Guidance for using supportive supervision tools

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Supportive supervision plays a critical role to ensure high-performing health workers have the appropriate knowledge, skills, and motivation to deliver quality family planning (FP) services and informed choice counseling. The **supportive supervision toolkit** (www.FPoptions.org/supervision-toolkit) includes three tools that can be used by regional or district health teams when conducting supervision visits at health facilities that offer FP services:

1. **Supportive supervision checklist** to assess provision of family planning counseling: *Intended for use in-person.*
2. **Observation checklist** to assess health workers counseling clients on DMPA-SC self-injection: *Intended for use in-person.*
3. **Remote supervision of family planning providers** (includes family planning and DMPA-SC self-injection): *Intended for use virtually/remotely, with video if possible.*

Tools 1 and 2 can be used together or separately, depending on whether or not the supervision visits include follow-up with providers recently trained to counsel clients on DMPA-SC self-injection. If Tools 1 and 2 are used together, the section on self-injection (SI) in Tool 1 can be skipped. If a supervisor is focused broadly on FP counseling, including SI training, Tool 1 can be used on its own. Tool 2 can be used on its own if supervision is focused solely on SI.

Tool 3 is intended for use in situations where in-person supervision is not possible. The supervision exercise will be held over the phone or through video-conference platform such as WhatsApp, Zoom, Skype, Facetime, or Teams. Tool 3 includes guidance and instructions for supervisors who plan to conduct supervision remotely using this tool.

Considerations

- **Make adaptations for specific contexts.** The tools are intended to serve as a guide and can be adapted for specific settings as needed. The documents can be modified to add new questions, or existing questions can be deleted or skipped if not relevant.
- **Collect feedback to improve tools.** When the tools are used for the first time, supervision teams may find it helpful to collect feedback from the initial users by asking questions such as:
  - What worked well? What questions are most important?
  - What would you suggest changing and how? What questions would you remove?
  - What recommendations do supervisors have for how to make the tools practical?
- **Build on what exists.** The tools in this package are not exhaustive. If supervision teams want to make further adaptations, they may want to review the many other tools that exist to assess health facilities or review provider knowledge.[1,2]
- **Focus on counseling.** Tool 1, the supportive supervision checklist, focuses on supportive supervision related to quality of counseling for FP clients, and is not a checklist for evaluating provider FP knowledge in an in-depth manner. Other tools such as the Training Resource Package for Family Planning feature this type of knowledge assessment tool for various contraceptive methods.[3]

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[1] See https://resourcecentre.savethechildren.net/library/reproductive-health-emergencies-toolkit-clinical-supervision-and-training#link3

[2] See https://toolkits.knowledgesuccess.org/toolkits/cba2i/step-7-supervision

[3] See https://www.fptraining.org/about

Recommended approaches to supportive supervision

- **Employ a collaborative approach.** Supportive supervision is best used as an approach for constructive feedback and improvement of health worker performance through collaborative two-way exchange between the supervisee and the supervisor or supervisory team.[4]

- **Identify opportunities for improvement.** Supervisors should take time to review areas that need improvement and discuss possible solutions with the health care worker/supervisee, including guidance, mentoring, course correction or training opportunities. The supervisor can also improve quality of care by ensuring adherence to recommended practices and protocols. [4, 5 6]

- **Provide positive feedback.** Supervisors can improve health worker performance and motivation by identifying good practices and praising supervisees for behaviors or practices that demonstrate high performance and quality of service provision.

- **Explore remote/virtual options.** Social distancing guidelines during the global COVID-19 pandemic have accelerated virtual mentoring and supervision approaches. Supervision teams should carefully consider timeliness and focus of on-site supervision plans to support health workers as they adjust to changing clinical environments. This may entail pivoting to virtual digital platforms or hybrid approaches that combine on-site supervisory support with virtual engagement.[7]

These supportive supervision tools have been pretested with a limited sample of family planning supervisors in Uganda and integrate recommendations that emerged from that exercise. The remote SI supervision Tool 3 was used extensively in Madagascar in 2020 when in-person supervision was limited due to the COVID-19 pandemic. Further pretesting and validation in other country settings would strengthen the tools, and the DMPA-SC Access Collaborative welcomes feedback based on user experiences. Please email FPoptions@path.org with any feedback or questions.

About the DMPA-SC Access Collaborative

The PATH-JSI DMPA-SC Access Collaborative provides data-driven technical assistance, coordination, resources, and tools to ensure that women have increased access to DMPA-SC self-injection as part of an expanded range of contraceptive methods, delivered through informed choice programming.

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[4] Avortri G, Nabukalu J, Nabyaonga-Orem J. Supportive supervision to improve service delivery in low-income countries: is there a conceptual problem or a strategy problem? *BMJ Global Health.* 2019;4(Suppl 9):e001151. http://dx.doi.org/10.1136/bmjgh-2018-001151.

[5] See https://resources.jhpiego.org/system/files/resources/MultidimensionalSupervision_full_locked.pdf

[6] Kilminster S, Cottrell D, Grant J, et al. AMEE guide No. 27: Effective educational and clinical supervision. *Medical Teacher.* 2007;29:2–19.

[7] See www.pathfinder.org/wp-content/uploads/2020/12/Covid-Brief-Clinical-Supervision-and-Mentorship-Ind-Pages-12.20.2020-1.pdf