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Supervising Healthcare Services: Improving the Performance of People

Authors

Kama Garrison
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JHPIEGO, an affiliate of Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.

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PREFACE

A supervisor of healthcare services works to make sure that people in need of healthcare receive high-quality services from those who provide them. Good supervision can increase the competence and satisfaction of providers, which improves the performance of the facility, which in turn can increase the well-being and satisfaction of clients.

One of the primary responsibilities of a supervisor of healthcare services is to improve the performance of people. The purpose of this reference manual is to inform supervisors who work at healthcare delivery facilities about how to use the Performance Improvement (PI) approach to assist them in their goal of providing high-quality services.

Supervising healthcare services requires many people and elements of a community to work together in support of high-quality healthcare services. This includes the supervisor, the individual worker, teams of these workers, the client, the family, the community, and the policies of the healthcare system.

When these elements work well together, the level of performance within the healthcare system can be improved and maintained. Improving the system, therefore, requires attention to each element of this system through:

- obtaining feedback (comments and suggestions) from the clients and community;
- involving the client and community in the planning and identification of gaps in the healthcare services;
- providing tools to the staff for self- and peer supervision;
- providing policies, standards, and guidelines to supervisors; and
- building the capacity of the supervisor in setting and communicating standards, monitoring performance according to the standards, building teams, and strengthening communication skills.

In this manual, supervision of healthcare services is defined as:

A process of guiding, helping, training, and encouraging staff to improve their performance in order to provide high-quality healthcare services.

Preface

In formal supervision, there is usually a person responsible for the delivery of high-quality healthcare services. This kind of supervision includes monitoring the work of clinical staff (e.g., doctors, medical officers, nurses, midwives, community healthcare workers) and nonclinical staff (e.g., receptionists, cleaners) as well as the quality of services provided. For the purposes of this manual, this person is defined as the supervisor.

This manual was developed because the supervisor plays a critical role in facilitating the improvement in performance and quality of services at the facility level. However, the supervisor often has had very little training in how to do this. JHPIEGO has developed and implemented learning methods that can be used effectively to improve the quality of services delivered. These include traditional, group-based learning, ModCAL[®] (modified computer-assisted learning), individualized learning, and structured on-the-job training. When methods of learning are implemented to improve the performance of healthcare providers and the quality of services delivered, the supervisor plays a critical role in coordinating the learning process.

This manual is most appropriate for supervisors of medium to large facilities and district-level supervisors. Although the skills of supervisors at all levels of healthcare facilities may need to be strengthened, there may be simpler and more appropriate materials for addressing the skills of supervisors at smaller facilities. JHPIEGO is continuing to develop materials and approaches for strengthening the skills of supervisors at all levels.

This reference manual is developed around the steps of PI, a process for improving performance and the quality of healthcare services. It focuses on the essential skills required of a supervisor of healthcare services. Reading this manual, the supervisor will learn how to work with staff and members of the community to set and communicate standards, to determine if standards are being met, to identify reasons why standards are not being met, and to design and implement ways to improve performance to meet those standards.

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ONE

INTRODUCTION TO SUPERVISING HEALTHCARE SERVICES

INTRODUCTION

In most countries, the system for delivering healthcare services is complex. Within the healthcare system, there are:

- different types of healthcare facilities,
- different levels of care,
- different types of providers,
- different types of services being provided, and
- different ways to pay for those services.

What all healthcare services have in common, however, are:

- people who need healthcare services, and
- people who provide healthcare services.

As a supervisor, your concern is the quality of care and services provided by your clinic to the community. The supervisor plays a critical role in effecting **change** both at the facility and within the healthcare system. Introducing interventions to improve performance and quality of healthcare services involves change, and people are not always comfortable with change. It is not enough to design solutions for improving the quality of care at a clinic. The best ideas can fail because the people who are supposed to implement them are resistant to change. To improve performance and services, you must know how to manage the change process. This requires complete involvement of all stakeholders. Therefore, supervision becomes a team effort to make these improvements happen. (For more information on managing change, see **Chapter 7**.)

This manual offers ideas and tools for strengthening the skills of supervisors at the primary healthcare and hospital level. It is organized around a step-by-step process for improving performance that will be useful for all supervisors. The information here will be helpful for those new to supervising as well as those with years of experience. From this manual, you will learn how to use and adapt standards,

assess performance against those standards, analyze the gaps to find their causes, select interventions to improve the gaps, monitor the performance of your facility, and learn how to work with your staff through improved communication, teamwork, and change management.

WHAT IS THE SUPERVISION OF HEALTHCARE SERVICES?

In this manual, the following definition of supervision of healthcare services is used:

Supervision is a process of guiding, helping, training, and encouraging staff to improve their performance in order to provide high-quality healthcare services.

A supervisor is responsible for the performance of clinical staff (e.g., medical officers, nurses, midwives) and nonclinical staff (e.g., receptionists, cleaners). A skilled supervisor builds and works with a team to improve performance. Supervision can be conducted by someone at the clinic or externally by someone who makes periodic supervision visits. The on-site supervisor helps staff improve and maintain performance and quality of services as part of everyday activities. Many of these supervisors also provide clinical services at the facility. Other healthcare delivery sites may be visited only from time to time by an external supervisor and therefore do not have the benefit of a supervisor's skills on a routine, day-to-day basis.

A supervisor has many responsibilities. Supervisors are responsible for ensuring that sufficient numbers of trained staff exist to provide high-quality services, that those staff have the supplies and equipment they need to use their skills, and that there are financial resources to buy necessary supplies. They are responsible for scheduling, maintaining relationships with the district or central level ministry of health, problem solving, creating an environment of teamwork, motivating staff, facilitating community outreach, and so on.

WHO IS A SUPERVISOR OF HEALTHCARE SERVICES?

Supervisors vary greatly in job title, the number of people they supervise, and the places they work. A supervisor may:

- Supervise one person or many people;

<p>Internal supervisors perform their role as part of everyday activities, often while also providing clinical services.</p>

- Work at a medium to large hospital or primary healthcare clinic;
- Be a nurse, midwife, physician, public health technician, or other type of healthcare professional;
- Work at a clinical facility and supervise people at that facility, or work from a district or regional level and conduct supervision at various facilities through periodic visits;
- Have the word “supervisor” in her/his job title, or be called a manager, an “in-charge,” or by some title other than supervisor.

External supervisors have some additional responsibilities in their work, such as planning visits to various facilities and maintaining contact with them between visits. **Appendix A** provides additional tools and tips for this type of supervisor.

External supervisors visit healthcare facilities from time to time. They do not work there on a routine, day-to-day basis to help staff improve and maintain quality.

WHAT DOES A SUPERVISOR DO?

There are certain essential **responsibilities** that a supervisor must accept to improve staff performance and the quality of healthcare services. A supervisor:

- Helps build close links with the community
- Identifies, with stakeholders, standards of good performance and clearly and effectively communicates them to staff members
- Works with staff to periodically assess their performance in comparison to these standards
- Provides feedback to staff about their performance
- Decides at which level of the healthcare delivery system it is appropriate to address a performance gap
- Works with staff and the community to identify appropriate changes that will lead to the improvement of performance by staff and improvement in the quality of services delivered

- Mobilizes resources from many different sources (e.g., community, government, nongovernmental organizations, private sector, etc.) to implement changes
- Monitors the effects of selected interventions

In carrying out the above responsibilities, the supervisor needs certain **skills**, which include being able to:

- Involve stakeholders
- Use clinical standards and guidelines to assess technical abilities (e.g., clinical competence, counseling, infection prevention practices)
- Use standards to assess competence in management areas such as logistics, financial management, or strategic planning
- Facilitate team work
- Motivate staff to perform well
- Persuade those with resources of the facility's needs
- Facilitate meetings and discussions
- Provide constructive, timely, and interactive feedback
- Communicate clearly and effectively with staff and decision-makers
- Gather and analyze information
- Lead the design and implementation of interventions
- Make decisions
- Delegate (assign responsibility for) duties to staff members

Some of the **personal characteristics** a supervisor should develop include:

- Leadership and the ability to motivate others
- A desire to help others do the best work that they can do
- A commitment to the provision of high-quality healthcare services

- Strong communication skills
- Openness to new and creative ideas

Chapter Two provides practical tips for developing the identified skills and personal characteristics of a supervisor. In **Chapters Three–Seven**, the manual expands upon each of the steps of the performance improvement process described on pages 1-7 and 1-8.

WHAT IS SUPERVISION FOR PERFORMANCE IMPROVEMENT AND IMPROVEMENT IN THE QUALITY OF SERVICES?

Traditional approaches to supervision emphasize “inspecting” facilities and “controlling” individual performance. They focus on finding fault or errors and then reprimanding those involved. This type of supervision causes negative feelings. It rarely results in improved performance.

In contrast, supervision for improvement of performance and the quality of services focuses on:

- the goal of providing high-quality healthcare services,
- use of a process of continuous improvement of staff performance and quality of services, and
- a style of encouraging and supportive interaction with all staff and other stakeholders.

The **goal** of supervision is to promote and maintain the delivery of high-quality healthcare services. This goal is achieved by focusing on the improvement of individual staff performance. In a traditional system of supervision, this goal is often not obvious to those being supervised. Staff sometimes view supervision in a negative way. If a supervisor begins by clearly stating this goal and explaining the process for achieving it, this view can be changed into a much more positive one.

Supervisors can take advantage of the clear, step-by-step **process**, presented in this manual, to help achieve high-quality healthcare services. The process encourages the supervisor and her/his team to:

- communicate well-defined performance standards,
- find out if the performance standards are not being met,

- find out what is preventing achievement of the standards,
- identify and carry out interventions to improve performance and quality, and
- regularly monitor and evaluate how the team is performing compared to the standards.

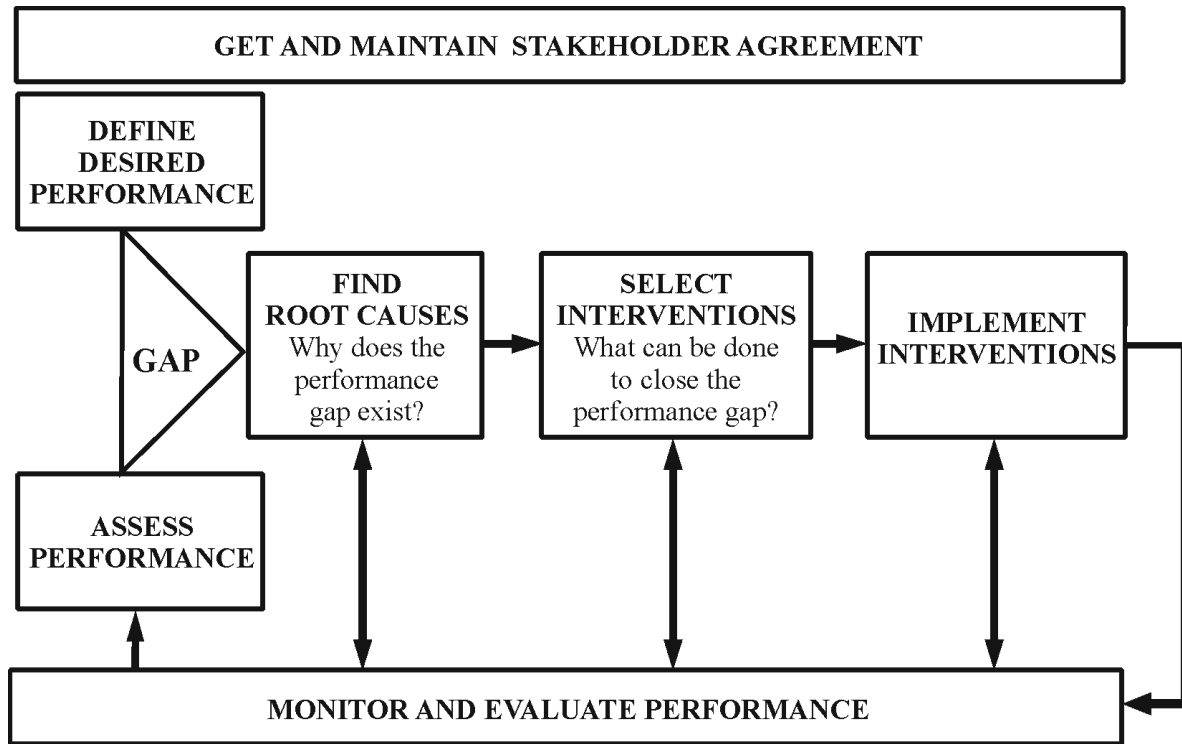
This manual encourages a **style** of supervision that includes stakeholders and achieves results through teamwork. The underlying theory is that people do better work when they actively participate in setting goals and creating solutions. Constructive and useful feedback also plays an important role in supportive supervision. The workers need to feel that the supervisor listens to them. In this style the supervisor treats staff well, encourages them to do a good job, gives recognition for work well done, and sets clear expectations when they need to improve their performance.

A PROCESS FOR IMPROVING PERFORMANCE AND THE QUALITY OF SERVICES

The process that supervisors use to identify a performance gap and its causes and to create solutions for closing the gap is called **performance improvement (PI)**; it is illustrated in **Figure 1-1**.

This process involves a series of steps that are repeated until the desired performance is achieved. The series of steps can be used to identify solutions for any type of performance gap. These gaps may be found in practices to prevent infection, management of stocks, counseling, crowding of wards, and lateness of employees.

Figure 1-1. The Performance Improvement Process¹



The performance improvement process has the following steps:

- **Get and maintain stakeholder participation.** For the performance improvement process to be implemented, buy-in from all stakeholders is necessary. Stakeholders are the people who have an interest in improving staff performance and the quality of services at the healthcare facility. Stakeholders may include staff, community members, and representatives of different levels of the healthcare system. The community is the largest component of the stakeholders in healthcare services. The services of a healthcare facility are most effective when the community is involved from the beginning in the process of improving performance and the quality of services. Getting stakeholders to agree on using the performance improvement process and then keeping them informed about the services at the facility is the first step in implementing the process.
- **Define desired performance.** For staff members to perform well, they must know what they are supposed to do. Performance standards need to be available. Staff must know not only what their

¹ Adapted from: Performance Improvement Consultative Group (PICG). The performance improvement framework was developed through a collaborative effort among members of the PICG. The PICG comprises representatives of USAID and USAID-funded cooperating agencies. The framework in this manual simplifies the language in each step to make the process easy to understand by different audiences.

job duties are, but also **how** to perform them. Desired performance should be realistic, and take into account the resources (e.g. the number of staff, training, budget, equipment, transport, supplies) at the facility. Desired performance should be based on common goals of stakeholders, including the expectations of the community.

- **Assess performance.** The supervisors should continually assess how the staff and the facility are performing compared to how they are expected to perform. This assessment can be done on an ongoing, informal basis, or more formally on a periodic basis. Methods to assess performance include conducting self-assessments and obtaining feedback from clients and/or observation by staff.
- **Find causes of performance gaps.** A performance gap exists if the supervisor and staff find that what they are actually doing does not meet the set standards of performance. If a gap is found, then the supervisor needs to carefully explore with staff why the gap is there. What is preventing the desired performance? Sometimes the reasons for poor performance are not immediately clear. It may take some time to find the real cause.
- **Select and implement steps to improve performance.** Once the causes of the performance gap have been identified, the supervisor and her/his staff will need to develop and implement ways to improve performance. Steps may be planned to improve the knowledge and skills of staff. There may be ways to improve the environment or support systems that make it possible for staff to perform well. There are many different ways to improve worker performance. It is important to select methods that match facility resources.
- **Monitor and evaluate performance.** Once interventions have been implemented, it is very important to determine whether or not performance has improved. Is the staff now closer to meeting the established standards? If not, the staff team will need to go back and consider again what is preventing the desired performance. It is important that the interventions be targeted at the **real** cause of the performance gap. If performance **has** improved, it is important for the supervisor to continue monitoring to make sure that the desired level of performance is maintained.

WHAT'S NEXT

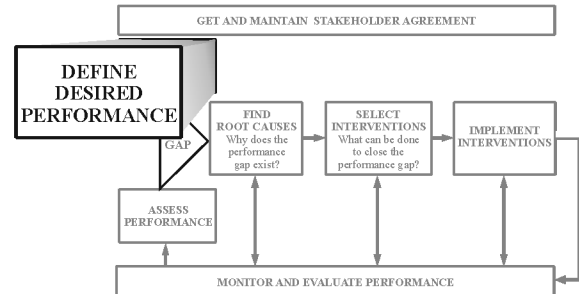
In the next chapter, the performance improvement process will be introduced. The first step in the process is defining desired performance.

TWO

DEFINING DESIRED PERFORMANCE

INTRODUCTION

Standards of desired performance represent a goal to reach for, and can guide people in their day-to-day work toward the level of performance desired.



One of your most important tasks as a supervisor is to help staff understand and use performance standards, and facilitate the process of defining performance standards if standards do not already exist. Performance standards describe what you and your team want to achieve. With standards, you and your staff can measure actual performance and continually work to improve the quality of care your clinic provides.

For most clinical skills, performance standards are available in country. If not, defining desired performance is best done as a team, with significant contribution from technical experts, staff, and the community within which you work. You, the staff, and the community should define the quality of services you want and agree on how to reach these goals. Performance standards should be both evidence-based (i.e., founded on scientific information) and relevant to the community in which you work (e.g., standards for waiting time and client satisfaction).

SETTING PERFORMANCE STANDARDS

Why Set Performance Standards?

Performance standards guide staff in **how** they are expected to perform. Most often, standards are stated in terms of what individuals should do: “The provider must maintain privacy during a family planning consultation.” A healthcare provider is responsible for inserting an IUD correctly, the receptionist is responsible for moving clients through the system according to defined procedures, and the stock clerk is responsible for ordering supplies according to standardized formulas. Performance standards are not only for individual healthcare workers. Sometimes standards are stated in terms of systems or the physical structure. For example, a performance standard might state: “A clean surface must be available for the birth of a baby.”

Performance standards define what is expected. They are also used to assess whether expectations have been met. By producing and communicating performance standards, you make clear what you and the staff are working toward, and you provide staff a clear and achievable target against which to measure progress. For example, if you set a performance standard that states: “All clients will be greeted and treated kindly and with respect,” but interviews reveal that clients believe that they are not treated with respect, you know that you have work to do. Involving staff members in setting performance standards and agreeing on what steps and activities are necessary to achieve the standards ensures that they know what to do and gives them a sense of pride and ownership in their work.

**Resources for
Setting Performance
Standards**

Do not think that you have to develop performance standards all on your own. That would be an overwhelming task! There are many resources that you can draw from in setting both clinical and nonclinical standards. They include:

- **International performance standards**

You and your team can use international standards for setting site-specific performance standards. The World Health Organization (WHO) has set clinical standards in many areas including maternal, child, and reproductive health. WHO’s *Integrated Management of Pregnancy and Childbirth (IMPAC)* series is one example. These standards are evidence-based and were developed by international experts in the field.

Example of an International Standard

An example of an international standard is “The Rights of the Patient,” which was originally defined by the International Planned Parenthood Federation. This is an example of a very broadly stated standard. It states that all patients have a right to:

- Information
- Access
- Choice
- Safety
- Privacy
- Confidentiality
- Dignity
- Opinion
- Comfort
- Continuity of services

- **National standards and guidelines for provision of services¹**

Standards for clinical services can be drawn from the national service delivery guidelines that **may** exist for your country. You can use those guidelines as a basis for defining performance standards. National guidelines identify specific clinical practices that contribute to positive health outcomes. They may be in the form of a manual, flowcharts, or step-by-step procedures. National standards should be based on, and consistent with, international standards; they are usually developed by adapting international standards to the national situation. (See **Sample 2-1** for an excerpt from a national standards document.) If you do not have your country's guidelines, check with your district health office or the central ministry of health to obtain copies for your facility. If your country does not have service delivery guidelines for the essential health services, you can use international.

Example: Adapting an International Standard to the National Situation

International performance standard

During antenatal care, all women should be counseled about nutrition.

Country-specific adaptations

In a country in Asia where vitamin A deficiency is widespread, the national standard may specify that on the first antenatal visit, all women should be counseled to eat foods rich in vitamin A such as mangos, carrots, or green, leafy vegetables.

OR

In a mountainous region where iodine deficiency is common (e.g., the Andean countries of South America), the national standard may state that women receiving antenatal care should be counseled to use iodized salt and foods rich in iodine.

- **Job descriptions**

You can also use job descriptions to set performance standards. Often, job descriptions are quite general and do not have the level of detail necessary for staff to know what they are supposed to do. Nevertheless, job descriptions can be very useful in setting out the broad expectations for performance. National job descriptions exist in many countries and can be used as a basis for developing more

¹ In some countries, guidelines for provision of services comprise several different documents such as a service standards document, a document on service protocols and procedures, and a service plan, and may be known by these other terms or as "service delivery guidelines."

detailed descriptions for your staff. (See **Sample 2-2** for a country-specific example of a clinical job description.)

**How to Produce
Performance
Standards for
Your Facility**

The clinical performance standards that you and your team set for your facility should reflect international and national standards and guidelines, yet be specific to the realities of your facility. The performance standards you set for the management of the facility (e.g., waiting time, record-keeping, cleanliness) should be based on the needs of the staff, clients, and community.

First, determine the priority areas for which you want to set performance standards. You probably have performance standards for some areas already. Select areas:

- where desired performance is unclear,
- where you have received some complaints, or
- where you suspect that there are gaps.

The area you select might involve a specific health service (family planning counseling, counseling and testing for HIV, immunization clinics) or it might involve a support function for healthcare services (infection prevention, logistics, infrastructure).

Second, identify the various resources that are available to help you set performance standards (e.g., international/national standards, job descriptions). These are discussed in the previous section. Ask your district or regional health office if there are standards and guidelines available in-country for specific clinical services.

Third, using the resources identified above, work with your staff to develop appropriate performance standards for your situation. Involving your staff will ensure that they understand why standards are important and how their actions are linked to the shared goal of the clinic. **Tables 2-1 and 2-2** on pages 2-5 and 2-6 present examples that meet the following criteria for performance standards:

- **Under the facility or individual control.** You can set standards only for the functions that you or the facility can control. For example, it is not fair to set a standard for a person who orders drugs that says deliveries should take place a week after the orders have been sent. The person who orders drugs has no control over the suppliers and the transport, and cannot guarantee that this standard will be met.
- **Realistic and relevant.** If standards are not realistic, it will be unlikely that the staff members will even try to achieve them. For example, if a standard requires an expensive piece of equipment

that a clinic cannot afford, or that is used for a procedure that the clinic does not perform, staff members will ignore it altogether.

