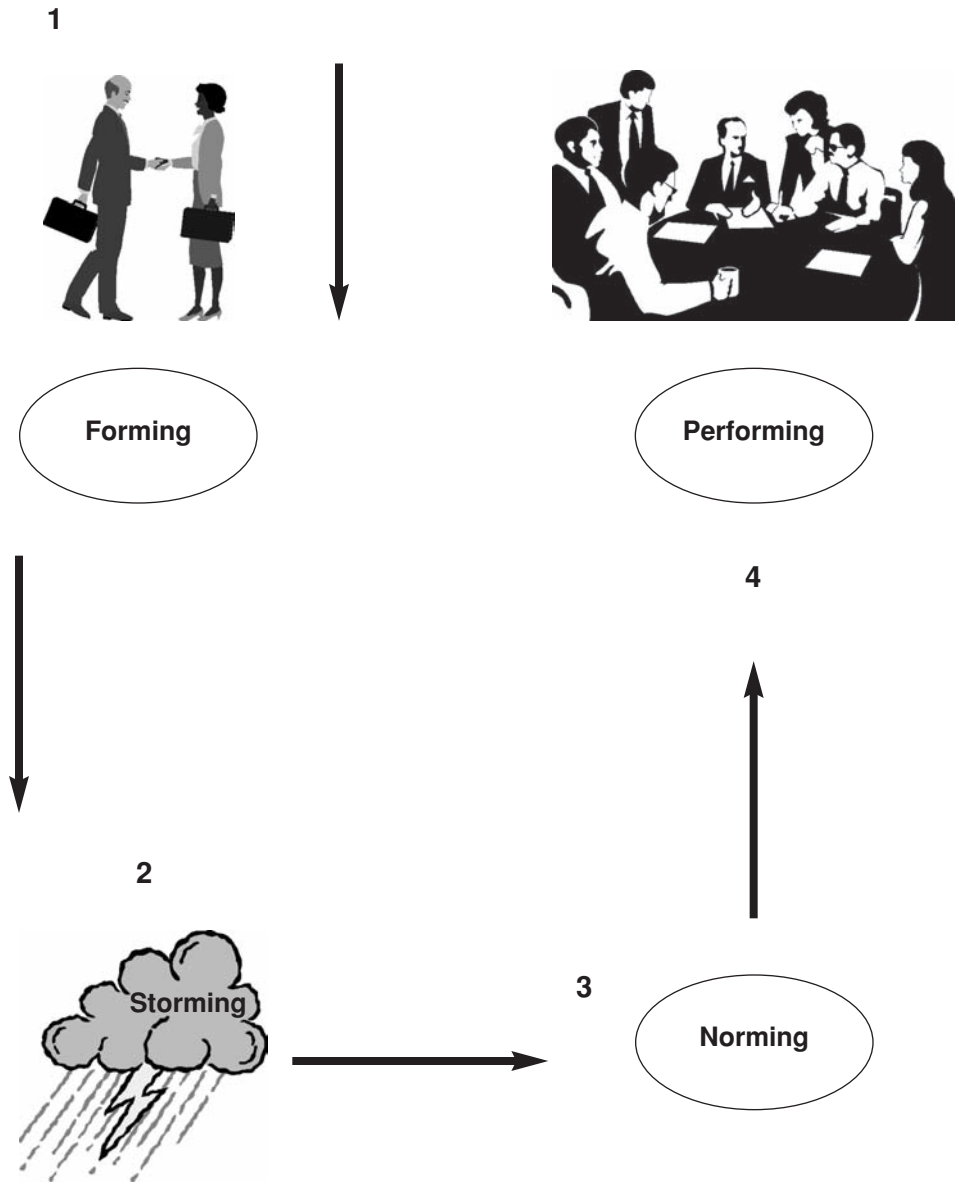
- Foster a nonthreatening environment
- Encourage different levels of staff to work together
- Encourage different types of personalities to work together
- Manage and resolve conflicts

To build trust, supervisors have to create a nonthreatening environment. They need to maintain confidentiality, treat all staff with respect, treat all staff as equals, and use facilitation skills to make sure all staff treat each other with respect and equality, regardless of rank.

Groups work as effective teams when there is an atmosphere of trust, openness, respect, and interdependence, and when each member of the group feels that he or she can realize himself/herself as a professional and as a person. Facilitative supervisors understand this and are able to make the most of the group dynamics to create such an atmosphere.

The TORRI model, which was developed by Jack Gibb, helps to describe the actions and behaviors of supervisors that bring the best out of a group.

Handout: The Four Stages of Team Development



Adapted from: Handy, C. B. 1985. *Understanding organizations*. London: Penguin Books.

The Four Stages of Team Development *(cont.)*

Forming

1. The group is not yet a group, but a set of individuals.
2. Individuals want to establish personal identity within the group and make an impression.
3. Participation is limited, as individuals get familiar with the setting, the trainer, and each other.
4. Individuals begin to focus on task at hand and discuss its purpose.
5. The group is essentially evolving ground rules on which future decisions and actions will be based.

Storming

1. This stage is characterized by intragroup conflict and lack of unity.
2. Preliminary ground rules on purpose, leadership, and behavior are damaged.
3. Individuals can become hostile toward each other and may express their individuality by pursuing or revealing personal agendas.
4. Friction increases, rules are broken, and arguments can happen.
5. But, if successfully handled, this stage leads to new and more realistic setting of objectives, procedures, and norms.

Norming

1. In this stage, the group overcomes tensions and develops group cohesion in which norms and practices are established.
2. Group members accept the group and accept each other's idiosyncrasies.
3. Group allegiance develops, and the group strives to maintain it.
4. Group spirit develops, and harmony becomes important.

