

— A Case Study from Haiti —

# Supportive Supervision in Monitoring and Evaluation with Community-Based Health Staff in HIV Programs

REGISTRE DES ACTIVITÉS COMMUNAUTAIRES / VOLET PRÉVENTION



— *A Case Study from Haiti* —

# Supportive Supervision in Monitoring and Evaluation with Community- Based Health Staff in HIV Programs

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# ABSTRACT

## **Background**

Supportive supervision is a facilitative approach to supervision that promotes mentorship, joint problem-solving and communication between supervisors and supervisees. In recent years, supportive supervision has been implemented to improve routine program monitoring and evaluation (M&E). However, there is a lack of documentation on how supportive supervision has been applied to M&E at the community-level. The purpose of this research was to develop a case study that could be used as an example for other community-based programs wishing to use supportive supervision in M&E.

## **Methods**

MEASURE Evaluation's supportive supervision project in Haiti was selected as the case under study. Data were collected through 11 key informant interviews and four direct observations with governmental, nongovernmental, and MEASURE Evaluation staff involved in the supportive supervision project. Participants were sampled purposively. Interview topics included the project background, description of supportive supervision visits and supervision tools, outcomes of the project, and recommendations. Interview transcripts, direct observation notes, and documents were coded and analyzed using a descriptive case study framework.

## **Results**

Findings from interviews and direct observations suggest that the supportive supervision project was successful in improving data quality and data collection at the community-level, achieving a consistent use of tools to facilitate supervision, and providing feedback on staff performance. Participants attributed these successes to standardized data collection tools, ongoing supervision, and training. Emphasis on data use strategies and collaboration and mentoring during supportive supervision visits emerged as aspects of the project that needed improvement.

## **Conclusion**

Supportive supervision is a promising approach to improve routine data collection for M&E of community-based programs. It can increase staff capacity to collect, manage, and use data and improve leadership capacity to make decisions based on collected data. By enhancing a program's capacity to synthesize and disseminate information, it also contributes to the larger goal of health systems strengthening.

## BACKGROUND

In international health programs, supervision plays an important role in the management of human resources to improve the quality of health care and health service delivery. However, the traditional ‘inspect and control’ approach of supervision limits the performance of basic supervision tasks and demoralizes staff (Marquez & Kean, 2002). Supportive supervision is a facilitative approach to supervision that promotes continuous improvements in the quality of care by providing the necessary leadership and support for quality improvement processes and by emphasizing mentorship, joint problem solving and two-way communication between supervisors and supervisees (Marquez & Kean, 2002). In a supportive supervision model, supervision happens continuously as part of a team effort implemented by multiple parties, and focuses on problem-solving to assure quality and meet client needs (Marquez & Kean, 2002). Supportive supervision encounters typically include: performance observation and comparison of actual practices with standards; facilitative feedback on performance; provision of guidelines or technical updates; use of client input and data to ascertain opportunities for improvement; problem solving as a team, and; follow-up of previously noted problems (Marquez & Kean, 2002). In a supportive supervision model, staff typically employs job aids such as checklists and assessment forms to facilitate supportive supervision (Marquez & Kean, 2002).

Supportive supervision traditionally has been used in reproductive health programs to improve health service worker performance and health service quality (Ben Salem & Beattie, 1996). In recent years, however, the M&E field has begun implementing supportive supervision in the routine monitoring and evaluation of tuberculosis (TB) and HIV programs (WHO, 2009). In 2009, the United Nations Joint Programme on HIV/AIDS (UNAIDS) developed the 12 Components M&E System Strengthening Tool to provide a framework for implementing effective HIV M&E systems in developing countries (UNAIDS, 2010). The tenth component of the tool is supportive supervision and data auditing (UNAIDS, 2010). The report highlights that supportive supervision in an HIV M&E system is instrumental in communicating expectations and standardizing procedures, improving or sustaining data quality, and strengthening local M&E capacity (UNAIDS, 2008).

While UNAIDS and others have advocated for the inclusion of supportive supervision in M&E, there is a lack of documentation on how supportive supervision has been applied to M&E at the community level. The purpose of this study was to develop case studies of supportive supervision projects that could be used as examples for other programs and projects wishing to use supportive supervision in M&E. We aimed to illustrate how supportive supervision has been used with community-based HIV program staff and volunteers to strengthen programs’ collection and use of routine monitoring information.

### ***Supportive Supervision in Haiti***

Supportive supervision in Haiti began as part of an effort by the US President’s Emergency Plan for AIDS Relief (PEPFAR) to support HIV prevention, care, and treatment programs and to develop information systems to track HIV/AIDS activities (Waldorf et al., 2012). In 2004, Haiti was selected as a focus country for PEPFAR and has since received significant funding to support a variety of implementing partners and their Haitian nongovernmental organization (NGO) sub-grantees (Waldorf et al., 2012). NGOs are particularly important in Haiti, as they provide many HIV-related services that the resource-constrained government system is currently unable to provide. As part of their work, NGOs collect data on program activities, services provided, clinical records, and other indicators. However, implementing partners have

faced challenges in increasing the volume and accuracy of the NGOs' data collection and reporting. MEASURE Evaluation worked with the Haiti Ministry of Health and other partners to develop a community-based information system (CBIS) for HIV programs and helped to harmonize and standardize the information that NGOs collect and report (The Capacity Project, 2009). MEASURE Evaluation also established a process for the implementing partner's M&E staff to provide supportive supervision on data collection and reporting to NGO subgrantees. As part of this work, MEASURE Evaluation developed a supervisor's guidebook and provided training to strengthen the supervisory capacity of the implementing partner's M&E staff (The Capacity Project, 2009). This study explored these supportive supervision activities in Haiti.

