Supportive Supervision

A Guide for Design and Implementation of Strong and Effective Supervision Systems

August 2016
Acknowledgements

For 25 years, NASTAD has worked to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening governmental public health through advocacy, capacity building, and social justice.

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Introduction

The NASTAD Global Program strives to build the organizational, programmatic, and human resource capacity of its public sector HIV program counterparts through strong partnerships, training, technical assistance, and supportive supervision. NASTAD Global draws upon best practice and technical approaches from the U.S. and around the world and uses a peer-to-peer approach to support capacity development. NASTAD Global does not seek to invent new programs or parallel systems, but instead supports local expertise to plan, develop, and implement systems that meet public health needs.

NASTAD uses three interrelated methods to support effective capacity building, generating locally-driven programs that achieve sustainable results:

1. **Training** is the delivery of specific knowledge, skills, or competencies through an organized event. The aim of training is the transfer of know-how from trainer to trainee to increase the skills of those in attendance. Training typically focuses on a specific set of skills or knowledge.

2. **Technical Assistance** is targeted assistance that helps an individual or institution to independently and sustainably implement an identified public health activity. Technical assistance is differentiated from training and supportive supervision in that it primarily refers to the development of tools, materials, processes, and systems in support of the public health activity.

3. **Supportive Supervision** is the ongoing mentoring of individuals, often in follow-up to a training, to ensure translation of theory into good practice and support sustainable development and implementation of specific public health skills. The aim of supportive supervision is to increase the capacity and confidence of the individual to take on the specific tasks addressed via focused observation, mentorship, and feedback. Supportive supervision helps to assure that critical investments in training and technical assistance are realized.

This guide has been developed by NASTAD Global staff with experience and expertise in supportive supervision to document and standardize NASTAD Global’s approach to supportive supervision, and to provide a reference for supportive supervision design and scale-up for new NASTAD Global staff and partners.
AIDS: Acquired Immunodeficiency Syndrome
CDC: Centers for Disease Control and Prevention
HIV: Human Immunodeficiency Virus
MoH: Ministry of Health
MoU: Memorandum of Understanding
NGO: Non-governmental Organization
QI: Quality Improvement
SOP: Standard Operating Procedure
I. SUPPORTIVE SUPERVISION: AN OVERVIEW

What is Supportive Supervision?

Supportive supervision is an approach to supervision that emphasizes mentoring, joint problem solving, and two-way communication between the supervisor and those being supervised.\(^1\) It promotes high-quality program implementation and staff retention by strengthening relationships within a system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, productive team work, and strengthened communication.\(^2\)

The supportive supervision approach can be instrumental in strengthening public health programs and public health outcomes. In the context of a health care system, supportive supervision enables and empowers health care workers to effectively identify and solve problems, facilitate team work, provide leadership, and monitor and improve their own performance.

Supportive supervision can be implemented or applied at multiple levels within a public health system. For example, for a given public health intervention, supportive supervision can serve to strengthen service delivery at the facility level; public health program implementation at the sub-national level; and program administration, monitoring, and evaluation at the national level.

In practice, supportive supervision is more than just assuring that the work is being done: supportive supervision is hands-on with the goal of building capacity of the supervisee by setting standards, designing user-driven tools, directing and supporting skills and knowledge growth, and facilitating problem solving for quality and process improvement. Ultimately, this serves to improve staff retention and performance and the quality of the services being delivered.

How does Supportive Supervision Differ from Traditional Supervision?

Traditional supervision methods are generally directive and authoritarian\(^3\), in contrast to supportive supervision, which is designed to be collaborative. In the health care setting, traditional supervision often involves facility or performance inspection rather than guidance for problem-solving to improve performance. This can have significant drawbacks, particularly in the health care setting where new skills and knowledge are expected to be continuously

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gained and applied. Supportive supervision promotes sustainable and efficient program management through interactive communication, as well as performance planning and monitoring.

Table 1, below, summarizes some of the differences between traditional supervision as it is often implemented and supportive supervision.