Performing

1. The group is characterized by full maturity and maximum productivity.
2. This stage can only be reached by successfully completing the previous three stages.
3. Members take on roles to fulfill the group activities, since they have now learned to relate to one another.
4. Roles become flexible and functional.
5. The group's energy is channeled into identified tasks.
6. New insights and solutions begin to emerge.

Source: Handy, C. B. 1985. *Understanding organizations*. London: Penguin Books.

Why Facilitate?

Facilitation:

- ❏ Involves everyone.
- ❏ Keeps the group on track toward the objectives.
- ❏ Helps the group understand its own processes in order to work more effectively.
- ❏ Supports members in assessing their current skills, as well as building new skills.
- ❏ Provides feedback to the group members so they can assess their progress and make adjustments.
- ❏ Manages conflict using a collaborative approach.
- ❏ Achieves agreement.
- ❏ Helps deal with difficult people.
- ❏ Helps the group communicate effectively.
- ❏ Helps the group access resources from inside and outside the group.
- ❏ Creates an environment where members enjoy a positive, growing experience while they work to attain group goals.
- ❏ Fosters leadership in others by sharing the responsibility for leading the group.
- ❏ Teaches and empower others to facilitate.

Characteristics of Effective Groups

Many of the ideas listed here will be obvious if you think about the complex role of the facilitative supervisor as a group leader. You may see this list as a review, in some ways, of ideas that we have raised earlier.

We believe effective groups exhibit the following characteristics:

1. There is mutual respect between the leader and the group and among group members.
2. Each person sees himself/herself and is seen by others as valuable.
3. The differences among group members are celebrated.
4. Communication happens in all directions—from the group to the leader; from the leader to the group; from the leader to individual members; among group members.
5. The goals of the work are clear, and there is agreement on their importance.
6. Everyone feels safe and comfortable and free to participate or not.
7. Participation is shared; no one person, including the leader, dominates.
8. The process of the work is valued as much as the work itself.
9. Leadership emerges from among the participants and is encouraged.
10. There is trust, openness, and realization of each person's potential and interdependence.
11. The work of the group is varied and stimulating.
12. Conflicts are brought to the surface and handled well.
13. Feedback is direct and honest.
14. People respect time.
15. The leader can both lead and follow.
16. Activities are well-organized and well-planned.
17. Humor is used appropriately.
18. The level of intensity of the work varies.
19. People are comfortable evaluating their own work and that of the group.
20. People support, help, and coach each other, when appropriate.
21. People are willing to take risks to grow.
22. People are willing to struggle with new ideas and behaviors.
23. The leader can learn as well as teach.
24. People recognize what they already know and how to apply their knowledge and skills in new ways.
25. Real learning takes place; people want to be successful.
26. The group feels special and productive.

What other characteristics can you suggest?

The Facilitative Supervisor Builds the Team

- ❑ Listen to everyone's ideas.
- ❑ Acknowledge and praise ideas that group members contribute.
- ❑ When possible, turn questions that people ask you back to the group, so they can see they have the expertise to respond.
- ❑ Refer back to comments made by a group member in earlier discussions and use the name of the person who contributed the idea.
- ❑ Provide positive reinforcement and compliments to individuals and the group, when appropriate.
- ❑ When possible, ask the group for examples from their own experiences; this reinforces what they already know.
- ❑ Acknowledge if and when you make a mistake.
- ❑ Avoid being judgmental about the participants and their comments.
- ❑ Show the group that you enjoy being with them.
- ❑ Spend time with people during breaks and at meals, so you can have informal time with them.
- ❑ Learn and use people's names.

Understanding and Making the Most of Group Dynamics: TORRI

Supervisors need to understand how groups function and how you can use the dynamics, chemistry, and energy of the group to accomplish all of its goals. Each group has its own personality, as does each member of the group.

It is the facilitative supervisor's responsibility to get the best from each member of the group and from the group as a whole. Since every group is different, is it possible to make general statements and suggestions about how to do that? Yes, it is.

There is a model of team-building for groups called **TORRI**. Each letter stands for a word that is important in creating a team: Trust, Openness, Realization, Respect, and Interdependence. You as a facilitative supervisor are looking to create an atmosphere in which people feel safe and comfortable. (*Adapted from:* Gibb, J. R. 1991. *Trust: A new vision of human relationships for business, education, family, and personal living*. Hollywood, CA: Newcastle Publishing)

Groups move through stages of development. Strangers may become friends; co-workers may understand each other better; those who were quiet may become outspoken; those who were reluctant to take on new ideas and behaviors may become enthusiastic; a collection of individuals may become a unified whole. Numerous changes may occur, both for individuals and for the group as a whole. It is part of your job as a facilitative supervisor to forge a unit from these pieces.

At first, the level of **TRUST** may be low. People may have questions about how you got to be the leader. It is part of your job as the facilitative supervisor to increase the level of trust in the group so that people can feel safe and comfortable, can question new ideas and old practices, and can practice new skills. ***How do you do that?*** *You can do this in the following ways*.

You:

- Are open from the start to each of them.
- Show no difference to any member of the group because of his or her status.
- Greet each as he or she enters the room.
- Encourage people to work with people whom they do not know well, so new relationships can be built.
- Encourage people to really talk with and listen to each other without judgment.
- Portray an image of self-confidence so people begin to realize they can trust you.
- Protect minority opinions in discussions.
- Intervene in discussions if someone is not being treated with respect.
- Be open regarding issues that may concern them.
- Interact informally with all members of the group, so that each makes a connection to you. That connection can be transferred to their colleagues.
- Promote a climate of understanding.

- Encourage people to take risks and both reward and protect them when they do.
- Acknowledge the value of each person in the group.
- Encourage group members to make a commitment to the group through their participation in activities and discussions.
- Communicate to each person, publicly and/or privately, how important they are to the group.
- Encourage people to think and speak for themselves.
- Ensure that your body language and tone of voice are inviting and match your words.
- Do not discuss one group member with another, and discourage them from doing this with each other, if you hear it.