- **Clear and well documented.** Avoid ambiguity. Everyone must understand the performance standard in the same way. Clarify clinical standards by providing clear steps and activities necessary to achieve the standard. Make sure that performance standards are documented in a format that is easy to understand and available for quick reference.
- **Flexible.** You must be able to make changes if necessary. For example, sometimes new information or situational factors about recommended practices in the provision of services call for changes. You must be able to adjust the standards for provision of services accordingly.
- **Selective.** Set standards for specific areas of work such as priority areas for your clinic or department, or areas that need improvement. You do not need to set performance standards across all areas at one time. If there are too many standards, they may be ignored.
- **Observable and measurable.** It must be possible to observe the performance standard. If the performance standard as stated is not observable, use **indicators** (e.g., a list of steps or activities) to describe how the standard will be met. An indicator breaks the steps down into observable and measurable tasks or behaviors.

Table 2-1. Performance Standard Based on a National Standard

NATIONAL PERFORMANCE STANDARD: ENSURE CLIENT PRIVACY	
Performance Standard	Indicators
The provider maintains privacy during the consultation.	<ol style="list-style-type: none"> 1. The door to the exam room is closed. 2. The client is shown a curtain, privacy screen, or bathroom where s/he can change, if necessary. 3. The client is covered with a sheet during the physical and/or gynecological exam, if necessary. 4. No other people enter or leave the room during the exam.

Adapted from: Bossemeyer D. 2000. *Steps to Develop Standards*. PROQUALI PowerPoint presentation. JHPIEGO Corporation: Baltimore, MD.

Table 2-2. Performance Standards to Address a Priority Work Area

PERFORMANCE STANDARDS	INDICATORS
An adequate stock of contraceptives is maintained.	<ol style="list-style-type: none"> 1. The recommended formula to stock supplies is used. 2. Contraceptives are ordered once a month. 3. A physical stock inventory is conducted once a month.
Methods for involving the community are in place and functioning.	<ol style="list-style-type: none"> 1. A general meeting for stakeholders is held at least once a year to review services provided at the clinic and discuss future needs. 2. Two community members participate regularly in the clinic’s team meetings. 3. Client exit interviews are conducted quarterly. 4. A staff member from the clinic participates regularly in community development meetings.

- **Standards must address one or more of the following factors:**
 - **Quality**—defines the attributes that an acceptable outcome, action, or behavior must have (e.g., the healthcare provider must ensure confidentiality by draping the client, closing the examination room door, using a curtain for privacy, and preventing others from entering the space or hearing the conversation).
 - **Quantity**—defines how much work must be done (e.g., immunization coverage should be 75 percent of children under 5 years of age, staff should conduct five home visits per week, client waiting time should be no more than 1 hour).
 - **Time**—defines how often or when something must be done (e.g., staff meetings must be held weekly; every Wednesday should be set aside for adolescent services; all trolleys and couches should be disinfected, cleaned, and polished every Saturday).
 - **Cost**—defines the amount of money available for work to be done (e.g., outpatient services should cost no more that US\$2 per client, per visit; consumables should not cost more than one tenth of the clinic’s budget).

When adapting national standards to fit the reality of your clinic, make sure you do not compromise the scientific principles upon which the standard is based. For example, you do not want to change diagnostic

criteria, drug dosages, or acceptable practices. Providers should be asked to support their clinical actions as much as possible with appropriate evidence rather than performing a procedure in a certain way because it has been done that way for years.

Finally, in many situations, there may not be a national standard on which to base a performance standard, but defining such a standard is still necessary (e.g., allowing a family member to stay with a woman during labor and childbirth, setting the hours that the clinic is open). The areas for which standards of desired performance should be established can be decided in discussions with staff, community members, and other relevant stakeholders.

**Communicating
Performance
Standards**

If you have involved staff and community members in setting performance standards, the job of communicating the standards will be easier. You need to make performance standards available to all staff. If you are adapting national standards, you might want to simplify them and present them in more user-friendly formats. Examples include:

- A practical “pocket guide” listing the key standards and how to achieve them, which people can carry with them for easy reference.
- Posters or wall charts that illustrate the main points and are placed in key places so that staff can refer to them as needed. (See **Sample 2-3** for an example of a job aid based on international standards.)

Staff members will be more likely to use performance standards if they are stated briefly, the language is simple, they include pictures, and the standards are readily available. Performance standards can be shared with staff during staff meetings or during case reviews. You can also refer to them when giving feedback or assessing performance.

Share relevant performance standards with clients. For example, if you have set certain performance standards for how you greet and treat clients, post those in a visible place so that clients will know what to expect from the providers and can appreciate what you are trying to do.

**Monitoring Your Process—Defining Desired Performance
for Your Facility**

- Define desired performance by developing performance standards, involving all appropriate staff and community members in the process.
- Make sure standards follow evidence-based practices.
- Use all available resources and documents, including international and national standards, to develop the standards for your own facility.
- Develop standards that are:
 - Under facility or individual control
 - Realistic and relevant
 - Clear and well documented
 - Flexible
 - Selective
 - Observable and measurable
- Ensure that standards address quality, quantity, time, or cost.
- Build consensus on the standards among stakeholders.
- Make sure that staff understand how achievement of the standards will be measured.
- Communicate standards to staff and other stakeholders.

WHAT'S NEXT

Once you have set the performance standards that you want your facility to meet, you can begin to assess whether or not those standards are being met. The next chapter reviews a variety of methods for assessing staff performance at your facility. These methods will help you assess, on an ongoing basis, the various activities there so that you will know whether or not performance standards are being met.

SAMPLE 2-1

EXCERPT FROM THE KENYA *REPRODUCTIVE HEALTH/FAMILY PLANNING POLICY GUIDELINES AND STANDARDS FOR SERVICE PROVIDERS (1997)*²

POSTABORTION CARE (PAC)

After an incomplete or unsafe abortion, a woman can get pregnant within the first 10 days.

Service providers must provide counseling and services to postabortion patients at the first available opportunity.

Purpose

Comprehensive postabortion care services should include both medical and preventive healthcare. The objectives of postabortion care are to provide:

- Emergency treatment of incomplete abortion and potentially life-threatening complications
- Postabortion family planning counseling services
- Links between postabortion emergency services and the reproductive healthcare system

Emergency Treatment

Emergency treatment for postabortion complications include:

- Initial screening (vital signs, temperature, amount of bleeding) to assess the patient's condition
- Talking to the woman regarding her medical condition and the treatment plan
- Medical assessment (brief history, limited physical and pelvic examinations)
- Stabilization of emergency conditions (shock, hemorrhage, sepsis)
- Prompt referral and transfer to an appropriate facility if the woman requires treatment beyond the ability of the facility where she is seen
- Uterine evacuation to remove retained products of conception

The prompt treatment of postabortion complications is an important part of healthcare that should be available at every district-level hospital.

² Source: [Kenya] Ministry of Health (MOH), Division of Primary Health Care. 1997. *Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers*, revised edition. MOH: Nairobi.

Postabortion Family Planning

In many instances, provision of emergency postabortion care may be one of the few occasions that a woman and her partner come into contact with the healthcare system. Therefore, it represents an important opportunity for providing contraceptive information and services.

Postabortion family planning should include the following components of good family planning:

- Counseling about contraceptive needs in terms of the client's reproductive goals
- Information and counseling about all available methods, their characteristics, effectiveness, and side effects
- Choices among methods
- Assurance of contraceptive resupply
- Access to followup care
- Information about the need for protection against sexually transmitted infections
- Information about emergency contraceptive pills

Postabortion family planning also should be based on an individual assessment of each woman's situation:

- her personal characteristics,
- clinical condition, and
- the service delivery capabilities in the community where she lives.

When to Start Family Planning

Postabortion family planning services need to be initiated immediately because ovulation may occur as early as 11 days following treatment of the incomplete abortion and usually occurs before the first menstrual bleeding. At a minimum, all women receiving postabortion care need counseling and information to ensure that they understand:

- they can become pregnant again before the next menses,
- there are safe contraceptive methods to prevent or delay pregnancy, and
- where and how they can obtain family planning services and methods.

Which Contraception Methods Can Be Used

All modern methods of contraception are appropriate for use after treatment for incomplete abortion including hormonal methods, IUD, and implants and barrier methods, as long as the provider:

- screens the woman for the standard precautions for use of a particular method, and
- gives adequate counseling.

Information on the provision of postabortion contraception, including indications and precautions for specific methods, is provided in the section of this manual pertaining to each contraceptive method.

Links to Other Reproductive Healthcare Services

It is important to identify any other reproductive healthcare services that a woman may need following an incomplete abortion and to offer her as wide a range of services as possible.

Examples:

- Some women may want to become pregnant soon after having an incomplete abortion, barring any medical reasons.
- For women over age 30–35, it may be possible to offer cervical cancer screening at the time of treatment or to provide referral to a facility where screening is available.
- Some women may need treatment for sexually transmitted infections.

SAMPLE 2-2

EXAMPLE OF A JOB DESCRIPTION³

Job Title:	Public Health Nurse
Place of Work:	Primary Healthcare Center (PHCC)
Qualifications:	Certificate in Nursing
Experience:	Prefer at least 1 year experience working in a hospital
Responsible to:	PHCC In-Charge
Responsible for:	Auxiliary healthcare worker (AHW), Auxiliary nurse-midwife (ANM), Maternal and child health workers (MCHWs), Sweeper, Traditional birth attendants (TBAs)
Relation with:	Ministry of Health (MOH), District health office, District hospital, Nongovernmental organizations (NGOs), MCHW, TBAs, Community leaders, Community members
Roles:	The Public Health Nurse is responsible for the promotion of good health in the mother and child as an administrator, care provider, counselor, educator, evaluator, facilitator, and supervisor within her/his area. S/he must be willing to work in both the PHCC and in the community.
Functions:	<p>ADMINISTRATIVE ACTIVITIES</p> <ol style="list-style-type: none">1. Participates in the planning, organizing, and implementing of health services.2. Makes the daily duty roster according to staff job responsibilities.3. Holds and participates in staff meetings.4. Participates in PHCC budgetary and logistics planning.5. Helps to monitor supply stock levels and equipment.6. Conducts new staff orientation about:<ul style="list-style-type: none">● Her/his job responsibilities● PHCC organization, policies, and rules● Activities and services provided by the clinic● The role of the clinic in the community7. Helps in research activities carried out by staff or other healthcare agencies. <p>CLINICAL ACTIVITIES</p> <ol style="list-style-type: none">1. Keeps medical records.2. Conducts Maternal and Child Health/Family Planning (MCH/FP) clinics.3. Assesses the nutritional status of adults and children.4. Assesses the needs of pregnant and postnatal women and gives appropriate nursing care:<ul style="list-style-type: none">● Conducts antenatal visits.● Assists mothers during normal childbirth.● Refers pregnancy and childbirth complications quickly to the appropriate person or health facility.● Counsels mothers about breastfeeding.● Provides basic care to newborn and postpartum mother.5. Provides immunizations as needed.6. Provides emergency services to clients.7. Provides family planning methods, as needed.8. Makes appropriate referrals to other health facilities, as needed.

³ Adapted from: [Nepal] HMG Ministry of Health (MOH), Department of Health Services, National Health Training Center. 1996. *Job Description of Nursing Personnel*. HMG MOH: Katmandu, Nepal.

COMMUNICATION ACTIVITIES

1. Uses standard, clear, written forms for major activities (e.g., client registration, referrals).
2. Assists with planning and running of staff meetings, as needed.
3. Maintains good interpersonal relations with staff, clients, and community.

COUNSELING ACTIVITIES (GUIDANCE)

1. Counsels and guides ANM, AHW, and sweepers as needed.
2. Counsels clients, their families, and the community on health issues.
3. Identifies eligible couples for family planning.
4. Counsels clients for STIs/AIDS and family planning.
5. Identifies and counsels high-risk mothers and children.

EDUCATIONAL ACTIVITIES—STAFF

1. Identifies training needs for ANM, AHW, MCHW, and others.
2. Recommends inservice education for health personnel.
3. Guides and helps students and encourages preservice education.
4. Helps organize and facilitate staff development activities.

EDUCATIONAL ACTIVITIES—COMMUNITY

Conducts health education activities regarding:

- Environmental sanitation
- Nutrition
- STIs/AIDS prevention
- Immunizations
- Maternal health
- Family planning
- Other (to address local health problems)

REPORTING AND RECORDING ACTIVITIES

1. Records daily, monthly, and annual clinic activity information. Shares with appropriate authorities as needed.
2. Maintains up-to-date information on high-risk mothers and children at the clinic, noting specific problems (e.g., malnutrition, blindness, mental retardation, etc.).
3. Maintains inventory list of supplies and equipment, including breakages and losses.
4. Helps to collect and maintain data on area demographics (e.g., population, increasing and decreasing health problems).
5. Keeps staff employment records organized and confidential.

SUPERVISORY ACTIVITIES

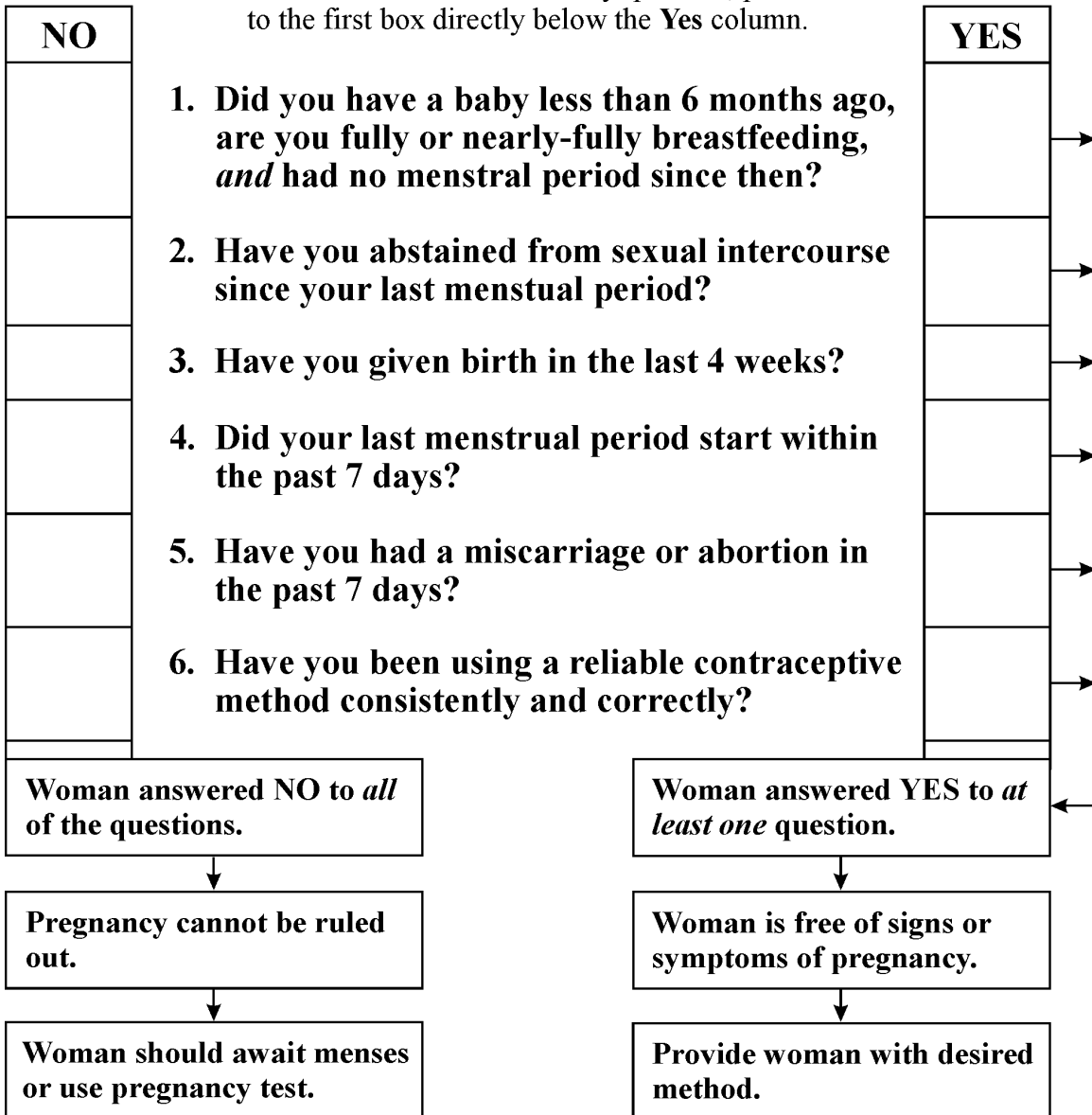
1. Supervises AHW, ANM, MCHW, Sweeper, and TBA.
 - Gives ongoing feedback (both positive and constructive).
 - Evaluates performance based on job responsibilities.
 - Provides feedback to the health personnel about their own performance.
2. Evaluates PHCC program achievements according to set objectives.
 - Encourages staff and community feedback on quality of clinic services.
 - Stays interested in receiving feedback and suggestions.
 - Works with staff and the community to identify gaps in performance, determine root causes of gaps, and select ways to improve performance and quality of services.

SAMPLE 2-3

JOB AID BASED ON INTERNATIONAL STANDARDS FOR RULING OUT PREGNANCY IN A NON-MENSTRUATING FAMILY PLANNING CLIENT⁴

How to Be Reasonably Sure a Woman Is Not Pregnant

If the woman answers **Yes** to any question, proceed to the first box directly below the **Yes** column.



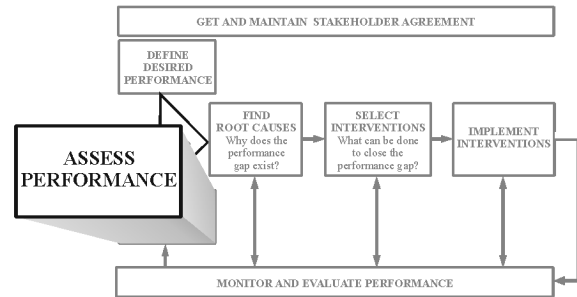
⁴ Adapted from: Family Health International (FHI). 1999. *Checklist to Rule Out Pregnancy for Non-Menstruating Family Planning Clients*. FHI: Research Triangle Park, NC. Original checklist is in color. Based on text in: Curtis KM and PL Bright (eds). 1994. *Recommendations for Updating Selected Practices in Contraceptive Use*. U.S. Agency for International Development: Washington, DC.

THREE

ASSESSING PERFORMANCE

INTRODUCTION

The performance standards that you and your team produce for your facility should reflect international and national standards and guidelines, yet be specific to the realities of your situation.



After the performance standards have been set, and you and your staff have identified the performance standards that your healthcare services should meet, you should regularly ask: How are we performing? Are we meeting those standards? Following are examples of questions to ask in determining whether standards are being met:

- Are clients satisfied with the quality of services received?
- Are clinical procedures being performed correctly?
- Is the clinic environment safe and clean?
- Does the availability of supplies meet client needs?

Ensuring that performance is meeting your expectations, as well as the expectations of the staff and clients, is one of the core functions of a supervisor. As a supervisor, you and key staff members can use the performance standards that were set to assess the actual performance of the facility, the systems that make the facility work (e.g., logistics, client flow, record keeping), and the people working within those systems. There are many different ways to assess performance—seven of them are presented in this chapter.

Assessment results can be used to:

- Guide and support staff in how to perform their work so that it is consistent with standards

- Identify which clinic services meet standards and which need improvement
- Empower staff and motivate them to provide high-quality services

WHAT TO ASSESS

To find out how well services are being performed or provided at your clinic, periodically assess various aspects of the services within your facility, including:

- **Client satisfaction**—do clients think their needs are being met by the services offered?
- **Clinical practices**—do clinical practices meet performance standards that have been set?
- **Provider satisfaction**—are the providers satisfied with how services are being delivered?
- **Client numbers and movement through the system**—is the clinic functioning as effectively and efficiently as possible?
- **Interaction between clients and providers**—is communication between the clients and providers respectful and mutually satisfying?
- **Management of stock**—are the essential supplies available and accessible when needed?
- **Record keeping**—are the records being completed thoroughly and consistently?

This is not a complete list of what you should assess. Furthermore, based on the performance standards that you and your team have set and the priority issues at your facility, some aspects will be more important than others.

It is not necessary to be an expert in all aspects to be able to assess them. For example, if you have recently been promoted to a supervisory role because of your excellent clinical skills, you do not have to become an expert in management of stock to be able to assess the quality of your logistics procedures. This situation is where the standards that you have set are helpful. If you have drawn standards from reliable, evidence-based sources, as well as gathered staff and client input into those standards, and the staff have agreed that the

standards are reasonable, you just need to make sure that the procedures are being followed. Your job is not to manage the stocks, for example, but rather to enable staff to manage them according to the standards, and to help solve problems when they arise.

HOW TO ASSESS

Assessment is an ongoing process. It can be especially useful in helping a new supervisor understand how systems work. Assessment helps supervisors and the staff identify gaps, acquire new ideas on how to do things better, gauge clinical skills of providers, and monitor administrative systems. There are a number of assessment methods that can be used regularly to obtain information and monitor the performance of your facility and staff. Being able to use a variety of these methods is an important skill for the supervisor. Seven methods for assessing performance are summarized in **Table 3-1**. See also **Samples 3-2 and 3-3** at the end of the chapter for examples of tools that can be used for three of these methods—supervisory assessment, and self- and peer assessment.

Table 3-1. Summary of Methods for Assessing Facility Performance

ASSESSMENT METHOD	FOCUS OF ASSESSMENT	PERSON CONDUCTING ASSESSMENT	ASSESSMENT METHODS/TOOLS	HOW TO USE THE ASSESSMENT RESULTS
Conduct Supervisory Assessment	Any worker at the facility Teams of workers	Supervisor	Meetings with staff Observation of clinical practice Case reviews Audits	Supervisor can share the results with individuals or teams to acknowledge good performance and identify specific areas needing improvement.
Conduct Self-Assessment	Any worker at the facility	Staff member	Checklist based on job description and appropriate guidelines	Person using self-assessment tool can meet periodically with the supervisor to discuss areas of achievement and areas needing improvement.
Conduct Peer Assessment	Any worker at the facility Teams of workers	Staff colleagues	Checklist based on job description and appropriate guidelines	Peers can give feedback to one another in an informal and comfortable environment on specific performance areas.
Obtain Client Feedback	People seeking services at the facility	Staff members Supervisor	Meetings Questionnaires/ Interviews Suggestion box	Staff and supervisor can evaluate clinic operations and staff performance based on feedback from clients.
Poll Community Perceptions	People living in the community where the facility is located	Staff members Supervisor	Meetings Questionnaires/ Interviews	Staff and supervisor can make changes to clinic operations, maybe even add new services, based on feedback from community members.
Review Records and Reports	Any system or aspect of clinic operations	Staff members Supervisor	Review of records, reports, log books, statistics	Staff and supervisor can assess compliance with standards and monitor efficiency and outcomes of clinic operations.
Compare Your Services with Others	Any system or aspect of clinic operations	Staff members Supervisor	Visit other facilities Interview workers at other facilities Interview clients and community members at other facilities	Staff and supervisor can get new ideas about how to provide better services. They can also motivate themselves and others toward better quality services by showing that it can be done.