Table 1: Traditional Supervision versus Supportive Supervision

<table>
<thead>
<tr>
<th>Action</th>
<th>Traditional Supervision</th>
<th>Supportive Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who performs supervision</td>
<td>Internal and external supervisors designated by the service delivery organization</td>
<td>Multiple players, including implementing staff themselves:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Internal and external supervisors designated by the service delivery organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Staff from other institution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Colleagues from the same institution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Staff themselves</td>
</tr>
<tr>
<td>When supervision happens</td>
<td>During periodic visits</td>
<td>Routinely, during:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Routine work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Team meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Periodic supervision visits</td>
</tr>
<tr>
<td>What happens during supervision encounters</td>
<td>• Inspection and fault finding</td>
<td>• Observation of performance and comparison to standards</td>
</tr>
<tr>
<td></td>
<td>• Focus on individuals rather than processes, may not take into account other factors that affect an individual's ability to carry out her or his job</td>
<td>• Provision of corrective and supportive feedback on performance</td>
</tr>
<tr>
<td></td>
<td>• Record review</td>
<td>• Provision of technical updates on guidelines</td>
</tr>
<tr>
<td></td>
<td>• Supervisor makes most decisions</td>
<td>• On-site refresher training</td>
</tr>
<tr>
<td></td>
<td>• Reactive problem-solving by the supervisor</td>
<td>• Use of data to identify opportunities for improvement</td>
</tr>
<tr>
<td></td>
<td>• Little feedback or discussion of observations</td>
<td>• Joint problem solving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow-up on previously identified problems</td>
</tr>
<tr>
<td>What happens after supervision encounters</td>
<td>No follow-up or irregular follow-up</td>
<td>• Actions and decisions recorded</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Action plan with roles and responsibilities defined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Copies shared with facility/individuals</td>
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<tr>
<td></td>
<td></td>
<td>• Routine follow-up</td>
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<tr>
<td></td>
<td></td>
<td>• Ongoing monitoring and support</td>
</tr>
</tbody>
</table>

II. **EXPECTED RESULTS OF SUPPORTIVE SUPERVISION**

While supportive supervision can be resource intensive, requiring more human resources, transportation, and telecommunication support than traditional supervision, its impact is measurable, and over time, program outcomes should be greater than expected with traditional support. This positive outcome can be attributed to some of the following characteristics.

Supportive supervision:

- Helps leaders to define and implement standards
- Is a key approach for service providers and supervisors to identify problems and solve them in a timely manner in order to improve the quality of health care and the performance of health care providers\(^5\)
- Promotes better job satisfaction and improves the retention and performance of health workers\(^6\)
- Helps programs and staff to grow over time, building on their own past achievements
- Helps to reinforce communication between supervisors and supervisees, and health workers
- Helps to build sustainable programs through skill and knowledge transfer, and user-generated continuous quality improvement
- Helps to identify innovative strategies and best practices to be documented and disseminated.

These unique attributes of supportive supervision help to ensure the following outcomes in a health care setting, among others:

- Improved quality of services
- Improved human resource retention
- Improved uptake of services

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\(^6\) The critical role of supervision in retaining staff in obstetric services: a three country study (2013) http://www.ncbi.nlm.nih.gov/pubmed/23555581
III. Attributes of a Strong Supervisor

In general, a strong supervisor is a teacher, a mentor, a leader, an observer, and a listener. These attributes are important to allow the supervisor to identify what is or is not working, to help identify strategies to improve or accelerate progress, and to support and facilitate ongoing improvement.

Figure 1, below, depicts some of the key attributes a strong supervisor should display.