These are just some of the things you can do to increase the level of trust in a group. As you do these things and set the standard for appropriate behavior in the group, staff will follow. If they do not, it is part of your responsibility to identify those behaviors, which may be destructive to the group, preferably in private. Sometimes it is necessary to do it publicly so that everyone understands the seriousness of the behavior that is unacceptable. Even then, it must be done with respect.

What kinds of things can you do to encourage a high level of **OPENNESS** in the group? Of course, levels of trust and openness are related, and what you do in one area will affect the other. So let us look at some things not mentioned in the first list.

You:

- Encourage people to share their ideas with the group.
- Share your ideas, not as the "expert" but as a member of the group.
- Encourage people to express their feelings in the group, especially about what they are learning and experiencing.
- Support every person's right to have the feelings they do. When you feel you can, you push below the surface to understand a participant's feelings.
- Ask people about what they are thinking and how they are feeling.
- May comment on changes you see in people's body language or facial expressions. In that way, people realize that you notice them.
- Organize many small-group activities that enable people to talk with many different people throughout the process.

There may be many other behaviors you can think of that encourage you to be open in a group and that might encourage others to do the same.

Let us turn now to **REALIZATION** and **RESPECT**.

The ability and willingness of a facilitative supervisor to encourage people to be the best they can be is one of the characteristics that makes her or him effective. When we recognize how important it is for people to feel good about themselves and to realize how much they already

know and how much they still can learn about themselves and their work and how much they can contribute to the group and its success, we can give these things full attention. Through the supervisor's encouragement, individuals and the group as a whole can flourish and develop. You help staff realize their own potential and motivate them to work in new ways. We believe that people want to be the best they can be. If provided the opportunity to reflect on their work and develop and practice new skills, they can. To bring this all about, the facilitative supervisor has to do a variety of things.

You:

- Encourage people to assert themselves—to speak their own mind and share their ideas and feelings.
- Provide opportunities for the group members to reach beyond what they know they know and learn new ideas and behaviors.
- Develop a climate of freedom and responsibility in the group.
- "Push" staff members at some times and protect them at others.
- Advocate for the goals of the site, so group members accept them and understand their value.
- Guide staff to a better understanding of their own goals.
- Create an atmosphere that allows staff to take risks and still feel safe.
- Encourage staff to be who they are and not hide themselves from the others.
- Inquire about their expectations for their work and do the best you can to help them meet them, within the goals of the site.
- Impress upon each group's member how valued he or she is.

Beyond all this, it also is important that **each group member feels respected**. The concepts of **realization** and **respect** are closely connected because in many ways, one leads to the other. When people begin to accept all they know and can do, when they realize how much they have grown, they develop greater self-respect. When the same happens with their colleagues, they develop greater respect for them. They also value the supervisor more as a competent and caring guide, which leads to greater respect for you and your skills as a supervisor. It is critical that you show respect for each person in the group. **You do that in many ways.**

You:

- Learn their names—and use them.
- Never talk with one staff member about another.
- Acknowledge each person's contribution to the work.
- Comment on their growth and the ways in which they need to develop more skills.
- Need to be conscious of starting and ending meetings on time.
- During meetings, acknowledge and respond to the group's energy level, stopping as they need to, energizing them as you can.
- Respond to their questions and concerns with care and honesty.

- Acknowledge when there is something you do not know.
- Give credit to them for what they know.
- Give feedback directly and honestly, with the intent of helping them grow.
- Make eye contact when you speak with someone.
- Become the official leader of the group.

Finally, we come to the concept of **INTERDEPENDENCE**. We hope that the clinic staff feel as if they are an individual and also a part of a whole.

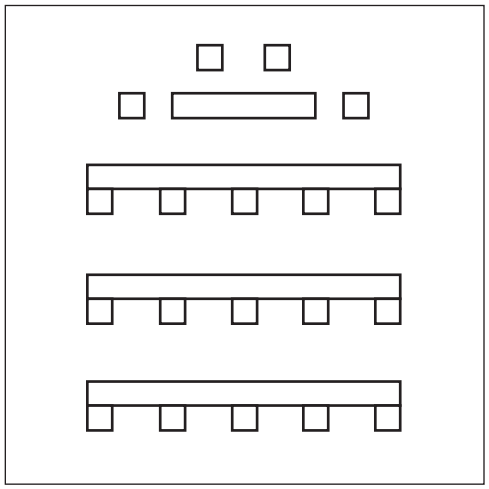
Upon realizing how much they can learn from each other (not just from you, the supervisor), group members become interdependent. Group members do not lose their own identity and uniqueness; they just realize how helpful they have been to one another in the quality improvement process. As they have learned from you to give each other constructive feedback, as they have treated each other with respect and value, as they have become more open about themselves and listened as others have done the same, they have become more interdependent.

You can foster the **interdependence** by:

- Encouraging them to seek help from each other.
- Encouraging them to teach one another.
- Encouraging them to give each other feedback, especially as they practice new skills.
- Developing activities that have them working together in small groups to foster cooperation.
- Helping them have some fun together in the group.
- Encouraging good discussion so they look forward to working together every day.
- Expressing your commitment to them and to the work, which models these behaviors for them and facilitates their commitment to each other and the work.
- Creating interesting activities so that staff enjoy working together.

What do you think about these seating arrangements?

