

Guidelines for Conducting Post-Training Supportive Supervision Visits to PPF/PPIUCD Facilities

Introduction

Post-training supportive supervision (SS) visits to the facilities are essential to help providers and facilities to initiate and scale up PPF/PPIUCD services at their health centers/hospitals, translate updated competencies into action in providing services to clients and ensure the quality of PPF/PPIUCD services as per standards (checklists).

The purpose of the guidelines for supportive supervision is an effort to maximize the outcome of the SS visits by:

- Listing major steps of implementing supportive supervision visits for PPF/PPIUCD services.
- Reminding the key tools that can be used for effective supportive supervision.

These guidelines have been compiled in order to help Program and Clinical staff in planning and implementing supportive supervision. These guidelines will also help India Country Office (ICO) team to provide uniform standardized guidance and support to state teams.

We hope that these guidelines and supportive supervision serve as useful resource for supporting PPF/PPIUCD service delivery of government facilities included under the current program of Government on Scaling up PPF/PPIUCD Services in 6 EAG states (MP, Chhatisgarh, Rajasthan, Bihar, UP and Jharkhand), in order to achieve the program objectives.

1. Number of supportive-supervisory visits:

Assuming that the providers will get the instruments, job-aids and master the skills for providing PPFPP/PPIUCD services during the competency based training and they have adequate infrastructure and case-load of deliveries at their facilities to start the PPFPP/PPIUCD services at their facilities, the program recommends that:

- The first support visit should be conducted after the selected providers are trained on PPFPP/PPIUCD competency based training, to help them initiate the PPFPP/PPIUCD services by:
 - i. Orienting all concerned staff and management;
 - ii. Establish the system of counseling for ANC, early labor and postpartum cases;
 - iii. Ensure availability of instruments, IUCD and registers at places of insertion (labor room, OT and postpartum insertion site).
 - iv. After orientation, the trained providers should be encouraged (and supported, if needed) to provide on-job coaching to other providers to increase the number of PPFPP/PPIUCD service-providers at the facility.

Preferably this mandatory first support visit should be conducted within first month of the training.

- The subsequent SS visits should be decided based on the specific needs of different facilities, but one should try to make minimum one visit to each facility in 3 months time to ensure that the services are scaled up at the individual facilities and services are provided as per PPFPP/PPIUCD counselling and insertion checklists, which also include infection prevention steps, by addressing the gaps through proper interventions. **(Scaling up of services means PPFPP/PPIUCD services are available round the clock to all women delivering at the facility, which means providers of all units of Obs Gyn dept are providing services or at least 6 providers are trained/skilled in providing PPIUCD services. The desired outcome is that all women receive PPFPP and those requesting PPIUCDs receive them if clinically appropriate.**

2. Who will be responsible for making supportive supervision visits:

Concerned State Program/Clinical Staff will make SS visit to all facilities assigned to him/her. If for on-site orientation of the facility staff or some challenges that need support from ICO/state office, seek ICO's/state office's support on time. ICO/state manager or advisor or officer should make a joint visit with concerned state colleague. Depending on the need identified in subsequent support visits by state person, the plan for future support visit/s to the identified facility, will be made. If possible, requesting a concerned state official from ministry/directorate to accompany program staff in SS visit should be tried.

ICO staff (National Program Manager, Senior Advisor Clinical Services and Training, Clinical Officer) will enhance capacity of state staff by periodic need-based orientation, by providing mentoring support and also by making joint SS visit to specific facilities, when state staff needs support.

State staff will stay in touch with point person (provider and/or management of the facility) on phone and seek periodic feedback from providers about their success (no. and percentage of deliveries accepting PPIUCD services, no. of providers who have been updated on PPIUCD clinical skills by trained providers, % age of PPIUCD clients followed up, etc), challenges in providing and scaling up PPF/PPIUCD services, their status in implementing services as per PPF/PPIUCD counseling and insertion checklists and if there is any other need.

Based on the kind of need identified in the support visit or provider's feedback, the state program staff will be responsible for addressing the needs of identified facilities. If needed, the state staff will seek support from ICO or state colleague.

