Facilitative Supervision Handbook

EngenderHealth's Quality Improvement Series

EngenderHealth

Facilitative Supervision

Handbook

ENGENDERHEALTH

Improving Women's Health Worldwide

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Acknowledgments

The concept of facilitative supervision is based on widely accepted quality management principles. Similar principles underlie all quality-improvement approaches to varying degrees. However, each organization that adopts facilitative approaches to supervision to improve quality must also innovate and adapt the approaches to meet the specific needs and context of the organization. This is one of the challenges of quality improvement, which calls for creativity and innovation as well as involvement, ownership, and commitment by all levels of staff in all lines of work.

EngenderHealth has had the privilege of working with many different organizations that have committed themselves to the challenging and continuous process of quality improvement. This handbook is the result of the hard work and essential contributions of hundreds of individuals and many organizations. We very much appreciate all of these and would like to acknowledge each of them specifically, but this would become another book in itself. Nonetheless, there are some individuals and organizations that must be mentioned as key partners in this effort. Without support from USAID and REDSO/ESA, facilitative supervision would still be on the drawing board. Joseph Dwyer's initial idea that supervision could be more effective if it facilitated good work performance rather than simply criticized was vital, as were his early efforts to spearhead the implementation of this approach in the field. Grace Wambwa implemented the earliest versions of facilitative supervision theory; Yatshita Mutombo helped train supervisors in the approach; the Ministries of Health of Kenya, Tanzania, Bangladesh, and Zimbabwe, as well as the Family Planning Associations of Tanzania (UMATI) and Kenya (FPAK), the Christian Health Association of Kenya (CHAK), and Marie Stopes Tanzania, all were key supporters and early adapters in their countries; Pamela Lynam and Feddis Mumba provided practical guidance at the conceptualization stage; and Karen Beattie and Beverly Ben Salem, as coauthors of EngenderHealth's working paper on facilitative supervision, provided an initial framework for this book.

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Among the team of current and former EngenderHealth staff and consultants who outlined the draft were Joseph Dwyer, Phyllis Butta, Maj-Britt Dohlie, Pamela Harper, Erin Mielke, Linda ole-Moi Yoi, and Grace Wambwa, joined by John Githiari, Job Obwaka, and Emily Matwale (from CHAK), Dr. Isaac Achwal and Rosana Simwa (from FPAK), and Jane Asila (from the Ministry of Health Kenya). All contributed their knowledge and experience in quality improvement and many later served as reviewers, adding case studies and examples from their field experience. As primary author, Phyllis Butta organized the material, undertook external research to produce a first draft, and integrated reviewer suggestions into subsequent drafts. Joanne Tzanis organized the book into a user-friendly and logical format, guided the editing process, and offered support in the effort to clarify concepts.

Field reviewers Abu Jamil Faisel, James Griffin, Grace Wambwa, and Jane Wickstrom helped to maintain the book's focus on the practical and feasible and added material from their own research and experiences. Jill Rips helped define Chapter 5 and provided insightful comments on the publication. More field reviewers continue to provide much-desired feedback on this handbook.

We cannot conclude without thanking all the pioneers in this initiative who have worked in Africa, Asia, Latin America, and worldwide together with EngenderHealth, sharing the common goal of improving supervision in health care to better meet the needs of clients!

Facilitative Supervision: A Key Component of EngenderHealth's Quality-Improvement Package

Facilitative supervision is a major component of continuous quality improvement in health services. However, facilitative supervision is not a "magic bullet." Rather, it is one of several other components of EngenderHealth's QI package, all of which are most successful when continuously used together.[1] These approaches and tools are designed to be applied at the site level, at the district, regional, or provincial level, and at the institutional level. They are particularly useful for district health-management teams, or other supervisory units, of health systems undergoing reform. They provide such teams and supervisors with approaches to improve the quality of supervision, clinical quality assurance, and training systems, and they enable site administrators to engage the community in defining and supporting the quality of services they want at the facilities that serve them.

Originally developed for family planning programs, these approaches and tools have been adapted and/or used for other reproductive health services, maternal care, child health services (including places where Integrated Management of Childhood Illnesses, or IMCI, is practiced), adolescent services, and even psychiatric services. They have been used in public- and private-sector sites, in large hospitals, and in very small clinics.