ASSESSMENT METHOD NO. 1: CONDUCT SUPERVISORY ASSESSMENT

As a supervisor, you have many ways to find out how staff are performing and whether or not standards are being met. Through methods such as meeting with staff members, observing clinical practice, and reviewing cases with the staff, a clear picture emerges of how services are functioning.

Meet with Staff In meetings with staff, ask how your current clinical services compare with standards established for the facility. It is important to develop an atmosphere of trust so that you can ask staff to examine the services honestly, identify gaps, and make suggestions for addressing these gaps. Ask for examples of accomplishments and successes as well as examples of problems; find out reasons for both successes and difficulties. You may prefer to conduct individual interviews to allow those reluctant to speak up at staff meetings to share their opinions and ideas.

Observe Clinical Practices One of the best ways of finding out whether clinical services are meeting specific performance standards is to observe staff in action. One of the most useful tools for doing this is a performance checklist that gives all the sequential steps for a clinical service of good quality. The standards that you defined can be turned into such checklists for determining whether clinical practice is meeting those standards. (Sample 3-1 is an example of a checklist for the desired performance standard listed in Table 2-1 on page 2-5.) For an example of a full checklist, see Sample 3-2 at the end of this chapter.

Sample 3-1. Checklist for Assessing Site-Specific Performance Standard Based on a National Standard

NATIONAL PERFORMANCE STANDARD: ENSURE CLIENT PRIVACY			
Performance Standard	Indicators	Yes, No, or N/A	Comments
The provider maintains privacy during the consultation.	Observe during the consultation if:		
	The door to the exam room is closed.	_____	
	The client is shown a curtain, privacy screen, or bathroom where s/he can change, if necessary.	_____	
	The client is covered with a sheet during the physical and/or gynecological exam, if necessary.	_____	
	No other people enter or exit the room during the exam.	_____	

Adapted from: Bossemeyer D. 2000. *Steps to Develop Standards*. PROQUALI PowerPoint presentation. JHPIEGO Corporation: Baltimore, MD.

Case Reviews

An excellent way to find out if standards are being met is by reviewing cases. Case reviews are discussions with the staff about the management of a client or group of clients. The supervisor and staff look at the staff's actions and decisions. The review may include a discussion of the client's condition and the management of that condition to see if the management conforms to established performance standards. Supervisors may also choose to review all clients who have had a particular treatment in a specific time period. For example, a review of all clients having had a cesarean section during the past month would give the supervisor and staff an opportunity to determine together whether cesarean section was the appropriate case management, and what might have been done to improve the treatment the client received. Finally, records of all clients with one particular diagnosis, such as eclampsia, could be reviewed to ensure that their care was consistent with set performance standards. Case reviews are not costly, but facilitating the review effectively requires that your clinic keep detailed records. Analyzing these records with staff requires training and experience.

See **Samples 3-2 and 3-3** at the end of the chapter for examples of tools that can be used for supervisory assessment.

ASSESSMENT METHOD NO. 2: CONDUCT SELF-ASSESSMENT

The individual self-assessment allows staff members to assess how well their clinical practices follow the standards. A self-assessment tool can be based on the job description of each staff member (e.g., manager, physician, nurse, auxiliary nurse, community health agent, receptionist) and the service delivery guidelines. This tool typically lists all of the activities and steps performed by a staff member. The most common format for this tool is the checklist. (See **Samples 3-2 and 3-3** at the end of the chapter for examples of tools that can be used for self-assessment.)

The supervisor should meet with staff members to give them the tool and explain its objectives, advantages, and use. Advantages of using this assessment method include the opportunity for staff to identify and correct their own gaps in performance. Clinical staff can be self-empowered, for example, by using the tool to learn a new procedure, either practicing with anatomic models or working with clients. As they start to feel more comfortable and confident, they check the instructions only when they have questions, and gradually use the tool less often.

As a supervisor, you might meet periodically with staff members to discuss the self-assessment findings, and make plans to introduce

changes so that performance can improve. It is equally important for you to meet regularly with staff members to talk about positive performance and what aspects of service provision are working well.

Many staff members may resist the process because they are not familiar with self-observation, self-evaluation, and self-analysis. Often this resistance is associated with the traditional supervision environment where punishment for poor performance is the norm. If the supervisor uses good communication techniques to explain the value of self-assessment tools, and establishes trust so that staff members know they will not be punished for openness, the staff will be more likely to accept this method and find it useful in improving their own performance.

ASSESSMENT METHOD NO. 3: CONDUCT PEER ASSESSMENT

With peer assessment, people observe and give feedback to one another, thereby giving them the opportunity to assess how they meet pre-established standards. As with the self-assessment process, a common goal and a collaborative team approach are necessary for the success of the process. In addition, there must be a trusting environment in which staff members are open to receiving feedback from their peers.

As with self-assessment, the supervisor should explain the process to staff members and encourage them to use it. You might use a role play to demonstrate the process. Staff can plan with whom they will interact and how frequently they will engage in peer assessment.

The same tool used for self-assessment can be used for peer assessment. The difference with peer assessment is that staff members will observe and give feedback to one another. (See **Samples 3-2 and 3-3** at the end of the chapter for examples of tools that can be used for peer assessment.)

Observation and constructive feedback skills are key to self- and peer assessment, and are most effective when they are used in a positive way to measure and improve performance.

ASSESSMENT METHOD NO. 4: OBTAIN CLIENT FEEDBACK

A powerful way of finding out about the situation at your clinic is to interview clients. This can be done in a variety of ways—one method is to leave a notebook or a locked suggestion box where clients can offer their comments. You can also meet with clients individually or in

informal group discussions—perhaps by going to your outpatient waiting room and asking people who are waiting what they think about the services. Or, as clients leave the clinic, you might ask them short, simple questions to find out how they felt about the services they received. (See **Sample 3-4** for an example of a client exit interview.) Home visits also can be used to obtain client feedback.

ASSESSMENT METHOD NO. 5: POLL COMMUNITY PERCEPTIONS

It is important to find out what the community thinks of the services the facility offers, and what they need and want from the services. This can be a sensitive task, particularly if you suspect or know that community members have a low opinion of your services. Based on the culture and traditions in your community, you will need to find the best way to get this kind of information. One way is to talk individually to community members at bazaars, religious meetings (e.g., at a church, temple, mosque, etc.), or village council meetings to find out how they feel about the services the facility offers. You can involve community members as part of the clinic, hospital, or service management team. You can also learn about community perceptions through focus group discussions, informal interviews, discussions with key community members, health talks, and monitoring of views expressed in the local newspaper. Surveys and questionnaires also can be used to gather specific information about what the community thinks of the services.

ASSESSMENT METHOD NO. 6: REVIEW RECORDS AND REPORTS

You can also use records and reports from your facility to assess and improve the facility's performance. For example, quarterly reports, stock cards, labor and delivery records, and antenatal care logbooks can provide some indication of what is happening to women who come to give birth at your facility. You are already collecting data for health offices and departments. Be aware of the information you have, and be alert to what it can tell you. **Table 3-2** provides several examples of how records and reports can be used to show gaps or successes and determine the need for action.

Reviewing data over time may show you trends that will be useful in assessing performance at your facility in comparison to established standards. For example, the supply inventories include information on the stockouts at your facility. By reviewing this information, you can assess if you have regular stockouts, and, if so, the time of the month when they seem to occur.

Table 3-2. Examples of Using Records and Reports to Assess Facility Performance and Quality of Services

WHERE DO YOU LOOK?	WHAT DO YOU FIND?	WHAT MIGHT IT TELL YOU?	HOW MIGHT YOU USE THIS INFORMATION?
Outpatient attendance register	Number of clients requesting treatment for sexually transmitted infections (STIs)	The prevalence of STIs in the area	To budget for STI drugs (e.g., costs for keeping inventory at correct levels) To assess the demand for STI services at the clinic and whether it is increasing To assess the need for additional staffing or staff training To assess the need for community outreach/ education efforts
Family planning attendance register Quarterly reports Stock cards	Contraceptive method mix	Whether a variety of contraceptives is being used Which contraceptive is being used the most	To ensure that the inventory of contraceptives is sufficient To assess changes in usage and demand for different contraceptives To make sure counseling is adequate To assess the need for staff training To analyze the effectiveness of community outreach/ education efforts
Labor and childbirth logbook Partograph record	Percentage of births that are operative	Whether the percentage of operative interventions for childbirth is too high, too low, or about right	To ensure adequate supplies If too high, staff may need training or an update on labor and childbirth management.

ASSESSMENT METHOD NO. 7: COMPARE YOUR SERVICES WITH OTHERS

With this method, you and your team seek out a clinic that is considered to be the best or highly successful, and see how your services compare with those at that facility. Your goal is to increase the quality of your services by finding out if there is a better way to accomplish the work at your facility. The team can compare their clinic to others to see how groups provide services differently from the way you do. You can also use it to compare productivity, staffing, or the use of space and resources.

For example, if you hear that, in the past year, the number of births has increased at another hospital in your district more than it has at your hospital, you might want to find out what that hospital is doing

differently. You might find out that it is offering more choices to women in how they give birth, or that both doctors and midwives are assisting at childbirth, not just doctors as in your hospital. This assessment method can provide valuable insight into how you carry out certain functions, and can start the team thinking about how services might be delivered differently to improve performance and quality of care.

Note: One assessment process that has been shown to be effective in improving the quality of family planning services is COPE® (“client-oriented, provider-efficient”). COPE incorporates many of the assessment methods presented in this chapter. An example of a self-assessment guide taken from COPE is in **Sample 3-5**. Self-assessment of services by staff is at the heart of the COPE process. For more information on COPE, see the **References** section.

Monitoring Your Process—Assessing Performance

- Relate assessment directly to the performance standards set.
- Use multiple methods to collect information, including:
 - Supervisory assessments
 - Self-assessment
 - Peer assessment
 - Client feedback
 - Community perceptions
 - Review of records and reports
 - Comparison with other facilities

WHAT’S NEXT

Once you begin to assess your facility, you will sometimes find a gap between desired performance and what is actually happening. The next chapter will introduce techniques for finding out why gaps occur. It is important to know **why** gaps occur before deciding what to do about them.

SAMPLE 3-2

**SUPERVISION CHECKLIST FOR POSTABORTION
FAMILY PLANNING COUNSELING SKILLS¹**
(Can be used for supervisory, self-, and peer assessment)

Place a “✓” in the case box if step/task is performed satisfactorily, an “X” if it is not performed satisfactorily, or N/O if not observed.

For the “Comments” column enter one of the following.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed (N/O): Step or task or skill not performed by participant during evaluation by supervisor

SUPERVISION CHECKLIST FOR POSTABORTION FAMILY PLANNING COUNSELING SKILLS		
STEP/TASK	CASES	COMMENTS
1. Greet the woman respectfully and with kindness.		
2. Assess whether counseling is appropriate at this time (if not, arrange for her to be counseled at another time).		
3. Assure necessary privacy: <ul style="list-style-type: none"> ● Close door. ● Stay out of hearing distance of others. 	_____ _____	
4. Obtain biographic information (name, address, etc.).		
5. Ask if she was using contraception before she became pregnant. If she was, find out if she: <ul style="list-style-type: none"> ● Used the method correctly ● Discontinued use ● Had any trouble using the method ● Has any concerns about the method 	_____ _____ _____ _____	
6. Provide general information about family planning.		
7. Explore any attitudes or religious beliefs that either favor or rule out one or more methods.		
8. Give the woman information about the contraceptive choices available and the benefits and limitations of each: <ul style="list-style-type: none"> ● Show where and how each is used. ● Explain how the method works and its effectiveness. ● Explain possible side effects and other health problems. ● Explain the common side effects. 	_____ _____ _____ _____	
9. Discuss the woman’s needs, concerns, and fears in a thorough and sympathetic manner.		

¹ Adapted from: JHPIEGO Corporation. 2000. *Postabortion Care Course Notebook for Trainers*. JHPIEGO Corporation: Baltimore, MD.

SUPERVISION CHECKLIST FOR POSTABORTION FAMILY PLANNING COUNSELING SKILLS		
STEP/TASK	CASES	COMMENTS
10. Help the woman begin to choose an appropriate method.		
11. Screen the woman carefully to make sure there is no medical condition that would be a problem (complete Screening Checklist).		
12. Explain potential side effects and make sure that each is fully understood.		
13. Perform further evaluation (physical examination), if indicated. (Nonmedical counselors must refer the woman for further evaluation.)		
14. Discuss what to do if the woman experiences any side effects or problems.		
15. Explain emergency contraception: <ul style="list-style-type: none"> ● When to use it ● Where to get it ● How it works ● Timeframe 	_____ _____ _____ _____	
16. Explain about risk of STIs including HIV/AIDS.		
17. Provide information about protection.		
18. Provide followup visit instructions.		
19. Assure the woman that she can return to the same clinic at any time to receive advice or medical attention.		
20. Ask the woman to repeat instructions.		
21. Answer the woman's questions.		

SAMPLE 3-3

INFECTION PREVENTION CHECKLIST²
 (Can be used for supervisory, self-, and peer assessment)

Health Facility/Clinic: _____ Date: _____

Designation of Family Planning/Maternal and Child Health Worker: _____

Evaluator (e.g., matron, sister, midwife, nursing assistant): _____

Instructions: Indicate whether the provider performed each of the steps in the observation checklist by writing Yes (Y) or No (N) in the “Response” column.

If the step was not needed, write N/A in the “Comments” column.

Please also write any additional remarks about the provider’s performance of the step in the “Comments” column.

INFECTION PREVENTION CHECKLIST		
OBSERVATIONS	RESPONSE (Yes or No)	COMMENTS (or N/A)
STERILIZATION/HIGH-LEVEL DISINFECTION		
1. Instruments are decontaminated in 0.5% chlorine solution immediately after use.		
2. Instruments are thoroughly cleaned before sterilization or high-level disinfection (HLD).		
3. Blood spills are flooded with disinfectant and then wiped up.		
4. What method of sterilization or HLD is used: <ul style="list-style-type: none"> ● Autoclaving? (If yes, go to #5) ● Dry heat? (If yes, go to #6) ● Boiling? (If yes, go to #7) ● Chemical disinfectants? (If yes, go to #8) 		
5. When autoclaving, is the autoclave operating: <ul style="list-style-type: none"> ● At least at 121°C (250°F)? ● At a pressure of 106 kPa, 15 lb/in² (1 atmosphere)? ● For at least 20 minutes? 		
6. When using dry heat, are the instruments kept: <ul style="list-style-type: none"> ● At 170°C (340°F) or 160°C (320°F) for sharps? ● At the required temperature for at least 1 hour (170°C)? ● Or 2 hours (160°C)? 		
7. When boiling, are the instruments: <ul style="list-style-type: none"> ● Completely submerged under water? ● Boiled for at least 20 minutes once boiling begins? ● Boiled with nothing added after timing started? 		
8. When chemical disinfectants are used: <ul style="list-style-type: none"> ● Is the appropriate chemical used? ● Are instruments soaked for at least 20 minutes? 		

² Adapted from: Tietjen L, W Cronin, and N McIntosh. 1992. *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual*. Essential Medical Information Systems, Inc.: Durant, OK.

INFECTION PREVENTION CHECKLIST		
OBSERVATIONS	RESPONSE (Yes or No)	COMMENTS (or N/A)
HANDWASHING AND GLOVING		
9. Hands are thoroughly washed, immediately: <ul style="list-style-type: none"> ● Before putting on gloves ● After handling objects that might be contaminated ● After contact with blood or mucous membranes ● After removing gloves 		
10. High-level disinfected or exam gloves are worn for each vaginal examination.		
11. High-level disinfected or exam gloves are worn for IUD insertion.		
12. High-level disinfected or exam gloves are worn for childbirth.		
13. Sterile (or high-level disinfected) gloves are used for minilaparotomy or Norplant [®] implants insertion.		
14. Waste is disposed of by incineration or burying.		
SINGLE-USE OF NEEDLES, SCALPEL BLADES, AND OTHER SHARP OBJECTS		
15. Needles, scalpel blades, and other sharp objects are disposed of immediately after use.		
16. Needles, scalpel blades, and other sharp objects are disposed of in a puncture-proof container.		

Any other comments or observations? _____

Any problems completing the checklist process? _____

SAMPLE 3-4

QUESTIONS FROM A FAMILY PLANNING SERVICES EXIT INTERVIEW

Instructions: Explain that the clinic is interested in ensuring the quality of reproductive healthcare services, and the client will be asked a few questions about the services s/he received. Reassure the client that the details of this discussion and the responses will not be linked with her/his name. Ensure that the client is comfortably seated. Read each question carefully and record the client's answers.

1. How long did you wait between the time you first arrived at this clinic and the time you saw a healthcare provider?
2. How do you feel about the length of this waiting time?
3. During this visit, did the provider give you any material to take home to read?
4. Were you assured of confidentiality and privacy?
5. Did you attend group health talks at the clinic today?
6. What topics were covered in the talk?
7. Was there information given in the talk that you did not understand? If yes, what?
8. What is the main reason you chose to come to this clinic instead of another one?
9. Overall, how would you rate the services you received at this clinic today?
10. Can you give one major suggestion that you think will improve the services at this clinic?
11. The next time you need family planning services, where will you go for these services?
12. If your sister wants to start using family planning services, where would you suggest she go for these services?
13. Were you satisfied with the information or service that you received?
14. Do you have any further concerns or questions that you want to address?

SAMPLE 3-5

QUESTIONS FROM COPE³ SELF-ASSESSMENT GUIDE ON CLIENTS' RIGHT TO PRIVACY AND CONFIDENTIALITY⁴

1. When providers must discuss a client's care with other staff members, do they respect confidentiality by speaking in a private space so that the conversation cannot be overheard?
2. Do staff respect the client's wishes about whether or not to provide information to family members, including spouses?
3. Are client records kept in a secure room with access limited to authorized staff?
4. Does the facility have private space so that counseling sessions cannot be observed or overheard by others?
5. Do staff take measures to ensure that counseling sessions and examinations are not interrupted?
6. When a third party is present during counseling, an examination, or a procedure, do staff explain the person's presence and ask the client's permission?
7. Are all laboratory test results kept confidential?
8. Are all services offered in a manner that is respectful, confidential, and private?

³ There are a variety of tools available to facilitate self-assessment at a healthcare facility. One of these tools, called COPE, is used widely around the world and can be obtained from EngenderHealth, 440 Ninth Avenue, Third Floor, New York, NY 10001, USA.

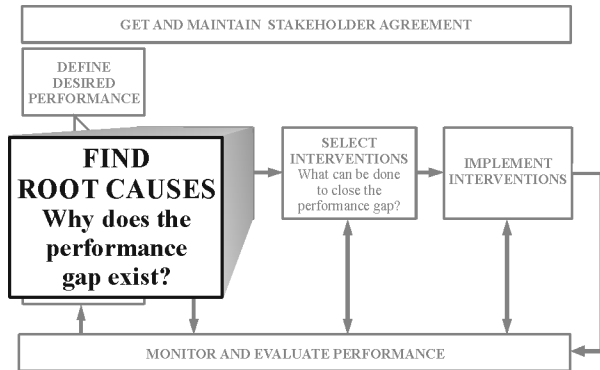
⁴ *Adapted from:* AVSC International. 1999. *COPE Self-Assessment Guides for Reproductive Healthcare Services*, pp. 43–44. AVSC International: New York. Work-in-Progress. (AVSC International officially changed its name to EngenderHealth in March 2001.)

FOUR

FINDING ROOT CAUSES

INTRODUCTION

It is unusual for systems to operate perfectly. It is therefore likely that, from time to time, you will find differences, or gaps, between how your facility and its staff **should** function (according to the performance standards that have been set) and how they **are** functioning (based on your assessments). When an assessment reveals gaps between actual performance and desired performance, you should determine **why** the gaps exist (i.e., the root cause) before attempting to close the gap. If you do not analyze why the gaps exist, you may end up wasting time and money implementing an intervention that does not address the real problem.



“Quick Fixes”

Many gaps in performance can be solved quickly, without any “analysis” about why they exist. Once staff are aware of what they are supposed to do, behavior begins changing immediately. It is important to encourage this kind of behavior. It creates momentum for working on the more complex gaps and empowers staff to change their performance and improve the quality of services provided without extensive interventions and resources.

For more complex gaps, you and your staff can begin identifying what the root causes of those gaps are.

FINDING OUT THE CAUSES OF POOR PERFORMANCE

Once you and the staff have decided which gaps to act on, you can work with the staff to determine the cause or causes. The gap should be looked at on many levels to show the true, and often multiple, root causes. Only then can effective interventions (courses of action) be identified and implemented. Finding the root causes of a gap helps you to see the true gap more clearly.

There are several techniques that can help you do this. One such technique is “brainstorming.”

The purpose of **brainstorming** is to generate a list of ideas, suggestions, or solutions focusing on a specific topic, issue, or problem. Brainstorming is a useful technique for communicating in a team setting, and for making decisions and solving problems being addressed in a meeting. Brainstorming stimulates creativity and is often used with a group discussion.

You can use brainstorming with staff to examine why a gap exists. (See **Chapter 7** for more information on brainstorming.) A second technique is the “why-why” method, and a third is “guided discussion” (or interviews) about important performance factors.

Why-Why Method

“Why” questions always look for the root cause. Asking three to five “why” questions increases the chance of finding the actual cause of the problem rather than just the problem.

Example:

Identified problem: The community and clients complain that they have to wait a long time for services.

Start by asking: “Why are clients waiting too long for services?”
You might get answers like the following:

“There is a high volume of clients, especially on certain days.”

“There are too few service providers.”