## METHODS

### *Study Design*

This study used a multiple case study design (Yin, 2009) to examine the use of supportive supervision in M&E of community-based HIV programs. Candidate programs for cases were identified through contact with experts in community-based M&E, requests through listservs and newsletters, and a review of the grey literature. To be selected as a case, candidate programs had to work with community-based health organization staff or volunteers, have an HIV/AIDS-related health portfolio, currently conduct a supportive supervision activity that focuses on data collection and data use, and have a responsive project staff. Ultimately, we selected MEASURE Evaluation's supportive supervision activities in Haiti and Ethiopia as the two cases for examination under this study. Although we did not set out to examine MEASURE Evaluation activities, these were the only two programs that met our criteria. This paper documents aspects of MEASURE Evaluation's supportive supervision project in Haiti. An Ethiopia report is planned.

A study protocol was approved by institutional review boards at the University of North Carolina Chapel Hill and the Le Comité National d'Ethique of Haiti. The protocol included semi-structured interviews, direct observations, and a review of project documents.

### *Participants*

Eleven key informant interviews were conducted with MEASURE Evaluation, governmental, and NGO staff that carried out or received supportive supervision as part of MEASURE Evaluation's supportive supervision project in Haiti. We purposively sampled key informants from three strata: MEASURE Evaluation staff, NGO or governmental supervisory staff, and community-level staff or volunteers (Table 1). Within these strata, we aimed to interview equal numbers of males and females and rural and urban participants. Key informants represented four different organizations: MEASURE Evaluation, the Ministry of Health, NGO Z, and NGO F (where NGO Z designated a large health care provider that offers HIV prevention and treatment, family planning services, and social assistance; and NGO F designated an NGO that offers sexual and reproductive health services, family and youth health education, and HIV/AIDS prevention).

**Table 1—Participant Demographics**

Participant Type	Male	Female	Total
MEASURE Evaluation staff	1	0	1
NGO or government supervisor	3	2	5
Community-level staff	2 (urban)	3 (1 peri-urban, 2 rural)	5

### Data Collection

A MEASURE Evaluation researcher conducted all interviews and direct observations in February 2013.

Three semi-structured interview guides were used to conduct key informant interviews, one for each stratum of participants. Interviews lasted on average 96 minutes each and took place in the office of the person being interviewed or in the office of a co-worker. Interviews were conducted in Haitian Creole, French, and English with the help of a translator. Ten of the interviews were audio-recorded, transcribed, and translated into English. One interviewee declined to have the interview recorded and extensive notes were taken for this interview.

During interviews, the researcher requested copies of tools used during supportive supervision visits, data collection tools used by community-level staff, and reports on supportive supervision activities. Participants provided 13 primary data collection tools consisting of 10 unique forms, 10 monthly reports, three supportive supervision tools, and two supportive supervision reports.

The researcher also conducted four direct observations of supportive supervision visits between NGO supervisory staff and community-level staff. Direct observations lasted approximately 50 minutes each and the researcher was guided through the visit with the help of a translator. Observations made during the interaction were recorded on the direct observations guide developed by MEASURE Evaluation.

### Analysis

We used a descriptive framework to organize the case study analysis (Yin, 2009). In a descriptive framework, data are organized by topics that reflect the data collected, rather than relying on theoretical propositions (Yin, 2009). In our initial analysis, the first author read all transcripts, field notes, and notes from direct observations, and reviewed collected documents. After reviewing all documents to gain a sense of the whole, a codebook was developed using a priori themes from the three semi-structured interview guides and emergent themes from iterative analysis of interviews and field notes. Examples of deductive codes based on the interview guides included background of supportive supervision, supportive supervision visits, regular supervision, and changes after the supportive supervision activity. An example of an inductive code from iterative analysis was terminology for supportive supervision. Interview transcripts were loaded into the QSR International qualitative data analysis program, NVivo10, and segments of text were coded using the codebook. After coding, matrices were used to display patterns in regular supervision, supportive supervision visits, and direct observations across participants and among different participant types. Next, transcripts, field notes, matrices, and documents were processed through memo-writing. In the final phase of analysis, all memos and documents were reviewed again to synthesize findings.

## FINDINGS

### ***Project History: A Participant's Perspective***

The MEASURE Evaluation participant was asked to give a history of the supportive supervision project in Haiti. He reported that the project began in 2006 when the U.S. Agency for International Development (USAID) and the Haiti Ministry of Health selected indicators for community-based HIV AIDS programs. Once the indicators were finalized in 2007, USAID and the health ministry developed guidance forms and tools for the supervision of employees collecting data for the indicators. The tools and forms were pilot tested and put into use in January 2009. Supervisory activities began in February 2009.

