Defining a Performance Improvement Intervention for Kenya Reproductive Health Supervisors: Results of a Performance Analysis

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JHPIEGO, an affiliate of Johns Hopkins University, is a nonprofit corporation dedicated to improving the health of women and families throughout the world. JHPIEGO works to increase the number of qualified health professionals trained in modern reproductive healthcare, especially family planning.

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ABBREVIATIONS AND ACRONYMS

AVSC	AVSC International
CBD	Community-based distributor
CO	Clinical officer
COPE	Client-oriented, provider-efficient
DHMB	District health management board
DHMT	District health management team
DON	Division of Nursing
DPHC	Division of Primary Health Care
DPHN	District public health nurse
DTC	Decentralized Training Center
FIF	Facility Improvement Fund
FP	Family planning
GTZ	German Technical/Development Assistance Organization
JIK	Brand name for bleach in Kenya
KECN	Kenya enrolled community nurse
KENM/EHV	Kenya enrolled nurse-midwife/enrolled health visitor
MCH	Maternal and child health
MOH	Ministry of Health
MS	Medical superintendent
MTC	Medical Training College
NCK	Nursing Council of Kenya
NGO	Nongovernmental organization
OJT	On-the-job training
RH	Reproductive health
SIDA	Swedish International Development Agency
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

As partners under the USAID AIDS, Population and Health Integrated Assistance project, the Kenya Ministry of Health and JHPIEGO have developed an integrated clinical training system for both preservice education and inservice family planning (FP) training that utilizes a network of Decentralized Training Centers. The competency-based approach used in JHPIEGO-supported training improves performance by ensuring that trainees go back to their worksites with the knowledge and skills required to provide FP services. Once back at the workplace, however, participants often face constraints that limit their ability to provide quality services. Factors that can affect the performance of the healthcare provider include: job expectations, performance feedback, supplies and equipment, motivation, possessing the knowledge and skills to provide services, and supervision. For these participants—and their colleagues in clinical settings—to perform well, it is essential that they have regular and supportive personal contact from supervisors.

JHPIEGO proposes to address training-related supervision problems through the development of a supervision learning package. Before embarking on the development of the supervision learning package, JHPIEGO carried out a performance analysis that focused on reproductive health (RH) supervisors. In addition, a stakeholders meeting was held. Supervision topics identified by the supervisors, the health providers they supervise and other stakeholders will help shape the content of the package.

During the course of this performance analysis, it was determined that most health professionals charged with supervision responsibilities in Kenya lack the full range of knowledge and skills to perform their job effectively. Most supervisors are limited in this capacity because they have received neither training in this area nor any support or reference materials on supervision. In conjunction with the development of the supervision learning package, group-based and structured on-the-job training courses will be conducted as an intervention to improve supervisor performance. It is clear from the performance analysis that training is viewed as vital for improved supervisor performance. Supervisors and healthcare providers at all levels of the health system welcome the development of a supervision learning package and training courses. All are agreed, however, that the focus of the learning package should be where supervision has the most direct impact on the quality of services—namely, on-site supervision.

In addition to a lack of knowledge and skills, other causes of poor performance include: insufficient funds for transportation, lack of supervision tools (to be addressed in part through the development of the supervision learning package), infrequent supervision visits and inadequate national supervision guidelines. To maximize the effect of the training interventions, it is essential that these other causes of poor performance be addressed concurrently with the training of supervisors. During the performance analysis, the major responsibilities for a supervisor were identified and individual tasks were outlined that will specifically target these causes of poor performance. These duty categories include: planning, staffing, training, information, logistics, problem-solving, communication and finances. For each duty category, a summary of key issues was formulated and recommendations were made for the development of the supervision learning package.

Supervision is an essential intervention to maintain the performance of the healthcare provider, and improved supervision is unanimously recognized as important for the delivery of quality RH services in Kenya. The supervisor plays a critical role in ensuring that members of the community receive quality reproductive healthcare services. To perform effectively, the supervisor not only needs to acquire the knowledge and skills to do the job, but needs to work in an environment that will allow the supervisor to have a positive effect on the quality of services.

Defining a Performance Improvement Intervention for Kenya Reproductive Health Supervisors: Results of a Performance Analysis

BACKGROUND

Since 1995, JHPIEGO has been working under the USAID AIDS, Population and Health Integrated Assistance project with the Kenya Division of Primary Health Care (DPHC), the Nursing Council of Kenya (NCK) and the Division of Nursing (DON) to pioneer the development of an integrated clinical training system for preservice education and inservice family planning (FP) training that utilizes a network of Decentralized Training Centers (DTCs). The competency-based approach used in JHPIEGO-supported training improves performance by ensuring that participants go back to their worksites with the knowledge and skills required to provide FP services. Once back at the workplace, however, participants often cannot perform their tasks in the manner required for the delivery of quality services.

For these participants—and their colleagues in clinical settings—to perform well, it is essential that they have regular and supportive personal contact from supervisors. As stated in the *Family Planning Manager's Handbook* (Wolff, Suttenfield and Binzen 1991), the purpose of supervision is to guide, support and assist staff to improve performance in carrying out their assigned tasks. In Kenya, a common understanding and definition of the word *supervision* does not exist, much less a common approach applied to supervision activities. Few, if any supervisors have received training in supervision, and they lack standardized tools to assist them in their supervision activities. The supervision system needs to be strengthened if improved performance of service providers is to be maximized. USAID has endorsed this strategy in its recommendation to support skills training for supervisors.

