

# **Roles and Characteristics of Facilitative Supervisors**

The major difference between traditional and facilitative supervision is that the facilitative supervisor implements the quality improvement process, in addition to standard activities such as collecting statistics and observing procedures and infrastructure. This is done through the use of quality-improvement approaches and tools. While there are several approaches to quality-improvement, this manual is part of a comprehensive quality-improvement package. The manual will therefore cover only EngenderHealth's quality-improvement tools, which complement one another and are designed to be used together:

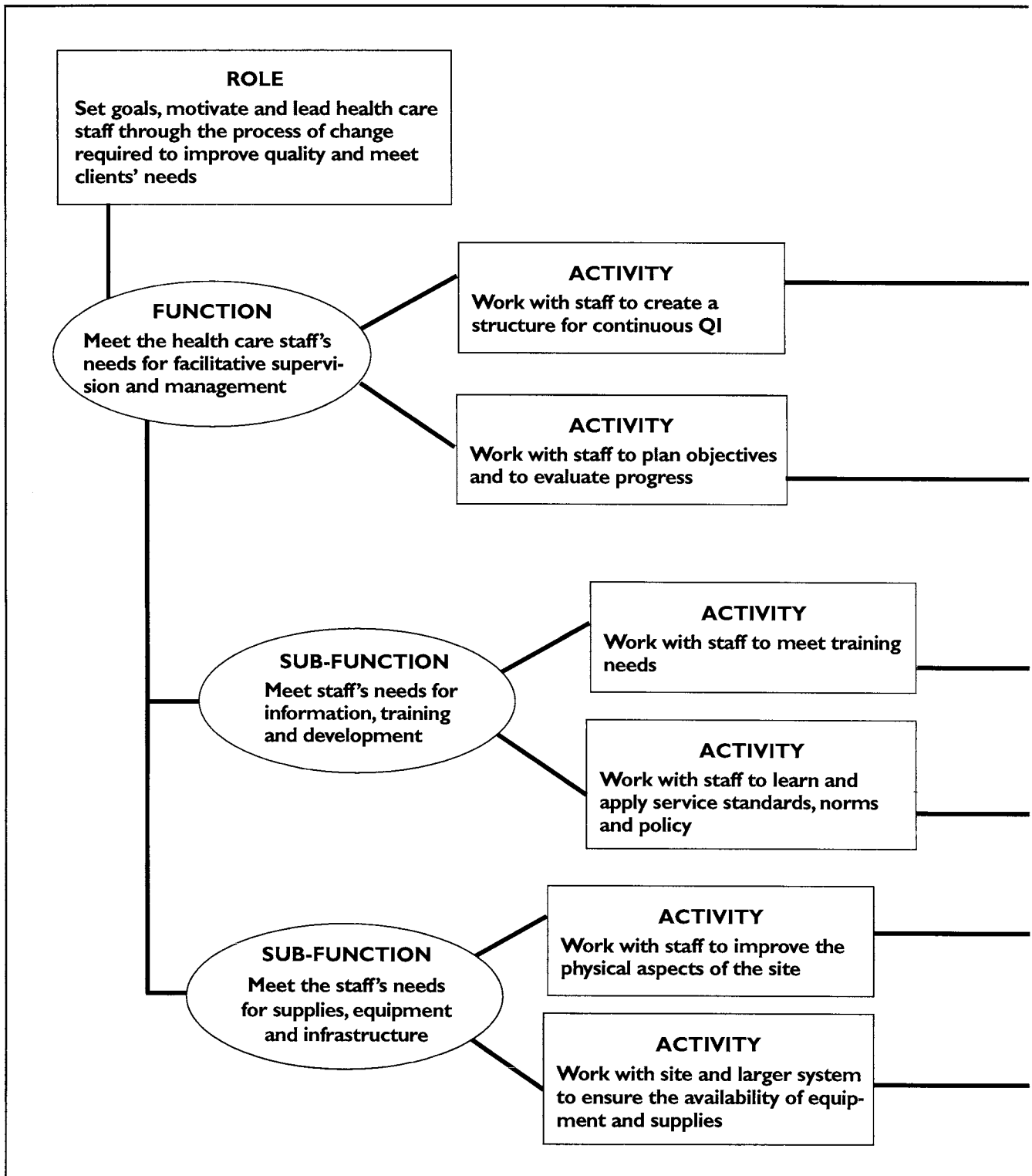
- Problem-solving through COPE (see Chapter 4)
- Whole-site training, including inreach (see Chapter 5)
- Medical monitoring (see Chapter 4)
- Cost-analysis tool (see Chapter 4)
- Informed choice (see Chapter 4)

The role of the facilitative supervisor is to use these tools to address the service providers' needs for good management and supervision. It is also to help the staff identify and solve quality-related problems through the lens of providers' needs, while keeping in mind clients' rights.