In addition to monitoring the use of the tools, the participant said that they “organized monthly feedback meetings where partners come to share their experiences and expose the endured hurdles or hardships they found with the use of those tools.” As a result of the meetings, it was discovered that “there were many indicators for which partners had not reported because they experienced problems with the system.” Thus, the participant assisted in a review of the system in September 2009. Based on the findings of the review, the system was streamlined and reports were shortened.

Supportive supervision visits and monthly feedback meetings continued until the January 2010 earthquake in Haiti. According to the participant, after the earthquake “all those activities were reduced because almost all the partners were involved in emergency projects.” Once the emergency response phase had ended, “supervision activities little by little started again.” However, in November 2012 USAID discontinued funding for activities associated with CBIS, including supportive supervision.

The participant emphasized that due to the loss of funding the future of the project was uncertain. At the time of the interview, negotiations were ongoing with the health ministry to determine responsibility and funding for the project. Although MEASURE Evaluation was no longer involved, the participant pointed out that the partners were continuing to carry out supportive supervision activities on their own.

### ***Participant Characteristics: Education, Training, and Work Responsibilities***

Participants were asked to describe their educational background, the work that they do for their organization, and any training that had prepared them for their work. Participants reported educational backgrounds in mathematics, computer science, management, social sciences, and nursing. All supervisors had a college degree in statistics, computer science, or management; while community-level staff had degrees or certificates in nursing, social work, or social services. All participants reported receiving further training related to their current job duties. Four participants had received training in M&E; three in HIV/AIDS prevention; two in the U.S. Centers for Disease Control and Prevention (CDC)'s Monitoring, Evaluation, and Surveillance Interface (MESI) and Electronic Medical Records; and two in data collection and management.

Although job titles and job descriptions varied among participants, all participants had some responsibility for data, either by collecting, entering, or analyzing data or making reports. Supervisors reported job duties related to compiling data from partners, extracting data from online databases, and making reports to partners and funders. Supervisors also mentioned that they provided supportive supervision to community-staff. Community-level staff reported job

duties such as primary data collection, data verification and entry, and data reporting. The type of data collection tools that community-staff used depended on the scope of services provided by their organization. Organizations that provided training or education used registration forms; those that provided clinical services (STI treatment, HIV testing) used testing, lab, and counseling forms; those that distributed condoms used forms to track the number and types distributed. The majority of participants said they were comfortable using forms and that they were easy to use. Staff that had received training on forms reported a high comfort level with filling forms and tools. Once data were collected using tools and forms, community staff entered data in paper registers or computer databases, generated a report, and sent the report to their managers, partner organizations, or funders.

### ***Description of Regular Supervision***

In order to distinguish between day-to-day supervision and supportive supervision received under the MEASURE Evaluation project, community staff was asked to describe the regular supervision that they received at their center. Most community staff reported receiving occasional supervision from a doctor, nurse, or data officer at their center. One participant mentioned that he receives daily supervision, but then clarified by saying “the doctor and the nurse of the center don’t continuously supervise my reports and data collection because they trust me.” Interactions during regular supervision included observing participants’ work, keeping participants on schedule, validating data, and performance evaluation.

### ***Description of Supportive Supervision***

Participants were asked to describe the supportive supervision that they provided or received under the MEASURE Evaluation project. These questions included a description of the content of the visit, tools used during the visit, and successes and challenges experienced during supportive supervision.

### **Who Provides Supportive Supervision**

The Haiti Ministry of Health, NGO Z, and NGO F all reported conducting supportive supervision visits; however, the content of visits and who conducted them varied by organization. At NGO F, supervisors from the M&E branch of the central office made supportive supervision visits to data collectors in the organization’s centers. Who they supervised during these visits depended on the project, but could include nurses, disease reporting officers, or social workers. All supportive supervision activities—supervision, data validation, and training—were accomplished during a single visit. At NGO Z, data managers from the organization’s headquarters made visits to staff at their field sites. However, unlike NGO F, different aspects of supportive supervision were performed on different visits. For example, a supervisor from NGO Z explained, “I do a supervision visit every month but I do validation and orientation every three months.” The health ministry conducted supportive supervision through “regional supervisory cells” that supervised local government health sites. The health ministry’s M&E unit in each department in the country carried out supervision for all sites in the department. During the visits, different teams of supervisors would be conducting different supportive supervision activities. The Haiti Ministry of Health participant referred to these as “integrated supervisions” as all supportive supervision activities occurred within one visit.

### **Frequency of Visits**

Both supervisors and supervisees were asked how often they performed or received supportive supervision visits. Supervisors reported that they did supportive supervision visits periodically, depending on the availability of resources and funding. All but one supervisor said that visits

were not done on a regular basis and that there was no schedule for visits. A supervisor from NGO F explained that “supervision is normally carried out depending on [the NGO F’s] budget. If we are short of funds, we realize visits only around Port-au-Prince every one or two months.” Supervisors from the health ministry and NGO Z also said that a lack of resources prevented them from doing visits on a regular basis. With limited resources, supervisors reported only being able to visit a field site every one to three months.