A number of reference manuals developed by JHPIEGO and other organizations address supervision. These documents, however, are seldom used and have not had a visible effect on service delivery in Kenya. The challenge facing the Ministry of Health (MOH), JHPIEGO and other partners is how to operationalize the key features of these manuals in Kenya. Recognizing that training (e.g., group-based courses, structured on-the-job training [OJT]) and non-training (e.g., funding, transportation) interventions will be required to strengthen the supervision system, JHPIEGO proposes to address training-related supervision problems through the development of a supervision learning package. Learning through this package will be problem-based and may occur in a group-based course or in a self-paced, OJT course. Supervision training is designed to support the supervision system and will translate into improved provider performance and the delivery of quality services.

Before embarking on the development of the supervision learning package, JHPIEGO conducted a needs assessment (performance analysis) that focused on the roles and responsibilities of reproductive health (RH) supervisors. During this assessment, supervision topics were identified by the supervisors, the health providers they supervise and other stakeholders and will be used to shape the content of the learning package. Key stakeholders will be made aware of causes of poor performance that need to be addressed through non-training interventions. Decisions will need to be made regarding the strategy for designing and implementing these interventions to maximize their impact.

ASSESSMENT OBJECTIVES

The performance analysis was designed to guide the development of the supervision learning package by providing a better understanding of the challenges RH supervisors encounter. The specific objectives were:

- To provide a basic description of the existing RH supervision system including a list of supervision tools and definitions of supervision
- To identify essential knowledge, skills and tools for RH supervision that will form the basis of the supervision learning package

METHODOLOGY

The performance analysis was carried out from August through September 1999 and consisted of a desk review, a supervisor questionnaire, key informant interviews and a key informant questionnaire.

Desk Review: Existing materials that address supervision (e.g., *Family Planning Manager's Handbook* [Management Sciences for Health], *Facilitative Supervision* [AVSC]) were reviewed and sections that deal with clinical supervision were identified.

In addition, existing tools or instruments for RH supervision were collected during the assessment. Although the assessment did not include a technical review of the tools, they are listed as resources for the supervision learning package. They will be used before and during the supervision learning package workshop to ensure that participants do not, in effect, duplicate existing resources.

Supervisor Questionnaire: RH supervisors were asked to indicate the topics they felt should be included in a supervisor's training course. A convenience sample of supervisors from 3 districts (Kakamega, Siaya and Machakos) was used. It included members of the District Health Management Team (DHMT) (e.g., the Medical Officer of Health), the District Public Health Nurse (DPHN) and the Matron In-Charge of maternal and child health (MCH) at the district hospital, as well as representatives from the DTC, where available. This questionnaire was self-administered with a total sample size of 17. (See **Appendix** for the results of the questionnaire.)

Key Informant Interviews: Interviews with a number of key informants were carried out using a semi-structured questionnaire. The interviewees were asked to describe the existing supervision system and identify several of the system's key strengths and weaknesses. A number of the key informants were also asked to complete the Supervisor Questionnaire to solicit their ideas regarding topics to include in the learning package. Key informants included relevant members of the public health sector (e.g., DHMT, facility in-charges, service providers) as well as donors and USAID cooperating agencies that have an interest in training and supervision for RH.

Key Informant Questionnaire: A targeted questionnaire was used to elicit very specific information from several key informants about supervision training priorities. Questions directed to this group were very focused and were intended to encourage support for the recommendations to come from the assessment.

FINDINGS

Working Definition of "Supervision" for Purposes of the Learning Package

There are as many definitions of the term "supervision" as there are people who supervise; each person tends to define supervision for his or herself by highlighting the elements of the job that are most important to him or her. The terms "supervision" and "management" are often used interchangeably. Some people understand supervision to be a subset of management—specifically addressing the human resource element—while others believe management is a skill area intrinsic to supervision.

The *Kenya Inservice Reproductive Health Training Curriculum* defines supervision as "... all the activities that ensure that personnel perform their duties effectively. In some situations, the service provider is expected to supervise the work of other providers and subordinate staff" (Kenya MOH/DPHC 1995). The *Family Planning Manager's Handbook* states more simply that the purpose of supervision is to "guide, support, and assist staff to perform well in carrying out their assigned tasks" (Wolff, Suttenfield and Binzen 1991).

Whatever its relationship to management, the term "supervision" is often met with suspicion. Its general meaning is frequently interpreted as "keeping an eye on someone" or checking that work is done in the way it is supposed to be done. When seen as "policing," such negative views toward supervision often reflect the real experiences of many health providers.

According to Bond and Holland (1998) "clinical supervision should be about *empowerment and not control*, hence emphasizing that the route to professional accountability is through *building confidence and self-esteem*, which in turn requires careful, supportive feedback." In their textbook on clinical supervision, Bond and Holland (1998) define clinical supervision as an enabling and reflective process that helps achieve quality services: "Clinical supervision is regular, protected time for facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. The supervisee reflects on the part she plays as an individual in the complexities of the events and the quality of her practice. This reflection is facilitated by one or more experienced colleagues who have expertise in facilitation and the frequent, on-going sessions are led by the supervisee's agenda...."

During this assessment, informants were asked to give their definition of the term "supervision" (shown in **Figure 1**). The most commonly mentioned themes or concepts included: "providing guidance," "checking," "monitoring and evaluation" and "ensuring that what needs to be done is done."