## **Objectives**

In this chapter you will learn about:

- How to be an effective leader
- How to foster trust
- Your role as the link with the larger health system and external sources of assistance



## TASKS

- Introduce COPE
- Establish COPE committee to ensure follow-up (need for a QI structure)
- Develop teamwork at site
- Develop teamwork between headquarters and sites
- Ensure site has clinical standards and policies for medical procedures and infrastructure
- Monitor the implementation of clinical standards and quality assurance (medical monitoring)
- Work with staff to evaluate results at site level and regional level (keep track of action plans, other tools)

- Work with staff to use objectives and implement workplans
- Work with staff to use data to evaluate results
- Review own supervisory workplan
- Manage human resources

- Work with staff to assess site and individual training needs
- Plan and implement training
- Implement on-job training

- Train staff to apply the standards

- Work with staff to apply standards for infrastructure, equipment, and supplies
- Work with staff to ensure site's physical and functional integration

- Work with staff to use, maintain, and manage equipment and supplies
- Work with staff to develop an effective system of maintenance
- Work with staff to apply logistic management system
- Work with larger system for smoother functioning of logistic management system

The facilitative supervisor fosters change and helps staff implement the quality-improvement process by providing good management and supervision and, most important, by working with staff to plan, implement, and evaluate their quality improvement objectives. Because providers cannot deliver quality services without the proper supplies, infrastructures, and training, the facilitative supervisor works to ensure that these elements are available to staff.

## **Traits of a Facilitative Supervisor**

Some training is required to develop the leadership skills necessary to become a facilitative supervisor. Although facilitative supervision is easier for people who have certain characteristics, with experience anyone can learn to supervise in a facilitative manner.

### **Exercise**

#### **Traits of a Good Supervisor**

Think of someone who supervised you in the past—someone whom you admired and whose efforts you appreciated. What personal characteristics and experience did that person exhibit? If no such supervisor comes to mind, think of the experience and personal characteristics that would make someone an ideal supervisor.

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EngenderHealth has found that supervisors who possess the following characteristics and experience are better equipped to become successful facilitative supervisors:

- Leadership qualities (ability to inspire others, establish trust, promote teamwork)
- Good communication skills, especially active listening and constructive feedback
- Desire to empower others and provide opportunities for growth
- Ability to work in teams
- Experience delivering reproductive health services
- Technical knowledge
- Flexibility
- Openness to new ideas
- Ability to train or convey information to others
- Empathy

## **The Facilitative Supervisor as Leader**

Traditionally, the supervisor visits the clinic, collects statistics, and reports on problems. In facilitative supervision, the supervisor has additional roles, among them those of leadership and staff empowerment. As a facilitative supervisor, you will guide your staff in new ways to improve quality and empower them to implement these new approaches.

### **What Is a Leader?**

 A *leader* is someone who influences and guides others toward the accomplishment of a goal.

The facilitative supervisor's immediate goal is to teach others how to undertake the quality-improvement process, with the ultimate goal of enabling them to provide high-quality services that meet their client's needs. However, there are different styles of leadership, and the facilitative supervisor must know which style to use in different situations.

<b>Leadership Style</b>	<b>Description</b>	<b>Advantages</b>	<b>Disadvantages</b>
Authoritarian	The leader makes the decisions and announces them to staff	<ul style="list-style-type: none"> <li>■ Saves time</li> <li>■ Decision is usually clear and final</li> <li>■ Leader is in control</li> </ul>	<ul style="list-style-type: none"> <li>■ Other, better options may not be considered</li> <li>■ Staff may lack commitment to the decision</li> <li>■ Staff may be resentful or uncooperative</li> </ul>
Authoritarian, with some input	The leader makes the decisions and announces them after having received input from one or more staff members	<ul style="list-style-type: none"> <li>■ Increased information for decision making</li> <li>■ Relatively quick</li> <li>■ Decision is usually clear and final</li> </ul>	<ul style="list-style-type: none"> <li>■ Staff not asked for input may lack commitment or be uncooperative</li> <li>■ Other, better options may not be considered</li> </ul>
Consensus	Entire group discusses and agrees to support group decisions. Leader maintains authority.	<ul style="list-style-type: none"> <li>■ Staff feel more involved and committed</li> <li>■ Staff support for decisions may be greater</li> <li>■ Good chance of implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Time-consuming; may require long meetings or multiple meetings</li> <li>■ Compromise decisions may be unclear</li> <li>■ Consensus may not always be possible</li> </ul>
Democratic	All members of the group vote for their preferred decision	<ul style="list-style-type: none"> <li>■ Staff feel involved</li> <li>■ High level of support for decisions</li> <li>■ Good chance of implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ May take more time</li> <li>■ Most popular decision may not be best option available</li> <li>■ Those on the “losing” side may feel resentful</li> </ul>
Delegation	The leader assigns the task of decision making to another person or to a group	<ul style="list-style-type: none"> <li>■ Opportunity for developing leadership qualities in others</li> <li>■ High chance of implementation</li> </ul>	<ul style="list-style-type: none"> <li>■ Leader sacrifices control</li> <li>■ May take more time</li> <li>■ Team may not have the skills and knowledge to make a good decision</li> </ul>

Source: Adapted from Interaction Associates 1997.