Supervisees also reported receiving supportive supervision visits periodically and irregularly. Supervisees from NGO F said they received visits two to four times per year and that “there is no specific schedule for validation visits.” Supportive supervision visits at NGO Z were unscheduled and supervisees usually did not know when these visits would occur. A supervisee from NGO Z reported “There is no specific schedule. At any time, we could receive a call about the M&E coming visit.” Supervisees disliked surprise visits because they caused them to feel added pressure. For example, a supervisee from NGO Z said “I don’t appreciate the ad hoc or unexpected supervision. You could just receive a call announcing a visit. In this case, the supervisee would make all possible efforts in order to have all of his materials updated. He could really be under great pressure.”

### **Content of Visits**

Supervisors reported that they engaged in many different activities during visits including supervision, data validation, training, and orientation. However, the supportive supervision activity that was mentioned most frequently by supervisors and supervisees was data validation. All community-level participants mentioned validation of data when asked to describe a visit from their supervisor, while only two mentioned training or mentoring. One participant said that, when supervisors visited, “they try to convince us of becoming aware of the importance of those data for NGO F.” Another talked about training as a component of a visit. On the day of the interview, she said that “the supervisor had planned to provide some training in relation to sending the report and the MESI system”; however, Internet connectivity problems had postponed that training. When describing a supportive supervision visit, the majority of supervisees said things such as “they come to compare, for example, a three-monthly report with the data found on our register for the same period” and “they just measure my performance and verify my works.” Supervisees used the pronoun “they” far more frequently than “we” or “I” when describing what happened during supportive supervision visits.

During direct observations, most of the visit was spent validating and checking data by comparing primary data collection forms to registers and reports. Completeness and accuracy of the forms and registers was checked by redoing calculations and verifying that the numbers and totals matched in all forms. The amount of collaboration between supervisees and supervisors varied by session, with most sessions having little collaboration beyond data checking. While some supervisors provided training on forms and explained the importance of data quality, overall there was limited discussion of problem-solving, confidence, or motivation between supervisors and staff.

An emerging theme from the interviews with community-level participants was the stressful nature of data validation. A supervisee from NGO F said, “We are always stricken with panic anytime it is a question of a validation visit.” The stress of data validation was related to checking the accuracy and correctness of data on forms and registers. When asked to give an example of an interaction that they had had with their supervisor, many supervisees talked about a time they found and corrected an error in data. Supervisees disliked making mistakes and having

their mistakes pointed out to them. However, they liked having the satisfaction of identifying and correcting their own mistakes, as this showed improvement in their job performance.

### **Tools Used During Visits**

Supervisors at NGO F, NGO Z, and the Haiti Ministry of Health all used tools to facilitate supervision activities. Supervisors at both types of NGOs used checklists and forms provided by MEASURE Evaluation, while the health ministry used standardized tools that the ministry had developed. When asked, all supervisees reported that they were aware that their supervisor used tools during supportive supervision. However, some did not know the purpose of the tools.

During data validation, supervisors from NGOs used lot quality assurance sampling (LQAS) forms (see appendix A) to check primary data collection tools against registers and reports. Using the LQAS form, the supervisor compared the numbers from the monthly report to the numbers in the register using 12 indicators and recorded whether the numbers agreed. A LQAS score was calculated by dividing the number of agreements by the total number of indicators. Scores were recorded in the supportive supervision report.

Supervisors used checklists during supportive supervision to, as a supervisor from an NGO Z put it, “ensure that all things are working” (see appendix B). The checklist contained a list of CBIS tools such as data sheets, reports, lists, and registers. During the supportive supervision visit, the supervisor filled out whether CBIS tools were available and being used. The form also instructed the supervisor to ask whether the supervisee had ever been trained in filling out the CBIS tools and, if yes, the date of the completed training. Finally, the form asked if the guide for filling out CBIS tools was available at the site.

Other forms that supervisors used during supportive supervision included registers (appendix C) and monthly report forms (appendix D). While most supervisors said they had no trouble using the tools for supportive supervision, one supervisor mentioned that it had been a struggle to transition from using their old supervision forms to MEASURE Evaluation forms. According to the supervisor, “full integration” had still not been realized as some sites were still using old supervision forms and some were using MEASURE Evaluation forms.

### **Follow-up after Visits**

Steps that took place after supportive supervision visits included immediate feedback, submission of supervisory reports, and follow-up on issues identified during visits.

Feedback from supervisors to supervisees came in the form of immediate feedback during the supportive supervision visit or written or oral feedback within a few days after the visit. Immediate feedback often centered on the quality of data in primary collection tools and registers. In direct observations, supervisors gave positive feedback when forms were filled correctly or provided training when forms were filled incorrectly. Shortly after a visit, supervisees said that they received feedback from their supervisors either through email or over the phone. Feedback could be positive (e.g., a congratulatory call for excellent performance) or negative (e.g., a reprimand for late reports). While most supervisees reported receiving brief feedback after supportive supervision visits, one supervisee said she would get an email from her supervisor “specifying the strong points, the weak points, and the found errors”. This level of detailed feedback was uncommon.