1



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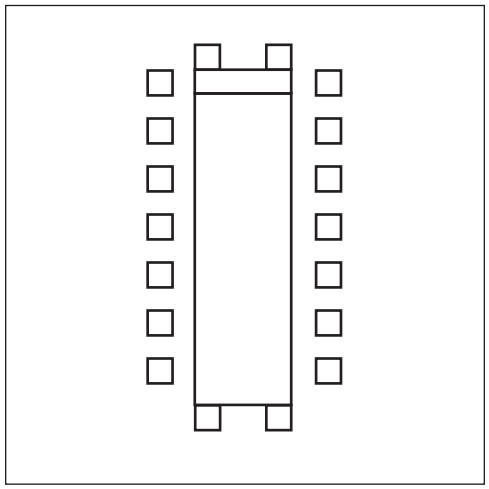

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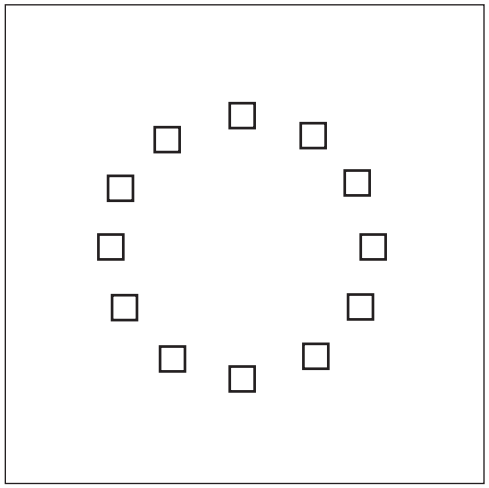

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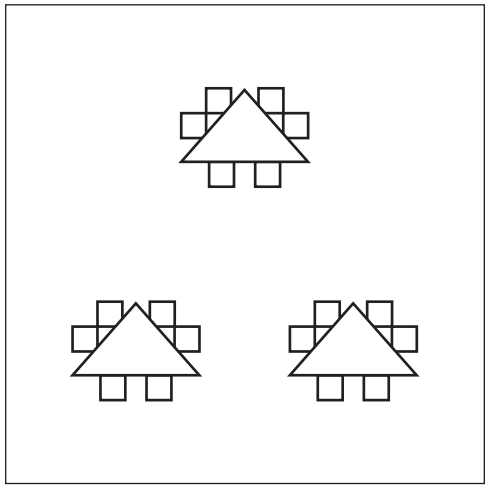

In arrangement 1, the focus is on one person, usually the leader or facilitator. The person in front of the room or seated at the dais is thus in the position of superiority. This may make other members feel constrained about voicing their opinions.

In the arrangement 2, with an oblong table, there is a head (superiority) and a foot (inferiority), and not all members can see one another.

The seating arrangements 3 and 4 foster feelings of equality, which encourage members to participate. No position is dominant and all of the group members can see one another.

(*Source:* EngenderHealth. 1999. *Facilitative supervision handbook*. New York.)

Session 10-2

Skills in Giving Constructive Feedback

Objectives

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

- List and describe different types of feedback
- Define constructive feedback
- Describe the steps in constructive feedback
- Demonstrate skills in providing constructive feedback

Supervisors often are called upon to evaluate the performance of staff and the quality of the services they provide. As part of evaluation, they need to discuss the findings with the staff. This is called ***feedback***.

Types of Feedback

- **Negative**—overly critical, causing hurt feelings
- **Positive**—supportive, causing good feelings
- **Punitive**—focused on assigning blame
- **Constructive**—focused on solving a problem

Negative feedback is ineffective if your goal is to improve performance and to help solve problems. It:

- May result in excuses
- Can cause hurt feelings, depression, or anger
- May decrease confidence and self-esteem
- May cause the employee to avoid the supervisor and/or work
- Does not help solve the problem of poor performance

Facilitative supervisors keep in mind that the people they supervise are their customers and must always be treated with respect. Therefore, facilitative supervisors always give positive feedback. In addition, facilitative supervisors understand that their job is to help their customers solve problems. Therefore, facilitative supervisors always give both **positive** and **constructive** feedback and ensure two-way communication.

Constructive feedback is the best way to achieve your goal. Consider the following steps when providing feedback to your customers.

The Steps in Constructive Feedback

Step 1. Choose an appropriate time.

Choose a private moment as soon as you think the person is ready to listen. Avoid times when the person is busy, tired, or upset. Do not give feedback in public, or the employee may feel overly defensive or humiliated. Avoid waiting too long, or the impact will be weakened.

Step 2. Convey your positive intent.

This requires some preparation, even if only for a moment. If you cannot think of the positive outcome you want, do not give the feedback.

- Begin with a neutral statement about what you want to talk about (for example, "I have some thoughts about ..." "Let's take a look at ...," or "I would like to discuss ...").
- Point to a common goal. This helps the person understand the importance of the feedback and encourages team spirit. Use "we" when stating the problem, to highlight your common goal. For example, "Mr. Ochirbat, **we** need to give our clients their preferred family planning meth-ods, as far as possible, and I'm afraid that **we** cannot do that unless **we** solve the problem of the lack of IUDs." Or, "Fatima, it's important to get **our** sta-tistical reports in on time so that **we** can justify our request for additional staff."

Step 3. Describe specifically what you have observed.

Focus on the behavior or action, not on the person. Avoid "you" statements: Instead of saying "You did a poor job of preparing those reports," say "The reports were incomplete." Avoid labeling: Instead of saying "You are lazy about meeting dead-lines," say "The reports were not submitted on time."

- Be specific, brief, and to the point (e.g., "The reports were missing data from four of the nine regions"; "The average client waiting time is now one and a half hours, an increase of one hour"; "Our male involvement ini-tiative is three months behind schedule.").
- As much as possible, limit feedback to one behavior or action. Covering many topics at once will usually lead to a defensive response from the person.
- Remain calm and unemotional.

Step 4. State the impact of the behavior or action.

Link the undesired behavior or action to customer satisfaction or program goals (e.g., "If we do not ensure a continuous stock of Norplant implants, our customers will be unhappy"; "If we do not work harder to attract men to our clinic, we will not be able to lower the STI rate in the area.")

Step 5. Ask the person to respond.

- Invite a response: "What do you think?" "What is your view of this situa-tion?" "How do you see things?"
- Listen attentively, use appropriate body language, and use verbal and nonverbal encouragement, paraphrasing, and clarifying.