## Exercise

### What Leadership Style Would You Recommend?

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

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

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

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

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*Answers appear on the following page.*

In decision making, the leader should strive for *maximum appropriate involvement*—that is, the leader should involve as many of the staff from all levels as possible, given:

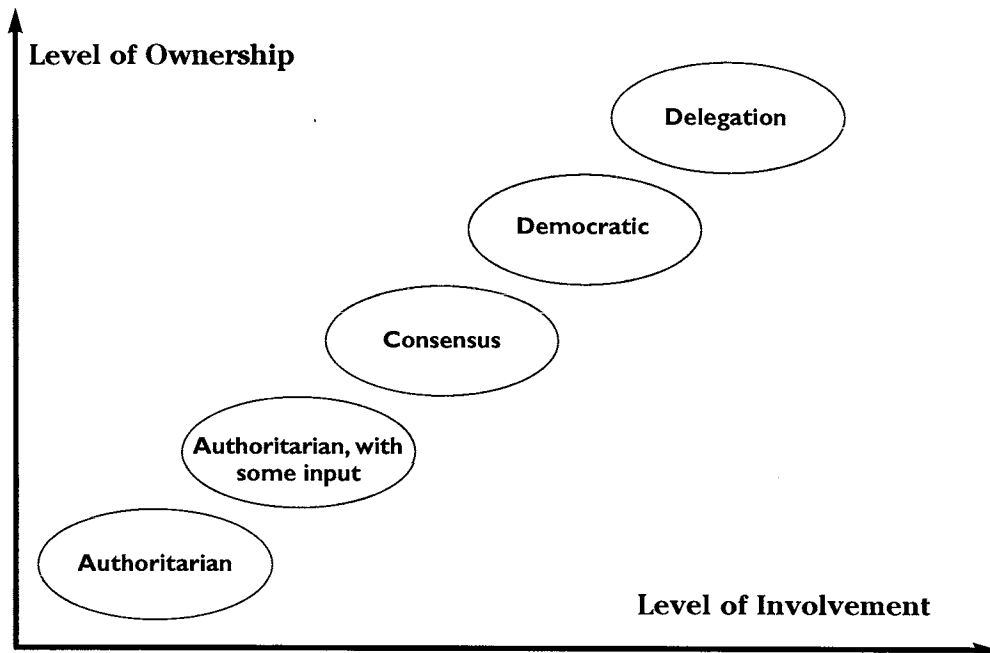
- There is enough time to gather the group and discuss the decision
- The decision is important enough to be worth the time of the group
- Implementation of the decision is heavily dependent on staff involvement
- Staff members can meaningfully contribute to the discussion, decision, and implementation
- The decision is a good opportunity for team building

### **Answers: Leadership Style Exercise**

1. **Delegation.** *The director should delegate the decision to a small group consisting of medical, logistical, and administrative personnel. This group has more time than the clinic director to review the information, and this group is qualified to make the decision.*
2. **Authoritarian.** *Time is of the essence; if action is not taken promptly, the driver might die. The doctor has the best information and qualifications to determine the proper course of action as quickly as possible.*
3. **Consensus.** *The director needs the feedback of staff to know whether it is possible for them to drop all current projects to work on the proposal. In addition, because the proposal would require high-level commitment of staff for overtime and weekend work, all of the staff must support the decision. The quality of the proposal might suffer if staff resent the decision or do not understand the importance of the proposal.*

As we saw in the exercise above, there are times when decisions should be made in an authoritarian manner. However, decisions made with the involvement of others generally result in a higher level of staff ownership and commitment, which in turn results in a higher chance of implementation.





As stated previously, maximum appropriate involvement means involving as many site staff as possible from all levels. This is crucial to support the two principles that shape the quality improvement process:

- All staff have the knowledge and capacity to help improve quality.
- Quality improvement is a team effort and is always an opportunity for staff to learn to work together.

## Tips for Leading Staff

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

- **Share the vision of high-quality services.**  
One of the best ways to motivate people is to share an inspiring vision. If you are excited about what the future could be for the site, if you are optimistic about the staff's ability to achieve that future, and if you are able to articulate it, you will inspire them to follow you toward that goal. A staff that is excited about the goal will be more willing to go through a process of change in order to achieve it. A leader could enable staff to envision what their service would be like if it were a model that everyone came to see and learn from. Or, if infection prevention is deficient, a leader can conjure up for the staff a vision of high-quality infection prevention: sparkling tables, floors, and instruments; all staff cooperating in the effort to keep the site clean and disinfected; and an infection rate that plummets over time.

## Exercise

### Building Your Vision

An inspiring vision:

- Reflects a high standard of performance
- Represents future accomplishments
- Conjures up an image or picture

1. What is the mission of this team or facility?

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2. What will it look like if the mission is accomplished?

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3. In 100 words or less, write down your vision for your team or program.