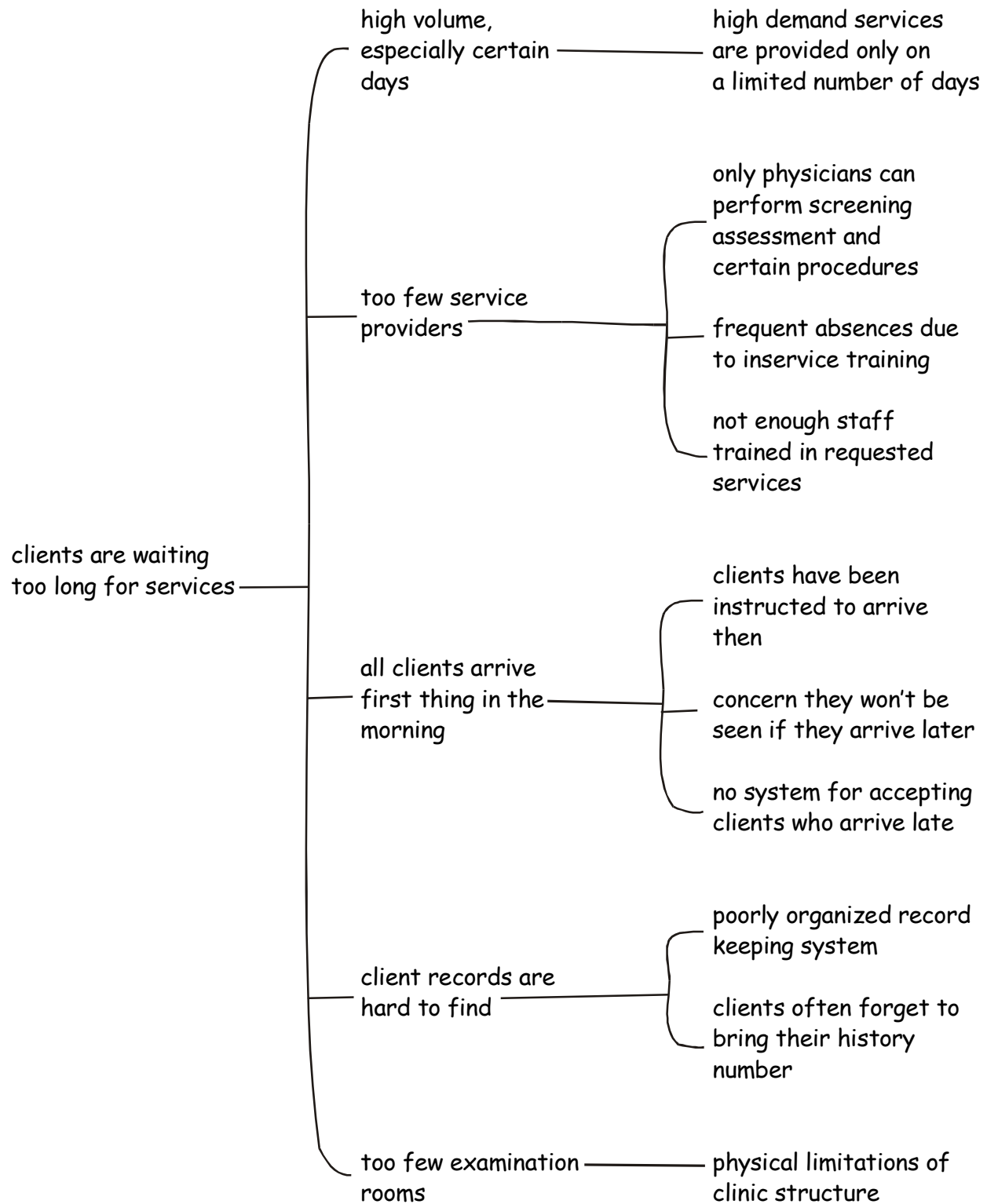
“All clients arrive first thing in the morning.”

“Client records are hard to find.”

“There are too few examination rooms.”

You can use a “why-why diagram”—also called a “fishbone diagram” or “why-why tree”—to help further identify the root cause of the gap. **Figure 4-1** is an example of a why-why diagram used to determine why waiting time is too long.

Figure 4-1. Why-Why Diagram of Waiting Time



To create a why-why diagram, follow these simple steps:

- STEP 1** State the problem on the left side of the paper.
- STEP 2** To the right of the problem, list the causes of the problem that were identified by asking the question “Why?”
- STEP 3** For each of the causes, again ask the question “Why” and list the responses to the right of each cause.
- STEP 4** Continue this process until you have enough details to identify the cause or causes.

Select the causes that you can realistically act on. Sometimes in the why-why process, causes are identified that are too difficult for you and your staff to deal with (e.g., problems like poverty and drought). Before moving on to the next step, eliminate those causes that you cannot realistically do anything about.

**Using Key
Performance
Factors**

There are certain key factors that are known to affect performance (Gilbert 1996). As a supervisor, consider these factors and the impact that they are having on the performance of the facility and staff. For example, before you decide that staff training is needed for improving provider-client interaction, it would be wise to make sure the staff know that welcoming, helpful, informative, and respectful provider-client interaction is expected at all times. Sometimes just discussing with people what is expected of them can result in the performance you are seeking. **Sample 4-1** offers a discussion guide that you can use with the team to examine root causes by focusing on the following performance factors:

Job Expectations. Do staff members know what is expected of them? Sometimes the only thing needed is to make expectations clear to staff. This alone can have an impact on performance.

Performance Feedback. Do staff members know how they are performing? Have you or others told them? They need to be given feedback and encouragement to continue to perform well or to improve their performance.

Facilities, Equipment, and Supplies. Do staff members have the tools, equipment, or supplies needed to perform to standard?

Motivation. Are staff members motivated? Recognition and rewards for performing well can increase motivation. Recognition of staff not performing well also affects motivation.

Organizational Support. Does the management staff encourage and support good performance? Is there a vision for high performance? Do organizational policies allow performance to improve, or are there policies in place that prevent improvement (e.g., if only doctors are allowed to insert IUDs, it is not possible to meet the high demand for services).

Knowledge and Skills. Do staff members know **how** to do their jobs? They need to be appropriately trained. Then they should receive continuing education courses or training, as needed, to maintain their skills and acquire new ones.

Client and Community Focus. Are staff members focused on the needs, desires, culture, and observations of the surrounding community? Do they seek the opinions and ideas of community members? Do they respond to them?

Monitoring Your Process—Finding Root Causes

- ❑ Through assessment, identify gaps between actual performance and desired performance.
- ❑ Work with staff to determine the root causes of each gap, using:
 - Brainstorming
 - Why-why method
 - Key performance factors
- ❑ Look with staff and other stakeholders at positive factors that contribute to success.

WHAT'S NEXT

Once you have identified the root causes of performance gaps and related them to key performance factors, you will be better able to identify appropriate interventions for closing these gaps. For example, if your root cause analysis determines that your supply of bleach is inadequate, and your cleaning staff are not aware of infection prevention practices, you will need to select interventions that will improve the supply of bleach **and** enhance the knowledge and skills of your cleaning staff. The next chapter provides information about selecting and implementing interventions to close performance gaps.

SAMPLE 4-1

DISCUSSION GUIDE FOR EXAMINING ROOT CAUSES OF PERFORMANCE GAPS BY CONSIDERING PERFORMANCE FACTORS¹

Instructions: In addition to asking “why” performance gaps occur, a supervisor can ask more directed questions related to the known performance factors. Direct questions help to get at the root causes of performance gaps. Here is a questioning guide that supervisors can use with other staff members to probe into the causes of poor performance. **Note:** The questions in this guide are for example only. They should be adapted to the realities of each healthcare facility.

Job Expectations

- Do people know what they are supposed to do?
- If we asked people what is expected of them, would they be able to tell us?
- If they know what they are supposed to do:
 - How do they know? (Do they have clearly written job descriptions? Did their supervisor tell them?)
 - When were they last told?
 - When they first start the job, how do they learn about the expectations?

Performance Feedback

- Do people know when they are not meeting expectations?
- If we asked one of the workers how s/he is performing in comparison with what the organization (clinic, hospital, ministry of health) wants, would s/he know?
- If we asked one of the workers how s/he was performing in comparison with what the client or community wants, would s/he know?
- Who gives the workers feedback on their performance? Is it done in person and/or in writing? How do workers feel about the feedback they receive?

Facilities, Equipment, and Supplies

- Do they have the tools they need to do the job?
 - Do they have supplies?
 - How is the re-supply system organized?
 - Do they have the needed equipment?

¹ *Adapted from:* Luoma M et al. 1999. *Reproductive Health Performance Improvement Source Document*. Version 2.0. Intrah/PRIME II: Chapel Hill, NC. Available online at <http://www.prime2.org/pi/sst/index.html#>.

- Is there adequate furniture?
- Do they have vehicles, if needed?
- Does the environment within which they work enable them to perform in the desired manner?
 - Is there adequate space, and space for privacy?
 - Is there electricity?
 - Is there water?
 - Is there adequate storage?
- Are there physical obstacles or barriers to achieving desired performance? What costs are associated with them (e.g., petrol, maintenance, etc.)?

Motivation

- Do workers feel that they are being adequately compensated for their work? If not, what would they consider to be “adequate” compensation?
- Are there any rewards for practicing the desired performance?
 - If people do a good job, what happens? Anything? Does their work life get better or worse somehow?
 - How do people get recognition for their work?
 - How/when are incentives/rewards given?
 - What do people think about the existing incentive systems? (e.g., Do they have knowledge of such systems? What is their level of satisfaction? Are they motivated by the incentives for the desired behavior?)
- Are there any consequences for not practicing desired performance?
- Are personal needs being met? Do employees feel protected by the benefits provided (medical, school fees, etc.)?
- What opportunities exist for career development or promotion?
- Do people value desired performance? Do they see a reason to perform in the desired fashion?
- Do workers feel “listened to” by supervisors or others in authority?

Organizational Support

- How is the organization for provision of services structured? How does the structure help people get work done? How does it get in the way?

Finding Root Causes

- Do people have the authority to do what they are supposed to do? Are they supported by their supervisors to engage in the desired performance?
- How are problems solved? (Ask for examples.)
- How is quality determined and measured?
- Are there circumstances that prevent people from doing what they are supposed to do? Do they have enough time? Is the workload too heavy?
- Are there any organizational processes that prevent effective work (e.g., a complicated clearance process that delays key supplies or tools or decisions needlessly, an entry process for clients that treats them badly or takes a long time)?
- How well do people understand the goals of how services are provided? Are strategies developed and communicated to achieve these goals? Does performance represent the goals and strategies? Does the strategy actually lead to the fulfillment of the goals?
- How are decisions made? Who makes them? How well does the decision-making process appear to work? How much say do people closest to the work have in making decisions? How decentralized is the decision making? Who can make decisions about spending money? Who else is involved? How does this affect the provision of services?
- Who makes decisions about budget items? Do people contribute to budget decisions? Can they influence decisions in ways that will help them get their work done?

Knowledge and Skills

- Do staff know how to do what they are expected to do?
- Would people do their job correctly if you offered them a large amount of money to do so? (If the answer is yes, then they know how, and it is not a skill and knowledge issue.)
- Do they **ever** perform as desired?
- What kind of prior training have they had that relates to how well they do their job? Was that training effective?
- What is the inservice training policy? If there is one, does it actually work as described? How well does it work in keeping people up-to-date with the skills and knowledge they need to do their job?
- Are there job aids available to remind people to perform as desired?
- What could future training do to fill in skill and knowledge needs?

Client and Community Focus

- Is the community aware that the services are being offered? If so, how do they know?
- Is each service being provided in demand?
- How do the community members view the service being offered? (Do they have access to other healthcare providers so that they can make comparisons?)
- Have community members typically gone elsewhere for these services?
- Are there any barriers to accessing the services (cultural, transport, time, cost, provider attitude, etc.)?

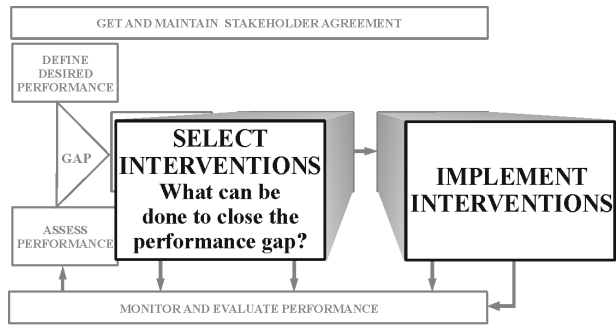
Finding Root Causes

FIVE

SELECTING AND IMPLEMENTING INTERVENTIONS

INTRODUCTION

Once a gap between desired and actual performance has been identified, and the causes of that gap (i.e., the root causes) have been analyzed, the supervisor and staff can begin to work together as a



team to close the gap, and thereby improve performance and the quality of services being provided. Some gaps (e.g., technical, clinic organization) can be solved at the facility. Others (e.g., movement of supplies, resources) may have to be addressed at the district, regional, or central levels. The supervisor plays a critical role in effecting change both at the facility and within the healthcare system. The staff and community members also must be involved to make these improvements happen.

MATCHING INTERVENTIONS TO ROOT CAUSES

The interventions selected must respond to the root causes. For example:

- If you find that obstetric complications are not managed properly and you determine the reason is that staff lack the knowledge and skills to manage obstetric complications, you might decide to arrange for training in these skills.
- If you discover that the cleaning staff are not using good infection prevention practices because they have never been told what to do, you will want to focus first on creating clearer job expectations (maybe including detailed job aids).
- If staff are not providing clients all choices of family planning methods and you find that the reason is because the facility lacks the supplies needed to provide the family planning method of choice, you will need to work with the supply system to avoid future stockouts.

Selecting and Implementing Interventions

There are many interventions that can be planned to improve performance. However, you have to know the root cause in order to select the appropriate intervention or interventions. Usually a combination of interventions will be needed to make a difference. When you have found the root cause of the performance gap, the intervention becomes more obvious. **Table 5-1** provides some examples of how to select interventions to match root causes of performance gaps.

Table 5-1. Moving from Root Cause to Interventions

If the ROOT CAUSE appears to be:	Then consider the following INTERVENTIONS:
Lack of information on expectations: <ul style="list-style-type: none"> • No clear job expectations 	Let staff know what is expected of them: <ul style="list-style-type: none"> • Write clear job descriptions. • Clarify job expectations with individual staff members. • Make written protocols available and accessible. • Make written norms for the job available and accessible. • Make sure standards are accessible and understood. • Create performance objectives.
Lack of information on performance: <ul style="list-style-type: none"> • No clear, immediate performance feedback • Staff are unaware that they are not performing to standard 	Provide clear feedback on work performance, as soon as possible after the performance. For example: <ul style="list-style-type: none"> • Regularly post client satisfaction data. • Provide information about adherence to a client-staff interaction checklist. • Verbally tell staff members how they are doing compared with what is expected of them. • Establish or improve an effective feedback or appraisal system.
Lack of skills and knowledge: <ul style="list-style-type: none"> • Lack of skills and knowledge essential for the job • Skills and knowledge not regularly updated • Difficulty among staff in remembering tasks and sequencing 	Provide training and learning activities and opportunities. For example: <ul style="list-style-type: none"> • Job aids • Instructional manuals • Self-study modules • On-the-job training • Peer training • Workshops • Training courses
Lack of clear role of the community in ongoing administration: <ul style="list-style-type: none"> • Poor opinion of clinic services by community members • Poor opinion of community by healthcare providers and other staff 	Provide opportunities for community members and staff members to interact in a meaningful way: <ul style="list-style-type: none"> • Create a formal forum for community-staff interaction. • Invite community members to serve on clinic committees.
Lack of information within the community: <ul style="list-style-type: none"> • Community does not understand its rights • Community does not understand its responsibilities to the healthcare facility 	Provide opportunities for interaction with the community to: <ul style="list-style-type: none"> • Discuss national standards and guidelines for provision of services. • Discuss how the community can assist the facility to provide better care.

Selecting and Implementing Interventions

If the ROOT CAUSE appears to be:	Then consider the following INTERVENTIONS :
<p>Poor work environment or tools:</p> <ul style="list-style-type: none"> • Lack of adequate supplies and equipment to provide consistently high-quality services • Physical facility not structured for meeting standards (e.g., no privacy for clients) • Inefficient movement of clients through the clinic 	<p>Provide the environment, tools, and supplies necessary to do the job. For example:</p> <ul style="list-style-type: none"> • Improve the logistics system (e.g., empower people in charge to advocate for necessary supplies). • Redesign system of client intake and movement through the system. • Improve physical facility (e.g., private space for counseling, adequate lighting system, painting, and cleaning). • Use cost recovery money or a community fund to buy supplies until arrival from the central stores.
<p>Lack of incentives for doing good work:</p> <ul style="list-style-type: none"> • Staff are not meaningfully rewarded for doing things correctly, or they do not think the reward system is fair. 	<p>Provide incentives based on performing up to standard. For example:</p> <ul style="list-style-type: none"> • Redesign system of incentives and consequences to reward appropriate practices (this can be done informally as well as formally). • Tell staff “good job” for good performance. • Provide access to training or other staff development activities. • Give an “employee of the week or month” award. • Recognize staff publicly in a newsletter or newspaper. • Make a notation on staff member’s employment record. • Provide small incentives (e.g., tea at tea breaks).
<p>Lack of organizational support</p>	<p>Provide organizational support, which may require any of the following:</p> <ul style="list-style-type: none"> • Review and work with staff to rewrite mission statements. • Restructure the facility. • Restructure the reporting relationship between staff and management.

DEFINING YOUR RESOURCES

As you begin selecting interventions to find solutions to the root causes of gaps, encourage the team to focus on what **does** work well. Avoid concentrating only on what does not work. This approach will help the team keep a positive attitude. It will also provide ideas for interventions that might be successful and ideas for strengths that can be built upon. Sometimes, focusing only on problems can lead to a sense of hopelessness. Instead, you want to create an atmosphere in which the team is positive and hopeful about changes that they can make.

Identifying Your Assets

One useful technique is to take an inventory of all of the resources and positive things that exist in your clinic and community. For example, these could include:

- Qualified clinical staff
- Dedicated support staff
- Positive relations with community members
- A community health fund
- A team of community health workers
- Vehicles that can be used to transport emergency cases
- Motivated mothers who want the best for their children
- Strong community leadership

By focusing with the team on the things that are working well, you will find many resources existing in your facility and community that can help improve staff performance and the quality of services. This gives people a sense of hope, and also identifies already existing resources that you can draw upon when designing interventions, rather than assuming that all courses of action will require new resources.

Learn from an Individual or Facility That Meets Expectations

See if you can find a “role model,” a person or clinic that has an excellent reputation. If you find one, go there and talk to the people; try to find out what makes them so good. If there are elements that you can replicate at your facility, do so. This may be a way to improve performance at your facility, because these elements have already been proven to be effective elsewhere.

SETTING PRIORITIES

Usually there will be a number of interventions needed when trying to improve performance. The staff and community should work together to determine which courses of action will be culturally acceptable to all stakeholders. Because not all interventions can be implemented at once, priorities must be set. The staff, clients, and other community members must decide which interventions are the most important, which should be acted on first, and which should not be attempted at all. Potential costs and benefits of all proposed interventions should be weighed carefully. In determining priorities, consider the following:

- **Resource allocation.** Is the intervention affordable? Do the necessary resources exist to follow through with this intervention? If so, are there resources to maintain it? Are there other ways to act on this intervention that might cost less?
- **Feasibility.** Are systems in place to support this intervention? Is it realistic? How long will it take to mobilize the resources to get it done? How many other people or groups of people need to be involved to get it done?
- **Acceptability by staff.** Will the clinic staff agree with and support the intervention? Did they suggest the intervention? Are they aware of what is being proposed?

Using these points, you and your team can consider each proposed intervention. This process will help determine which interventions will be most effective and should therefore be acted on first. (**Sample 5-1** provides a tool for how to put possible interventions in order of priority.)

MOVING FROM INTERVENTIONS TO SPECIFIC ACTIONS

A simple tool you can use when planning, carrying out, and monitoring an intervention is an action plan. An action plan lists:

- all planned activities,
- the date by which they will be accomplished,
- the resources they will require,
- the person who is responsible for carrying them out, and
- the methods that will be used to measure success.

In creating an action plan, it is important to define the measurable goal or objective that is expected as a result of the actions to be taken (e.g., implementation at the facility level of new national guidelines for essential maternal and newborn care). It is also important to decide how to measure your success before implementing the actions. Consider what documentation and data collection will be needed. Consider whether the action can be observed. Direct observation could also measure success.

You can set aside time with staff, and with the community members, when appropriate, to develop action plans to make sure that key tasks

are included and that important activities are not overlooked. Staff who contribute to writing this plan are more likely to be committed to carrying it out than staff who simply receive action plans that were developed by their supervisors. Involve the staff in monitoring the progress toward the measurable goals that they helped to set. Having participated in developing an action plan, staff members feel a sense of ownership in the final plan and, as a result, will take on more responsibility and be more enthusiastic in carrying out their work. **Sample 5-2** at the end of this chapter is a table that shows the key elements that should be included in an action plan. **Table 5-2** is an example of a completed action plan.

Celebrate successes large and small! If you find that you are not achieving your intended goal, analyze the performance gap further to make sure that the root causes of the gap are being addressed.

Selecting and Implementing Interventions

Table 5-2. Completed Action Plan

ACTION PLAN GOAL: Implementation of the New National Guidelines for Essential Maternal and Neonatal Care (EMNC)

FACILITY: Mercy Hospital

ACTIVITY	WHO DOES IT?	RESOURCES NEEDED	DATE NEEDED	HOW TO MONITOR THE ACTIVITY	RESULT AND HOW TO MEASURE
Acquire sufficient quantities of the service delivery guidelines to serve the needs of the facility.	Sister-in-charge	Copies of the service provision guidelines	31 March 2004	Copies of the service provision guidelines are available and used by all staff.	By December 2004, 90% of doctors and nurses will be providing EMNC services according to new national service provision guidelines. Observe clinical practice in comparison with clinical protocols.
Participate in the Orientation Seminar of the District Health Management Team (DHMT).	Sister-in-charge and senior nurse/midwife	Transport and daily expenses	21 April 2004	Sister-in-charge demonstrates familiarity with contents of service provision guidelines by conducting an accurate staff orientation.	
Conduct orientation of all staff from the Maternity Ward.	Sister-in-charge and senior nurse/midwife	Copies of the service provision guidelines	31 May 2004	Staff demonstrates familiarity with contents of service provision guidelines through participatory discussion led by sister-in-charge.	
Form Job Aids Committee.	Senior nurse/midwife	None	31 May 2004	Committee exists and is creating job aids.	
Have Job Aids Committee review guidelines and identify clinical protocols to post on the walls of the Maternity Ward.	Senior nurse/midwife	Copies of the service provision guidelines, pen and paper	15 June 2004	Observe minutes of the meeting.	
Make enlarged photocopies of the selected clinical protocols.	Job Aids Committee representative	Transport and funds to make photocopies	21 June 2004	Photocopies exist.	
Post clinical protocols on the walls and show to staff.	Job Aids Committee representative	Tape	30 June 2004	Observe that protocols are posted on the walls and referred to on a regular basis.	

OTHER CONSIDERATIONS IN SELECTING AND IMPLEMENTING INTERVENTIONS

Finding Additional Support

You have now:

- matched your interventions to the root causes you identified,
- defined the resources available to you,
- determined which interventions should be implemented first, and
- developed an action plan to manage your activities.

There are still other steps to consider before taking action. You should seek additional support for your interventions and be ready to manage the changes that are occurring.

A crucial question when selecting interventions is: who will pay for them or provide materials and services? It is widely believed that quality is expensive and that often there are not enough resources to pay for it, especially in countries with scarce resources for basic health services.