Figure 1. Attributes of a Strong Supervisor

- Ability to listen, probe, and analyze situations
- Ability to solve problems and propose solutions
- Ability to capacitate: teach, coach, mentor
- Ability to motivate
- Committed, devoted, invested

In addition to these general characteristics, a strong supervisor must also be:

- Familiar with the program being implemented
- Familiar with the respective/applicable national guidelines and standard operating procedures (SOPs)
- Able to apply systems thinking
- Able to address both administrative and programmatic issues and needs related to the program implementation; must have an in-depth understanding of the health system
- Committed to the concept of quality improvement (QI)
- Able to define the roles, responsibilities, and expectations of all staff (supervising and implementing) involved.
IV. **HOW TO DO SUPPORTIVE SUPERVISION**

NASTAD Global has defined nine steps that can be used to design and implement an effective supportive supervision process. These steps are described in greater detail in the following sections.

**Figure 2. Designing and Implementing an Effective Supportive Supervision Process**

<table>
<thead>
<tr>
<th>Pre-Supportive Supervision</th>
<th>During Supportive Supervision</th>
<th>Post Supportive Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Define Objective</td>
<td>5. Get Out to the Field; Implement Supportive Supervision</td>
<td>7. Compile a Report</td>
</tr>
<tr>
<td>3. Supervisor Preparation</td>
<td></td>
<td>9. Transition and Integration</td>
</tr>
<tr>
<td>4. Supervisee Preparation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Define the Objectives

To foster strong partnerships and ensure success, it is important to precede implementation with collaboration and planning. The overall goal of supportive supervision is to improve program implementation and achievement of planned objectives. To reach this goal, one must closely engage partner institutions in fully understanding the need for improvement through supportive supervision, obtain their buy-in, and jointly define standards and expectations.

To complete this step, consider the following questions jointly with the partner institution:

- Why are we planning to do supportive supervision? What do we want to achieve?
- What are the barriers to achieving this? Meaning, what areas likely need to be addressed?
- Based on what we know, what is the best way to address these needs?

To effectively answer these questions, you may want or need to review national standards or policies, meet with decision makers or funders, and visit the field to observe the current situation.

2. Define the Supportive Supervision Plan

Once the need for supportive supervision has been identified and the objectives defined, you will need to operationalize them into a plan. This plan will guide the process of supportive supervision, and will also allow you to measure improvement or success. The plan should focus on ensuring that the “right supervisors, right tools, and right resources” are in place.

Figure 3. Focus of Supportive Supervision: Adapted from WHO’s Training for Midlevel Managers: Supportive Supervision

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7 Training for Midlevel Managers: Supportive Supervision (2004)
To develop the plan, you may want to answer the following questions:

- What process is in place with the partner institution for ongoing planning, eventual transition, and autonomous sustainability of the new supportive supervision processes?
- What (program areas, systems), when, and who (staffing positions) are the focus of the supportive supervision?
- How will the supportive supervision be implemented (by whom, where, with what frequency)? Are trained supervisors already available or does training need to take place?
- What tools (site visit checklists, templates, staff performance standards, standard operating procedures) and/or materials (trainings, manuals, job aids, etc.) are required for the supportive supervision process? Which of these are currently available, and which need to be developed?
- What is the process and timeline for joint development of needed tools?
- What logistical arrangements need to be accounted for (staff scheduling, facility scheduling, transportation, accommodations, etc.)?
- How will success of the supportive supervision intervention be measured?
- How can we best foster interest and excitement among those we are supervising? What will best motivate them?

It is good practice, at this point, to compile the plan, tools, performance expectations, etc. into a package, guide, or standard procedure manual.

### 3. Supervisor Preparation

With the supportive supervision plan developed, you will then want to orient the staff who will implement the supportive supervision. These may be your own organizational staff, staff from the institution you are providing support to, or others. We highly suggest a dynamic, hands-on training that is at least one full day long. Staff should practice using all tools, and should engage in role-play and “supportive supervision” (observation and feedback) with each other.

Remember that there are four key content areas that you will want to cover:

- **Technical Content**: To be effective in mentoring others in a topic area, supervisors must have familiarity with the applicable content. Be sure to orient them to all relevant materials and guidelines, focal points of contact, and emerging priorities.
  - Of particular note, the basics of quality assurance and quality improvement should be covered here, as they will be integral to any supportive supervision initiative.
- **Supervision Strategies**: As noted earlier in this guide, some people are born with natural facilitation skills; others need training. We all can use refreshers! Based on local context
and cultural norms, consider covering topics such as group facilitation, listening and observing, mentoring, team building, and motivational strategies.