Figure 1. Definition of "Supervision" (As Expressed by Key Informants)

- "Supervision involves checking and providing guidance on performance of tasks"
- "Process of getting activities done according to plan of activities"
- "Giving task guidance, correcting, monitoring and evaluation"
- "Leading, guiding, counseling in order to achieve desired results"
- "Ensure what is to be done is done the right way"
- "Coordinates services in health institutions, deploying and ensuring materials are available for the staff to use"
- "Assessment of staff motivation, evaluation of duties"
- "Ensure what needs to be done is being done correctly and efficiently"
- "Close look at what you are doing and monitoring the workers for the betterment of institution"
- "Overseeing activities being performed including: training, service delivery, planning, implementing and feedback"
- "My involvement in seeing that things are done the right way and right time"
- "Supervision is: identify problems with service provider and see how you can solve them together"
- "Supervision is someone planning, organizing, coordinating services and carrying out continuous monitoring and evaluation"
- "Supervision is someone charged with the responsibility"
- "To ensure what needs to be carried out is carried out"

Description of Existing Supervision System

Informants from various levels of the healthcare delivery system were asked to describe the supervision system as they know it—some from the perspective of a supervisor and others from the perspective of a supervisee. They were asked to identify several of the system's key strengths and weaknesses and to make recommendations for its improvement. Summaries of their responses are grouped below.

Central Level Supervision

Supervisors interviewed included: the NCK and the MOH/DPHC Training Division

One reason the NCK does not participate in supervision activities is because there is a shortage of personnel within the council. The interviewees acknowledged that the supervision of nursing services is weak. When the staffing situation improves, the NCK will revive the inspectorate department that was responsible for supervision activities in the 1980s.

The MOH/DPHC Training Division is responsible for supervising 13 training sites (DTCs), each of which has five practicum sites. Although the DPHC trainers are charged with providing external supervision to the training sites, they have not received any training in supervision.

DPHC trainers do not carry out integrated supervision; they only provide support supervision in the area of RH. Detailed RH clinical skills and training skills checklists are available for them to use, but a supervision checklist that includes other general performance issues does not exist. DPHC trainers always give notice to the sites before visiting them. Upon completion of the supervision visit, reports are written by the trainers and feedback is given to the training sites and to those supervised.

The DPHC supervision system lacks essential resources for effective supervision such as computers, photocopiers and transportation.

District Level Supervision

Supervisors interviewed included: Medical Officer of Health/Machakos District and DPHNs from Kakamega and Siaya Districts

In general, all members of DHMTs have supervision responsibilities that reflect their respective areas of technical expertise. One member of each DHMT, the DPHN, has had specialized training in RH and therefore is responsible for supervision of RH services for the district. At times, DHMT members go out for supervision visits as teams, while at other times they conduct supervision individually.

In both Kakamega and Siaya districts, all 14 DHMT members have had training in supervision and, in theory, carry out routine supervision for about five days each month. In practice, however, the Siaya DHMT took part in supervision for only ten days in the last quarter.

No checklists are available for routine supervision. In Machakos, topics for supervision visits are planned around specific issues or problems at the site. Supervision is mostly crisis-oriented, and the team member who makes the visit relies on the identified problem to plan his or her visit.

In Kakamega, all routine supervision in the district is supported financially by the MOH. Specific project supervision (e.g., supervision for the community-based distributor [CBD] program and RH training activities) is supported by donors. In the past, the Kakamega DHMT members or the preceptor rarely joined RH project staff (e.g., for CBD or adolescent fertility management projects) on supervision visits. Since a preceptorship meeting in October 1998, DHMT members and the preceptor have accompanied RH project staff on supervision visits more often.

The Kakamega DHMT carries out supervision visits to the CBD project sites four times a year. Two of these visits are supported by the sponsoring agency, German Technical/Development Assistance Organization (GTZ), and two by the DHMT. CBD activities in all districts are supervised by project staff on a monthly basis. The CBD program has a supervision checklist but it is not used by the DPHN or the CBD supervisors. No explanation was given for the failure to use the checklist.

In Siaya District, about 50% of project-specific supervision is carried out by project staff who plan the supervision visit together with the DHMT. The Siaya DHMT members, however, do not join RH project staff for supervision visits. Donors support 50% of supervision activities while the DHMT provides financial support for the other 50%. It is anticipated that the RH supervision system will be sustained by fees for services and income-generating activities (e.g., sale of cards, client files and syringes).

The MOH/Machakos claims that reports are good when they are received; however, an examination of the reports revealed that they predominantly consist of service statistics. The Kakamega DPHN

claimed that the quarterly supervision reports are clear and a good representation of the quality of reproductive services provided. The DPHN from Siaya did not agree. The reports have been helpful to the work of the DPHNs from both districts who believe that regular supervision visits improve quality.

Training Supervision

Supervisors interviewed included: DTC Coordinators, Kakamega and Machakos Districts

The DTC coordinators are accompanied by the preceptor when carrying out monthly support supervision to the hospital-based training site. Only once did a DTC coordinator from Machakos go on a supervision visit to a training site with the DPHN. Plans have been made to conduct supervision at training sites outside the hospital, but these plans have not yet been implemented.

During their visits, the DTC coordinators conduct support supervision for activities other than RH. In Kakamega, supervision tools or checklists are used for assessing RH clinical and training skills, but not for general supervision. In Machakos, the DTC coordinator makes her own tools or checklists. She admitted that she does not use her reports to plan subsequent supervision activities.

The DTC coordinators felt that they were providing adequate support supervision to the trainees at the hospital and that their efforts have improved linkages between preservice, inservice and service providers. The RH supervision process, however, is hampered by inadequate training in supervision, lack of transportation, poor coordination of supervision activities and lack of clarity regarding the respective supervision roles of the DHMT members, trainers and other supervisors.

Facility Level Supervision

Supervisors interviewed included: Medical Superintendents (MS), Hospital Matrons and Facility In-Charges for Kakamega and Siaya Districts

MS are responsible for supervising all departments within the hospital. The MS at Siaya District Hospital makes a supervision schedule and supervises daily. He also conducts monthly meetings for staff. The MS from Kakamega would like to supervise more often then his usual twice weekly visits but is unable to because of conflicting responsibilities and a heavy workload.