Following a visit, supervisors wrote reports that were shared with their organizations. NGO F supervisors said that they wrote supervisory reports after every visit. These reports included a narrative of the visit findings and LQAS scores. A report could also include descriptions of issues and problems identified during the visit. Reports were handed over to the head of the monitoring section, human resources, and accounting. On the other hand, supervisors from NGO Z said that they did not write reports after every visit, but rather handed in reports monthly or annually. According to participants, reports were usually sent to supervisors and site directors, but were not usually sent to supervisees. While most supervisors did not know how their reports were used to make decisions, one supervisor said the reports were used by funders while another said that they were used to identify employees who needed additional training.

Follow-up on issues identified in the supervisory report depended on the nature of the issue. A supervisor from the health ministry explained that “there are issues, like a mere total or number checking, that might be resolved through a simple phone call... In other cases, the intervention could require that staff go to the given site for follow-up.” In the case of repeated errors, training was mentioned most often by supervisors and supervisees as a follow-up to issues identified during supportive supervision. If the error was especially serious, as noted by a supervisee from NGO F, it “could be a clear revelation that the employee in question is not qualified for the job.” In this case, the same supervisor offered “position changing” or “additional training” as a solution.

### **Effectiveness of Supportive Supervision**

In order to assess the effectiveness of supportive supervision for employees, supervisees were asked what they liked about supportive supervision visits and what they thought was the purpose of these visits. The responses to these questions overlapped and three categories emerged as positive aspects of supportive supervision visits. The first was that supervision facilitates professional development, as illustrated in this quotation from a supervisee from NGO F: “I believe that supervision is vital for the work performance/improvement... this is in line with a Creole saying: ‘The eyes of the livestock farmer fatten the animals’ [carefulness is near to successfulness].” The second positive aspect was that supportive supervision visits makes supervisees “feel that you are not alone and others are following closely what you are doing.” Finally, supervisees mentioned that supportive supervision provided both positive and negative motivation. Examples of positive motivation included high scores, good feedback, and praise as illustrated in this comment, “When they come to visit and they found all things are correct, I really like this.” An example of negative motivation was illustrated by the comment “the more visits you received, the more concerned you feel.” As in this quotation, more frequent visits could signify that the employee was making repeated errors.

To assess effectiveness on the administrative level, supervisors were asked to give examples of successes and challenges that they had experienced in M&E supervision. Examples of successes included better data collection and reporting, increased ability to identify and remedy problems at the community-level, improvements in staff motivation and training, and standardization of tools. When asked what had produced these successes, the most common response was the standardized data collection tools. Three supervisors also mentioned that on-going supervision was the key to these successes and two said that training produced these successes. The challenges that supervisors mentioned centered mostly on lack of resources (time, money, and transportation), while other challenges varied by organization. NGO Z struggled to integrate the MEASURE supportive supervision project into its old system of supervision of data col-

lection and reporting. According to a supervisor there, this is due to the fact that “not all the NGO Z staff working in the data management field received the MEASURE training. Only a group of employees did.” While NGO F did not struggle with integration of the project, they faced challenges with staff, including apathy and high turn-over rates. The Haiti Ministry of Health faced additional challenges in the maintenance of M&E supervision. According to two participants, ministry personnel had not been doing supportive supervision visits regularly because they did not receive per diem or other incentives. Thus, the project had not been a high priority.

### **Changes as a Result of Supportive Supervision**

Both supervisees and supervisors were asked to describe the effects that supportive supervision had had on data collection, quality, use, and demand, along with changes in staff motivation or competency. While changes in all of these areas were mentioned, participants most frequently cited changes in data collection and data quality. Changes in data collection were mentioned 15 times, while changes in data quality were mentioned 11 times. Five out of the 11 references to changes in data quality were double coded with changes in data collection.

When supervisees were asked to describe what data quality meant to them, they used words such as “reliable”, “consistent”, and “trustworthy”. These words surfaced again when participants talked about what had changed since the supportive supervision activity began. A supervisor from NGO F said that “There are now more consistency and compatibility regarding the data. Before MEASURE Evaluation, there was a significant lack of uniformity between the reported data and those found on site.” Participants attributed these improvements in data quality to the new data collection tools, increased training, and validation visits. Additionally, the improvements in data quality were also related to improvements in data collection. Supervisees said that since the MEASURE Evaluation activity they had become increasingly careful when collecting data, filling forms, and storing data. To illustrate this point, a supervisee from NGO F said that “you pay more attention to what you are doing. Carelessness will automatically be banished when you are aware that you are under control.” MEASURE Evaluation staff had also noticed increased care in data collection among employees since the start of the project.

The improvements in data collection were also attributed to the change in tools and forms. Supervisors observed that data collection was easier because the forms were now more explicit in terms of what data needed to be collected and entered in each cell. Most supervisees agreed that the new forms were less cumbersome and easier to use. However, one supervisee did not like the new tools because they required her to collect more data and change the way she did home visits.

Although most participants said they had observed changes after supportive supervision started, two supervisors from different organizations said that they had observed no changes.