- **Expected Supportive Supervision Process**: This is where you will want to review and practice using all the content defined in steps 1 and 2.
  - Why are we doing this initiative?
  - What are the expected outcomes?
  - How are you expected to implement this initiative?
  - What tools are you expected to use?
  - How will we monitor progress and evaluate impact?

- **Other Logistical Issues**: If travel, funding requests, cultural sensitivity, or other special care is needed, applicable policies, recommendations, and expectations should be reviewed here.

### 4. Supervisee Preparation

With the supportive supervision plan in place, and with staff trained, it is time to get started! Be sure to contact facilities that you plan to supervise to review three key points, and answer their questions:

- Introduce and explain the purpose and objectives
- Discuss the process to be used, including who will come, which staff you will work with, and what tools you will use
- Select a mutually beneficial time for the first supervisory visit, ensuring that all required staff will be available.

Refer to the Helpful Hints for Site Visits (Appendix 1) for additional tips on preparing for and conducting an efficient supervisory visit.

### 5. Get out to the Field: Implement Supportive Supervision

In preparation for a supportive supervision visit, you may consider using these strategies:

- **Introduce yourself and explain the purpose and objectives of the visit**. This is valuable to do with the director of the institution or organization, as well as with the staff you will be working with. Be sure to highlight that you are there with the full support of their institution, you are not there to audit them, but rather to help them assess their own work, and help them to identify and plan for steps for improvement.

- **Discuss and build consensus about the process and schedule**. You will have a more-or-less defined process to use for your visit, however timing, implementation, and roles can be flexible to the group you are working with. Walk the person/group through your plan and ideas, and work to come to a consensus of how the day will look.
• **Proceed with supportive supervision.** Use the indicated tools and engage the appropriate staff.\(^8\)
  
  o Collecting information: Supervisors can collect information using one or a combination of the following methods/tools:
    - Observation;
    - Listening to health workers and talking with beneficiaries;
    - Reviewing the records;
    - Using a checklist;
    - Reviewing recommendations from past visits;
    - Conducting a rapid community survey.
  
  o Focus on problem solving
    - Describe the problem and its impact
      - Focus on the problem and not individuals.
      - With the supervisee, explore the impact (long-term and short-term) of the problem.
      - Tackle one problem at a time.
      - Be specific in explaining the problem. If possible, back it up with facts rather than judgment alone.
    - Discuss the causes of the problem with health staff
      - Identify the root cause of the problem using the “5Why” technique (Appendix 2).
      - This should not be an opportunity to blame others or blame the system.
      - It may sometimes be necessary to seek causes in other sources (e.g. community members, data, etc.).
      - Prioritize causes, emphasizing those that can be more easily addressed.
    - Implement solutions and monitor regularly
      - Successful solutions involve a common awareness of what needs to be done and by whom.
      - Solutions that can be implemented immediately should be implemented first.
      - Develop an implementation plan that details what, how, who and when.

• **Be engaged and motivate.** Listen attentively, observe, and provide encouragement.

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\(^8\) WHO/IVB/08.04. Training for Mid-level Managers (MLM), Supportive Supervision
You may design some supportive supervision visits differently from others. Here are some examples:

**A first visit** should focus on:
- Reviewing the overall content to ensure that the staff are well aware of national and local policies, procedures, expectations, etc.
- Reviewing your supervisory role, the goals and objectives of your work, and the method (supportive supervision) that you plan to use
- Observing and listening
- Enhancing the capacity of the supervisee based on what you observe through one-on-one discussion and group discussion (coaching and mentoring)
- Identifying and solving problems related to program implementation, quality and overall program management as it relates to expected standard practice
- Setting action points and tentative schedule for second visit