Neither MS has had formal training in supervision. The hospital matrons claimed to have had formal training in supervision skills.

Supervision tools are not available in either the Kakamega or Siaya hospitals. Departmental reports and records form a basis for action and improvement of services. The hospital matrons prepare for supervision on a daily basis by making a list of areas to be supervised. The matron from Siaya District completes her self-designed checklist while observing client-provider interactions and notes mistakes in a notebook.

According to the matron at Kakamega General Hospital, the current supervision system does not provide adequate support to the RH service providers. It is not common practice for DHMT members to join the matrons in supervision visits. The hospital supervision system is maintained by Government of Kenya funds that are far from adequate. In Kakamega, donor support of RH supervision in the hospital is about 15%. When the donor withdraws, it is hoped that supervision of RH services will be sustained by cost-sharing funds.

The supervision system in Siaya is constrained by a shortage of staff, inadequate fuel and transportation, poor telephone service, inadequate supply of gloves and JIK (bleach), and lack of supervision checklists. Supervision in Kakamega is constrained by lack of resources and space in service areas.

Supervisees interviewed included: Clinical Officer (CO) In-Charge, Nursing Officer In-Charge of Nursing Services and Deputy In-Charge of the Health Centre, Kakamega and Siaya Districts

Neither the Makunga Rural Health Demonstration Centre nor the Bushiri Rural Health Demonstration Centre (Kakamega District) was given notice before the most recent supervision visit. The health center in Siaya was given notice by the District Health Office. In both districts, the RH supervision teams (consisting of the DPHN, the DTC coordinator and the preceptor) supervise activities other than RH. During the supervision team's visit, the Siaya DPHN gave drugs, gas and expendable supplies to the facility.

The in-charges at both health centers in Kakamega received feedback at the end of the supervision visits; this feedback was negative at the Bushiri Health Demonstration Centre. The in-charge at the health center in Siaya was not given feedback. Feedback at the Kakamega health centers was given with the service provider present. The length of the last supervision visits varied: 1 hour (Bushiri), 45 minutes (Makunga) and 20 minutes (Siaya). In spite of these variations in supervision practices, the in-charges from all three health centers see some positive results from the supervision visit.

Service Providers

Supervisees interviewed included: Kenya Enrolled Nurse-Midwife/Enrolled Health Visitor (KENM/EHV) and Kenya Enrolled Community Nurse (KECN), Kakamega District

Two service providers were interviewed at the health center level in Kakamega District. Both described the same process. They recalled being supervised by the DPHN during the last RH supervision visit. During the supervision session, the supervisor observed the service provider when providing services to clients, evaluated the quality of records and examined the equipment to determine whether it was clean, adequate and in working order. The RH supervisor did not use a checklist.

When the RH supervision team came, they supervised activities other than the RH services. The total visit took 1 hour for one service provider and 25 minutes for another. Both service providers and the in-charges received constructive feedback from the supervisor during the last visit. The supervisees claim that the last supervision visit was helpful to them and their clients.

Donors

GTZ

Support supervision is one component of GTZ support to its extensive CBD program in Kenya. The supervision component provides fuel funds, lunch allowances and bicycles to be used by CBD supervisors. It is believed that the DPHN and CBD supervisors do not supervise effectively, and consequently supervision of the CBD program is poor. A CBD supervisor's checklist is available but not used.

Swedish International Development Agency (SIDA)

The SIDA-supported program in Kenya is still in its formulation stage. The focus will be on district level capacity-building, with a concentration on RH. Three to six districts will be selected to receive assistance to become model districts with the goal of expansion at a later date. Supervision is a key area of discussion in the development of project documents and is considered essential to managing expansion. According to the informant, supervision must come from the provincial level because districts cannot supervise themselves, and effective supervision from the central level is unrealistic. SIDA hopes to participate in the field-testing of the supervision learning package planned for September 2000.

Implementing Organizations

AVSC International

AVSC offers facilitative supervision training and practice. Supervision training is attended by nurses and doctors from both public and private sectors (e.g., MCH/FP nurse in-charge or provincial gynecologists) who are already participating in supervision activities. The physicians selected for the training course must be trained in minilaparotomy and voluntary surgical contraception counseling, and the nurses must be trained in basic FP. Supervisors who complete the course are followed up frequently by AVSC and DPHC staff. The facilitative supervision course is one week in length and provides the following tools:

- Self-assessment checklist for quality improvement
- Orientation curriculum
- OJT curriculum
- COPE package

Although it is believed that the course results in improvements in service quality, AVSC staff recognize that the program faces a number of challenges. During an interview, an AVSC staff person mentioned that the selection criteria for supervisors is not always clear and the Provincial Health Management Team is not always involved, resulting in a lack of support from management at the provincial level. During training, trainee supervisors are rarely able to put theory into practice and facilitators have limited opportunity to provide them with feedback. Once on the job, physicians are often too busy to carry out their supervision responsibilities. Lastly, the supervision training has a vertical focus and is not integrated with other services.

Other Country Experiences

Uganda

The Uganda MOH is currently implementing the development of a national supervision system as a part of the general health sector program. The national supervision strategy includes: the development of national guidelines, the development of a supervision schedule, a plan to obtain a steady source of funds, the involvement of community leaders, training and advocacy programs, and the application of a cascade approach (i.e., center to district, district to facility, facility to community). The creation of a Joint Mission Agreement is planned that will specify areas to be supervised, the supervision methodology and the identification of indicators and expected

outcomes. Areas to be supervised include: funds utilization, progress on national indicators and sector development in relation to macro economic development. This supervision system falls under the MOH's Quality Assurance Programme and the jurisdiction of the director general.