Step 6. Focus the discussion on solutions (the constructive part of feedback) and offer your help.

- Examples of solutions include clarifying expectations, giving advice, providing training, coach-ing (see the section on coaching in this chapter), developing new approaches to the problem, changing behavior, and improving coordination.
- Choose solutions that are practical for staff to implement.
- If possible, explore solutions jointly; try to avoid imposing the solution—however, you should suggest a solution if the person cannot.

(*See:* Minor, M. 1996. *Coaching and counseling: A practical guide for managers and team leaders*. Revised ed. Menlo Park, CA: Crisp Publications.)

There will be occasions when the staff under your supervision will not respond to construc-tive feedback. Being a facilitative supervisor does not mean that you never have the option of reprimanding staff who refuse to cooperate or are intentionally negligent in the performance of their work. Reprimanding is appro-priate for a staff person who is unwilling to make the effort to improve.

Session 10-3

Characteristics of a Successful Facilitative Supervisor/Leader

Objectives

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

- Describe the characteristics of successful supervisors
- Assess what knowledge and skills facilitative supervisors need to possess

Characteristics of a Successful Facilitative Supervisor

A successful, facilitative supervisor:

- Is committed to the organizational mission and goals
- Demonstrates leadership qualities (has the ability to inspire others, to develop and communicate the vision of what the organization can and should accomplish [as well as the strategic approaches to achieve that vision], to establish trust, and to promote teamwork; has skills in mobilizing financial and human resources; has an advocacy plan)
- Has good communication skills, especially active listening and constructive feedback
- Wants to empower others and provide opportunities for growth
- Has the ability to work in teams
- Has experience in delivering reproductive health services
- Has technical knowledge
- Is flexible
- Is open to new ideas
- Is able to train or convey information to others
- Displays empathy
- Can expect and manage change
- Focuses on improving services
- Recognizes the influence of the external environment and serves as a liaison with the larger system

Module 11

Practice Supervisory Visits

Session 11

Practice Supervisory Visits

Objectives

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

- Develop a supervisory visit plan
- Conduct supervisory visits
- Apply constructive feedback skills
- Facilitate a site's development of an action plan to address findings
- Develop a supervisory plan to follow up on findings

Action Plan for an Off-Site Supervisor to Follow Up on a Supervisory Visit

Problem	Action/Resources Needed	Timeframe	Follow-up	Notes

For additional information, see the Module 5 PowerPoint presentation on medical monitoring and steps before, during, and after the supervisory visits.

Informed Consent Statement for Service Providers

PLEASE READ THE FOLLOWING TO THE PROVIDER (BEFORE THE CLIENT ENTERS): Good (morning, afternoon), my name is _____. I work with _____ project. We are conducting a monitoring supervisory visit as part of the training course on Facilitative Supervision for Quality Improvement to look at how to improve the quality and availability of services. As part of this study, we would like to observe your session (or procedure) today.

If you agree to participate, I will stay in the room during your session. I would like to assure you that I am not here to evaluate your performance, but to assess the quality of services. I cannot be asked to provide information or advice during the interaction. Your participation is absolutely voluntary, and there is no penalty for refusing to participate. Your employment will in no way be affected. If you feel uncomfortable during the observation, you may ask me to leave the room at any moment during the session. You will not benefit personally from this practice, although others may benefit in terms of the improved quality of services they may receive. Everything that I observe will be held confidential; your name will not be used, nor will you be identified in any way.

Conducting these observations will help us to better understand how services are offered at this facility and whether the observation checklists that we use help to assess the quality of services.

Do you have any questions for me? If you have any concerns, please contact

_____

_____

(name, address, phone number, and e-mail address).

May I stay for this session? Do you consent that I stay?

_____

Observer's signature
(Indicates the provider's consent)

_____

Date

Informed Consent Statement for Clients

PLEASE READ THE FOLLOWING TO THE CLIENT (IDEALLY BEFORE HE OR SHE ENTERS THE ROOM): Good (morning, afternoon), my name is _____. I work with _____ project. We are conducting a monitoring supervisory visit as part of the training course on Facilitative Supervision for Quality Improvement to look at how to improve the quality and availability of services. As part of this study, we would like to observe your session (or procedure) today.

If you agree, I will stay in this room during the session. Your participation is absolutely voluntary, and there is no penalty for refusing to participate. If you feel uncomfortable, you may ask me to leave the room at any moment during the session. You will not benefit personally from this study, although others may benefit in terms of the improved quality of services they may receive. Everything that I observe will be held confidential; your name will not be used and you will not be identified in any way.

There is no risk if you decide not to participate in this study. Your current and future care at this facility will not be affected in any way.

Conducting these observations will help us to better understand how services are offered at this facility.

Do you have questions for me? If you have any concerns, please contact

_____

_____

(name, address, phone number, and e-mail address).

May I stay for this session? Do you consent that I stay?

_____

Interviewer signature
(Indicates the client's consent)

_____

Date

Module 12

Working Effectively with Staff and Developing Mentoring Skills

Essential Ideas

- **Coaching** is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of **skills**.

  —*Adapted from:* Landsberg, M. 1997. *The tao of coaching: Boost your effectiveness by inspiring those around you.* Santa Monica, CA: The Knowledge Exchange.