**A second visit** should focus on:
- Review of/agreement on the action plan generated from the first visit
- Observing and listening
- Monitoring progress of the self-generated supervisory process
- Monitoring project-related quality improvement
- Continuing to build capacity in emerging or already noted areas
- Develop agreed action points for follow-up and design mechanism
- Setting action points and tentative schedule for second visit

**Subsequent visits** should focus on:
- Monitoring progress of program implementation and use/integration of feedback from previous visits. Supervisees should be encouraged to proactively self-assess on these areas, and report progress to you.
- Critically review if the previous action points were addressed
- Identify new gaps and constraints and recommend solutions
- Develop agreed-upon action points for follow-up and design mechanism

The frequency of supportive supervision visits depends on the type of program under implementation. A new program which needs skill and knowledge transfer needs to be closely monitored. Whereas a well-established program with experienced program implementers might need less frequent follow-up. However optimum program supervision should be conducted at least on a quarterly basis. A Corrective Action Plan (Appendix 3) may be used to document the items and issues discussed during the visit.
6. Give Constructive Feedback and Facilitate Skills Building

During the supportive supervision process, (and in follow-up, coaching, and mentoring), providing constructive input for improvement is vital. Here are some hints to consider:

- Listen and observe attentively, with an open mind
- Provide positive feedback when performance is good; provide constructive feedback (strategies for how to improve) when performance can improve
- Focus first on strength areas, then on those where there are problems
- Focus on systems and processes, the performance or action, not on the person
- Ask questions. Those that you are supervising likely have the answers they need; they just need you to facilitate finding them
- Document areas that need improvement; assist the supervisee to develop their own action plan and time line
- Always review the previous work plan; discuss progress, emerging needs, and areas for continued focus
- Be prepared to offer targeted training, skills-building, technical assistance, or mentoring—or to refer a technical lead where applicable

At the end of your interaction, it is important to summarize your observations and findings, even in advance of producing a summary report. Consider meeting with a selection of key staff to:

- Get feedback on the process used:
  - How did the process go?
  - What things did you find helpful?
  - What are some things that you did not like or were not helpful to you?
  - Are there things you want help with which we did not address today?
- Share overall input based on what you saw:
  - What is working well?
  - What are some areas you have agreed to focus on?
- Propose next steps, including:
  - Compilation of a report
  - Follow-up visits
  - Interim communications
7. Compile a Report Summarizing the Process

Once you are back at the office, you will want to document the process of and findings from the visit in a report. The report should be simple but comprehensive, and action oriented. If possible, the report should follow a standard template. Perhaps of greatest importance are:

- A comparison of performance to existing standards
- An action plan that describes steps, indicators of progress, roles and responsibilities, and a timeline.

The report should be shared with the relevant people at the institution or facility.

8. Provide Follow-Up

One of the most important characteristics of supportive supervision is engagement. As such, it is vital to provide follow-up per the action plan developed. Supportive supervision does not end with the conducted visit. Back in the office the supervisor should plan for follow-up, which may include the following:

- Acting on issues the supervisor agreed to work on (new guidelines, job aids, etc.)
- Discussing equipment supply and delivery problems with higher levels
- Reviewing monthly reports and establishing regular communication with supervised staff to see if recommendations are being implemented

Follow-up can be done in many ways: in person, over the phone, via email or memos, in partnership with other meetings, etc. The most important things are to show commitment and to maintain accountability to demonstrate success.

9. Ensure Transition and Integration

A key benefit of supportive supervision is that it enables the provision of empowering guidance to staff that is in line with institutional goals and priorities. It is important that the skills and processes learned during the period of supportive supervision become integrated into and owned by the institution for long term implementation. Steps to be considered in this process include:

- Planning for integration and sustainability with the partner institution from the outset
- Supporting the partner institution to modify/adapt and incorporate the supportive supervision package into existing human resource policies and procedures
- Establishing supportive supervision expertise within the institution through training of trainers, and comprehensive training curricula
- Working with the partner institution to assess costs of supportive supervision and integrate into routine budgeting and resource generation.
Case Study: NASTAD Ethiopia

NASTAD Ethiopia was engaged in a three-year project to support capacity growth in six higher education institutions for the national HIV mainstreaming initiative. NASTAD used a supportive supervision model to ensure the application of knowledge and skills, and facilitate achievement of targets.