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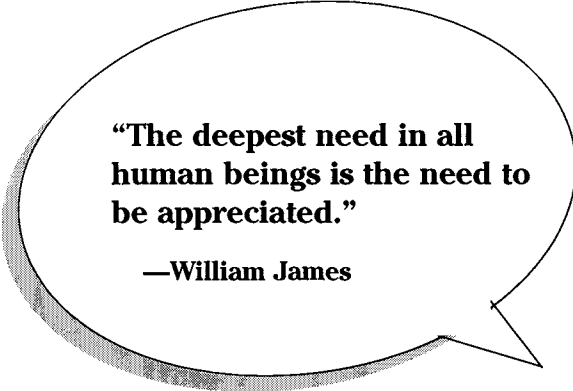
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Source: Adapted from Interaction Associates 1997.



**“The deepest need in all human beings is the need to be appreciated.”**

—William James

- **Build commitment and confidence.** Emphasize the importance of quality improvement. Use recognition, praise, and positive reinforcement to build confidence. At the outset, guide the group toward solving small problems in order to build the confidence and expertise to tackle larger problems.
- **Be well informed and prepared.** You can't expect people to follow you if you're not sure where you're going or what you're doing. Become expert in the skills, quality-improvement tools, and problem-solving methodologies that you will be transferring to your colleagues. Always be prepared for meetings and interventions.
- **Use facilitation skills.** Show leadership in group meetings by using facilitation skills to keep the group on track and manage interpersonal and power-related conflict. (See Chapter 3.)

## **Motivating Staff by Recognizing and Rewarding Good Work**

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

To show staff how important quality services are, it is critical to find an appropriate way to recognize and reward good work.

Many people associate motivation with increased salary, but there are a number of other ways to help motivate staff. For example:

- Post pictures or stories about “star” employees.
- Tell personal stories of staff members who treated their customers well by doing simple things.
- Allow employees of all levels to participate in conferences and workshops.
- Celebrate successes (especially those of groups).
- Make sure that a variety of individuals or teams are recognized, and do it often.

**Caution:** Staff need to see that the criteria for recognizing “stars” are applied fairly to everyone. As much as possible, make sure that groups are recognized as well as individual employees.

■ **Do real work.**

Be an active participant in the endeavor by modeling facilitative behavior, taking part in problem-solving activities, and serving as liaison between the site and external resources. When your colleagues see your active participation, they will be convinced of your commitment to the process and to them, and they will be more willing to follow you. (See Chapter 3 for more information on active participation.)

■ **Be ethical.**

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

## Exercise

### Recognition

1. A facilitative leader publicly praises and recognizes those who contribute to quality improvement. Think of a time when you did something for which you wish you had been recognized. How did the lack of recognition make you feel?

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2. Think of something good that a colleague has done for which he or she deserves recognition. Suggest a way, without spending money, to reward that person.

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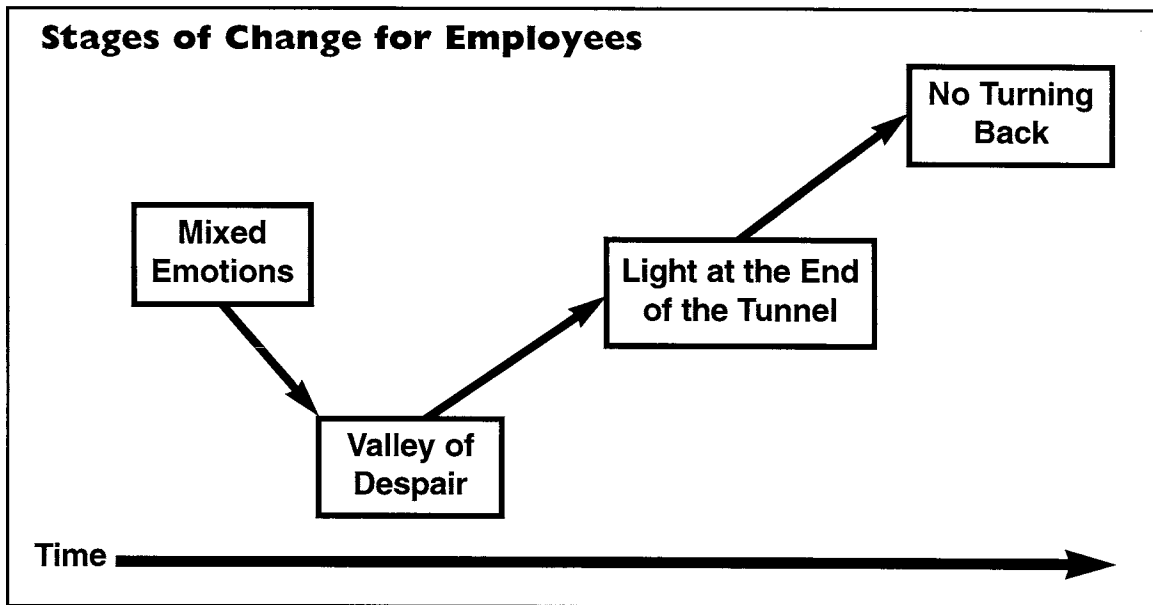
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## Fostering Trust

Another very important role for a leader is to foster trust. You are trying to encourage other supervisors or site staff (your “customers”) to adopt new behaviors and attitudes in the way they interact with one another, in the way they identify and solve problems, and in the way they deal with clients. Change is difficult for most people and they will avoid it unless they have a certain level of trust in the outcome and in the person leading them to change.