The strategy specifies that Quality of Care supervision teams will conduct supervision visits on a quarterly basis to the districts, as well as to all hospitals and selected health facilities. The national supervision guidelines include indicators at district and health facility levels. These guidelines are intended to standardize general supervision into a modular format which all projects must follow. This structure, however, does allow for the application of technical supervision so that each individual project or health program can conduct its own targeted followup of technical areas.

Various programs have already developed their individual technical supervision guidelines and tools. For example, the Delivery for Improved Services in Health project has a 200-page supervision tool that includes 11 technical areas for following up their RH trainees. The National Health Information System Manual includes a district level module on support supervision.

An assessment of supervision activities of three USAID-assisted RH projects was conducted in 1997. It examined: the various supervision tools, the frequency and quality of supervision, a synthesis of supervision data, the utilization of system outputs, and the impact on service quality and sustainability (Burnham and Stinson 1998).

Tanzania

INTRAH has been involved in supervision training in Tanzania since 1995. INTRAH's project trains trainers at the central level who then go on to serve as resources for continued supervision training at district and facility levels. The 3-week curriculum for central level training focuses on:

- Training skills, including curriculum development
- Supervision skills
- RH updates

Similar training was carried out for district level managers and facility level COs. The training for COs also included skills in providing OJT. Using a checklist, facilitators followed up the supervisor trainees several times during the next year. During these visits, they found that the supervisor trainees were using the skills they had learned in training (e.g., problem-solving, OJT and the provision of feedback).

After the initial two years of support by INTRAH, this project became fully supported by the MOH/Tanzania. The team of master trainers at the central level are now able to conduct trainings and develop training curricula. INTRAH believes the program could be improved if the curriculum included strategic planning and if more on-site training took place. INTRAH also recommends that Medical Training College (MTC) tutors be included in the training of supervisor trainers.

Existing Tools for Supervision

The following list includes a sampling of tools that currently exist for various types of supervision. Note that this list is not exhaustive.

Kenya-Specific Tools

- *Training Supervision Visit Checklist*
  For DTCs

- *Support Supervision Summary Skills Report*
  For JHPIEGO-supported RH training

- *Kakamega District: Rural Health Facility Checklist*
  General supervision, includes one short section on MCH/FP

- *Facility Improvement Fund (FIF) Supervision Manual for Provincial Medical Officers, District Health Management Boards (DHMBs) and DHMTs*
  Intended to improve the collection, management and use of FIF revenues

Other Tools

- *National Supervision Guidelines*: Quality Assurance Programme, MOH, The Republic of Uganda
  These guidelines apply to all levels of the health services delivery chain and will become an effective tool for ensuring adherence to performance standards and improving quality of services provided on a continuous and sustainable basis.

- *The Family Planning Supportive Supervision Checklist*: National Family Planning Programme, MOH, Tanzania
  This tool will help the supervisor and supervisee collect information that can be used to evaluate FP services. By using this checklist, a supervisor will be able to contribute to the content of training programs as well as the quality and utilization of services.

Recommendations for Improving the Performance of the Clinical Supervision System

Informants were asked to specify recommendations for the improvement of the performance of the clinical supervision system. Some of the areas recommended are systemic in nature, but others can be addressed through training (these are highlighted below with an asterisk *). Almost all informants mentioned training as the key to improved performance in supervision.

The recommendations are*:*

Training
* Develop a supervision learning package
* Train supervisors in supervision skills (including DPHC trainers and officers in other departments, DTC trainers, OJT trainers, and supervisors at the facility level)
* Provide OJT package for supervisors
* Provide training in financial management
* Provide training in RH knowledge and skills

Tools and Checklists
Develop a tool for integrated supervision
Develop a supervision checklist

Terms

Motivate supervisors by providing incentives
Review DPHNs' roles and responsibilities, with an eye to reducing their workloads
* Encourage team supervision among the supervisors
Involve donors in supervision activities

Resources

Improve provision of supplies
Improve provision of transportation
Increase financial resources

Procedures

* Carry out supervision more frequently
Increase supervision time
* Hold regular meetings to discuss conditions, problems and solutions
* Develop data computing system
* Give feedback to the in-charge of the facility and the service provider at the end of the supervision visit

Essential Knowledge and Skills for Effective Reproductive Health Supervision

The following section highlights the findings from two separate but related exercises that were carried out to identify the key areas of knowledge and skills for effective RH supervision. One exercise consisted of a questionnaire administered to supervisors as a part of the performance analysis. The second exercise was a meeting of key stakeholders to identify the key duties of a RH supervisor. The findings or outcomes of these two exercises will help formulate the content of the supervision learning package.

Supervisor Questionnaire

A questionnaire was administered to a sample of RH supervisors from three districts (Kakamega, Siaya and Machakos). This questionnaire was intended to solicit topic ideas (key knowledge and skill areas) for inclusion in the supervision learning package. The sample of 17 respondents included members of the DHMT, the MS and the matron in-charge of MCH at the district hospital as well as representatives from the DTC. (See **Appendix** for the results of the questionnaire.)

Those who completed the questionnaire supervise the following cadres of health personnel: 8 supervise trainees, 5 supervise physicians, 12 supervise nurse-midwives and COs, 10 supervise auxiliary staff, 5 supervise office staff and 3 supervise CBDs. Twelve respondents provide on-site supervision, 6 provide district level supervision, 2 provide regional and 1 provides central level supervision. All supervise anywhere from 5 to 76 sites.