Supportive supervision was conducted on a quarterly basis, and objectives of each supportive supervision visit varied depending on the progress of implementation. Therefore, a supportive supervision checklist was developed to allow for the adaptable and flexible application of a standard supervisory method.

To implement this process, NASTAD Ethiopia undertook seven interconnected steps.

1. To initiate planning for the intervention, NASTAD first set about reviewing and ensuring a clear understanding of the HIV Mainstreaming initiative. NASTAD staff reviewed the national guidelines, and met with key policy makers and program leaders to understand what impact they hoped to see NASTAD help achieve. Based on that background research, NASTAD defined goals and objectives for the intervention.

2. NASTAD staff then worked together to generate a basic implementation guideline, as well as user-friendly supportive supervision tools, such as checklists, job aids, and monitoring forms.

3. NASTAD established a set of standard indicators for the implementation of the HIV mainstreaming program in collaboration with the respective higher education institution key stakeholders based on the preliminary assessment at each institution. Broad measures of these indicators (red if not present, yellow if initiative begun, and green if fully implemented) were key guiding points during supportive supervision visits.

4. Prior to the first supervisory visit, NASTAD staff reached out to points of contact at each institution to ensure a common understanding of the objectives and expected outcomes of the initiative, and to collaboratively plan for well-timed visits.

5. At the institution, NASTAD staff oriented local staff to the project’s objectives, to the suggested process, and to the available tools. NASTAD staff then mentored the local staff in use of the tools, in self-assessment, and facilitated collaborative problem solving addressing areas of noted weakness. Typically, a supervisory visit would take one day.

6. Each supervisory visit concluded with a discussion of the observations and overall findings, and shared planning for key next steps and respective roles and responsibilities. The debrief included but was not limited to focusing on the red and yellow shaded key indicators. These findings and next steps, as well as other recommendations, were documented and shared with all applicable parties.

7. In follow-up, NASTAD provided at least quarterly supervision. Continuous communication and follow-up was made over the phone or via email and each institution was visited in person at least once per year.

Using this facilitated and system-focused approach, NASTAD helped realize strong achievements in the three-year period, including:

- Demonstrated improved institutional and staff capacity of the implementers
- Enhanced leadership commitment to the mainstreaming initiative
- Timely implementation of all planned activities
- Demonstrated commitment to problem solving and program quality improvement
- Demonstrated ownership of the process by the implementers, facilitating timely transition.
V. MONITORING AND EVALUATING THE SYSTEM

Just like any intervention, the results of supportive supervision can be monitored and evaluated on a regular basis.

Generally, the measurements fall in to two major areas:

1. Monitoring supportive supervision, i.e., measuring if supportive supervision is happening at the right frequency, right time, right procedures etc., in line with the supportive supervision implementation plan
2. Evaluating supportive supervision (i.e., determining if supportive supervision is bringing the desired end results)

The indicators for measuring supportive supervision should be developed using a logic model and may include input, process, output, outcome, and impact indicators.

The data collection process may involve one or more of the following:

- Use of standard record formats
- Discussions with beneficiaries
- Observation of changes in achievements of major program indicators
- Debriefing session/interview with supervisees to learn experiences and outcomes
- Survey of individuals/organizations supervised to learn the benefits and results of supportive supervision

**Monitoring Supportive Supervision (Sample Indicators)**

- Presence of annual supportive supervision plan
- Number of organizations and individuals provided with supportive supervision
- Number of times supportive supervision is given to a specific site
- Presence of a copy of completed Supervisory Checklist from previous visits
- Presence of written feedback provided to the supervisee organization
- Evidence of follow-up support delivered
- Presence of minutes on supervisory findings discussed with Management Committee
- Presence of summary written report