(Example, if support is required to provide guidance on any technical step for PPIUCD insertion or removal, the program/clinical staff needs to provide on-job demonstration of that particular step on client (if not possible, then on Zoe model) and make sure through return demonstration from the provider/s that they have mastered the step/s. If any technical question is asked, the correct response should be provided by program/clinical staff making the SS visit. If the correct answer to the question is not known, program/clinical staff should admit that s/he would get back with the right answer after consulting concerned person at state office/ICO. If the challenge is related to infection prevention or instrument processing, program staff can try to conduct a joint on-site IP demonstration along with the key provider of the site on steps involved for infection prevention or instrument processing for PPF/PPIUCD services).

Reminder: If any challenge or gap or problem is not getting solved or cannot be addressed by you, seek others/ICO/state team's help or discuss in time how the matter should be addressed.

3. Basic skills and approaches of program and clinical staff required to conduct supportive supervision:

- Updated on relevant technical knowledge on PPF/PPIUCD, counseling and PPIUCD insertion skills - Essential for establishing credibility.
For this, the concerned staff should read the PPIUCD reference manual and PPF/PPIUCD counseling reference manual thoroughly and for answering questions on other contraceptives, the green handbook on family planning should be helpful.
- Familiar with the protocols-PPF/PPIUCD performance standards, checklist for PPF/PPIUCD counseling, checklist for PPIUCD insertion and job-aids for counseling and insertion.
- Ready to demonstrate the skill (counseling/insertion) on-the job
- Communicate effectively
- Involve health care providers or concerned facility-staff in identification of strengths and areas for improvement using performance standards/counseling and insertion checklists (given in the annexure of PPIUCD reference manual)

- Keep health care provider or concerned facility-staff motivated for the tasks that are being done well
- Provide constructive feedback to health care providers or concerned facility-staff on the solutions for problems or gaps identified in a non-threatening manner

4. Planning for supportive supervision visits:

- State Manager/Officer to make a calendar for first mandatory supportive supervision visits and to inform National Program Manager (NPM) and Senior Advisor Clinical Services and Training (CST) at ICO. Preferably the first mandatory support visit should be conducted within first month of the training of providers. Based on the need of facilities and the criteria to visit each facility once in 3 months, further calendars will be made by State Manager/Officer and shared with ICO.

5. Preparation for supportive supervision visits:

- The SS visits should be arranged in such a way when program/clinical staff can observe PPF/PPIUCD service delivery and provide feedback to the concerned service delivery staff.
- Organize the SS visits by:
 - Reviewing the protocols (Work-plan of the program, Performance Standards for PPF/PPIUCD , checklists for PPF/PPIUCD IUD counseling and insertion, job-aids)
 - Reviewing the last month's report of the facility or recollecting the findings of last visit to the facility, to understand which aspect needs strengthening
 - Developing clear objectives for the visit based on the need of the facility or whether it is the first visit or the visit for orientation
 - Collecting and carrying helpful materials- above protocols, reference manual, CD of PPIUCD insertion video, job aids.
 - Organize Zoe model, PPIUCD insertion instruments with tray, IUCDs and infection prevention items and equipment for carrying for the support visit.
 - Informing the concerned point person of the facility about the date and time of the visit, what items, equipment to keep ready and who all (concerned staff/providers of the facility) need to remain available at the facility during your visit
- Plan to spend sufficient time (several hours) to conduct the SS visit. The amount of time of a SS visit varies depending on the needs of the facility/providers and circumstances at the facility. Enough time should be built in to observe the services (counseling and insertion), discuss and provide feedback, assessing the physical requirements of the site and demonstrate the PPF/PPIUCD service delivery skill and/or infection prevention measures, if needed.

For first mandatory support visit:

- **Ensure availability of client:** If PPF/PPIUCD services have been started at the facility, by contacting the point person or key providers of the facility beforehand,

ensure availability of client/s for PPIUCD insertion at the time of SS visit, so that the insertion steps can be observed or demonstrated, if needed.