The findings from this questionnaire are summarized in **Table 1**. The table lists those topics or skill areas from the questionnaire that a majority of the respondents indicated were essential for effective supervision. It also lists additional topics as suggested by the respondents. The topics in the table are organized according to the duty categories identified during the stakeholders meeting. (See the following section.)

Table 1. Summary of Findings from Supervisor Questionnaire

	Very Important *(all but 1 or 2 respondents indicated this topic as essential for supervision training)*	Moderately Important *(at least two thirds of respondents indicated this topic as essential for supervision training)*	Suggested by Respondent
Introduction (or Overview)	Understand the roles and responsibilities of a supervisor		"Support supervision" "Concept of supervision" "General supervisory methods and tools"
Planning	Plan supervision/prepare a supervision schedule Coordinate supervision activities	Develop a supervisor's session plan	"Proposal writing"
Staffing	Manage conflict Set performance objectives	Develop consensus Plan for staffing Deploy staff Develop work teams Improve staff motivation	"Discipline of staff" (3 respondents)
Training	Assess provider clinical and counseling skills Facilitate the transfer of training Provide guidance and training	Assess the clinic facility (physical setting, equipment and supplies) Coach an employee or health provider Prepare for/organize training Manage types of training (group-based, distance, structured OJT) Evaluate/follow up participants Support the transfer of training	"RH and other related issues" "Emergency contraceptive update" "Training needs assessment" "Impact of supervision on quality of services" "Linking trainee supervisor with MTC tutors"
Information	Write reports	Interpret data Use data Share data (up to central level and down to site level)	"Writing reports"
Logistics	Manage supplies and equipment		"Management of four M's"
Problem-Solving	Identify and solve problems		
Communi-cation	Communicate effectively Provide constructive feedback	Conduct presentations Manage a group meeting	"Involving the community in RH" "Basic skills in counseling" "Linking with DHMTs/ DHMBs"
Financial Management			"Financial management" "Administration as an element of management" "Sustainability of supervision system"

Stakeholders Meeting at the Landmark Hotel

A stakeholders meeting, entitled *Supervision for Performance Improvement*, was held at the Landmark Hotel in Nairobi, Kenya on 13 August 1999. Twenty key stakeholders who have responsibilities for and experience in clinical supervision attended this meeting. Staff from the MOH/DPHC Training Unit, DON, NCK, DHMTs and nongovernmental organizations (NGOs) (e.g., AVSC, Management Sciences for Health, INTRAH and Family Planning Logistics Management) were represented.

During group work, participants were asked to identify the major duties of a RH on-site supervisor. This activity resulted in the enumeration of 10 duty categories that will form the basis for the chapters and content in the supervision learning package. These duties are: planning, staffing, training (performance improvement and staff development), information, logistics (e.g., physical facility, equipment and supplies), problem-solving, communication and financial management. The workshop participants also developed a list of specific tasks within each of the duty categories. (See **Appendix**.) An additional chapter entitled "external site supervision" was suggested to address the tasks unique to external supervisors such as DHMTs.

Topics to be Included in the Supervision Learning Package

A number of topics were recommended from the supervisor questionnaire or interviews that were not identified during the stakeholders meeting. These additional topics will be included in the learning package. They are listed below.

Q=Indicated as very important by respondents of the questionnaire
R=Additional suggestions made by respondents of the questionnaire
I=Recommendations by the key informants

- **Introduction/Overview**
  Understand the roles and responsibilities of a supervisor (Q)
  "Concept of supervision" (R)
  "Definition of support supervision" (R)
  "General supervisory methods and tools" (R)

- **Planning**
  Plan supervision/prepare a supervision schedule (Q)
  Coordinate supervision activities (Q)
  Encourage team supervision (I)
  Carry out supervision more frequently (I)
  Give feedback to the in-charge and service provider at end of supervision visit (I)
  "Proposal writing" (R)

- **Staffing**
  Provide guidance (and training) (Q)
  Manage conflict (Q)
  Set performance objectives (Q)
  "Discipline of staff" (R)

- **Training**
  Facilitate the transfer of training (Q)
  Provide FP/RH updates (Q)

- **Information**
  Write reports (Q)

- **Logistics**
  No additional suggestions

- **Problem-Solving**
  No additional suggestions

- **Communication**
  "Basic skills in counseling" (R)

- **Financial Management**
  "Administration as an element of management" (R)
  "Sustainability of supervision system" (R)

By comparing recommendations made by meeting participants, supervisor questionnaire respondents and key informants, the tasks listed in **Figure 2** are those determined to be essential for inclusion in the supervision learning package.

Figure 2. Essential Supervisor Tasks

Supervisor Tasks Identified as Essential from Two or Three of the Following: Stakeholder Workshop, Key Informant Interviews and Supervisor Questionnaire

Planning
- Evaluates, compiles and gives feedback on site activities

Staffing
- Implements performance improvement system

Training
- Conducts site and training needs assessments
- Manages various training activities
- Provides coaching (guidance)
- Identifies strengths and weaknesses of staff clinical skills
- Maintains care standards (as an outcome of supervision)

Information and Data
- Shares information upward and horizontally

Logistics
- Manages supplies and equipment, in general

Problem-Solving
- Has problem-solving skills, in general

Communication
- Provides (constructive) feedback on job performance
- Provides linkage between senior supervision staff and other stakeholders
- Writes and submits reports
- Ensures feedback from community regarding site activities (community involvement in RH)
- Has communication skills, in general
- Calls regular staff meetings

Review of Existing Materials That Address Supervision

Family Planning Manager's Handbook: The *Family Planning Manager's Handbook* includes many topics relevant to supervision but does not address some of the topics suggested during this performance analysis. Examples of additional topics not addressed in this handbook are: coaching (both programmatically [facilitation] and clinical), problem-solving (both site-based [e.g., COPE] and system-based plus clinical problem-solving) and communication.