- **Coaching** allows staff to learn on the job and immediately apply what they are learning and see how well it works.
- Coaching should be:
  - **Balanced** (give-and-take, mutual questioning, sharing of ideas and information, not one-sided)
  - **Concrete** (focused on objective aspects of performance)
  - **Respectful** (using behaviors that convey that the other person is a valued and fully accepted counterpart)
- **Coaching** involves the following **steps**:
  - **Motivation** (gaining the staff's commitment to acquiring the new behavior)
  - **Modeling** (competently demonstrating and explaining the new behavior, with the opportunity for the trainee to ask questions)
  - **Practice** (giving trainees the opportunity to apply and to demonstrate their ability to perform the new behavior, under the supervision of the trainer)
  - **Constructive feedback** (having the trainer share his or her evaluation of the trainee in a concrete, respectful, two-way interchange of ideas)
  - **Skills transfer** (transferring skills gradually as the trainer allows the trainee the opportunity to undertake and demonstrate an increasing number of the subskills involved in the new behavior, after which the trainee becomes competent to carry out the new behavior without supervision)
- **Advantages of coaching:**
  - It allows staff to learn on the job.
  - It allows staff to immediately apply what they are learning and see how well it works.
  - It fosters a positive working relationship with staff, who previously may have considered you a critic.
  - It makes staff feel supported and important.

(*continued*)

- A **mentor** is a wise and trusted guide and advisor.
- Regardless of the source of **conflict**, active listening and constructive feedback are the skills on which conflict management is based.

—Corporation for National and Community Service and National Crime Prevention Council. 1996. *Becoming a better supervisor: A resource guide for community service supervisors.* Washington, DC.

Session 12-1

Mentoring and Coaching Skills

Objectives

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

- Define coaching
- Describe characteristics of coaching
- Demonstrate skills to coach others

Facilitative supervisors use skills **to build a team and to work effectively with groups.** Different facilitation techniques are appropriate for each stage of the group development process.

Coaching is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and the gradual transfer of **skills**. **Coaching** allows staff to learn on the job and immediately apply what they are learning and see how well it works.

Facilitative supervisors want to supervise their staff in the most supportive manner possible. However, they may also have the additional task of coaching other supervisors in the facilitative approach to supervision or of coaching staff in the performance of clinical procedures.

Characteristics and Steps of Coaching

Coaching should be:

- **Balanced** (give-and-take; two-way communication; mutual questioning; sharing of ideas and information; not one-sided)
- **Concrete** (focused on objective aspects of performance, on what can be improved or learned in terms of new skills). Performance can be improved only when it can be described precisely, so that both the coach and those being coached understand what is being discussed. The procedures that a coach is trying to teach a staff member shall be demonstrated accompanied by clear and specific explanation. The skills shall be described as behaviors, so they can be observed and verified.

  —*Adapted from:* Kinlaw, D. 1996. *The ASTD trainer's sourcebook: Coaching*. New York: McGraw-Hill.

- **Respectful** (based on behaviors that convey that the other person is a valued and fully accepted counterpart)

Coaching involves the following steps:

- **Motivation** (gaining the staff's commitment to acquiring the new behavior)
- **Modeling** (demonstrating competently and explaining the new behavior, with an opportunity for the trainee to ask questions)
- **Practice** (giving trainees the opportunity to apply and to demonstrate their ability to perform the new behavior, under the supervision of the trainer)
- **Constructive feedback** (the trainer's sharing his or her evaluation of the trainee in a concrete, respectful, two-way interchange of ideas)
- **Skills transfer** (transferring skills gradually, as the trainer allows the trainee the opportunity to undertake and demonstrate an increasing number of the subskills involved in the new behavior, after which the trainee becomes competent to carry out the new behavior without supervision)

Advantages of Coaching

The supervisor typically notices a performance problem and says: "Here is what you did wrong, and here is what you should do next time." Often, the staff person does not know **how to do the task correctly** and needs more guidance. The ***facilitative supervisor is different***. He or she not only helps staff to identify problems, but also actively helps them to solve those problems. The best way to achieve this goal is by coaching staff during routine supervision activities. This:

- Allows staff to learn on the job
- Allows staff to immediately apply what they are learning and see how well it works
- Fosters a positive working relationship with staff, who previously may have considered the supervisor a critic
- Makes staff feel supported and important

A **mentor** is a wise and trusted guide and advisor. To play the mentor's role, supervisors must have solid technical knowledge for duties they are to perform and must know how and where to gain access to additional support, when needed. In addition, supervisors should help to establish mentoring among staff members, encouraging them to coach and to mentor their colleagues.

Session 12-2

Encouraging People to Work Together: Dealing with Personalities and Solving Conflicts

Objectives

By the end of this session, you will be able to:
- Encourage different levels of staff to work together
- Demonstrate skills at managing different and difficult personalities
- Apply facilitation and communication skills to solve conflicts

Encouraging Different Levels of Staff to Work Together

Higher level staff must learn how to:
- Empower others, especially in decision making and problem solving
- Encourage discussion rather than given orders
- Ask questions rather than presume to know
- Listen to others' opinions with an open mind
- Believe that everyone has good ideas
- Learn what motivates staff

Lower level staff must learn how to:
- Share their opinions in group settings
- Take responsibility for their opinions
- Express their feelings and be open to those of others
- Ask for what they need
- Negotiate support for their opinions

—Harrington-Mackin, D. 1994. *The team building tool kit: Tips, tactics, and rules for effective workplace teams*. New York: American Management Association.

The facilitative supervisor should:
- When attending group meetings, be willing to make the point in various ways that "We are all in this together, and everyone has a valuable role to play"
- Lead the way in discarding traditional roles (e.g., by offering to take minutes or to write brainstorming ideas on flipchart paper so the secretary is not automatically expected to do these tasks)
- Encourage lower level staff to participate fully (e.g., staff may be embarrassed or afraid to speak in front of higher-level staff members), by engaging lower-level staff, ensuring that they are not penalized for pointing out problems, making eye contact (if appropriate), and smiling and nodding when they are speaking
- Model a respectful attitude toward all staff
- Use verbal and nonverbal encouragement
- Use positive feedback
- Provide constructive feedback

—EngenderHealth. 1999. *Facilitative supervision handbook*. New York.