EngenderHealth's approaches for continuously improving the quality of services include:

- **Facilitative supervision**
  This is an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised. In order to facilitate change and improvement and to

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[1] For more information about how the tools function together as a package, see Dohlie, M. B., et al., 1999, Using practical quality improvement approaches and tools in reproductive health services in East Africa, *Joint Commission Journal on Quality Improvement* 25(11):574-587.

encourage staff to solve problems, supervisors must have the solid technical knowledge and skills needed to perform tasks, know how to access additional support as needed, and have time to meet with the staff they supervise.

- **Medical monitoring**
  This is an approach to continuously monitoring health care services aimed at identifying and rectifying gaps between actual practice and established standards and is a key element of facilitative supervision. Supervisors use a facilitative approach throughout site assessment, morbidity and mortality case review, onsite coaching and updates, and modeling client-provider interaction. Through medical monitoring, supervisors encourage staff to solve problems and communicate better through self-assessment and to incorporate solutions into an ongoing action plan at the site.
- **Whole-site training (WST)**
  This approach is aimed at meeting the learning needs of a site. WST links supervision and training, emphasizes teamwork and sustainability, and includes a range of training strategies. WST actively engages supervisors in the identification of learning needs at a site, planning and implementing the required training either on-the-job, on-site, or off-site, and facilitating the implementation of newly acquired skills through coaching, mentoring, and teamwork. WST includes *inreach* (staff orientations, referrals, linkages between departments, and adequate signs) to ensure that clients do not miss opportunities to access information and services for all their reproductive health needs when they come to the site.

To help implement these approaches, EngenderHealth has developed the following simple and practical tools designed to help supervisors and staff improve the quality of services:

- **COPE®**[2]
  This is a process and set of tools for health care staff to continuously assess and improve the quality of their services. COPE, which stands for "client-oriented, provider-efficient services," is built on a framework of

[2] AVSC International. 1995. *COPE: Client-oriented, provider-efficient services.* New York.

clients' rights and staff's needs. COPE consists of four tools: self-assessment guides (one for each of the clients' rights and staff's needs), a client interview guide, client-flow analysis, and an action plan. The self-assessment guides encourage staff to review the way they perform their daily tasks and serve as a catalyst for analyzing the problems they identify. The guides contain key questions based on international clinical and service standards, and the guide on safety includes a medical record review. The tools also highlight client-provider interactions and other areas of concern to clients.

- **Quality Measuring Tool (QMT)**[3]
  This tool is used annually to measure QI over time. Based on the self-assessment tool used in COPE, site staff and supervisors use the QMT together to determine whether clients' rights are being upheld and providers' needs are being met. Any new problems identified are then incorporated into the site's ongoing action plan.
- **Cost Analysis Tool**[4]
  Health care staff use this tool to measure the direct costs of providing specific health services. The tool measures the cost of staff time spent directly providing a service or clinical procedure, as well as the costs of the commodities, expendable supplies, and medications used to provide that particular service or procedure. The information can be used to improve the efficiency of staffing and use of staff time and supplies at a site, as well as to set user fees for different services that reflect the actual direct costs.
- **Community COPE®**[5]
  This participatory process and tools, an extension of COPE, is for health care staff to build partnerships with community members in order to improve local health services, making them more responsive to local needs. It can also have the result of increasing community "ownership" of health facilities and services and advocacy for resources for health. It is particularly useful to site administrators in areas undergoing health reform

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[3] EngenderHealth. 2001. *The Quality Measuring Tool for reproductive health services: A manual for using the Quality Measuring Tool for health care managers, supervisors, and providers.* New York, forthcoming.

[4] AVSC International. 2000. *Cost analysis tool: Simplifying cost analysis for managers and staff of health care services.* New York

[5] EngenderHealth. 2001. *Community COPE®: Building partnership with the community to improve health services.* New York, forthcoming.

as a means of engaging the community in defining and supporting the quality of services they want. The range of activities for learning about local needs and suggestions for improvement include individual interviews, group discussions, community meetings, site walk-throughs, and participatory mapping. Like COPE, the process includes identifying and analyzing problems, developing an action plan, and prioritizing solutions. Community members select representatives to join the health facility's quality-improvement committee and facilitate ongoing communication between the community and facility staff.