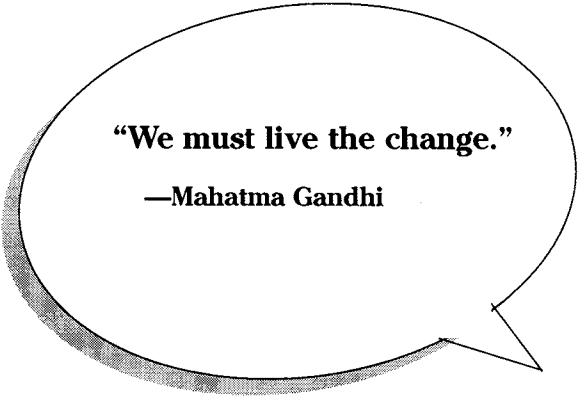
Source: Holy Cross Hospital 1998.

Fear of the unknown, fear of failure, and fear of loss of control play a part in the unwillingness to change. Consequently, you will need to allay these fears, and establish and maintain trust throughout the process of introducing facilitative supervision.

## **What Is Trust?**

In the work context, *trust* is the knowledge that another will not take advantage of you, which allows you to feel safe putting your self-esteem and position in that person’s hands.

Source: Harrington-Mackin 1994.



**“We must live the change.”**

**—Mahatma Gandhi**

Trust is not automatically given; it must be earned. How can you earn the trust of your customers—the clinic managers, other supervisors, or site staff with whom you work?

■ **Create and maintain a non-threatening environment.**

In group meetings, maintain confidentiality, treat all staff with respect, treat all staff as equals, and use facilitation skills to make sure all staff treat each other with respect and equality, regardless of rank.

■ **Pay careful attention to communication.**

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

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

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

■ **Practice appropriate self-disclosure.**

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

(Wilson 1996.)

In the final analysis, the best way to build trust is by working together and achieving real results. As the advantages of facilitative supervision become more obvious through successful problem solving and improvement in quality, staff will not only begin to trust you but also to trust other supervisors, one another, and their own ability to contribute to quality services. However, it is important to start with small tasks or problems and then progress to more difficult challenges. As staff experience small successes, their trust in the process and in their leaders increases (Katzenbach and Smith 1994; Buzzotta 1998).

## Exercise

### Building Trust

1. Think of a situation you've experienced in which staff exhibited distrust of their managers or supervisors. Describe the situation in the space below.

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2. What factors may have caused the distrust?

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3. What actions could have been taken to reestablish trust?

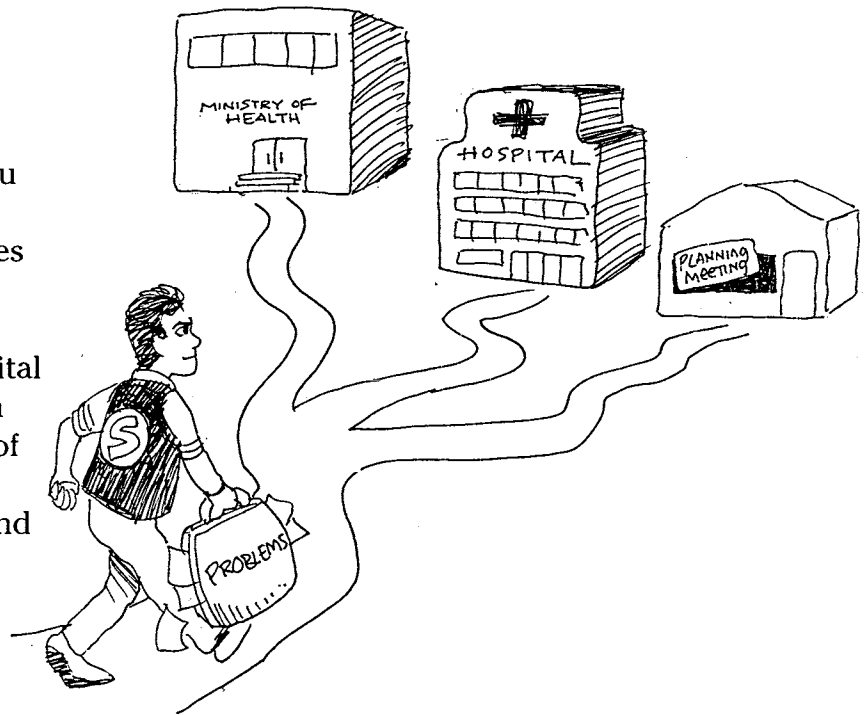
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### Liaison: Linking to the Larger System

As a facilitative supervisor, you will serve as liaison in several ways. You will promote linkages between each of the services within the clinic, between the clinic and the rest of the hospital in which it is located, between the hospital and the network of hospitals to which it belongs, and between local networks and national networks.



For example, suppose a family planning service's supply of Depo-Provera has expired. If the person in charge of supplies serves a large facility (e.g., if the family planning service is located in a hospital), then other commodities may also be expiring. Thus, training the supplies person in "first expired, first out" (FEFO) will solve problems across departmental lines.