How to Manage Different Types of People and Difficult Personalities

It is important to have skills to manage different types of people, because failure to manage personality differences can have a negative impact on the group and lessen its productivity. When different personality types clash, time may be wasted in useless argument, and hurt feelings may prevent all members from fully participating. It is important for the facilitative supervisor to recognize and take into account personality differences, so that the group can operate efficiently.

It will take time for different personalities to learn to work together harmoniously. The facilitative supervisor should allow this to happen in the normal course of the work day. Emphasizing the importance and value of the group's work to individuals and to the site can often resolve any problems with conflicting personalities.

—Katzenbach, J. R., & Smith, D. K. 1994.
The wisdom of teams: Creating the high-performance organization. New York: HarperBusiness

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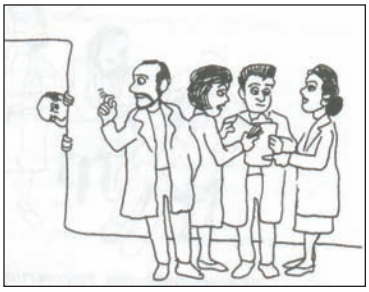
Q. 1

What do you do when a staff member is shy and often remains silent during discussions?

- **Be patient,** *or* pay special attention (e.g., make eye contact, nod, or use other positive body language).
- Prepare an intervention beforehand.
- Increase the level of comfort.
- From time to time, ask direct questions to the person on topics on which you know that he or she has expertise.
- Assign these people as subgroup facilitators.
- Have everyone speak in turns.
- Ask this member if you can help clarify the process or if someone in the group can help clarify the issues.



Q. 2

How do you deal with a negative person—someone who is always complaining and criticizing?

- Ask the group whether they agree that there is a problem.
- Ask for specifics and address them, and refer the complaints to the group.
- Ask the critic to offer a solution.
- Focus the group on solutions.

Q. 3

What happens when a staff member challenges you?

- Boomerang (i.e., ask the participant for his or her solution or idea).
- Ask other participants for a solution.
- If you do not know an answer, be honest about it and tell the person that you will try to find out the answer and will inform him or her and the others when you do.

Q. 4

How do you handle confronting disruptive personalities?

In cases when the application of facilitation and communication skills does not result in a change of behavior, a supervisor will have to confront the disruptive person. This must be done carefully, to avoid alienating the person.

- Involve him or her or deal with him or her personally and separately.
- Ask other members of the group if they share your perceptions.
- Record incidents of disruptive behavior (when making a list, be specific in your record: day, time, details, and impact on the group).
- Offer positive suggestions.
- Listen attentively and use your communication skills (show empathy, understanding, and willingness to work toward a solution).
- If negotiation fails, consider using role-playing to show how the behavior has a negative effect on the group. (Choose another member or yourself to act out the disruptive behavior.)

Q. 5

How do you control a domineering, talkative person, especially when he or she also tends to be the first to speak on each issue.

- Intervene using techniques to encourage participation by all.
- Use the group rules. For example, set a time limit on everyone's participation: "Each of you has a nickel, and that represents only five minutes of remarks on this issue."
- Interrupt and redirect the discussion.
- Target questions to other members by name.
- Use nonverbal signals (e.g., make **no direct eye** contact, or focus on another part of the meeting room)
- Do not assign subgroup leadership roles to this person.
- Establish procedures to limit this person's discussion.

Q. 6

What happens when a person gets off track in his or her remarks and uses low-probability exceptions or far-fetched examples to make a point?

- Remind the group of the objectives and get them back on track.
- Preface the person's remarks with, "NAME, because of time constraints, can you give me your short version—20 words or less?"
- When he or she pauses, say, "Thanks, NAME, but we do need to get back to the agenda."
- Do not assign a subgroup leadership role to this person.
- Consider making this person a recorder, thus neutralizing his or her remarks.

Q. 7

What do you do when one person keeps interrupting?

- Return the floor to the first speaker.
- Rely on the group.
- Organize speakers.

Q. 8

How to you manage aggressive people?

Aggressive people attack or insult other members, insist on their own agendas, and exhibit similar confrontational behaviors. These behaviors inhibit others from becoming involved in the group activities and prevent the group from achieving its goals. The facilitative supervisor needs to neutralize and control these behaviors for the good of the group.

When one member attacks/insults another:

- Confront but do not attack or insult the attacker, and shift the discussion from the attacked person to the problem or idea.
- Take the questions to the group. Also, remind the group that personal attacks are not acceptable.
- Ask the attacker to explain by giving specific information, not making judgmental statements. The facilitator should separate judgment from facts and move on from there.
- If two members descend to the level of trading insults, consider calling a short break so they can calm down. Use the time to ask them to consider the effects of their behavior on the group or to help them change their behavior.
- Consider team-building strategies when anger and personal attacks occur too often.

When a member is angry:

- Acknowledge the anger and deal with it. Ask what is upsetting him or her. Make sure that the answer is specific.

When members impose their own agendas:

- Remind the group member who sometimes try to influence the behavior of the other members ("you are going to love this idea") that all ideas must be fully discussed and that disagreement is healthy.
- Point out that statements intended to influence are tantamount to imposing one person's will on the group.
- Ask each of the other group members to state the positive and negative aspects of an idea that someone is trying to impose.

Resolving Conflicts

What is conflict?

Conflict almost always arises when there is a difference between several points of view.

Why is it important to resolve conflict in an organization?