AVSC Facilitative Supervision Document: The emphasis in this document is on the facilitative approach. The document includes very little "how to" information.

DISCUSSION

During the course of this performance analysis, the views of many stakeholders in RH were sought regarding the existing supervision system for RH. Many suggestions for the improvement of the supervision system as a whole were made during key informant interviews. The focus of this assessment, however, was to identify areas within the existing supervision system that could be improved through training interventions. Other, more systemic problems (e.g., personnel shortages, inadequate transportation and insufficient amounts of drugs and supplies) should be addressed by other interested partners.

Although very little training in supervision has been conducted within the health sector in Kenya, it is clear from the performance analysis that training is viewed as vital for improved supervisor performance. The development of a supervision learning package was welcomed by supervisors and service providers at all levels of the health system. It was agreed during the stakeholders meeting, however, to focus training where supervision would have the most direct impact on the quality of services—namely, on-site supervision.

Most health professionals in Kenya have a somewhat similar understanding of what supervision entails and how it should be carried out in an ideal situation. In reality, supervision practices have not been standardized. It is important to cultivate a common understanding of what supervision is, and advocate the positive impact it can have on the quality of RH service delivery. To this end, participants at the stakeholders meeting identified major duty categories for a supervisor and outlined tasks which would be addressed through the learning package.

The following section is organized around these major duty categories. For each duty category, a summary of key issues is presented and recommendations are made for the development of the supervision learning package. The key issues are an outcome of the performance analysis process: the needs assessment and the stakeholders meeting.

Supervision Learning Package Categories

Introduction

It is very important that this section presents a framework for supervision within the context of health sector policies and guidelines and provides a foundation for the remainder of the learning package. The introduction must define "supervision." As requested by informants and respondents, the introduction should provide a general understanding of the roles and responsibilities of a supervisor and give instruction on general supervision methods and tools.

Planning

Planning for supervision is already being done by supervisors throughout the health system. Although many supervisors lack standardized tools or checklists to help guide them during their duties, many develop checklists of their own. Some supervisors say that they use departmental reports and records for planning supervision; others admit that they do not use information at their disposal. Some plan for supervision on a daily basis, while others respond to requests or needs from their supervision sites. Generally, planning is crisis-oriented and improvised by individuals. Clearly, supervisors would benefit from learning how to become better planners, which would in turn help to standardize the supervision procedures.

Planning is a basic skill for good management but often supervisors do not consider themselves "managers." Many of the planning topics suggested during the assessment were very specific and reflected a narrow focus (e.g., "prepare a supervision schedule"). Participants at the stakeholders meeting, however, looked at planning as a broader management process. They suggested activities that range from conducting site needs assessments to setting goals and objectives to developing work plans that ensure adherence to the national RH guidelines.

Staffing

Supervisors want help in managing the staff they supervise. During the assessment, they asked for instruction in skills such as conflict management, setting performance objectives, developing consensus and deployment. They were particularly interested in learning about motivational issues such as facilitating teamwork, job productivity, job satisfaction and performance appraisals.

According to interviewees, feedback is almost always given during supervision visits to both the service provider and the in-charge of the facility. Some claim this feedback is constructive and useful while others find it negative. The quality of feedback is another key topic to be included in the learning package.

Training (Performance Improvement and Staff Development)

The supervisors requested training for themselves in other specific areas of RH, as well as training to learn how to organize and manage training on behalf of their supervisees. This chapter may have to be divided into two distinct sections. Or, tasks such as "assessing the clinical facility" may have to be addressed somewhere else in the package. It is clear, however, that this chapter should address topics such as providing guidance, coaching, preparing/organizing different types of training and following up trainees.

It is of interest to note that the supervisors themselves desire training or updates in RH and issues of quality. Although these needs are beyond the scope of the supervision learning package, it is important to link training in supervision to training in RH.

Information

Supervisors appear less interested in learning about managing data than they are in other duty areas. Supervisors may not be aware of the importance of information for management although it was recognized as necessary by meeting participants. Respondents articulated the need to improve report writing skills and, to a lesser degree, the use and sharing of information.

Logistics (Includes Physical Facility, Equipment and Supplies)

Respondents and meeting participants indicated that general skills in managing supplies and equipment are essential. Specific skills (e.g., ordering supplies and maintaining infrastructure), however, were not identified by supervisor questionnaire respondents as essential. Although supervisors may understand the need to oversee the management of supplies and equipment, they are not directly involved in the day-to-day logistics and so they do not see the need to have it included in training. Interestingly, the most common problems identified that affect supervision include lack of resources, shortages of drugs and supplies, and other logistical issues.

Problem-Solving

Problem-solving was unanimously identified as an essential general skill to learn.

Communication

Effective communication was identified as an essential skill by nearly all supervisors. Specific aspects of communication were also recognized as important (e.g., providing constructive feedback, writing reports, making presentations, managing groups, making linkages and involving the community).

Financial Management

Financial management was identified as an essential skill for supervisors. Respondents and meeting participants also expressed interest in learning about sustainability. During interviews, several respondents mentioned that support for supervision will be dependent on cost-sharing activities or fees for service.

SUMMARY

The goal of any RH program is the delivery of quality healthcare services. Essential to the delivery of these services is a competent healthcare provider. Several factors affect the performance of the healthcare provider including job expectations, performance feedback, supplies and equipment, motivation, possessing the knowledge and skills to provide services, and supervision. Supervision is an essential intervention to maintain the performance of the healthcare provider, and improved supervision is unanimously recognized as important for the delivery of quality RH services in Kenya.