If one health facility discovers a need for pamphlets on STD prevention, the need may not be confined to a single site. There may be a regional need for such materials. The supervisor should inform regional authorities of this lack because a regional solution might be more cost effective. For example, regional authorities can produce materials in bulk and set up a distribution system.

The facilitative supervisor also tries to identify problems that occur repeatedly in a number of sites and takes them to a higher level for solution.

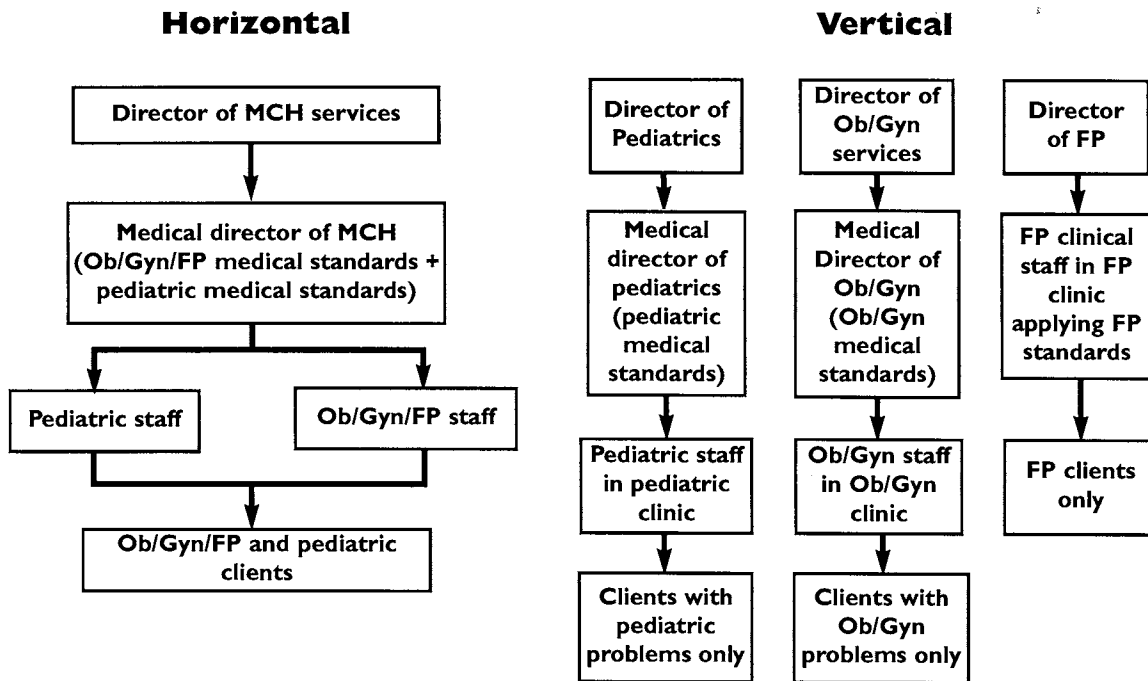
### **Example: Sharing Lessons Learned**

Clients at a regional hospital in an African country had access to family planning information and services at the MCH clinic, but not in the hospital wards. Observing this, the area supervisor and regional maternal-child health coordinator (RMCHCO) introduced a self-assessment process, COPE, at the site for staff to improve their services. Staff identified inadequate contraceptive knowledge and counseling skills as the problem and selected skilled staff to train and orient their coworkers. As a result, contraceptive counseling and supplies became available in different hospital wards.

The RMCHCO observed a similar problem during a visit to a district hospital and explained to the district MCH coordinator how the regional hospital had overcome the problem, particularly addressing the logistics of distributing contraception and recording the information outside the MCH clinic. The issue was brought up at a national workshop where a senior MOH official explained that each hospital has the authority to establish its own internal distribution system, so long as the information is documented according to the national recording and reporting system. Sharing of lessons learned and a clarification of policy resolved the questions many supervisors had about the legality of distributing contraception within a hospital but outside the MCH clinic, thus enabling them to expand the availability of family planning services.

The organization of services often presents a complex problem. Many health services are organized vertically and thus have no links. They don't share information, space, commodities, or standards. This vertical structure usually does not serve the needs of the client. A client typically has more than one health requirement, but these cannot be satisfied in one place because of the vertical nature of the health structure. As a result, the client may not have easy access to needed services and may have to waste time in multiple visits to the same facility. When the client's needs and expectations are not being met, it is sometimes necessary to reorganize services in a more horizontal fashion.





### Case Study: Mrs. Perez

Mrs. Perez, pregnant with her seventh child, comes to a pediatric clinic to bring her sixth child, who is five months old, for a checkup. Her economic situation is precarious because her husband is unemployed. She is in great need of family planning services but is unaware that such services are available to her in the same hospital on another floor. The staff in the pediatric clinic attend to the baby and Mrs. Perez leaves.

This is a typical result of the vertical system: a client in need of multiple services has access to only one. The practical result is denial of services to this client.

### Question:

What can be done in this situation so that clients like Mrs. Perez may have access to the services they need?