Resources are not only financial. There are other types of resources such as equipment, supplies, and labor that can also be mobilized to support your intervention. Try to find resources that will help you and the staff improve the quality of services. Potential sources include:

- **Central and regional government.** This is usually the most important resource but often the hardest to access. In some countries, government resources for health are based on need and specific indicators (e.g., population density, average income). Efforts to improve services can attract the attention of government officials, who may be willing to give additional resources for these efforts. Still, support from central and regional government is not enough by itself.
- **Local governments.** Local governments have a role to play, specifically in countries trying to decentralize and reform health services. The push from central to local control is a relatively new development; many local governments are not experienced in using available health resources. Local authorities may be more willing to give funds to support facilities who are meeting expectations, and may see that high-quality health services and satisfied clients can strengthen their position in the community. Depending on resources and budgets, local governments can support construction and improvement of primary care facilities,

and provision of additional staff, equipment, and supplies not provided by the central level.

- **Private industry and commerce.** In some places, private businesses are willing to provide funding and other resources to support specific healthcare services or prevention programs. For example, they may pay for part or all of the equipment that is needed. In return, they may want to see their business name or logo shown as a sponsor of the goods or service. It gives them more visibility in the community and can help them market their products and services. Company programs for employees and company outreach healthcare programs are a good example—particularly related to HIV/AIDS. Private industry has a vested interest in the health of its employees, which depends on good healthcare and preventive healthcare campaigns.
- **Community organizations.** The community can help in many ways. Volunteers can provide free labor to improve the clinic building or environment. Community members can actively support promotional or educational activities. There may be local groups that are interested in service work; some have made important contributions to global health activities. These groups can provide support at the local level for specific items or activities at the clinic. For example, secondary school students have proven resourceful in educational and consciousness-raising health programs in communities.
- **Clients/Community members.** Community members can be mobilized to help with a variety of needs in the clinic. For example, they can help keep the clinic clean and in proper order. In some cases, clients support the clinic by paying for part or all of the services they receive. This can increase client expectations for high quality services and also increase their commitment to their health.
- **Staff.** Resources may already be available at the facility but need modification, organization, or rearrangement by the staff (e.g., to ensure privacy, the organization of the waiting areas needs to change). Working with their supervisors, staff members may be able to make many of the necessary changes that will result in improved services.

To have the best chance of obtaining resources from these sources, you need to clearly present:

- the benefits that their support will bring to the community;
- the benefits for the donors (e.g., public image, better services); and

- systems that show where the donors' contribution has gone, how it is being used, and (in the case of goods) how it is being protected from theft or damage.

Monitoring Your Process—Selecting and Implementing Interventions

- Work with the staff and community to match interventions to the root causes.
- Define your resources:
 - Identify your assets and focus on the positive.
 - Find a role model (facility or person).
- Work with staff and community to set priorities and choose appropriate interventions.
- Develop an action plan with staff and other stakeholders that, at a minimum, identifies:
 - the activity,
 - who is responsible for carrying out the activity,
 - the timeline and resources needed for carrying out the activity, and
 - how to verify that the activity was completed.
- Find additional support for your interventions.

WHAT'S NEXT

Once you have carried out your interventions, it is important to determine whether the interventions have had the results that you intended. The next chapter will introduce ways to monitor the effects of interventions on staff performance and the quality of healthcare services being provided. The chapter will also describe the evaluation process and the supervisor's role in it.

SAMPLE 5-1

**PRIORITY SETTING: SCORING AND RANKING
ALTERNATIVE INTERVENTIONS**

Purpose

The purpose of this exercise is to provide a practical method for facilitating decision-making in a group by scoring how desirable the different possible interventions are, based on a set of criteria generated by the group. This exercise should be used when various interventions for improving performance have been identified, and the group is trying to determine which intervention(s) should be implemented first.

Time

1½ –2 hours

Stakeholders

A mixed group of stakeholders including those who identified the interventions in the first place and those who will be responsible for carrying them out (e.g., healthcare providers, community members, project staff, etc.).

Materials Needed

- Large pieces of paper (flipchart size)
- Colored markers
- Tape or glue
- Ruler (optional)

Procedure

STEP 1 Hold a brainstorming discussion with the group to review the various courses of action (interventions) that have been identified to improve performance. Discuss the strengths, weaknesses, advantages, and disadvantages of each.

STEP 2 Have the group identify criteria for examining the strengths and weaknesses of different interventions. For example:

- Is the intervention **feasible** (i.e., can it realistically be carried out)?
- What are the **financial costs** (i.e., can the costs be covered)?
- What is involved in terms of **time and human resources**?
- Is the intervention **acceptable** to the culture of the staff and community?

STEP 3 Use a large piece of paper to create a scoring matrix. Write the criteria in rows along the left axis of a table. Across the columns at the top of the matrix, write the different interventions being considered. (See the table below for an example.)

Possible Interventions to Solve the Problem of Improper Handwashing

	TRAINING PROVIDERS	INSTALLING RUNNING WATER	IMPROVING CLEAN WATER STORAGE	IMPROVING SUPPLY OF SOAP AND TOWELS
Feasibility	6	2	7	7
Cost	4	2	7	6
Time and Resources	5	2	7	8
Acceptability	7	6	4	5
Total Score	22	12	25	26
Rank	3	4	2	1

STEP 4 If the group is small, have them stay together as a single group. If the group is large, break into smaller groups of five to seven people.

Note: If the large group has a mix of people from different backgrounds and perspectives, group together people who have something in common (e.g., similar backgrounds or perspectives).

Have the group(s) copy the table you created. Instruct the group(s) to fill in each box with a score of 1–10, with one being the lowest (most negative) score and 10 being the highest (most positive). In the example above, “Training” received a score of 6 in the “Feasibility” category and a 4 in the “Cost” category. This means that the group felt that training was a fairly feasible intervention although it could be costly. Have them assign numbers based on group consensus.

The scoring and ranking procedures provide a mathematical way to reach a common decision about the most appropriate intervention. Individual scores can help the group compare interventions for a specific criterion, and for all criteria when the scores are added together.

It is important to define the criteria. In the table above, for example, the cost to improve water storage is low and resources are available. Therefore, the group gave the intervention a high individual score in the cost category because it is cost-efficient.

When all scores for an intervention are added together, the total score for each intervention can be ranked. The highest total score is ranked with a “1,” which means it may be the most appropriate intervention. Facilitators and participants should

Selecting and Implementing Interventions

understand that this technique is meant only to aid decision-making. This approach can indicate group priorities, but the scores need to be interpreted and discussed (e.g., a high score for feasibility versus a high score for cost). Limitations to each intervention should also be explored. When it is difficult for the group to reach consensus on scoring, or if the scores are close, re-examine the criteria individually to see if some are more important than others.

Note: Some criteria may be more or less important than others and can be weighted if needed. For example, if the feasibility of an intervention is considered twice as important as whether it is low in cost, the score for feasibility could be multiplied by two.

STEP 5 Bring everyone together and have the smaller groups report out their results, explaining the issues they considered when assigning numbers. If the different groups came up with different priorities, repeat the exercise as a large group and try to achieve some consensus on scoring.

SAMPLE 5-2

ACTION PLAN

PERFORMANCE GAP ADDRESSED: _____

ACTION PLAN GOAL: _____

FACILITY: _____

ACTIVITY	WHO DOES IT?	RESOURCES NEEDED	DATE NEEDED	HOW TO MONITOR THE ACTIVITY	RESULT AND HOW TO MEASURE

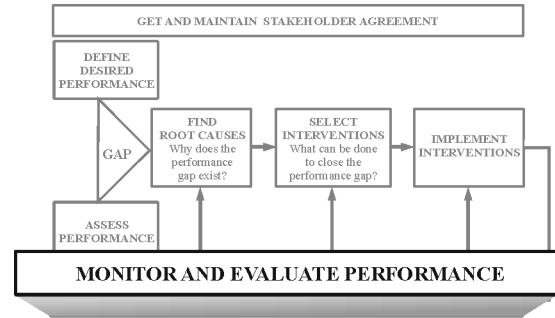
Selecting and Implementing Interventions

SIX

MONITORING AND EVALUATING PERFORMANCE

INTRODUCTION

It is important to know whether or not the actions you and your staff have taken and the changes you have made have had the result that you intended. In other words, did your interventions help close performance gaps, and has this led to an improvement in the quality of services being delivered? You will know this by monitoring activities at your facility. As a clinic supervisor, you are responsible for monitoring the day-to-day activities there. Although evaluation of the overall impact of interventions is important, most systems have an external supervision mechanism to accomplish this. On an ongoing basis, however, the internal, or on-site, supervisor is responsible for monitoring the implementation and effect of interventions. If you find that your interventions are not bringing actual performance closer to the standards you have set, you will need to repeat the cycle of identifying the gap, analyzing root causes, and selecting and implementing different interventions. This is a natural cycle for improving performance and quality, slowly but surely.



MONITORING PERFORMANCE

Chapter 1 introduced a diagram of the performance and quality improvement process (see page 1-7). This manual has guided you through each step of that process. Notice that the process does not stop once you have implemented interventions to improve quality and performance. Rather, implementing interventions is linked back to finding out how your facility is performing through the important step of monitoring.

Monitoring is a very natural process. You do it every day. For example, if you decide to take a new route to work in the morning because you think it can save you time, you will probably look at how much time it took to get to work before and after you changed your route. If you find that the new route is faster, you are likely to use that route instead of the old one. You wouldn't think of changing routes and **not** noting whether the change had an impact on what time you arrived at work.

This manual will use the following definition of monitoring:

Monitoring is the use of assessment techniques (as referred to in **Chapter 3**) to measure the performance of the organization, person, or specific intervention in order to:

- make improvements or changes by identifying those aspects that are working according to plan and those that are in need of midcourse corrections¹, and
- track progress toward the performance standards that were set.

As a supervisor, you will be more concerned with day-to-day monitoring of performance and quality than with formal data gathering and analysis.

TOOLS FOR MONITORING

The kind of monitoring that you will conduct as a supervisor should come very easily and naturally because you already have all of the tools that you need. They were presented in **Chapter 2** (setting performance standards), **Chapter 3**(assessment methods) and **Chapter 5** (the action plan). **Sample 6-1** gives an example of an assessment tool for a site-specific performance standard.

¹ Source: Bertrand J et al. 1996. *Evaluating Family Planning Programs*. USAID Contract Number: DPE-3060-C-00-1054-00.

Sample 6-1. Checklist for Assessing Site-Specific Performance Standard Based on a National Standard

NATIONAL PERFORMANCE STANDARD: ENSURE CLIENT PRIVACY			
Site-Specific Performance Standard	Indicators	Yes, No, or N/A	Comments
The provider maintains privacy during the consultation.	Observe during the consultation if:		
	The door to the exam room is closed.	_____	
	The client is shown a curtain, privacy screen, or bathroom where s/he can change, if necessary.	_____	
	The client is covered with a sheet during the physical and/or gynecological exam, if necessary.	_____	
	No other people enter or exit the room during the exam.	_____	

Adapted from: Bossemeyer D. 2000. *Steps to Develop Standards*. PROQUALI PowerPoint presentation. JHPIEGO Corporation: Baltimore, MD.

Simply put, monitoring is a **process for finding out whether the changes you intended to achieve have in fact been achieved.**

How do you carry this out? First you need to know what changes you intended to achieve. You have already defined these when you set standards for your facility. And you have described what people should be doing and how they should be doing it by setting specific standards for clinical procedures and support systems. By now you know what you want the team to achieve.

The second part of monitoring is finding out if the intended changes are occurring. Again, you already have the tools to do this. You can use one or more of the seven ways to assess performance presented in **Chapter 3** to see how things are working at your facility, if progress is being made, if change is taking place, and if that change is positive. Following is a review of the seven ways to continually assess performance:

- Conduct supervisory assessment
- Conduct self-assessment
- Conduct peer assessment
- Obtain client feedback

- Poll community perceptions
- Review records and reports
- Compare your facility's services with others

You should develop your monitoring plan as a team, starting from the beginning with the initial stages of defining the gap and selecting interventions. You should then use some combination of the assessment methods **on an ongoing basis** to continually monitor performance at your facility. It is very important to understand that assessment is an ongoing process.

The diagram of the performance and quality improvement process shows monitoring and evaluation connecting back to several steps in the process. This is because change can occur as soon as you start to work with the team to make improvements. You should monitor the impact of that change throughout the process. You cannot wait until the end to see if there has been any change in performance. Just working with the team to identify strengths or root causes of problems can have a positive or negative impact on performance. This is why you need to put in place a continual assessment process using a combination of the methods listed above. If you do not **continually** assess performance and quality at your facility, you will never know if the situation is improving and what is making it improve.

The action plan presented in **Chapter 5** (see **Table 5-2** and **Sample 5-2**) can serve as a very practical tool for monitoring specific activities that you are undertaking. The action plan has a column for "Result and How to Measure," which prompts you to define how you will know if your actions are having real results.

EVALUATION

Evaluation refers to the measurement of **how much** things have changed because of the intervention(s) implemented. It is usually an external process with people from outside the facility coming in and assessing services. Because there are many factors that cause things to change, a formal evaluation tries to demonstrate **how much** a specific intervention contributed to the change. It is important to keep in mind that evaluations are usually:

- formal assessments,
- implemented by a person or a group of people who are objective and external to the program,

- resource-intensive, and
- carried out when someone has to demonstrate **how much** the situation has changed because of the intervention(s).

Monitoring Your Process—Monitoring and Evaluating Performance

- Monitor activities at your facility to determine whether interventions closed performance gaps and led to improved quality of services.
- Use tools described in **Chapters 2–5** for monitoring performance.
- Work with your team to develop a monitoring plan.
- Monitor performance on an ongoing basis.
- Understand that evaluations are usually formal assessments conducted from outside the organization to show how much the situation has changed.

WHAT'S NEXT

A supervisor is always interacting with people. The more skilled a supervisor is in working with people, the more successful that supervisor will be in improving performance of healthcare staff and the quality of healthcare services. The next chapter reviews some of the most important skills for working with people that a supervisor should develop. The skills presented in this final chapter are necessary for successfully implementing the performance improvement process in a healthcare facility.

SEVEN

WORKING WITH PEOPLE

INTRODUCTION

At the heart of supervising healthcare services is communication between people. You need to work well with people at many different levels and in many different situations to make it possible for staff to perform their best and for your facility to provide high-quality services. You can get better results as a supervisor by:

- promoting teamwork,
- being aware of and responding to the needs of staff, and
- encouraging and motivating staff members to do their best.

To perform well, you need good communication skills. Much of your work will take place in meetings; therefore, you must be able to plan and conduct productive meetings. To increase your effectiveness, you must also be able to develop relationships with different stakeholders, including staff, community members, and representatives of different levels of the healthcare system.

EFFECTIVE COMMUNICATION SKILLS¹

Without effective communication skills, you will find it difficult to function well as a supervisor. Being able to communicate effectively—what you say is what is heard and understood—will help you to be successful.

The following principles are important for encouraging communication:

- All people should be free to express their views, and should be encouraged to do so.
- All people should be treated with respect.
- A message, whether oral or written, should be expressed clearly and in language that can be understood by all concerned.

¹ “Effective Communication Skills” *adapted from*: AVSC International. 1999. *Facilitative Supervision Handbook*. Pages 3.3–3.15. AVSC International: New York. Work-in-Progress. (AVSC International officially changed its name to EngenderHealth in March 2001.)

- Communication has two elements—sending and receiving. When the message that is sent is not received, communication has not taken place. Therefore, the supervisor (or any other communicator) should always use some means of checking that the message was received and understood (e.g., by asking a question about the message).

To be an effective supervisor, you should use a variety of communication techniques. Four of these techniques are:

- active listening,
- positive body language,
- clarification of communication, and
- appropriate questioning.

Active Listening Active listening is a communication technique that encourages open communication of ideas and feelings and helps people establish trust in each other (see **Table 7-1**). In active listening, the listener accepts what is being said without making any value judgments. The listener makes sure that s/he understands clearly the ideas or feelings being expressed, and then confirms that s/he understands them with the other person.

Table 7-1. Suggested Behavior to “Do” and “Not to Do” for Active Listening

ACTIVE LISTENING “DOS” AND “DON’TS”	
Do	Don’t
Concentrate on what the speaker is saying	Do other things (e.g., look through papers) when the speaker is talking
Allow the speaker to say what s/he wants to say	Interrupt Finish the speaker’s sentences
Allow the speaker to lead the conversation	Ask questions that change the topic
Accept the speaker’s opinion as valid for her/himself	Discredit, criticize, or judge what the speaker says
Pay attention not only to words, but also to body language and behaviors	Assume you know what the speaker is going to say next Ignore the emotional context
Prevent emotions from blocking active listening, no matter what the speaker is saying	Become angry, defensive, or upset Take comments personally

Positive Body Language Body language is the way you send messages to others through gestures, the posture of your body, the position of different parts of your body, and the space between you and others. Body language can include:

- The way that you look at people when you speak to them and when they speak to you, for example, what facial expressions you use (smiling, nodding, frowning) or appropriate eye contact
- The way that you place your arms and hands (e.g., your arms are crossed in front of you)
- The way that you position yourself (e.g., sitting behind your desk, sitting at the same level as the other person, sitting next to or in front of the person, the distance from each other)

Active listeners use positive body language to show respect for, interest in, and willingness to share the feelings of the other person. For example, in some cultures, sitting next to someone, looking the person in the eyes, and nodding indicate that the listener is interested in what the person has to say. By contrast, sitting across a desk, looking down, and writing notes may indicate a lack of interest and possibly even hostility. Sometimes body language can frighten people and discourage them from offering suggestions for solving problems. Try to be aware of your body language to make sure that it sends, in a positive way, the same message as your words.

Clarification of Communication

Clarification of communication involves asking questions in order to make sure that you understand what the speaker has said.

To use clarification, restate the message you heard in your own words as you understand it. Ask if your interpretation is correct. Use phrases such as, “Do you mean that...?” or “Are you saying that ...?” or “I am hearing you say....”

Example:

Statement: “It is difficult to get clients to listen to my advice.”

Clarification: “I am not sure I understand you completely. Are you saying that clients are not following your recommendations?”

Statement: “No, they are following my recommendations, but they are not coming back to the clinic at the time I tell them. They come whenever they wish and ignore the appointment time that has been set.”

Using clarification here has not solved the healthcare provider’s problem, but defined it so that the supervisor could be more helpful.

Using clarifying questions shows that you are genuinely interested in what you are being told because you are taking the time to restate the

speaker's point. But do not use clarification too much. People may resent being interrupted if it happens too often.

**Appropriate
Questioning
Techniques**

It is important to know how to ask questions in such a way that they encourage staff to provide as much information as possible. Staff who are uncomfortable or shy may respond with one-word answers that do not provide enough information to explain what is happening. Use open-ended (who, what, where, when, why, or how) questions instead of closed (yes/no) questions to help avoid one-word answers and to encourage discussion.

Examples of closed questions (they can be answered with a yes or no):

- “Did you solve the problem of the stockout of reagents?”
- “Are you going to meet with that client who has been having problems with her family planning method?”
- “Are you going to reorganize the staff in the immunization unit?”

Examples of open-ended questions (they usually begin with who, what, where, when, why, or how):

- “What has been done about the stockout of reagents?”
- “How will you handle that client who is having problems with her family planning method?”
- “How are you going to organize the client flow in the immunization unit?”

Because closed questions require only a “yes” or “no” answer, they do not always result in sufficient information. Open-ended questions cannot usually be answered with one word, so staff will be encouraged to explain the situation in more detail. You, as a supervisor, will then have a better understanding of the situation and be able to assist more effectively.

FACILITATING TEAMWORK

A team is a small number of people with various and different skills who are committed to a common purpose and performance goals. Each member is responsible and accountable to other team members.²

² Reprinted with permission from: Harvard Business School Press. From Katzenbach JR and DK Smith. 1992. *The Wisdom of Teams: Creating the High Performance Organization*. Boston, MA. Copyright © 1992 by Harvard Business School Publishing Corporation (www.hbsp.harvard.edu); all rights reserved.

You will be more likely to succeed as a supervisor if you work with staff and stakeholders as a team. You can agree on a common purpose, determine what is good about the facility and what might need to be improved, and find ways to make improvements as a team. Teams can be established for different purposes.

Some teams are **permanent** and may serve an ongoing planning and monitoring function. An example of this type of team is a district health management team.

Some teams are formed for **specific purposes**. An example of this type of team is one that is formed to make recommendations about what hours the clinic should be open in the evenings. This team (committee) would disband after recommendations have been made.

The team-building process that is presented in this manual can be managed through a permanent team, such as a management or performance improvement team that meets regularly, or a team that is formed as needed to address specific performance gaps. Most likely, you will want to establish both kinds of teams. The most important point is that improving performance is a **team effort**. It is not the responsibility of just one person.

Stages in the Development of Teams

Whom should you include on a team? Include people who have an interest in the issues being addressed, both:

- those who are directly affected by the issues, and
- those who can do something about them.

At a small clinic, the whole staff can be on the team. At a larger facility, there may be multiple teams. For example, in a large regional hospital, there would likely be teams for different services such as maternity, outpatient, pediatrics, housekeeping, etc. Make sure to include on the team all levels of staff at your facility and also community members when appropriate (e.g., as members of the facility management committee). To build a successful team and to be a successful participant on a team, you should know how to facilitate teamwork.

There are several stages in the development of an effective team. It is very important to be aware of these stages so that you know what to expect as you work with staff on performance and quality improvement efforts. **Table 7-2** describes what happens in each of the stages of team development.

Table 7-2. Stages in the Development of Teams³

STAGES IN THE DEVELOPMENT OF TEAMS	
STEP	DESCRIPTION
STEP 1 Formation	<p>When a team forms, members are initially hopeful, but cautious. This stage represents a transition from individual to group action, and it takes a skillful leader to facilitate this transition. During this stage, team members usually:</p> <ul style="list-style-type: none"> ● Are enthusiastic about the idea of working on a team ● Are proud to have been identified as team members ● Think very little about the work to come ● Start to establish relationships with one another ● Begin to define the problem and discuss how to collect data about it ● Have many discussions that are not directly related to the central issue <p>Often during this stage, very little gets accomplished. Don't worry; this is perfectly normal.</p>
STEP 2 Conflict	<p>This is probably the most difficult stage in the development of a team and a challenge for any supervisor. Team members may realize that the role of team member is different from and more difficult than what they had imagined. In this stage, it is common for the team members to:</p> <ul style="list-style-type: none"> ● Resist working as a team ● Form very high or very low expectations for the team ● Disagree with one another, even on issues on which they previously agreed ● Exhibit jealousy, anger, or tension ● Believe that an invisible division exists among members or parts of the team ● Question the motives of those who suggested the formation of the team <p>Again, in this stage, members are devoting little energy to the objectives of the team, but they are starting to understand each other. It is important for the supervisor not to get discouraged and to be persistent through this stage. Many important team efforts come to a halt at this stage because of the difficulties that arise. Understanding that this is just a phase, however, will help you to keep moving forward.</p>
STEP 3 Normalization	<p>The worst is over! During this stage, team members begin to accept the group, its rules, their roles on the team, and the individuality of their team members. There are fewer emotional conflicts. Interaction becomes more cooperative. During this stage, team members:</p> <ul style="list-style-type: none"> ● Begin to think of themselves as a true team with a common goal ● Become capable of exchanging constructive feedback with other team members ● Form friendships within the team and develop respect for one another ● Define and follow rules for working together (often these were defined in the formation stage but were not followed until this point)

³ Adapted from: Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates, Inc.: Madison, WI.