**Evaluating Supportive Supervision (Sample indicators)**

- Change in performance of selected indicators as compared to pre-supportive supervision baseline data
- Change in quality of health care service over a period of time
- Change in knowledge and skill of individuals on specific program area before and after the supportive supervision
- Perceived motivation of staff to accomplish specified tasks before and after the supportive supervision
- Number of best practices identified, disseminated and scaled up
Resources, Tools, Templates

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Helpful Hints for Site Visits

Helpful Hints for Site Visits (ex: Surveillance and Strategic Information)

Before the Site Visit:
- Contact the site to schedule the visit. Be sure to describe to them:
  - What you will do during the visit, and why
  - Which of their staff you will want to meet with, and how you will want them involved
  - What tools you will use (it is good practice to share them)
  - What will happen after the visit
- Provide written follow-up to the facility so they know:
  - When you are coming
  - Who on their staff needs to be available
  - What data sources to have available for you
- Compile the applicable site Supportive Supervision Forms
- Collect any data that you will need:

Bring to the Site Visit:
- Applicable supervision forms
- Applicable data
- Applicable data collection tools
- Encrypted laptop for data collection
- Surveillance Operations Manual or other training or reference materials

During the Site Visit:
- Be friendly, courteous, respectful of people’s time
- Help to be a positive and proactive problem solver; these are not punitive visits

Before Leaving the Site Visit:
- Meet with the facility manager to:
  - Thank them
  - Inform them of preliminary findings
  - Discuss methods for improved data quality
  - Discuss suggested next steps

After the Site Visit:
- Send a written Thank You note to the facility
- Where applicable, correct and/or input data
- Where applicable:
  - Draft a quality improvement plan and share it with the facility manager
  - Plan for a timely follow-up visit to provide training, technical assistance, or other identified support
Problem Solving Strategies

The 5 Why Strategy

The 5 Whys strategy is an easy to use, effective tool for uncovering the root of a problem. It can be used in troubleshooting, problem solving and quality improvement initiatives.

To begin, identify the problem and ask "why" it is occurring. Make sure that your answer is grounded in fact, then ask "why" again. Continue the process until you reach the root cause of the problem, and you can identify a counter-measure that prevents it recurring.

Bear in mind that this questioning process is best suited to simple to moderately-difficult problems. Complex problems may benefit from a more detailed approach such as the Fishbone Strategy (below).

The Fishbone Strategy

The Fishbone Diagram is a cause and effect diagram that further helps in identifying root causes of a problem by organizing possible causes into categories and creating a way to visualize those categories. The tool quickly helps to fully understand an issue and to identify all the possible causes - not just the obvious.

Work with the people involved in the problem to perform this exercise. Firstly, identify the problem. Write it in a box and draw an arrow pointing towards it. Think about the exact problem in detail. It is helpful to frame the problem in specific and measurable terms identifying who is impacted, and when and where it occurs. (e.g., “too many ART clients have to wait longer than 2 hours to see a provider at the XYZ clinic.”)

Identify the major factors and draw four or more branches off the large arrow to represent main categories of potential causes. Categories could include, for example, equipment/supply chain, environment, procedures, and people. Make sure that the categories you use are relevant to your problem.

Take each of the main categories and brainstorm possible causes of the problem. Then, explore each one to identify more specific 'causes of causes'. Continue branching off until every possible cause has been identified. By this stage you should have a diagram showing all the possible causes of your problem. Depending on the complexity and importance of the problem, you can now investigate the most likely causes further. This may involve setting up interviews, carrying out process mapping, or in other ways collecting more data.
**Action Plan Template**

Following the initial site visit, use the site visit report to complete an action plan, which should be reviewed, modified and agreed upon with the partner institution. Following subsequent site visits, the action plan can be updated to reflect progress.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Date</th>
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<tbody>
<tr>
<td>Problem</td>
<td>Root Cause</td>
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<tr>
<td>Area of Review</td>
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| Area of Review       |       |          |          |                  |                  |              |

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<thead>
<tr>
<th>Name and Job Position of Supervisor:</th>
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<td>1: ________________________________________________________________________</td>
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<td>2: ________________________________________________________________________</td>
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