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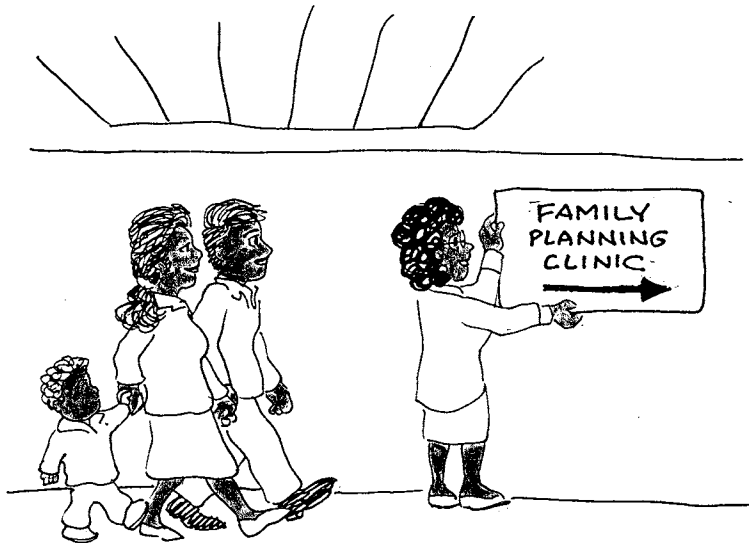
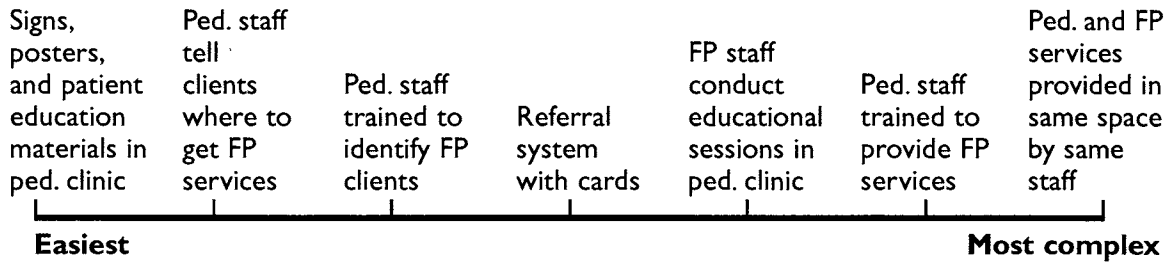


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The things that can be done to provide access in this case range from the easy to the complex.



**A simple improvement, like putting up signs, can be of great help to clients.**

EngenderHealth has developed a methodology, called *inreach*, that helps to reduce the negative results of a vertical system.

## **What Is *Inreach*?**

*Inreach* is a strategy by which clients within a facility or in related services receive information about and referral to other services that they require. The objective of an inreach strategy is to have staff from other services refer clients to your service.

In the case of Mrs. Perez, the supervisor could have recommended and trained staff in an inreach activity, such as:

- Giving staff in the pediatrics clinic orientation in:
  - The benefits of family planning
  - How to identify those in need of family planning (multiparous women, those who need to space their children better, those with conditions that make pregnancy unsafe)
  - How to respond to those who ask about family planning services
  - Logistical information on the family planning service (where it is located, the hours of service, the services included, any cost considerations, the information/documentation the client needs to submit, etc.)
- Providing pediatrics staff with referral cards and explaining the referral system
- Providing the pediatrics clinic with patient education materials and ensuring a constant supply
- Training pediatrics staff in how to use the patient education materials
- Arranging for family planning staff to conduct educational sessions for parents in the pediatrics waiting room or wards

In this methodology, Mrs. Perez would have been identified midway on the continuum of solutions as someone in need of family planning, who received information on the different methods, and who had been referred successfully to the family planning clinic. Inreach is a way of linking pediatrics and family planning short of integrating them physically. Of course, clients have to come to the hospital twice or visit the two services on the same day. The only way to avoid the inconvenience of two trips is to offer the pediatrics and family planning services in the same location with the same staff.

## Exercise

### Inreach

In Hospital X there are two floors. The urology department is on the first floor in the left wing, the ob/gyn department is on the second floor, and the family planning clinic is on the first floor in the right wing. Each of the units has a separate staff. A male client goes to the urology department because he has a sexually transmitted disease. He is the father of four children and his wife is pregnant. Both he and his wife want to end childbearing. When they return to the hospital for a prenatal visit, the wife is treated and asks for family planning services. The couple then returns once more to go to the family planning clinic to arrange for postpartum family planning services.

What changes would you recommend in the organization of services that would avoid three trips to the hospital for this couple?