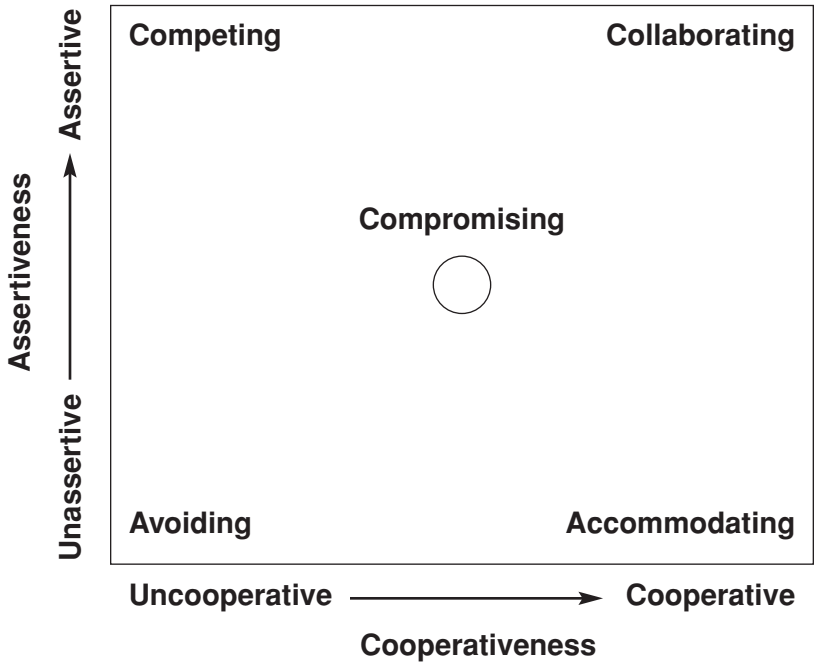
Conflict often arises when groups of people work together. It is important to be able to work through conflict in a constructive way to maintain motivation within your team.

How to act to resolve conflict:

- **Avoid jumping to a solution** before fully analyzing the problem.
- **Describe the facts:** What is the unsatisfactory situation? What is the context of the conflict? Who is involved? Who are the stakeholders? What is each person's point of view?
- **Define the conflict:** Where is the contradiction between the different points of view? Analyze each team member's viewpoint by speaking to him or her individually about the situation.
- **Diagnose the conflict:** What preceded the conflict? What are the individual interests? What advantages does each party have? What are the power issues?
- **Consider the alternatives,** for there is no "best" solution. Sometimes, when the conflict is due to a misunderstanding, explaining the situation in an explicit way may help to resolve the conflict. In other circumstances, the differing points of view cannot be changed, only accepted.
- **Implement a solution** that has been chosen.
- **Evaluate the solution.** If the unsatisfactory situation still exists, begin the process again.

Source: Management Sciences for Health and UNICEF. 1998. The guide to managing for quality. In *The Health Manager's Toolkit*. Accessed at: http://erc.msh.org/quality/ittools/itconslv.cfm.

Five Options for Handling Conflicts



Assertiveness represents the extent to which a member attempts to satisfy his or her own concerns. **Cooperativeness** represents the extent to which a member attempts to satisfy the other person's concerns.

These two basic descriptions can then be used to understand the five options for handling conflict:

- **Competing**—a power-oriented mode
- **Accommodating**—the opposite of competing (You neglect your own concerns to satisfy those of the other person.)
- **Avoiding**—choosing not to address the conflict by postponing, sidestepping, etc. (You do not pursue your goals or those of the other person.)
- **Collaborating**—the opposite of avoiding (By collaborating, you attempt to involve the other person in finding a solution to the issue at hand. It means digging into the issues to find an appealing alternative.)
- **Compromising**—trying to find a mutually acceptable solution that is at least somewhat satisfactory to both parties

The basic point of the model is to make you aware of the choices and of people's tendency to use one mode more often than another. Supervisors need to remember that the best option is **collaborating**.

Sources: Corporation for National and Community Service and National Crime Prevention Council. 1996. *Becoming a better supervisor: A resource guide for community service supervisors*. Washington, DC; and Thomas, K. W., and Kilmann, R. H. 1974. *Thomas-Kilmann Conflict Mode Instrument*. Tuxedo, NY: Xicom.

Session 12-3

Planning and Facilitating Meetings

Objectives

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

- Develop a meeting plan
- Facilitate meetings

One of the most important functions of facilitative supervisors is to enable staff to come to agreement when there are different opinions. Certain facilitation tools may be used in any meeting that requires agreement.

Much of decision making and planning for action is done in meetings. Meetings can be effective or a waste of time.

The facilitative supervisor plans and conducts successful meetings and trains others in how to do so. When planning a meeting, the facilitative supervisor always takes into consideration the purpose of the meeting and the desired outcomes. Such a supervisor also plans what tools and facilitation techniques he or she will use to facilitate a meeting and how to create a nonthreatening atmosphere at a meeting.

Stages of the meeting

Opening: Participants generate ideas for discussion.

Narrowing: The information is considered and prioritized.

Closing: Participants agree on the issues to be addressed.

Different facilitation tools for each stage of the process

Opening tools:

- *Make a suggestion*

  Offer a proposal to get the discussion flowing. Ask for suggestions.
- *Make a list*

  Record several ideas for possible discussion topics.
- *Brainstorm*

  Ask the group to generate as many ideas as possible in a short period of time.

Narrowing tools:

- *Avoid redundancy*

  Ask the group to look through discussion topics and eliminate any that are duplicates or are very similar.

- *Assign priorities*

  Make sure that agreement is reached on the most important or feasible ideas. Use different techniques to prioritize ideas.

Closing tools:

- *Use negative polling*

  Help the group narrow their choices by asking them what they do not want to eliminate from the list.

- *Negotiate by building up or eliminating*

  This helps the group to choose between alternatives by adding or eliminating aspects.

- *Consider both/and*

  Suggest accepting two alternatives when there is a failure to agree.

Source: Interaction Associates. 1997. *Facilitative leadership: Tapping the power of participation*. San Francisco.

Resource

Facilitation of a Group

- Involve everyone
- Keep on track with objectives
- Provide feedback to assess progress and make adjustments
- Manage conflict, if any
- Achieve agreement
- Deal with difficult behaviors
- Help the group communicate well
- Help access outside resources
- Create a positive, nonthreatening environment
- Foster leadership in others