- **Observation of PPFPP/PPIUCD counseling and service delivery (including infection prevention measures):** Observe the services as per steps mentioned in the checklist, if PPFPP/PPIUCD services have already been initiated. If client is not at all available at the time of SS visit, observe the insertion skills on Zoe model.
- If the site requires on-site orientation of all staff, follow the orientation agenda and demonstrate the skills on Zoe model and show the insertion video.
- In consultation with the point person/HoD/management of the facility, fix the responsibilities of concerned staff like counseling in ANC, counseling in early labor and postpartum women, monthly report compilation; follow up of PPIUCD clients through telephone for those who did not turn up to the facility, etc.
- Considering the need of individual facility, support or conduct on spot PPIUCD insertion demonstration or infection prevention demonstration of support staff in presence of doctor/nurse, preferably in the initial mandatory SS visits.
- Ensure that following job-aids are made available and displayed/used at the appropriate sites at the facility:
 - (i) PPFPP/PPIUCD posters for ANC and postpartum ward, FP options and client right posters
 - (ii) Counseling kit and flip book
 - (iii) Stamps for PPFPP options for ANC clients
 - (iii) Screening checklist for PPIUCD clients
 - (iv) Poster on PPIUCD insertion steps
 - (v) Pictorial client card (IUCD card)
- Make sure that instruments, IUCDs and registers are available at the places of insertion (labor room/OT/postpartum insertion room (if this is different from labor room))
- Ensure that the counseling corner has been established, where all relevant posters, counseling flip book and kit are available with counselor and privacy is maintained during counseling
- Stick to the schedule, wait if other patients are waiting and respect health care provider's time

In regular SS visit, program staff should do all the above steps and following additional tasks:

- Addressing/follow up of the gap identified in previous SS visit or as shared by provider or from the monthly report

- Ensure that all providers follow the steps of PPIUCD service delivery as per the checklists. For this, you may observe services of some providers and suggest the point person/senior most trained person to observe others' services as per checklists
- Ensure that all trained or skilled (those who received on-job coaching from trained providers) providers are doing insertion. If needed, provide on-job coaching on service delivery
- Reviewing the information filled up in registers (insertion and follow up registers)
- Ensure that the above 5 job aids are available at the facility. If any job-aid is missing or damaged, provide fresh ones, if available with you.
- Provide the CD containing the video of PPIUCD insertion to the providers, especially the new ones, who got hands on training from the key providers trained in 3 day course.

6. Clarify your expectations for performance with the providers:

- Share or re-emphasize the desired level/status of services or performance or the need for scaling up PPF/PPIUCD services at the facility, as compared with the current levels/status.
- While interacting with the providers, refer to the checklist/job-aid/performance standards to make providers familiar with them so that the providers can do self/peer-assessment and take corrective measures.
- If required/possible, run the CD of PPIUCD insertion steps on your laptop and let the providers observe the steps. This can be followed by a discussion.

7. For observing quality of PPIUCD service delivery & providing appropriate feedback:

Observe the quality of PPIUCD services, jointly with the point person of the facility (if possible) using the performance standards or PPF, PPIUCD counseling and insertion checklists

A. Counseling assessment in ANC, early labor and postpartum ward

- Observe counseling and note strengths and weaknesses (follow checklist of PPF/PPIUCD counseling)
- Encourage the provider/counselor to use job-aids in counseling- counseling kit containing sample of FP methods, open sample of IUD, counseling flip book, client card (for post-insertion counseling)
- Provide constructive feedback on counseling

B. Assessment of processing of Instruments:

- Decontamination: Observe preparation of chlorine solution and how long the used instruments are fully dipped in the solution. Ask the frequency of preparation of chlorine solution.
- Cleaning: Observe how instruments are cleaned using gloves

- Autoclaving/HLD: Observe or ask how it is done and for how long.
- Provide appropriate feedback to concerned staff and their supervisors
- If required provide on-job training to concerned staff on steps of processing of instruments