### **Recommendations from Participants**

Finally, participants were asked what recommendations they would give to MEASURE Evaluation to improve the supportive supervision project. A common refrain among supervisors was that the Haiti Ministry of Health needed to take the lead on the project, as this would encourage the continuation of supportive supervision visits and further the progress that the project has made so far. Supervisors from NGO F had more immediate recommendations related to problems that they saw in the field. One supervisor recommended that the central office update the manuals and user guides for forms and indicators, as “staff, target population,

report forms and tools” had changed and the current versions that they have were outdated. The other suggested more training for field staff on forms created by MEASURE Evaluation as staff turn-over is high and new employees often have not been trained in data entry and validation. Other suggestions for MEASURE Evaluation included: offer more trainings, provide more technical assistance, accompany supervisors on supportive supervision visits, and put more emphasis on data use and demand at the community-level.

When asked for their recommendations on the supportive supervision that they received from their organization, most supervisees said that they needed more materials or to have something fixed. Only two participants gave suggestions for improving supportive supervision visits. One participant said that his NGO should provide ongoing, scheduled trainings for employees and another said that her NGO should set a schedule for supportive supervision visits.

## DISCUSSION

Despite the challenges posed by loss of funding, the supportive supervision project in Haiti achieved some notable successes in M&E of community-based HIV programs. The foremost of these successes were improvements in data collection and data quality. The success of the project can also be measured by how closely it adhered to the principles of supportive supervision outlined in the background section of this paper.

The aspects of supportive supervision that were achieved by the project in Haiti included support for quality improvements, consistent use of supervisory tools, and comparisons of performance against set standards. Aspects of supportive supervision that require further improvement are the regularity of visits, emphasis on mentoring and collaboration, and two-way communication between supervisors and supervisees. Table 2 compares the aspects of supportive supervision that the project did and did not achieve based on our findings.

**Table 2—Comparison of Supportive Supervision in Haiti to Ideal Supportive Supervision**

Elements of Supportive Supervision Achieved	Elements of Supportive Supervision Not Achieved
<ul style="list-style-type: none"> <li>• Use of supervisory tools such as checklists and assessment forms</li> <li>• Performance observation and comparison with standards</li> <li>• Support for quality improvements</li> <li>• Follow-up on previously noted issues</li> <li>• Facilitative feedback on performance</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision as a team effort</li> <li>• Two-way communication between supervisors and supervisees</li> <li>• Regular and continuous supervision</li> <li>• Emphasis on mentoring and collaboration</li> </ul>

*(Based on Marquez & Kean, 2002)*

The project was successful in achieving a consistent use of supervisory tools to facilitate supportive supervision. Supervisors were able to describe different types of tools and their purposes in interviews and they were observed to use these tools during direct observations. The response from participants was that the use of these tools resulted in better quality data. Furthermore, the use of supervisory tools during data validation encouraged participants to take more responsibility for their work. This was evidenced by the desire that supervisees expressed to achieve high scores, make fewer mistakes, and improve their performance. It was also evident in the responsibility that supervisors felt for the accuracy of reports. The tools helped set

a performance standard that supervisees could be measured against and therefore achieved the performance appraisal element of supportive supervision.

The project was also very successful in emphasizing data quality and data validation. This was illustrated by participants' knowledge of data quality. When supervisees were asked to describe data quality, they used similar adjectives in their definitions, suggesting that the project achieved a consistent message and uniform understanding of data quality. The emphasis on data validation was demonstrated by the frequency that participants talked about validation during interviews and the amount of time spent comparing forms to registers and reports during direct observations. Finally, the resultant changes that participants mentioned reflected the project's emphasis on data validation and data quality. The majority of participants spoke of changes in data collection and data quality, oftentimes talking about these two ideas in the same sentence.

Significantly, there was very little mention in interviews and direct observations of data use for decision-making or data demand, illustrating that these aspects were not the focus of supportive supervision visits. The emphasis on data quality and the lack of attention to data use suggests that the primary purpose of the supportive supervision visits was to ensure the quality of data as it was reported back up the chain. Although emphasis on data use is not an explicit element of supportive supervision, it is a crucial piece of health systems strengthening. In its Framework for Action, the World Health Organization (WHO) prioritized the availability of "routine and timely health information" as an integral part of a well-functioning health information system (World Health Organization, 2007). In order to achieve this, health systems must have the ability to "generate population and facility based data" and the capacity to synthesize and apply this data (WHO, 2007). Supportive supervision programs that include data use principals can strengthen a programs' capacity to synthesize and disseminate information. Therefore, further improvements need to be made to incorporate data use principals into supportive supervision projects.

Emphasis on data validation and quality had the additional unintended negative consequence that it caused increased stress and anxiety among supervisees. This anxiety may have been the result of the supervisees' perception that supervisory visits were an evaluation of their performance rather than a collaborative effort to improve data quality. The language that supervisees used to describe supportive supervision visits suggested that they felt that they were not a part of the process. Direct observations revealed that supervisory visits were often very didactic and hierarchical with the supervisor taking charge and explaining to the supervisee what needed to be done and the supervisee listening and learning. However, not all supervisors acted in this way and some were more supportive than others. The more supportive supervisors helped supervisees come up with their own solutions to problems rather than giving them instructions. Supervisees that participated in more collaborative and collegial supervisory visits spoke more positively about those visits and about their supervisors in interviews. This suggests that creating a more collaborative atmosphere during data validation may decrease feelings of anxiety and pressure among supervisees. Employing more data use strategies may also help supervisees understand the value of the data for their own use, thereby increasing the likelihood of creating a collaborative atmosphere.