STAGES IN THE DEVELOPMENT OF TEAMS	
STEP	DESCRIPTION
STEP 4 Getting the Work Done	<p>At this stage, the team has solved its internal problems. Team members begin to act, assess problems, design and implement solutions, and modify their actions as needed. They have accepted one another's strengths and weaknesses and identified their own unique roles. At this stage the team:</p> <ul style="list-style-type: none"> ● Is satisfied with what it has accomplished ● Can avoid or quickly solve any problems related to group dynamics ● Understands group process and each member's individual role ● Has a better understanding of the strengths and weaknesses of team members ● Is unified and efficient

How to Build a Successful Team

To build a successful team, the supervisor should:

- Select five to eight members (identify members based on the goal to be achieved); the larger the team, the harder it is to manage. (Remember, if you are at a small facility of fewer than 10 people, include everyone on the team.)
- Work with the team to develop a common goal that is known by everyone.
- Acknowledge all team members so that they feel that they have something to contribute.
- Help team members work together harmoniously and efficiently to solve problems.
- Encourage members to place the good of the team before some of their personal goals and desires.
- Treat team members fairly and equally.
- Structure the work of the team in a simple and logical fashion; make sure the work is distributed fairly.
- Create an environment that supports and rewards openness, creativity, trust, mutual respect, and a commitment to the provision of high-quality health services.

One way to create teamwork is regular communication among staff or team members. When staff communicate regularly and are aware of each individual's roles and responsibilities, they tend to feel a sense of ownership and responsibility to their colleagues. Regular communication can be accomplished by meeting regularly. The

planning and facilitation of meetings is therefore an important skill for supervisors to strengthen.

PLANNING AND FACILITATING PRODUCTIVE MEETINGS⁴

As a supervisor, you will find yourself in the position of planning, calling, and facilitating many meetings. They may be with community leaders, ministry of health staff, or the clinic staff. Below are some questions you may want to consider as you plan and facilitate meetings:

- **What information do you wish to give or obtain?** For example, if you want to inform staff of recent changes in procurement procedures, you might call a meeting to explain the new procedures to them. Or, if you are trying to determine the best hours for the clinic to provide immunization services, you might call a meeting of community members to find out their needs and expectations (e.g., the most convenient times for bringing children to the clinic for immunizations). These kinds of meetings work well with groups of 10 or more participants.
- **Is there a decision to be made or a problem to be solved?** After gathering information from the community about their preferences for immunization services, you might meet with staff members to brainstorm about how to change the clinic's hours to better meet community needs. A group of three to nine participants works best for this type of meeting. A larger group may make it more difficult to reach a decision or solution, particularly if there are many details to consider.
- **Is there a specific goal to be accomplished or a task to be completed with your staff?** For example, to complete a report for the ministry of health, you may need to get information from various services of the hospital. You might call a meeting of people from the different services and ask them to bring their relevant information so that you can complete the report together. This type of meeting works best with small groups of three to nine people. A small group is more likely to get the job done efficiently.

⁴ "Planning and Facilitating Productive Meetings" adapted from: Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates, Inc.: Madison, WI.; McMahon R et al. 1992. *On Being in Charge: A Guide to Management in Primary Health Care*, second edition. World Health Organization: Geneva.

Preparing for a Meeting

Consider the following questions when preparing for a meeting (see **Sample 7-1** at the end of this chapter for a checklist that encompasses these steps):

- **Is a meeting necessary?** Ask yourself if the work to be done or the decisions to be made could be accomplished through any other means (e.g., memos, letters, reports, telephone conversations, face-to-face conversations). If the answer is no, you should proceed with planning your meeting.
- **What is the objective of the meeting?** The meeting objective is a statement of purpose. This is part of the agenda. It shows what the meeting intends to accomplish. To avoid confusion and focus the participants' attention, you should keep the meeting centered on one objective.

Examples of different objectives/purposes:

- To inform the staff of new procurement procedures and answer their questions
- To determine the best hours to provide immunization services in the community
- To complete the quarterly report for the ministry of health
- **What information do you need to gather about the topic prior to the meeting?** It is important that everyone attending the meeting know something about the topic to be discussed. This information can be made available before the meeting or you can begin the meeting with an introduction to the topic.
- **Who should participate?**
 - Who needs this information?
 - Who will do the work or make the decisions?
 - Who are the people who will be affected by the discussions and decision about the meeting's agenda?
- **Where, when, and for how long will the meeting take place?**
 - Are the meeting place and time convenient for everyone?
 - Is there enough time to accomplish the meeting objective?

Once these questions have been addressed, be sure to do the following:

- **Prepare the agenda for the meeting.** The agenda should be based on the meeting objective, the amount of time available for the meeting, and the number of participants invited. (The more people who are invited, the more ideas will be suggested and the more information shared, and thus the more time will be required.) You may wish to ask the meeting attendees for agenda items, or ask certain participants to introduce specific items. The agenda should be distributed to participants before the meeting. If the team has regular meetings, allow time at the beginning of each meeting to follow up on actions recommended in previous meetings (and recorded in previous minutes) to encourage continuity and closure. Finally, list agenda items in order of priority. Put them in a logical order. Decide how each item will be addressed (e.g., brainstorming, small group discussion). Allow enough time for each item. (See **Sample 7-2** at the end of this chapter for an example of a meeting agenda.)
- **Announce the meeting.** People should be informed of a meeting well ahead of time. Distributing the agenda before a meeting is very helpful to the participants. It helps them to prepare themselves for the meeting and provides an opportunity for participants to give their input on the agenda. For public meetings with community members, written announcements can be posted on walls and doors in public places such as shops or post offices. Health staff should also meet with community leaders and ask them to spread the word about the meeting.

Conducting a Meeting

The type of meeting will determine how it is conducted. Three simple rules, however, apply to all group meetings: The person conducting the meeting:

- Should allow no rudeness or personal remarks
- Has the absolute right to control the discussion, rule out irrelevant remarks, and stop the proceedings if necessary
- Is responsible for the progress of the discussion (e.g., by raising questions or new topics, encouraging all participants to take part)

The Role of the Facilitator

The person conducting the meeting is often referred to as the facilitator. To be an effective meeting facilitator, you must use all of the team leadership and communication skills described earlier in this chapter. As the leader, you must keep the group focused on its

objective and draw the group together to accomplish its goal. Keep in mind the following major responsibilities of the meeting facilitator or chairperson:

- Define the objectives and agenda for the meeting ahead of time.
- Start and end the meeting on time.
- Set the rules of conduct for the meeting (e.g., raising a hand to be recognized).
- Keep the meeting moving forward by managing the discussion.
- Encourage full participation of all attendees.
- Encourage active discussion, expression of opposing viewpoints, and teamwork.
- Restate or summarize participants' positions for clarity.
- Help resolve conflicts.
- Maintain order and courtesy; the climate of the meeting should be one of mutual respect.
- Clarify and summarize conclusions or actions to be taken.
- Delegate responsibilities and make effective use of subcommittees to work on activities before the next meeting.
- Delegate responsibility for creating and distributing the minutes of the meeting.
- Establish the time, place, and agenda for the next meeting.
- Follow through on the future work that was decided on at the meeting.

If you are left with too little time to discuss all remaining agenda items, deal with the most important ones first and leave the rest of the items for a future meeting. Rushing through the agenda items is not productive.

Brainstorming

Brainstorming is a useful technique for communicating in a team setting, and for making decisions and solving problems being addressed in a meeting. Brainstorming stimulates creativity and is often used with a group discussion. The purpose of brainstorming is to

generate a list of ideas, suggestions, or solutions focusing on a specific topic, issue, or problem. Following are some guidelines for facilitating a brainstorming session:

- Announce the brainstorming basic rules. Typically there are three basic rules:
 - All ideas will be accepted.
 - There will be no discussion of suggestions at this time.
 - There will be no criticism of suggestions.

Example:

“During this brainstorming session, we will be following our basic rules. All ideas will be accepted, and Emily will write them on the flipchart. At no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not,”

- Maintain a written record of the ideas and suggestions on paper or a writing board.
- Involve the participants and provide positive feedback to encourage more contributions.
- Avoid allowing only a few of the participants to control or dominate the brainstorming session while at the same time encourage those not offering suggestions to do so.
- Review the suggestions periodically to encourage more contributions.
- Conclude brainstorming by reviewing all the suggestions.

COORDINATING WITH MULTIPLE STAKEHOLDERS

Chapter 1 describes how you as a supervisor can have an impact on services at the facility. To have such an impact, you must promote linkages among many stakeholders including:

- Among all of the services within the clinic or hospital
- Among the clinic and other clinics or hospitals
- Among the clinic and central supply systems

- Between the clinic and the community
- Among district, regional, and national authorities

Some problems can be solved at the healthcare facility. Others cannot. Some are more efficiently and effectively dealt with at district or regional levels. Be prepared to address problems at the appropriate level. For example, if your clinic is having a problem with referring clients for further care, you will need to communicate with the following stakeholders:

- **Staff**—to make sure that they are identifying the need for client referral in a timely manner and know how to refer clients effectively;
- **Clients**—to make sure that they are receiving high-quality counseling and that they understand what is involved in referrals;
- **Other community members**—to make sure transport is available;
- **Other clinics, hospitals, and community care/hospice care facilities to which you are referring clients**—to make sure that you refer each case to the appropriate place; and
- **Staff (again)**—to make sure that they know the outcome of the referral and whether it was appropriate.

Maintaining Strong Community Links

The supervisor and staff must maintain close links with the community. For your team to have a positive impact on the people in the community, it is essential to understand the community's way of life. This is best done by listening to what people say, watching how they behave, and participating in community events. Specific ways for your team to stay in touch with the community it serves include:

- Inviting community members to be a part of the management of the facility
- Holding community meetings to share health information, leaving time at the end for community members to ask questions and voice concerns
- Placing a suggestion box in the clinic, reviewing suggestions, and implementing them when possible
- Conducting periodic exit interviews of clients

- Serving as an active member of the community (e.g., going to religious meetings, attending social functions)
- Participating in radio or television discussions on relevant health matters and using the opportunity to pass on health information to the community
- Writing articles in newspapers or reading for the local news
- Asking community leaders for their ideas, suggestions, and comments (they may serve as the “voice” for others who hesitate to give their opinion)
- Involving community health workers in activities at the facility
- Networking with other social or community services (e.g., local schools, youth clubs)

MANAGING CHANGE

Introducing interventions to improve performance and quality of healthcare services involves change, and people are not always comfortable with change. It is not enough to design a sound intervention. The best ideas can fail because the people who are supposed to implement them are resistant to change. To improve performance and services, you must know how to manage the change process. People may resist change because they feel:

- **Threatened by change.** Staff may fear losing their jobs as a result of changes in their work environment. They may believe that they will end up doing more work or have to work under unfavorable conditions. Healthcare workers could think that:
 - Focusing more on quality will result in more time spent with each client and therefore longer working hours for the same salary.
 - Introducing a preventive healthcare approach that is proactive will mean that they will have to conduct home visits instead of working only at the healthcare center.
 - Measuring their performance and the quality of their work might have them declared incompetent in their jobs and cause them to be fired.
 - Changing behavior provides no benefit.

- **Excluded.** If staff believe that they are not participating in the changes, or do not know or understand why changes are being suggested, they are likely to resist them. They may feel underestimated, out of control of the situation, or threatened. This feeling could be particularly strong among staff with leadership roles. These staff may believe that they already know the day-to-day realities and any changes that are needed. They may react negatively to proposals for change.
- **Unhappy.** Healthcare workers, especially in the public sector, frequently receive very low wages. Resisting change is a way to show their employer that they are dissatisfied with their wages.
- **Isolated.** As workload increases or changes, staff often feel there is a lack of commitment, support, awareness, and communication from their supervisors and managers.

It is difficult to eliminate resistance to change completely and permanently, but you can take steps to minimize it:

- **Develop a common goal.** Work with staff to keep in mind the goal that you have for your facility and to see how the proposed interventions will help you achieve it. A common goal will be the main force to pull the team together and move the change process forward.
- **Involve stakeholders.** Before starting an intervention, it is important to identify the key stakeholders. In the case of a clinic, you should consider the different groups of healthcare staff, clients, ministry of health representatives, community organizations, local governments, media, etc. It is important to identify the real or perceived interests, fears, and influence of each group. Develop a plan to involve specific stakeholders as appropriate.
- **Communicate.** The purpose of the intervention and its likely effects, both positive and negative, should be presented clearly from the start to those involved in the process. These people must understand what they will gain as a result of the changes.
- **Involve all staff.** It is important to promote the broadest possible participation in the change process by different groups of staff members. Team building and teamwork mechanisms are essential. During the whole process, useful ideas from staff and other stakeholders should be incorporated into the intervention plan.

- **Anticipate and negotiate.** The people in charge of making changes need to stay in touch with all groups involved in the change process. This helps them anticipate reactions, both positive and negative, and provide adequate feedback or solutions. Frequently, it is necessary to negotiate with stakeholders to ensure their ongoing support and commitment to the process.
- **Monitor.** Even if there is an initial stakeholder agreement to participate in and support the process, it is important to monitor how the situation evolves. Interventions might produce changes that were not expected at the beginning and provoke negative reactions from stakeholders.
- **Demonstrate commitment and consistency.** Assuming staff have been included and considered during the entire change process, it is important to demonstrate continued interest and support toward the staff and the proposed changes.

Because there is rarely complete certainty about the root causes of gaps in performance, selecting and enacting interventions should be closely monitored. If you find that the intervention is not the appropriate solution, other interventions can then be selected and acted on.

Monitoring Your Process—Working with People

- Use effective communication skills:
 - Use active listening.
 - Convey positive body language.
 - Clarify the speaker's intent.
 - Use appropriate questioning techniques.
- Facilitate teamwork with staff members, stakeholders, and community members.
- Plan and conduct productive meetings:
 - Prepare for the meeting ahead of time.
 - Create and distribute an agenda.
 - Be an effective facilitator.
- Use brainstorming as an effective communication technique, when appropriate.
- Promote relationships with multiple stakeholders, including staff members, clients, community members, and staff at other healthcare facilities.
- Learn to manage change.

SAMPLE 7-1

CHECKLIST FOR PREPARING A MEETING

Meeting Topic: _____ **Date:** _____

CHECKLIST FOR PREPARING A MEETING	
Step/Task	Check (“✓”) box if step/task completed satisfactorily
1. Determine the need for the meeting.	<input type="checkbox"/>
2. State the objective of the meeting.	<input type="checkbox"/>
3. Gather information about the topic.	<input type="checkbox"/>
4. Decide who should participate.	<input type="checkbox"/>
5. Determine the place, time, and duration of the meeting.	<input type="checkbox"/>
6. Prepare the meeting agenda.	<input type="checkbox"/>
7. Announce the meeting.	<input type="checkbox"/>
8. Arrange for someone to record and distribute minutes.	<input type="checkbox"/>
9. Send out letters of invitation and the agenda ahead of time in order to provide adequate notice to participants.	<input type="checkbox"/>
10. Ensure that the necessary supplies are available for the meeting: <ul style="list-style-type: none"> • Writing pads • Pens • Flipchart/Whiteboard 	<input type="checkbox"/>
11. Prepare the meeting room: <ul style="list-style-type: none"> • Ensure that there is adequate space and lighting. • Organize seats in a comfortable arrangement. • Arrange for refreshments, if appropriate, based on the time and duration of the meeting. 	<input type="checkbox"/>

ADDITIONAL NOTES (if needed):

SAMPLE 7-2

SAMPLE MEETING AGENDA

Meeting of Maternity Section of Charity Hospital

1 April 2003

Objective/Purpose of Meeting: _____

- 9:00 a.m. Opening remarks—Facilitator
- 9:15 a.m. Introduction of members present (and apologies for members absent)—All
- 9:20 a.m. Purpose of today's meeting—Facilitator
- 9:30 a.m. Introduction of National Service Delivery Guidelines—Mary Omadi
- 10:15 a.m. Identification of ways in which current practice differs from the guidelines—R.A. Shrestha
- 11:15 a.m. Formation of action teams for followup (i.e., define next steps and timeframe)—Facilitator
- 11:30 a.m. Any other business—Facilitator
- 11:45 a.m. Date of next meeting—Facilitator
- 12:00 p.m. Closure of meeting—Facilitator

APPENDIX A

EXTERNAL SUPERVISION¹

INTRODUCTION

Often supervision is conducted by a person external to the healthcare facility who visits it from time to time to assess performance and quality, solve problems, and provide encouragement. Many of the ideas presented in this manual apply to external supervision as well as to internal supervision (or supervision conducted on-site). The major difference between external and internal supervision is that the external supervisor is not at the facility on a day-to-day basis. This means that the external supervisor needs to carefully plan supervision visits, make the most of the time on-site and carefully follow through on issues raised during the visit.

PLANNING A SUPERVISION VISIT

A supervision visit must be well planned. If it is not, time will be wasted and the visit will accomplish little. To ensure a well planned supervision visit, work with the facilities you supervise to:

- **Set the objectives for your supervision visit.**

It is important to set objectives for your visit so that both you and those at the facility know what to expect and how to prepare. A general objective for your visit might be:

- Improving the performance of Clinic X with regard to management of supplies, medicines and consumables during the fourth quarter of 2003.

Specific objectives might include:

- Orient staff in conducting a physical inventory of supplies, medicines, and consumables.
- Review inventory records and ordering procedures with the staff.

¹ *Adapted from:* Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates Inc.: Madison, WI.

- **Decide on which activities you will undertake while at the healthcare facility.**

You need to think through exactly what you will do while at the facility and inform the staff there of these proposed activities. Again, this will help you and the staff make the most of your time. Examples of specific activities you might undertake include:

- Hold an informational and planning meeting with the staff
 - Observe a specific clinical procedure
 - Observe infection prevention practices
 - Examine supplies and equipment
 - Observe counseling and client-provider interaction
 - Hold discussions with clients
 - Examine client records
 - Examine inventory records
 - Help staff to conduct self-evaluations
 - Examine statistical information
 - Hold a meeting to address specific problems
- **Review the performance and quality standards and indicators that have been established.**

It is important to know what you are looking for when you visit the facility. What are the standards that have been set and what will you do to determine if improvements have been made? Review any previous supervision reports to identify problems that were to be addressed and the actions that were to be undertaken since the last visit. (See **Chapter 2** for more information on performance and quality standards.)

- **Review the supervision instruments that you will use to assess performance and quality.**

A review of the performance standards and areas that needed improvement as of the previous visit will guide you in selecting the supervision instruments (e.g., observation checklists) that you will need for this visit. Make sure you are familiar and comfortable with the use of these instruments.

- **Make administrative preparations.**

Be sure that you have made all the administrative arrangements to ensure a smooth and productive trip. For example, you will need to:

- Gather any documents necessary for the visit, including supervision instruments, new guidelines or directives from the ministry of health, and permission forms for observing clinical procedures.
- Notify the facility about the details of your visit including the date, the amount of time you will need, the people you wish to see, and the activities you plan to conduct.
- Make logistical arrangements including transport, fuel, money, and travel documents.

CONDUCTING A SUPERVISION VISIT

Conducting a supervision visit is the most important part of an external supervisor's job. During the visit, the supervisor demonstrates technical as well as communication and management skills. The supervisor also transfers knowledge and skills, and facilitates problem solving by the team. The supervisor uses an inclusive style of communication and makes use of supervision instruments to document what is observed during the visit.

Specific activities to be conducted during an external supervision visit include the following:

- **Hold a meeting with the facility's supervisor and staff.**

The first thing an external supervisor does after arriving at the facility is to hold a meeting with the supervisor and the staff. This meeting can be brief and should not disrupt daily activities. The purpose of this meeting is to share the objectives of the visit and to plan how the visit will take place. At a small facility, all staff should participate. At a larger facility, the facility's supervisor, unit chief, and unit staff should participate.

During this meeting, the external supervisor should review with the staff the problems and strengths identified during the last visit and ask about progress made toward resolving problems previously identified and any new problems that have surfaced. The external supervisor should also find out what has gone well for the facility.

At the end of this initial meeting, all staff should be aware of the objectives of the supervision visit, and should understand how the visit will take place. It should be clear to the supervisor and all staff which areas of the facility will be the focus of the visit.

- **Observe service provision and client-provider interaction.**

At the core of health services supervision is observation of service provision. The critical areas to observe include:

- Welcome of and communication with clients
- Technical competence of providers
- Infection prevention practices

In conducting clinical observation, it is easiest to use a supervision checklist to note how the provider is performing in comparison with preset standards. (See **Chapters 3, 6, and 7** for more tips and tools on effective observation and assessment of clinical practice.)

- **Examine client records and clinic statistics.**

It is important to periodically examine client records and clinic statistics to make sure that they are well kept and up-to-date. This will help those reviewing the records:

- Make good clinical decisions regarding medications, procedures, or treatments to recommend to the client
- Make good decisions regarding client followup
- Know the client population and make appropriate programmatic decisions
- Provide proper counseling to clients
- Evaluate the clinical competence of providers
- Evaluate the quality of services offered at the facility

Clinic statistics represent a numeric picture of clinic activities. They can illustrate changes in monthly or yearly service delivery trends, which may provide one measure of how services are improving. These statistics should be reviewed with the staff, and the supervisor should make sure the staff understand why they are collecting these statistics and what they mean.

- **Observe work conditions.**

Staff performance at a healthcare facility is often closely related to the working conditions there. Usually, the better the conditions, the better the performance and results. Specific conditions to be observed include:

- The general physical environment (e.g., cleanliness, ventilation)
- Clinical equipment and supplies
- Furniture
- Availability of information, education, and communication materials
- Organization of clinic space
- Amount of inventory
- Condition of inventory

The external supervisor should listen carefully to any concerns that staff have about working conditions to determine if conditions are affecting their ability to provide high-quality services.

- **Discuss services with clients and other users.**

An important aspect of performance and quality improvement is the viewpoint of those who use the services provided. The external supervisor should always reserve time to find out what clients and other community members think of the services. (See **Chapter 3** for more information on this subject.)