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Think about the facilities that you supervise. Choose one in which the ob/gyn and family planning departments are separate—in separate locations, with separate staff, with separate guidelines. What changes would you recommend to achieve a more horizontal configuration in terms of:

- Location \_\_\_\_\_
- Staff \_\_\_\_\_
- Equipment \_\_\_\_\_
- Medical guidelines \_\_\_\_\_
- Informational materials \_\_\_\_\_
- Informational sessions \_\_\_\_\_

## Compliance with National Guidelines

When the headquarters of national institutions or organizations develop new standards or guidelines, they are sent to the service-delivery sites, where frequently nothing is done to disseminate them to the users. Very often national guidelines have not been communicated to the staff, who are therefore unsure about whether they are delivering services according to applicable standards. In facilitative supervision, however, the supervisor plays a critical role by:

- **Making sure the site has received the relevant program standards.**  
Obviously, if the site doesn't have the standards, the staff can't follow them. The facilitative supervisor contacts the national headquarters to obtain copies of the standards and provides them to the site.
- **Making sure the standards are widely disseminated and accessible.** Often the guidelines are located in one person's office, under lock and key. It is important that they be made available to staff, either by keeping them in a resource center or library, or by distributing copies to units or individuals.
- **Arranging for staff orientations, as needed.**  
If staff are unfamiliar with all or part of the standards, it is important to provide an opportunity to learn about them. Such orientations should be conducted at the site and include all staff (see Chapter 5).
- **Clarifying and filling gaps.**  
Sometimes staff ignore standards because they are unclear or because answers to specific questions are lacking. The facilitative supervisor's role is to clarify the standards and get the answers, bringing questions to the national level if necessary.
- **Making sure the standards are implemented.**  
During routine supervisory visits and observations, the facilitative supervisor may notice that certain standards are not being followed. If the staff do not identify these deficiencies during self-assessment and problem-identification activities (see Chapter 4), it is your responsibility to point out the shortcoming and help determine what the problem is and how to solve it.

Note that this is not exclusively a top-down process. The facilitative supervisor should also bring staff feedback to the national level to encourage needed policy changes.

### Example: Facilitating Compliance

Although the Ministry of Health (MOH), Tanzania stresses informed choice in its family planning policy, a study found that informed choice procedures for vasectomy were not standardized at the individual sites. For example, some providers required the spouse's consent and some did not (Muhondwa and Rutenberg 1997). During the dissemination meeting of the report, supervisors who considered informed choice to be a critical issue asked the MOH for clarification. Area supervisors then arranged to go to each site to orient and update staff and explain that the standard for female sterilization—that no spousal consent is required—also applies to male sterilization.

## Exercise

### Availability of Service-Delivery Standards

Using the chart below, fill in the first column with a list of the standards that the sites under your supervision should be following, such as infection prevention procedures, service delivery norms for STDs, and service delivery norms for family planning. During your next supervisory visit, check on their availability to relevant staff and the status of their implementation. Note the follow-up activities that will be necessary according to the situation. The first entries in the chart are examples.

Title of guidelines/standards	Status	Follow-up needed
1. Infection prevention guidelines	Not available to relevant staff; there is only one copy and it is kept in the medical director's office	<ul style="list-style-type: none"><li>■ Provide 5 additional copies, 1 for library</li><li>■ Orient staff to contents</li><li>■ Check on implementation during next supervision visit</li></ul>
2.		
3.		
4.		

## **Linking to External Resources**

One of the most important roles of the facilitative supervisor is that of liaison—that is, serving as a link between the site staff and external resources. In this way, the facilitative supervisor can help staff access resources to improve quality and maintain standards.

## **Funding Sources**

One of the greatest needs for sites is financial resources for the delivery of safe reproductive health services. There will be occasions when neither the site nor the local community has the financial means to carry out a quality-improvement task. In these cases, it will be necessary to approach external donors. Site staff usually do not have experience or expertise in seeking external financial support. Therefore, it is the role of the supervisor to assist in this area. Here's what you can do to help:

- Collect information on different donor agencies and the types of programs they support. (Remember that they need not be international, but could be local groups such as churches and the Rotary Club.) In this way, you can compare the site's needs with the scope of a given agency and avoid wasting time and energy submitting requests that are outside an agency's interests.
- Obtain and review the agency's proposal guidelines. Funding agencies generally have preferences about the length and content of proposals, in addition to schedules for proposal review. You can help the site staff prepare their proposal in accordance with the guidelines and submit it in time for review.
- Work with the site to prepare a budget. The first step is to analyze the site's costs (see Chapter 4), evaluate what it can contribute, and prepare a request for the balance. It is important that these data be accurate because the project may be audited.
- Assist the site in submitting the proposal and following up. Also, it would be helpful to remind the site to follow up when the response from the funding agency is late in coming.

## Exercise

### Funding Sources

Do you have information on external funding sources? Make a chart like the one below and fill it out. You should keep a record of these resources and update it as you obtain additional information.

Name of funding agency	Contact information	Geographical area	Areas of interest	Proposal guidelines	Other

- **Contact information:** As complete as possible, including address, telephone number, fax number, and e-mail address
- **Geographical area:** An agency's areas of specialization (e.g., continents, countries, rural, urban)
- **Areas of interest:** The types of programs an agency funds (e.g., family planning, MCH, male participation)
- **Proposal guidelines:** Length, points to be covered, how to prepare the budget, when the proposal should be submitted
- **Other:** Information that may be helpful in submitting an acceptable proposal, (e.g., some agencies insist that the staff have a certain proportion of women in managerial positions)