Although most supervisors define supervision in different ways, commonly mentioned themes or concepts include: “providing guidance,” “checking,” “monitoring and evaluation” and “ensuring that what needs to be done is done.” These concepts endorse the definition for supervision provided by the *Family Planning Manager’s Handbook*, to “guide, support, and assist staff to perform well in carrying out their assigned tasks” (Wolff, Suttenfield and Binzen 1991).

During the course of this performance analysis, it was determined that most health professionals charged with supervision responsibilities in Kenya lack the full range of knowledge and skills to perform their job. Most supervisors are limited in these areas because they have received neither training in this area nor any support or reference materials on supervision. The intervention selected to improve supervisor performance includes the development of a supervision learning package and group-based and structured OJT courses. The development of a supervision learning package and training courses is welcomed by supervisors and service providers at all levels of the health

system. The intent of the JHPIEGO-supported learning package, however, is to focus on the area where supervision has the most direct impact on the quality of services—namely, on-site supervision.

In addition to a lack of knowledge and skills, other causes of poor performance include: insufficient funds for transportation, lack of supervision tools (to be addressed in part through the development of the supervision learning package), infrequent supervision visits and inadequate national supervision guidelines. To maximize the effect of the training interventions, it is essential that these other causes of poor performance be addressed concurrently with the training of supervisors.

The supervisor plays a critical role in ensuring that members of the community receive quality reproductive healthcare services. To perform effectively, the supervisor not only needs to acquire the knowledge and skills to do the job, but needs to work in an environment that will allow the supervisor to have a positive effect on the quality of services.

Key Informants:

Central Level

NCK, Mrs. J. Mwamuye
MOH/DPHC, Mrs. Margaret Mbugua, RH Trainer (Research and Evaluation)

Kakamega District

DPHN, Fredrick Wamukanya
Hospital Matron, Kakamega General Hospital
MS, Kakamega General Hospital
DTC Coordinator, Kakamega DTC
In-Charge, CO, Bushiri Rural Health Demonstration Centre
In-Charge of Nursing Services, Makunga Rural Health Demonstration Centre
Service Provider, KENM/EHV, Shibure Health Centre
Service Provider, KECN, Makunga Rural Health Demonstration Centre

Siaya District

DPHN, Rose Omolo
Hospital Matron, Millicent Okwach, Siaya District Hospital
MS, Dr. I. Shiwalo, Siaya District Hospital
In-Charge, Benta Amenya

Machakos District

DTC Coordinator, Machakos DTC
MOH, Machakos District
Deputy DPHN, Machakos District
Deputy Hospital Matron, Machakos District

Donor Agencies

GTZ, Dr. Sabine Beckmann
SIDA, Liza Sjoberg

NGOs

AVSC
INTRAH

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APPENDIX
Results from the Kenya Performance Analysis: Supervisor Questionnaire

Key: 0=not necessary, 1=somewhat necessary, 2=moderately important, 3=absolutely necessary

AREA	SCORE				
	0	1	2	3	TOTAL
GENERAL MANAGEMENT					
Understand the role and responsibilities of a supervisor		1	1	15	17
Plan supervision/prepare a supervision schedule		2		11	13
Develop a supervisor's session plan		1	2	10	13
Identify and solve problems				17	17
ASSESSING QUALITY OF CARE					
Assess provider clinical and counseling skills				13	13
Assess the clinic facility (physical setting, equipment and supplies)			4	9	13
FACILITATION SKILLS					
Facilitate the transfer of training		1		16	17
Coach an employee or health provider			4	13	17
Conduct presentations		1	2	13	16
Communicate effectively		1	1	15	17
Provide constructive feedback				13	13
Provide guidance and training			1	12	13
HUMAN RESOURCE MANAGEMENT/STAFFING					
Manage a group meeting			4	13	17
Develop consensus			6	11	17
Manage conflict			2	11	13
Develop work teams			3	14	17
Set performance objectives			2	11	13
Plan for staffing			4	13	17
Deploy staff		1	4	12	17
Improve staff motivation			4	13	17

AREA	SCORE				
	0	1	2	3	TOTAL
LOGISTICS					
Manage supplies and equipment				12	12
Order and reorder supplies and equipment		2	5	10	17
Maintain infrastructure	1	1	5	10	17
Apply First Enter First Out rules		4	3	10	17
DATA MANAGEMENT					
Collect data		2	4	11	17
Interpret data		2	1	14	17
Use data		1	2	14	17
Write reports			1	12	13
Share data (up to central level and down to site level)			3	14	17
SUPERVISION OF TRAINING					
Prepare for/organize training		1	6	10	17
Manage types of training (group-based, distance, structured OJT)		1	3	13	17
Evaluate/follow up participants		2	1	14	17
Manage certification	3	2	3	10	18
Support the transfer of training		1	2	14	17
COORDINATION AND LINKAGES					
Link the site with regional or central headquarters		1	5	11	17
Coordinate supervision activities			2	15	17

OTHER TOPICS SUGGESTED

- Discipline of staff
- Support supervision
- Financial management
- RH and other related issues
- Involving the community in RH
- Emergency contraceptive update
- Counseling basic skills
- Administration as an element of management
- Sustainability of supervision system
- Training needs assessment
- Writing reports
- Impact of supervision on quality of services
- Concept of supervision
- Proposal writing
- General supervision methods and tools
- Management of 4 Ms
- Linking with DHMTs/DHMBs
- Linking trainee supervisor with MTC tutors