- **Help staff conduct self-assessment.**

When staff participate in the identification of problems, they are more likely to find solutions to them. The external supervisor must help staff to make self-assessment a part of their ongoing work. The supervisor must help staff to ask themselves the following questions:

- In what areas are we having good results?
- In what areas are the results not as good?
- Who, among the staff, should be congratulated for a job well done?
- What has this person done that can serve as a good example for others?
- What can be done to strengthen those areas that need improvement?

Instituting self-assessment at a healthcare facility will allow for better problem solving in the periods between external supervision visits.

- **Meet again with staff to summarize the visit.**

After observing, discussing and meeting with staff and clients, the external supervisor should meet again with staff in order to:

- Acknowledge progress made since the last visit
- Identify priorities and discuss any issues that need immediate attention
- Discuss available resources for problem solving
- Establish a plan for addressing priority issues
- Discuss followup activities that the internal supervisor will need to undertake

- **Establish a followup action plan.**

Finally, the external supervisor should meet with the internal supervisor to establish a followup action plan, complete with names of persons responsible for specific activities and dates by which those activities are to take place. It is this action plan that the external supervisor can refer to when meeting with the staff at the beginning of the next supervisory visit.

In completing the visit, the external supervisor should:

- Thank all staff for their dedication to performance and quality improvement.
- Schedule the date for the next supervisory visit, if possible.
- Complete a supervision register or notebook, noting principal observations, strong points, areas that need improvement, and recommended actions. **This notebook should stay at the facility.** The internal supervisor should read and sign these notes in acknowledgment of the external supervisor's visit.

The external supervisor should always leave on a positive note so that the staff is left with the impression that they are doing good work and that any problems identified can be resolved.

ASSURING FOLLOWUP TO A SUPERVISION VISIT

The external supervisor's job is not completed when s/he leaves the facility. Next comes the followup phase. This aspect of supervision is just as important as planning and conducting the supervision visit. In following up on a supervision visit, a variety of different tasks are undertaken, including:

- **Writing and submitting the supervision report.** The supervision report is one of the ways to summarize and establish that a supervision visit took place. This report should be completed immediately after the visit and it should complement the notes that were left there. The format of the report will depend on what is required by the system. At a minimum, the report should include the action plan established with the staff at the facility and the recommendations made by the external supervisor. The supervisor needs to make sure that this report is submitted to the various required levels, which will usually include the facility, the district and regional authorities, and any other agency involved in sponsoring the supervision visit (e.g., nongovernmental organizations).
- **Debriefing with appropriate authorities.** Often there will be other people who are responsible for or interested in what is happening at the facility. These could include a district medical officer, director or program officer from a nongovernmental organization, or other supervisors. The external supervisor should make sure that these people are properly briefed about on-site activities. Keeping as many people informed as possible can only help when mobilizing resources for problem solving and facility improvements.
- **Following up on problem solving.** Perhaps the most important aspect of followup is making sure that actions identified to solve problems are in fact carried out. The external supervisor should not just wait until the next visit to see if the situation has improved. S/he must be an active partner with the facility in making sure that the recommended actions are taken as soon as possible. Some actions may need to be carried out by the external supervisor (e.g., intervening with the regional supply system to solve a logistics problem). The external supervisor may delegate some actions to other authorities who are better placed to address an issue (e.g., increasing staffing levels at the facility). Other actions may be the responsibility of the internal supervisor. These actions require that

External Supervision

the external supervisor periodically check with the facility to see how much progress has been made and to provide encouragement. If possible, contact can be made by phone, or another brief visit may be needed to check on progress.

APPENDIX B

CASE STUDY: IMPROVING INFECTION PREVENTION PRACTICES AND SERVICES

DEFINING DESIRED PERFORMANCE (CHAPTER 2)

Abigail is the supervisor of a primary healthcare clinic in the Trevar district. Currently, the clinic provides a variety of healthcare services. Most commonly, however, the clinic provides reproductive health, HIV/AIDS, and maternal and child services to the community. Recently, Abigail overheard some women in her community discussing a clinic in the next community. They were enthusiastically describing how clean and well organized it was. The level of cleanliness, it seemed, was a reason these women were choosing to walk farther to that clinic. Abigail decided this was an issue that should be addressed in her clinic.

The next day, she began looking around the clinic. She noticed that in the waiting area, trash was not disposed of correctly. In addition, the latrine had no water source for washing hands. When she looked at the examination area, instruments were lying on the table and it was unclear whether they were clean or dirty. Additionally, trash was disposed of in the yard behind the clinic.

At the next staff meeting, Abigail raised the issue of cleanliness in the context of overall infection prevention practices, and told about the women she had overheard talking. She asked her staff to feel free to express their views of what they thought about the cleanliness of the clinic. (See “Effective Communication Skills,” pages 7-1 to 7-4.)

Many of the staff members said they had never thought that the clients noticed the cleanliness. Others said it was very difficult to keep things clean when there were so many other things to do every day. Still others didn’t feel it was their responsibility to clean. They provided services to clients and felt that it was the responsibility of others to do the cleaning. The cleaning person expressed confusion about her responsibilities. (See “Why Set Performance Standards?” pages 2-1 and 2-2, and “Job Descriptions,” page 2-3.)

Abigail decided that some work was needed to improve the cleanliness of the clinic. She began by creating a team to work together to resolve the issues. (See “Facilitating Teamwork,” pages 7-4 to 7-8.) She included the administrative, clinical, and cleaning staffs so that everyone recognized one another’s responsibility to maintain a clean clinic. In addition, she included the district-level supervisor and a

representative from the community council. (See “Stages in the Development of Teams,” pages 7-5 to 7-7.)

There was an overall goal for the clinic which stated that, “All families will receive high quality healthcare in a clean, safe and respectful environment.” This goal had been developed 2 years earlier. Now the staff needed to define how infection prevention linked into the overall goal of the clinic. (See “How to Produce Performance Standards for Your Facility,” pages 2-4 and 2-5.)

This process was not as easy as it first seemed. Each staff member had her/his own idea of what defined “cleanliness” or correct infection prevention practices. The clinical staff focused on instrument processing while the cleaning staff focused on trash and paper disposal. The community member was more concerned with the general appearance of the waiting area and yard. When they all turned to Abigail and the district supervisor to ask what was the common definition of “a clean clinic,” they were told that no such definition existed. Therefore, after much conflict, the team began putting their individual definitions together to reach a common definition on which they could all agree. (See “Facilitating Teamwork,” page 7-4 to 7-8.)

The definition they created was:

To maintain a clean environment through correct processing of instruments and other items, correct waste disposal in the outside yard, waiting areas and examination rooms, and handwashing.

Once the overall definition was created, the team needed to determine what should be done to accomplish this goal. Abigail, as the supervisor of the clinic, facilitated the process. The team began by collecting any policies or guidelines from the Ministry of Health that pertained to cleanliness or infection prevention of a clinic or health facility. (See “Resources for Setting Performance Standards, National standards and guidelines for provision of services,” pages 2-2 and 2-3.) Because these were policies at the ministry of health, however, they were not very specific. The only relevant policy they found said, “All clinics shall maintain a high level of infection prevention at all times.”

Because this was too general, Abigail and her team wanted to better define what “high level of infection prevention” meant for their clinic. Rather than taking on all the problems at once, she also decided to focus on handwashing and housekeeping first. (See “How to Produce Performance Standards for Your Facility,” pages 2-4 to 2-7.) The team would then look at the processing of instruments once the other two items had been addressed. This made their work more manageable.

To address handwashing and housekeeping, the team began brainstorming about the important issues to consider in handwashing and housekeeping. (See “Brainstorming,” pages 7-11 and 7-12.) They listed things such as:

- All healthcare providers should always wash their hands before working with a client.
- Water, soap, and a clean towel should be always available.
- Trash should be picked up and properly disposed of.

Once this list was complete, they tried to create observable and measurable indicators. (See “How to Produce Performance Standards for Your Facility,” pages 2-4 to 2-7.) They created performance standards such as the following (See “Communicating Performance Standards,” page 2-7):

- The healthcare provider washes her/his hands correctly before and after contact with the client.
- The internal and external areas of the health center are clean.

Using the overall standards of cleanliness, they examined the process behind each indicator and selected those that were most important to the achievement of the overall indicator to “measure” the indicator. An illustrative example of “desired performance” for cleanliness is given in **Table B-1**.

Table B-1. Illustrative Example of Desired Performance

PERFORMANCE STANDARDS	INDICATORS FOR MEASURING STANDARD
1. The provider washed her/his hands correctly before and after contact with the client.	Instructions: Observe three procedures to determine whether the provider: <ul style="list-style-type: none"> • Wet hands with running water • Put soap on hands • Rubbed vigorously for 10–15 seconds • Dried with clean, dry towel or air dried
2. The external and internal areas of the health center are clean.	Instructions: Observe during visit the absence of dust, blood, trash, and spider webs in the following areas: <ul style="list-style-type: none"> • Front of health center • Back yard • Common areas • Admission/Waiting area • Hallways • Consultation rooms • Examination room • Exam table • Lavatories • Storage room

ASSESSING PERFORMANCE (CHAPTER 3)

Once the team completed its examination of each performance indicator, they analyzed in what ways the clinic was reaching its goals and where there were weaknesses. Using the standards and indicators, they observed the staff, looked at the general areas of the clinic as well as the examination rooms, and talked with staff and clients. (See “What to Assess,” page 3-2, and “How to Assess,” page 3-3.) They found that the common areas, examination rooms, and lavatories had no trash bins, so waste was on the floor or in a bag hanging on a chair. The floors were dingy. The back yard was being used as an area to dump waste. The staff were not washing their hands regularly and soap wasn’t readily available. The team calculated a score for cleanliness and determined that out of 100%, the clinic had 55% of the requirements for a “clean clinic.”

Table B-2. Assessment Instrument
(See “Assessment Method No. 3: Conduct Peer Assessment,” page 3-7.)

PERFORMANCE STANDARDS	YES	NO	COMMENTS
Instructions: Observe three procedures to determine whether:			
The provider washed her/his hands correctly before and after contact with the client.			
• Wet hands with running water			
• Put soap on hands			
• Rubbed vigorously for 10–15 seconds			
• Dried with clean, dry towel or air dried			
Instructions: Observe during visit the absence of dust, blood, trash, and spider webs in the following areas:			
The external and internal areas of the health center are clean.			
• Front of health center			
• Back yard			
• Common areas – Admission/waiting area – Hallways			
• Consultation rooms			
• Examination room – Exam table			
• Lavatories			
• Storage room			

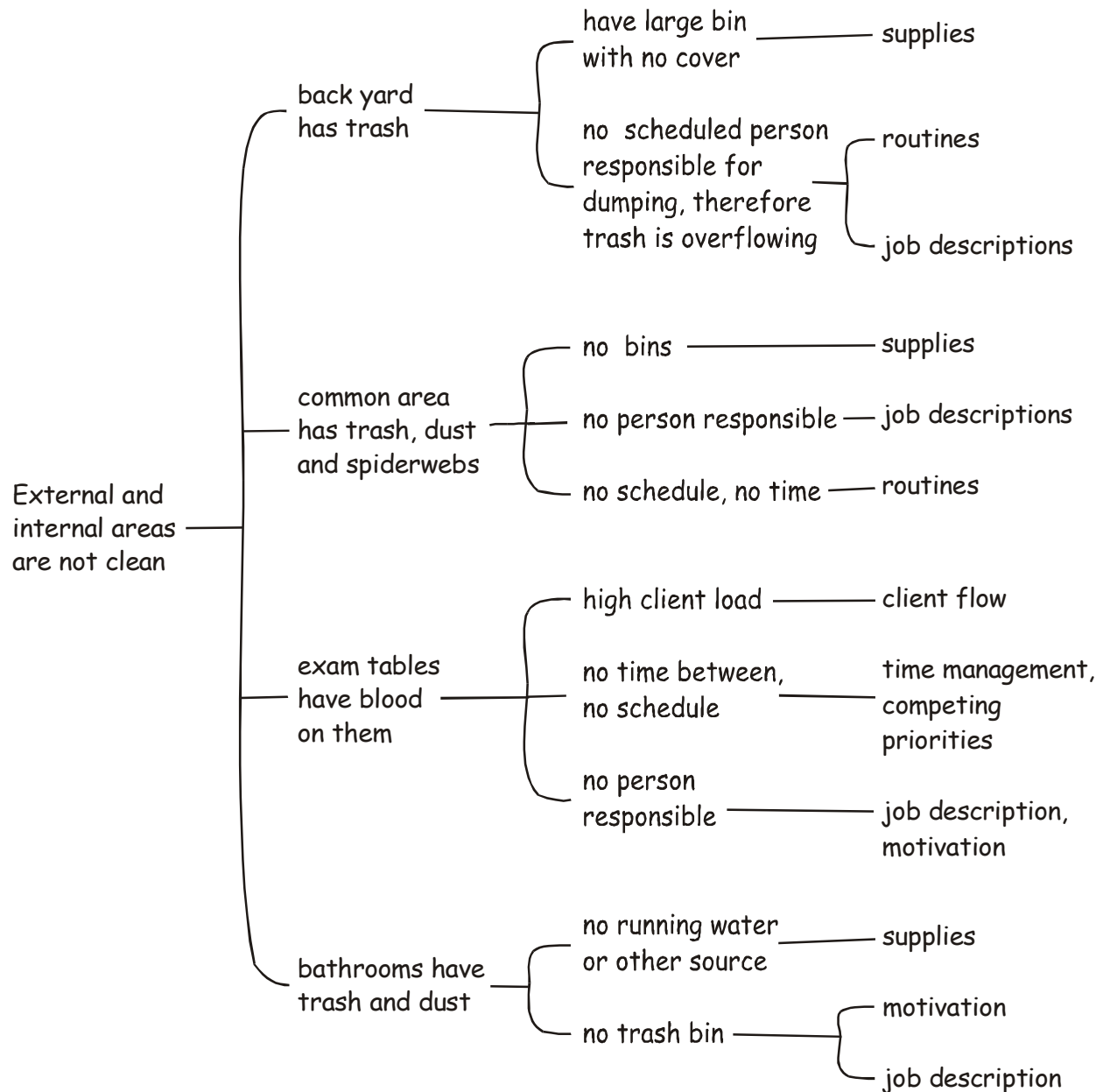
FINDING ROOT CAUSES (CHAPTER 4)

The team completed its analysis of where the clinic was reaching its goals and where there were weaknesses. (See “Finding out the Causes of Poor Performance,” pages 4-1 to 4-5.) Next, Abigail organized and facilitated a large meeting with the staff of the clinic. (See “Planning and Facilitating Productive Meetings,” pages 7-8 to 7-12.) She presented the findings and opened up discussion. (See “Using Key Performance Factors,” pages 4-4 and 4-5.) The staff were quite surprised at the findings. Providers were not washing their hands with soap, nor were they using a clean, dry towel. The back yard of the clinic was filled with paper trash and used syringes. In addition, the placenta pit didn’t have a cover. The table in the examination room had blood on the mattress, and the bathrooms were quite dirty. There

was much discussion about why these problems existed, which led Abigail to facilitate a root cause analysis. (See “Finding Out the Causes of Poor Performance,” pages 4-1 to 4-5.) She began with the standard regarding the cleanliness of external and internal areas.

The root cause analysis was diagrammed as follows (See “Why-Why Method,” pages 4-2 to 4-4):

Figure B-1. Why-Why Diagram of Clinic Cleanliness



SELECTING AND IMPLEMENTING INTERVENTIONS (CHAPTER 5)

Once the root cause analysis was complete, Abigail looked at the problems and the reasons, and discussed with her staff what they could immediately address. (See “Matching Interventions to Root Causes,” pages 5-1 to 5-4, and “Setting Priorities,” pages 5-5 and 5-6.) She realized that the person in charge of ordering supplies had never considered trash bins as part of the supplies. Abigail therefore decided to allocate extra money to buy trash bins. (See “Finding Additional Support,” pages 5-9 to 5-11.) In addition, the team developed a process for trash removal, restocking, and cleaning that identified the roles and responsibilities of each staff member. (See “Moving from Interventions to Specific Actions,” pages 5-6 and 5-7.)

The interventions selected were presented as:

- job descriptions,
- supplies, and
- job aids.

MONITORING AND EVALUATING PERFORMANCE (CHAPTER 6)

After implementing the selected interventions, Abigail and the team decided that they would not institute “formal” evaluation strategies to see the results of the interventions. (See “Evaluation,” pages 6-4 and 6-5.) Instead, the team agreed to monitor their own performance and report their findings at the regular staff meetings. (See “Tools for Monitoring,” pages 6-2 to 6-4.) Abigail had the responsibility of following up with each staff member regularly to provide feedback about their performance. She realized that continual monitoring was needed to ensure that the interventions were helping to strengthen the cleanliness of the clinic. (See “Tools for Monitoring,” pages 6-2 to 6-4.) She therefore carried out a small survey based on the “desired performance” indicators.

When the staff picked up their paychecks every other week, Abigail asked them to quickly fill out a self-assessment of their own performance and their observations of the clinic. (See “Assessment Method No. 2: Conduct Self-Assessment,” pages 3-6 and 3-7.) In addition, she conducted occasional interviews with clients and instituted a quick client survey addressing cleanliness. (See “Assessment Method No. 4: Obtain Client Feedback,” pages 3-7 and 3-8). The employees designed a poster that listed the mission and the

performance standards for infection prevention. (See “Communicating Performance Standards,” page 2-7.)

They displayed the poster in the waiting area of the clinic. Every week, Abigail would look at the results from the week, and next to the performance standards, she would post one of the three icons (smiling ☺, neutral, or frowning face ☹) on the poster in the waiting area. The reaction of the clients and the providers was very positive, with the staff recognizing the importance of cleanliness, and the clients recognizing the commitment the clinic had made to addressing their needs. Soon, new clients were coming to the clinic, some even from outside the traditional catchment area.

CONCLUSION

Abigail saw that the process of defining desired performance, assessing performance, finding root causes, selecting and implementing interventions, and monitoring performance was very useful and ultimately led to improved health services. She learned that, as the supervisor, she could facilitate a team approach to supervision and improve performance and services at her facility, one area at a time.

GLOSSARY

- Brainstorming** A learning strategy that stimulates thought and creativity and is often used in conjunction with group discussions. The primary purpose of brainstorming is to generate as extensive a list as possible of ideas, thoughts, or alternative solutions that focus on a specific topic or problem. Brainstorming requires that participants have some background related to the topic.
- Coaching** A learning approach that involves the use of positive feedback, active listening, questioning, and problem-solving skills to ensure a positive learning climate. The trainer/coach demonstrates desired performance standards, encourages openness to learning, and continually assesses participant performance. An effective trainer/coach focuses on practical issues, encourages working together, works to reduce stress, and is a facilitator of learning.
- Constructive Feedback** Comments that are made at an appropriate time, convey a positive intent, specifically describe what was observed, state the impact of the behavior or action, and encourage feedback and discussion of possible solutions. The supervisor and staff member always treat each other with respect. (See also **Feedback**.)
- Discussion (Group)** An interactive learning technique in which most of the ideas, thoughts, questions, and answers are developed by the participants. The trainer serves as the facilitator and guides participants as the discussion develops.
- Evaluation** The measurement of how much things have changed because of the intervention(s) implemented. It is usually a formal assessment that is carried out by a person, or group of people, who are objective and external to the program.
- Environmental Interventions** Changes to the physical environment of the facility in an attempt to improve conditions and allow performance standards to be met.
- Facilitator** A person who makes it easier for people to learn by attempting to discover what they are interested in knowing, and then determining the best way to make that information available.
- Feedback** A communication technique in which the trainer (or coach) provides information to participants about their progress in mastering a skill or activity or achieving the learning objectives of the course. Feedback is most effective when it is timely (provided immediately), positive, and descriptive. (See also **Constructive Feedback, Negative Feedback, Performance Feedback**.)

Health Services	A system of institutions, people, technologies, and resources designed to improve the health status of a population. Also: the services provided to the population (e.g., preventive, promotional, curative, etc.).
Health Services Supervision	A process of guiding, helping, training, and motivating staff to improve their performance in order to provide high quality health services.
Job Aid	Any tool that allows a provider to get information quickly when s/he needs to complete a task. These are often paper-based and posted on the wall in plain sight or in a small reference notebook. They also can be checklists, manuals, cards, etc.
Learning	The life-long process of acquiring new knowledge, attitudes, and skills. It may occur formally during a learning event or informally during personal reading or study.
Learning Interventions	Actions designed to improve the knowledge, skills, and behaviors of individuals at a healthcare facility.
Monitoring	The use of assessment techniques to measure the performance of an organization, person, or specific intervention in order to make improvements or changes (by identifying those aspects that are working according to plan and those that are in need of midcourse corrections) and to track progress toward the set performance standards.
Motivation	A powerful inner impulse that drives people to act in certain ways (e.g., what encourages people to perform well or discourages them from performing well).
Negative Feedback	Comments that focus on problems without providing encouragement or possible solutions. This type of feedback can cause hurt feelings, decrease confidence, and lead away from solving the problem of poor performance. (See also Feedback .)
Performance Feedback	Input from a supervisor to staff members on their performance (e.g., if they are doing well, if they are meeting expectations, if their extra effort was noticed). It can be provided to people formally, through regularly scheduled performance appraisals, or more informally, through constructive feedback sessions. (See also Feedback .)

Performance Improvement	Activities involved with the problem-solving process. These activities include: identifying and selecting opportunities for improvements, studying and analyzing them, designing and testing interventions, monitoring and evaluating the effect of the intervention to reduce the problem, and institutionalizing the intervention. Different methods exist to involve stakeholders in the performance improvement process. Team building is the approach underlying these models.
Recognition	Open acknowledgement to a staff member for a job well done. This can be one of the most effective and easiest ways to enhance team motivation.
Role Play	An interactive learning method in which participants act out roles in a realistic situation related to learning objectives. It is used primarily to affect behavior. A major advantage of this approach is that participants can experience a real-life situation without taking real-life risks.
Root Cause Analysis	A process of determining the (often multiple) reasons why there is a gap between desired performance and actual performance. It is important to identify the underlying problem(s) before designing interventions to try to solve the problem(s).
Staff Development	An ongoing series of site-level activities designed to help workers improve and maintain their knowledge and skills. Examples include meetings, guest speakers, field visits, videos, skill practice sessions, orientation sessions, discussions, and use of reference libraries.
Stakeholders	People who have an interest in improving performance and quality at the healthcare facility. They may include staff, community members, and representatives from different levels of the healthcare system.
Standards	The foundation on which a quality assurance program is constructed; standards communicate what is expected to happen in order to have high-quality health services. Standards are often statements of the quality expectations for the inputs, processes, behaviors, and outcomes of the system. In the health field, standards often are referred to as guidelines, protocols, specifications, or standard operating procedures.
Supervisor	A person with the authority and responsibility for guiding, helping, training, and encouraging staff to improve their performance in order to provide high-quality health services. The supervisor works with all elements of the healthcare delivery system to create an environment in which high-quality health services can be provided. (See also Supervisor, External and Supervisor, Internal .)