In order to increase the sense of collaboration, further improvements need to be made in two-way communication between supervisors and supervisees. Breakdowns in communication were evident before and after the supportive supervision visit. Ideally, supportive supervision

visits should be done on a regular basis, following a set-schedule, and supervisees should always be notified of a visit; however, in this project, the regularity and predictability of visits were constrained by resource limitations, the needs of field sites, and supervisors' schedules. Prior to a visit, supervisees were not notified that a supervisor was coming, resulting in key personnel being out of the office, increased stress on supervisees, and the need for repeated visits. There was also limited communication after supportive supervision visits. As mentioned previously, reports from supportive supervision visits were rarely shared with supervisees. This meant that supervisees often did not know there was a problem until they received a phone call from the head office. Sharing the results of supportive supervision visits would improve the two-way communication between supervisors and supervisees and allow supervisees to monitor their own progress and professional development. The limited feedback provided to supervisees is also important from a health systems strengthening perspective as opportunities to build long term staff capacity are being missed.

As a participant from NGO F said, “We would need to work more jointly, under a better cooperation and mutual understanding, especially at ground level. When an employee is collecting field data, sometimes he does his job under pressure. Consequently, he is more inclined to error in this situation, as a human being. This condition must be understood and taken into account by NGO F’s central office. This is what I understand by collaboration.” This comment succinctly captures the intent of supportive supervision. It illustrates that while improvements have been made, the project still has some work to do to arrive at the core intent of supportive supervision.

## RECOMMENDATIONS

Future projects using supportive supervision for M&E should take into consideration the following recommendations:

### 1. **Setting up a regular schedule for supportive supervision visits or calling at least 24 hours ahead to notify the supervisee of a supportive supervision visit.**

This study found that unannounced visits put increased stress on supervisees and resulted in a lack of preparation. Scheduled, regular visits will result in less time searching for forms and reports and increase the efficiency of data validation. It will also give supervisors more time to address the mentoring and teaching aspects of supportive supervision.

### 2. **Creating a more collaborative atmosphere for data validation by allowing supervisees to offer solutions to correct their own mistakes.**

This study found that supervisees prefer to correct their own mistakes during data validation rather than have them corrected by a supervisor. Allowing supervisees to come up with their own solutions will increase self-efficacy to solve problems. Therefore, supervisors should be taught how to facilitate problem-solving and creative brainstorming with their supervisees.

### 3. **Emphasizing the ‘supportive’ aspects of supportive supervision, such as mentoring and discussing staff confidence, motivation, and problem solving.**

This study found that the project was successful in emphasizing data quality and data validation; however, other aspects of supportive supervision received very little attention. Supervisors may need additional reminders to discuss issues of staff confidence, motivation, and problem solving with their supervisees. This could be accomplished by adding questions to the supervisory checklist reminding supervisors to discuss these issues with their supervisees.

#### **4. Promoting use of data and reports for decision making.**

In this study, most participants had difficulty articulating how the data that they collected and compiled were used for decision-making. It is recommended that future projects teach participants how to use collected data and reports to make decisions that improve service delivery. This would help staff understand why data are collected and increase their capacity to use the data they collect. *The 7 Steps to Use Routine Information to Improve HIV Programs: A Guide for HIV/AIDS Program Managers and Providers* (Judice, 2009) could be useful to help projects think through how to improve their work in this area.

#### **5. Communicating reports from supportive supervision activities with supervisees.**

This study found that while supportive supervision reports were shared with administrators and supervisors, they were often not shared with supervisees. It is recommended that reports be shared with supervisees to provide them with a record of their progress and improvements that need to be made. This would make the process more transparent, promote staff capacity development, and hopefully reduce some of the stress surrounding supportive supervision visits.

#### **6. Allowing supervisees and supervisors to provide feedback on supportive supervision visits.**

It is our hope that this study will not be a one-time exercise, but rather, that supervisors and supervisees will have future opportunities to provide feedback on supportive supervision. Feedback is crucial to program improvement and sustainability and the overall satisfaction of supervisors and supervisees.

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# APPENDIX A: EXAMPLE SUPERVISORY TOOL—LQAS FORM

## REVUE ET MONITORAGE DE L'EXACTITUDE DES DONNEES

**OBJECTIF:** AMELIORATION CONTINUE DE L'EXACTITUDE DES DONNEES DU VIH/Sida AU NIVEAU COMMUNAUTAIRE, RAPPORTEES AU NIVEAU DES INSTITUTIONS OMBRELLES PAR LES SITES