C. Assessment of IUD insertion/removal (follow checklist for PPIUCD insertion):

- Use PPIUCD insertion checklist to observe and assess performance of providers **(do not take out the checklist and start marking in front of the doctor (especially for the senior providers), but you should remember all steps mentioned in the checklist and if you find that any step is missing, you can open the checklist in the reference manual and show the provider that it is the recommended step and request her/him to follow this)**. If client is not available at the time of your SS visit, observe the insertion skill on Zoe model.
- Review your findings with the provider. Provide constructive feedback on performance strengths and gaps.
- While giving feedback always start out by presenting the provider or health staff and facility's positive attributes.
- Praise health providers/workers in public for good performance and for practices that meet quality standards.
- For areas of improvement, **if possible, demonstrate the steps or correct performance, but don't share the shortcomings with other staff of the hospital, who are not concerned.** For example, if a doctor/senior nurse has performed some steps incorrectly, demonstrate or rectify the steps to that doctor/senior nurse and suggest her to ensure that other providers also follow the correct steps. But don't share this information with other staff present at the labor room or counselors.

E. Advice for 1st follow up

- Observe if client is counseled to come after 6 weeks for 1st follow up.
- Observe if client is counseled on warning signs

F. Filling up of registers

- Review the insertion and follow up registers, how they are maintained. Emphasize on noting down the contact phone no. of PPIUCD clients, so that they can be followed up, if they don't turn up after 6 weeks

G. If any follow-up client is available, observe, otherwise ask provider what tasks are performed and how findings are noted for follow-up clients.

H. Support in establishing/strengthening system of following up PPIUCD clients telephonically for those, who do not turn up for follow up. Emphasize to collect phone no of PPIUCD clients in PPIUCD registers and if client does not have telephone no, the contact no. of concerned ASHA or ANM should be collected, so that they can be contacted for follow up.

8. Keep record of supportive supervision

- Make and maintain spread-sheet/files of individual facility that should contain the contact details and profile of the point person, names of trained providers of the facility, SS visit- Dates and findings and any other key information about the facility.
- Fill up SS findings in the above format, just after the visit.
- Record if you identify any major gap in the service delivery or performance and the gap could not be fully addressed in the current visit and need future support
- Make the action plan and schedule future tasks/support based on gaps identified

9. Identify needs to strengthen capacity of providers to provide quality services:

- Program staff to identify information/training needs from SS visit findings or from feedback of providers
- Set priorities amongst the identified needs (focus first on critical tasks, then on ‘good to do’ tasks keeping program objectives in mind)
- Provide on-site re-orientation and training, as and when required or inform ICO/state team.
- Identify requirement of job-aids according to priorities and communicate to concerned person.
- Follow up on equipment and supply problems in a timely manner.
- Keep the concerned govt official at the supervisory level, informed about the status of services at the facility.

10. Keep providers motivated:

- Program/clinical staff should always seek feedback from providers and communicate in such a way that the provider should feel valued. Acknowledge the provider’s or facility’s achievements. Share the performance level/status (No. of providers trained and providing PPF/PPIUCD services, % of deliveries accepting PPIUCD services and % of PPIUCD clients followed-up) of the facility as compared to other facilities of the state or country, whenever possible.

11. Keep the program (State Program Manager, Concerned ICO team – National Program Manager, Senior Advisor Clinical Services and Training, Director Programs) informed on the benefits of supportive supervision by:

- Sharing information on positive results gained from SS visits, such as improved performance of providers, increased uptake of PPF/PPIUCD or increased follow-up. Also share the common area of gaps observed during support visit or common needs stated by the providers. If you have addressed the gaps, also share that.
- This will maintain visibility of effectiveness of SS visits and your effort as key elements to quality service delivery.

PLEASE CARRY AT LEAST FOLLOWING ITEMS WHEN YOU GO FOR SS VISITS:

1. Zoe model with postpartum attachment, if the site does not have a Zoe model (Arrange for Zoe model from the nearest possible site)
2. PPF/PPIUCD Performance standards (for sharing with providers/facility what all tasks are expected for quality roll out of services)
3. Checklist for PPF/PPIUCD counseling skills and PPIUCD insertion

4. PPIUCD reference manual
5. Job aids like counseling kit, flip book, PPIUCD insertion steps video and poster– if required and possible, you can provide the new ones to the facility
6. Family Planning handbook, MEC wheel, etc (Optional and as per specific needs of the facilities)