- Supervisor (External)** A person who travels to a healthcare facility on a periodic basis to assess performance and quality, solve problems, and provide encouragement. (See also **Supervisor**.)
- Supervisor (Internal)** An on-site person with the responsibility of ensuring the delivery of high-quality health services by clinical staff (e.g., medical officers, nurses, midwives) and non-clinical staff (e.g., receptionists, cleaners) on a day-to-day basis. (See also **Supervisor**.)
- Team** A small number of people with complementary skills who are committed to a common purpose, performance goals, and approach to their work for which they hold themselves mutually accountable.
- Training** The process that deals primarily with transferring or obtaining the knowledge, attitudes, and skills needed to carry out a specific activity (e.g., IUD insertion). Training should be based on the assumption that there will be an immediate application of the physical or mental skill(s) being learned (as differentiated from education, which is most often directed toward future goals).

REFERENCES

GENERAL REFERENCES

Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision*. Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft.

AVSC International. 1999. *Facilitative Supervision Handbook*. AVSC International: New York. Work-in-Progress. (AVSC International officially changed its name to EngenderHealth in March 2001.)

AVSC International. 1999. *COPE Self-Assessment Guides for Reproductive Health Services*. AVSC International: New York. Work-in-Progress. (AVSC International officially changed its name to EngenderHealth in March 2001.)

Bertrand J et al. 1996. *Evaluating Family Planning Programs*. USAID Contract Number: DPE-3060-C-00-1054-00.

Bossemeyer D. 2000. *Steps to Develop Standards*. PROQUALI PowerPoint presentation. JHPIEGO Corporation: Baltimore, MD.

Chege L and R Trangsrud. 1999. *Defining a Performance Improvement Intervention for Kenya Reproductive Health Supervisors: Results of a Performance Analysis*. Technical Report JHP-07. JHPIEGO Corporation: Baltimore, MD.

Curtis KM and PL Bright (eds). 1994. *Recommendations for Updating Selected Practices in Contraceptive Use*. U.S. Agency for International Development: Washington, DC.

Family Health International (FHI). 1999. *Checklist to Rule Out Pregnancy for Non-Menstruating Family Planning Clients*. FHI: Research Triangle Park, NC.

Figueroa ME and YM Kim. *Self-Assessment and Supervision*. Presentation by Johns Hopkins University Center for Communication Programs, University Research Corporation and the Quality Assurance Project.

Gilbert T. 1996. *Human Competence: Engineering Worthy Performance*. McGraw-Hill: New York.

Improving supervision: A team approach. 1993. *The Family Planning Manager* 2(5). (Oct./Nov./Dec.)

JHPIEGO Corporation. 2000. *Postabortion Care Course Notebook for Trainers*. JHPIEGO Corporation: Baltimore, MD.

Katzenbach JR and DK Smith. 1992. *The Wisdom of Teams: Creating the High-Performance Organization*. Harvard Business School Publishing Corporation: Boston, MA.

[Kenya] Ministry of Health (MOH), Division of Primary Health Care. 1997. *Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers*, revised edition. MOH: Nairobi.

Luoma M et al. 1999. *Reproductive Health Performance Improvement Source Document*. Version 2.0. IntraH/PRIME II: Chapel Hill, NC. Available online at <http://www.prime2.org/pi/sst/index.html#>.

Malianga L, E Sarriot, and P Tavrow. 2000. *On the Trail of Quality Supervision: New Markers and Tools*. Presentation by the Quality Assurance Project.

McMahon R, E Barton, and M Piot. 1992. *On Being in Charge: A Guide to Management in Primary Health Care*, second edition. World Health Organization: Geneva.

Necochea E and D Bossemeyer. 2000. *PROQUALI Training Course for Quality Improvement Support Teams, Module One*. JHPIEGO Corporation: Baltimore, MD. Draft.

Necochea E and D Bossemeyer. 2000. *PROQUALI Training Course for Quality Improvement Support Teams, Module Four*. JHPIEGO Corporation: Baltimore, MD. Draft.

[Nepal] HMG Ministry of Health (MOH), Department of Health Services, National Health Training Center. 1996. *Job Description of Nursing Personnel*. HMG MOH: Kathmandu, Nepal.

Robinson DG and JC Robinson (eds). 1998. *Moving from Training to Performance*. American Society for Training & Development: Alexandria, VA.

Rummler GA and AP Brache. 1995. *Improving Performance*. Jossey-Bass: San Francisco, CA.

Salem BB and KJ Beattie. 1996. *Facilitative Supervision: A Vital Link in Quality Reproductive Health Service Delivery*. Working Paper No. 10. AVSC International: New York. (AVSC International officially changed its name to EngenderHealth in March 2001.)

Schaefer L et al. 2000. *Advanced Training Skills for Reproductive Health Professionals*. JHPIEGO Corporation: Baltimore, MD.

Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité*. Joiner Associates Inc.: Madison, WI.

Sullivan R et al. 1998. *Clinical Training Skills for Reproductive Health Professionals*, second edition. JHPIEGO Corporation: Baltimore, MD.

Tietjen L, W Cronin, and N McIntosh. 1992. *Infection Prevention for Family Planning Service Programs: A Problem-Solving Reference Manual*. Essential Medical Information Systems, Inc.: Durant, OK.

Uganda Ministry of Health (MOH) Quality Assurance Department. 2000. *National Supervision Guidelines*. MOH: Kampala, Uganda.

University of Kansas Work Group on Health Promotion and Community Development and AHEC/Community Partners. 2000. *Community Toolbox: Bringing Solutions to Light*. <http://ctb.lsi.ukans.edu/tools/tools.htm>. 11 October 2000.

Wolff J, L Suttentfield, and S Binzen (eds). 1991. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs*. Kumarian Press, Inc.: West Hartford, CT.

FOR MORE INFORMATION ON APPRECIATIVE INQUIRY (AI):

Cooperrider DL and D Whitney. 1999. *Collaborating for Change: Appreciative Inquiry*. Berrett-Koehler: Williston, VT.

Cooperrider DL et al (eds). 1999. *Appreciative Inquiry: Rethinking Human Organization Toward a Positive Theory of Change*. Stipes Publishing LLC: Champaign, IL.

Srivastva S and DL Cooperrider. 1999. *Appreciative Management and Leadership: The Power of Positive Thought and Action in Organization*, revised edition. Williams Custom Publishing: Euclid, OH.

FOR MORE INFORMATION ON CLIENT-ORIENTED, PROVIDER-EFFICIENT (COPE) TECHNIQUE:

AVSC International. 1995. *COPE: Client-Oriented, Provider-Efficient Services*. AVSC International: New York. (AVSC International officially changed its name to EngenderHealth in March 2001.)

Kols AJ and JE Sherman. 1998. *Family Planning Programs: Improving Quality*. Population Reports, Series J, No. 47. Johns Hopkins University Center for Communication Programs (JHU/CCP): Baltimore, MD.

McNeil Rabinovitz L, T Smith, and L Behrman. 1994. *An Evaluation of COPE, a Family Planning Clinic Self-Assessment Technique*. Final Report. AVSC International: New York. (AVSC International officially changed its name to EngenderHealth in March 2001.)

FOR MORE INFORMATION ON IMPROVING YOUR PHYSICAL ENVIRONMENT:

Centers for Disease Control and Prevention (CDC) and John Snow Inc. 1998. *Pocket Guide to Managing Contraceptive Supplies*. CDC: Atlanta, GA.

McMahon R, E Barton, and M Piot. 1992. *On Being in Charge: A Guide to Management in Primary Health Care*, second edition. World Health Organization: Geneva. (p. 210–214 for managing workflow, p. 160–170 for managing equipment, p. 171–183 for managing drugs)

Wolff J, L Suttentfield, and S Binzen (eds). 1991. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs*. Kumarian Press, Inc.: West Hartford, CT. (p. 239–277 for getting contraceptives to the client)

ASSESSMENT OF: *SUPERVISING HEALTHCARE SERVICES: IMPROVING THE PERFORMANCE OF PEOPLE*

Please indicate on a 1–5 scale your opinion of the manual.

5-Excellent 4-Very Good 3-Satisfactory 2-Needs Improvement* 1-Unsatisfactory*

CONTENTS	Easy to read	Need-to-know information	Samples	Usefulness in problem solving
Overall Evaluation of Manual: <i>Supervising Healthcare Services: Improving the Performance of People</i>				
CHAPTERS				
1 Introduction to Supervising Healthcare Services				
2 Defining Desired Performance				
3 Assessing Performance				
4 Finding Root Causes				
5 Selecting and Implementing Interventions				
6 Monitoring and Evaluating Performance				
7 Working with People				
APPENDICES				
A External Supervision				
B Case Study: Improving Infection Prevention Practices and Services				
GLOSSARY				
JOB AIDS				

* Please comment on the back if you rated any chapter or appendix less than satisfactory.

COMMENTS:

1. What topics (if any) should be included in **more detail** to improve the manual?

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3. What topics (if any) should be **added** (and why) to improve the manual?

4. What topics (if any) should be **deleted** (and why) to improve the manual?

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JOB AIDS

JOB AID BASED ON INTERNATIONAL STANDARDS FOR RULING OUT PREGNANCY IN A NON-MENSTRUATING FAMILY PLANNING CLIENT

How to Be Reasonably Sure a Woman Is Not Pregnant

If the woman answers **Yes** to any question, proceed to the first box directly below the **Yes** column.

NO		YES
	1. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and had no menstrual period since then?	→
	2. Have you abstained from sexual intercourse since your last menstrual period?	→
	3. Have you given birth in the last 4 weeks?	→
	4. Did your last menstrual period start within the past 7 days?	→
	5. Have you had a miscarriage or abortion in the past 7 days?	→
	6. Have you been using a reliable contraceptive method consistently and correctly?	→
Woman answered NO to <i>all</i> of the questions.		Woman answered YES to <i>at least one</i> question.
↓		↓
Pregnancy cannot be ruled out.		Woman is free of signs or symptoms of pregnancy.
↓		↓
Woman should await menses or use pregnancy test.		Provide woman with desired method.

Adapted from: Family Health International (FHI). 1999. *Checklist to Rule Out Pregnancy for Non-Menstruating Family Planning Clients*. FHI: Research Triangle Park, NC. Original checklist is in color. Based on text in: Curtis KM and PL Bright (eds). 1994. *Recommendations for Updating Selected Practices in Contraceptive Use*. U.S. Agency for International Development: Washington, DC.

SUMMARY OF METHODS FOR ASSESSING FACILITY PERFORMANCE

ASSESSMENT METHOD	FOCUS OF ASSESSMENT	PERSON CONDUCTING ASSESSMENT	ASSESSMENT METHODS/TOOLS	HOW TO USE THE ASSESSMENT RESULTS
Conduct Supervisory Assessment	Any worker at the facility Teams of workers	Supervisor	Meetings with staff Observation of clinical practice Case reviews Audits	Supervisor can share the results with individuals or teams to acknowledge good performance and identify specific areas needing improvement.
Conduct Self-Assessment	Any worker at the facility	Staff member	Checklist based on job description and appropriate guidelines	Person using self-assessment tool can meet periodically with the supervisor to discuss areas of achievement and areas needing improvement.
Conduct Peer Assessment	Any worker at the facility Teams of workers	Staff colleagues	Checklist based on job description and appropriate guidelines	Peers can give feedback to one another in an informal and comfortable environment on specific performance areas.
Obtain Client Feedback	People seeking services at the facility	Staff members Supervisor	Meetings Questionnaires/ Interviews Suggestion box	Staff and supervisor can evaluate clinic operations and staff performance based on feedback from clients.
Poll Community Perceptions	People living in the community where the facility is located	Staff members Supervisor	Meetings Questionnaires/ Interviews	Staff and supervisor can make changes to clinic operations, maybe even add new services, based on feedback from community members.
Review Records and Reports	Any system or aspect of clinic operations	Staff members Supervisor	Review of records, reports, log books, statistics	Staff and supervisor can assess compliance with standards and monitor efficiency and outcomes of clinic operations.
Compare Your Services with Others	Any system or aspect of clinic operations	Staff members Supervisor	Visit other facilities Interview workers at other facilities Interview clients and community members at other facilities	Staff and supervisor can get new ideas about how to provide better services. They can also motivate themselves and others toward better quality services by showing that it can be done.

Source: Garrison K et al. 2004. *Supervising Healthcare Services: Improving the Performance of People*. JHPIEGO Corporation: Baltimore, MD.

EXAMPLES OF USING RECORDS AND REPORTS TO ASSESS FACILITY PERFORMANCE AND QUALITY OF SERVICES

WHERE DO YOU LOOK?	WHAT DO YOU FIND?	WHAT MIGHT IT TELL YOU?	HOW MIGHT YOU USE THIS INFORMATION?
Outpatient attendance register	Number of clients requesting treatment for sexually transmitted infections (STIs)	The prevalence of STIs in the area	To budget for STI drugs (e.g., costs for keeping inventory at correct levels) To assess the demand for STI services at the clinic and whether it is increasing To assess the need for additional staffing or staff training To assess the need for community outreach/ education efforts
Family planning attendance register Quarterly reports Stock cards	Contraceptive method mix	Whether a variety of contraceptives is being used Which contraceptive is being used the most	To ensure that the inventory of contraceptives is sufficient To assess changes in usage and demand for different contraceptives To make sure counseling is adequate To assess the need for staff training To analyze the effectiveness of community outreach/ education efforts
Labor and childbirth logbook Partograph record	Percentage of births that are operative	Whether the percentage of operative interventions for childbirth is too high, too low, or about right	To ensure adequate supplies If too high, staff may need training or an update on labor and childbirth management.

Source: Garrison K et al. 2004. *Supervising Healthcare Services: Improving the Performance of People*. JHPIEGO Corporation: Baltimore, MD.

FINDING ROOT CAUSES: SEVEN KEY PERFORMANCE FACTORS

Job Expectations. Do staff members know what is expected of them? Sometimes the only thing needed is to make expectations clear to staff. This alone can have an impact on performance.

Performance Feedback. Do staff members know how they are performing? Have you or others told them? They need to be given feedback and encouragement to continue to perform well or to improve their performance.

Facilities, Equipment, and Supplies. Do staff members have the tools, equipment, or supplies needed to perform to standard?

Motivation. Are staff members motivated? Recognition and rewards for performing well can increase motivation. Recognition of staff not performing well also affects motivation.

Organizational Support. Does the management staff encourage and support good performance? Is there a vision for high performance? Do organizational policies allow performance to improve, or are there policies in place that prevent improvement (e.g., if only doctors are allowed to insert IUDs, it is not possible to meet the high demand for services).

Knowledge and Skills. Do staff members know **how** to do their jobs? They need to be appropriately trained. Then they should receive continuing education courses or training, as needed, to maintain their skills and acquire new ones.

Client and Community Focus. Are staff members focused on the needs, desires, culture, and observations of the surrounding community? Do they seek the opinions and ideas of community members? Do they respond to them?

DISCUSSION GUIDE FOR EXAMINING ROOT CAUSES OF PERFORMANCE GAPS BY CONSIDERING PERFORMANCE FACTORS

Instructions: In addition to asking “why” performance gaps occur, a supervisor can ask more directed questions related to the known performance factors. Direct questions help to get at the root causes of performance gaps. Here is a questioning guide that supervisors can use with other staff members to probe into the causes of poor performance. **Note:** The questions in this guide are for example only. They should be adapted to the realities of each healthcare facility.

Job Expectations

- Do people know what they are supposed to do?
- If we asked people what is expected of them, would they be able to tell us?
- If they know what they are supposed to do:
 - How do they know? (Do they have clearly written job descriptions? Did their supervisor tell them?)
 - When were they last told?
 - When they first start the job, how do they learn about the expectations?

Performance Feedback

- Do people know when they are not meeting expectations?
- If we asked one of the workers how s/he is performing in comparison with what the organization (clinic, hospital, ministry of health) wants, would s/he know?
- If we asked one of the workers how s/he was performing in comparison with what the client or community wants, would s/he know?
- Who gives the workers feedback on their performance? Is it done in person and/or in writing? How do workers feel about the feedback they receive?

Facilities, Equipment, and Supplies

- Do they have the tools they need to do the job?
 - Do they have supplies?
 - How is the re-supply system organized?
 - Do they have the needed equipment?
 - Is there adequate furniture?
 - Do they have vehicles, if needed?

- Does the environment within which they work enable them to perform in the desired manner?
 - Is there adequate space, and space for privacy?
 - Is there electricity?
 - Is there water?
 - Is there adequate storage?
- Are there physical obstacles or barriers to achieving desired performance? What costs are associated with them (e.g., petrol, maintenance, etc.)?

Motivation

- Do workers feel that they are being adequately compensated for their work? If not, what would they consider to be “adequate” compensation?
- Are there any rewards for practicing the desired performance?
 - If people do a good job, what happens? Anything? Does their work life get better or worse somehow?
 - How do people get recognition for their work?
 - How/when are incentives/rewards given?
 - What do people think about the existing incentive systems? (e.g., Do they have knowledge of such systems? What is their level of satisfaction? Are they motivated by the incentives for the desired behavior?)
- Are there any consequences for not practicing desired performance?
- Are personal needs being met? Do employees feel protected by the benefits provided (medical, school fees, etc.)?
- What opportunities exist for career development or promotion?
- Do people value desired performance? Do they see a reason to perform in the desired fashion?
- Do workers feel “listened to” by supervisors or others in authority?

Management Systems and Leadership

- How is the organization for provision of services structured? How does the structure help people get work done? How does it get in the way?
- Do people have the authority to do what they are supposed to do? Are they supported by their supervisors to engage in the desired performance?
- How are problems solved? (Ask for examples.)
- How is quality determined and measured?

- Are there circumstances that prevent people from doing what they are supposed to do? Do they have enough time? Is the workload too heavy?
- Are there any organizational processes that prevent effective work (e.g., a complicated clearance process that delays key supplies or tools or decisions needlessly, an entry process for clients that treats them badly or takes a long time)?
- How well do people understand the goals of how services are provided? Are strategies developed and communicated to achieve these goals? Does performance represent the goals and strategies? Does the strategy actually lead to the fulfillment of the goals?
- How are decisions made? Who makes them? How well does the decision-making process appear to work? How much say do people closest to the work have in making decisions? How decentralized is the decision making? Who can make decisions about spending money? Who else is involved? How does this affect the provision of services?
- Who makes decisions about budget items? Do people contribute to budget decisions? Can they influence decisions in ways that will help them get their work done?

Client and Community Focus

- Is the community aware that the services are being offered? If so, how do they know?
- Is each service being provided in demand?
- How do the community members view the service being offered? (Do they have access to other healthcare providers so that they can make comparisons?)
- Have community members typically gone elsewhere for these services?
- Are there any barriers to accessing the services (cultural, transport, time, cost, provider attitude, etc.)?

Knowledge and Skills

- Do staff know how to do what they are expected to do?
- Would people do their job correctly if you offered them a large amount of money to do so? (If the answer is yes, then they know how, and it is not a skill and knowledge issue.)
- Do they **ever** perform as desired?
- What kind of prior training have they had that relates to how well they do their job? Was that training effective?

- What is the inservice training policy? If there is one, does it actually work as described? How well does it work in keeping people up-to-date with the skills and knowledge they need to do their job?
- Are there job aids available to remind people to perform as desired?
- What could future training do to fill in skill and knowledge needs?

**SUGGESTED BEHAVIOR TO “DO” AND “NOT TO DO”
FOR ACTIVE LISTENING**

ACTIVE LISTENING “DOS” AND “DON’TS”	
Do	Don’t
Concentrate on what the speaker is saying	Do other things (e.g., look through papers) when the speaker is talking
Allow the speaker to say what s/he wants to say	Interrupt Finish the speaker’s sentences
Allow the speaker to lead the conversation	Ask questions that change the topic
Accept the speaker’s opinion as valid for her/himself	Discredit, criticize, or judge what the speaker says
Pay attention not only to words, but also to body language and behaviors	Assume you know what the speaker is going to say next Ignore the emotional context
Prevent emotions from blocking active listening, no matter what the speaker is saying	Become angry, defensive, or upset Take comments personally

STAGES IN THE DEVELOPMENT OF TEAMS

STAGES IN THE DEVELOPMENT OF TEAMS	
STEP	DESCRIPTION
STEP 1 Formation	<p>When a team forms, members are initially hopeful, but cautious. This stage represents a transition from individual to group action, and it takes a skillful leader to facilitate this transition. During this stage, team members usually:</p> <ul style="list-style-type: none"> ● Are enthusiastic about the idea of working on a team ● Are proud to have been identified as team members ● Think very little about the work to come ● Start to establish relationships with one another ● Begin to define the problem and discuss how to collect data about it ● Have many discussions that are not directly related to the central issue <p>Often during this stage, very little gets accomplished. Don't worry; this is perfectly normal.</p>
STEP 2 Conflict	<p>This is probably the most difficult stage in the development of a team and a challenge for any supervisor. Team members may realize that the role of team member is different from and more difficult than what they had imagined. In this stage, it is common for the team members to:</p> <ul style="list-style-type: none"> ● Resist working as a team ● Form very high or very low expectations for the team ● Disagree with one another, even on issues on which they previously agreed ● Exhibit jealousy, anger, or tension ● Believe that an invisible division exists among members or parts of the team ● Question the motives of those who suggested the formation of the team <p>Again, in this stage, members are devoting little energy to the objectives of the team, but they are starting to understand each other. It is important for the supervisor not to get discouraged and to be persistent through this stage. Many important team efforts come to a halt at this stage because of the difficulties that arise. Understanding that this is just a phase, however, will help you to keep moving forward.</p>
STEP 3 Normalization	<p>The worst is over! During this stage, team members begin to accept the group, its rules, their roles on the team, and the individuality of their team members. There are fewer emotional conflicts. Interaction becomes more cooperative. During this stage, team members:</p> <ul style="list-style-type: none"> ● Begin to think of themselves as a true team with a common goal ● Become capable of exchanging constructive feedback with other team members ● Form friendships within the team and develop respect for one another ● Define and follow rules for working together (often these were defined in the formation stage but were not followed until this point)

Adapted from: Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates, Inc.: Madison, WI.

STAGES IN THE DEVELOPMENT OF TEAMS	
STEP	DESCRIPTION
STEP 4 Getting the Work Done	<p>At this stage, the team has solved its internal problems. Team members begin to act, assess problems, design and implement solutions, and modify their actions as needed. They have accepted one another's strengths and weaknesses and identified their own unique roles. At this stage the team:</p> <ul style="list-style-type: none"> ● Is satisfied with what it has accomplished ● Can avoid or quickly solve any problems related to group dynamics ● Understands group process and each member's individual role ● Has a better understanding of the strengths and weaknesses of team members ● Is unified and efficient