### 1. Revue de l'exactitude des données rapportées par les sites aux Institutions ombrelles, en utilisant la table LQAS

**NOM DU SITE :**

**NOM DE L'INSTITUTION OMBRELLE :**

Liste de contrôle de l'Exactitude des Données		Echantillon de taille 12		
Date ____/____/____	Volet : <b>OEV</b>	SPC _____	Prév. _____	
Sélectionner aléatoirement 12 indicateurs à partir du formulaire de rapport mensuel	Nombre figuré dans le rapport Mensuel (2)	Nombre figuré dans le registre (3)	Y a-t-il concordance entre les colonnes 2 & 3 ?	
			Oui	Non
1 - Nombre cumulé d'OEV enrôlés dans le programme de prise en charge communautaire au dernier jour du mois précédant ce rapport				
2 - Nombre cumulé d'OEV actifs dans le programme de prise en charge communautaire à la fin du mois de ce rapport				
3 - Nombre d'OEV enrôlés dans le programme de prise en charge communautaire perdu de vue au cours du mois de ce rapport				
4 - Nombre cumulé de parents d'OEV enrôlés en soins cliniques au site d'affiliation à la fin du mois de ce rapport				
5 - Nombre cumulé d'OEV visités au moins une fois au dernier jour du mois précédant ce rapport				
6 - Nombre d'OEV visités pour la première fois au cours du mois de ce rapport				
7 - Nombre cumulé d'OEV visités au moins une fois à la fin du mois de ce rapport				
8 - Nombre cumulé d'OEV enrôlés dans le programme de prise en charge communautaire, référés pour une prise en charge clinique au dernier jour du mois précédant ce rapport				
9 - Nombre d'OEV enrôlés dans le programme de prise en charge communautaire ayant bénéficié d'interventions se rapportant à trois éléments au moins du paquet de services au cours du mois de ce rapport				
10 - Nombre cumulé d'OEV enrôlés dans le programme de prise en charge communautaire ayant bénéficié d'interventions se rapportant à un ou deux éléments du paquet de services à la fin du mois de ce rapport				
11 - Nombre cumulé de soignants formés sur la problématique des OEV au dernier jour du mois précédant ce rapport				
12 - Nombre de personnes formées sur la gestion de la stigmatisation et de la discrimination en rapport avec le VIH à la fin du mois de ce rapport				
<b>Total</b>				

LQAS Table: Decisions Rules for Sample Sizes of 12 and Coverage Targets/Average of 20-95%																	
Sample Size	Average Coverage (Baseline)/ Annual Coverage Targets (Monitoring and Evaluation)																
	Less than 20%	20 %	25 %	30 %	35 %	40 %	45 %	50 %	55 %	60 %	65 %	70 %	75 %	80 %	85 %	90 %	95 %
12	NA	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11

## APPENDIX B: EXAMPLE SUPERVISORY TOOL—SUPERVISOR CHECKLIST

### Formulaire de supervision des activités du CBIS

#### I- Identification du site

- a) Département : \_\_\_\_\_ b) Commune : \_\_\_\_\_  
 c) Nom du PDSC : \_\_\_\_\_ d) Institution ombrelle : \_\_\_\_\_  
 e) Adresse : \_\_\_\_\_  
 f) Domaine d'intervention : 1- ( ) Prévention ; 2- ( ) SPC ; 3- ( ) OEV

#### II- Identification du répondant

- a) Nom & Prénom : \_\_\_\_\_ b) Sexe : ( ) M ; ( ) F  
 c) Fonction : \_\_\_\_\_ d) Téléphone (s) : \_\_\_\_\_  
 e) E-mail : \_\_\_\_\_

#### III- Disponibilité et utilisation des outils du CBIS/MSPP

Outils	Disponible	Utilisé
Fiche de visite domiciliaire		
Fiche de contrôle des points de distribution de condom		
Fiche de contre référence individuelle du PDSC		
Fiche de référence individuelle du PDSC		
Fiche de distribution de condom		
Fiche de distribution de fourniture aux personnes affectées et infectées		
Fiche de distribution de matériels d'IEC		
Rapport de suivi des supports fournis aux prestataires de services communautaires		
Liste de participants aux sessions de formation		
Liste des participants aux réunions des groupes de support		
Liste des participants aux réunions communautaires		
Liste de présence des participants aux séances d'IEC		
Liste des membres des groupes de support		
Rapport mensuel de l'agent//animateur de terrain		
Rapport mensuel consolidé--Prévention//Niveau communautaire		
Rapport mensuel consolidé--Soins palliatifs//Niveau communautaire		
Rapport mensuel consolidé--OEV//Niveau communautaire		
Rapport de formation (SPC, OEV, Prévention)		
Fiche de suivi des activités des groupes de support		
Registre des activités communautaires--Prévention		
Registre des activités communautaires--SPC		
Registre des activités communautaires--OEV		

#### IV- Avez-vous déjà suivi une formation sur le remplissage des outils du CBIS ?

Réponse : ( ) Oui ; ( ) Non

#### V- Si Oui, donnez-nous la date (mois et année) au cours de laquelle vous avez suivi cette formation.

Réponse : \_\_\_\_\_

#### VI- Le Guide de remplissage des outils du CBIS est-il disponible au niveau du site ?

Réponse : ( ) Oui ; ( ) Non







## APPENDIX D: EXAMPLE SUPERVISORY TOOL—SUPERVISOR REPORTS

### MEASURE EVALUATION PROJECT—HAITI RAPPORT D'ACTIVITES

Activité	SUPERVISION DES ACTIVITES DU CBIS
Responsable (s) :	
Lieu (x) :	
Période :	
<b>Objectifs:</b>	
<b>Résultats attendus :</b>	
<b>Méthodologie :</b>	
<b>Résultats obtenus :</b>	
<b>Limites</b>	
<b>Recommandations</b>	
<b>Prochaine étape :</b>	

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