THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

TRAINING ON
COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING OF HIV AND AIDS HEALTH SERVICES

FACILITATOR'S GUIDE

NATIONAL AIDS CONTROL PROGRAMME (NACP)

AUGUST 2011

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ACRONYMS

A&B	Abstinence and Being Faithful
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
ARVs	Anti-Retro viral
AZT	Zidovudine
BCC	Behaviour Change Communication
CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CRCHCo	Council Reproductive and Child Health Coordinator
CTC	Care and Treatment Clinic
DACC	District AIDS Control Coordinator
DBS	Dried Blood Spot
DCT	Diagnostic Counselling and Testing
DED	District Executive Director
DMO	District Medical Officer
DNA	Deoxyribonucleic Acid
FBO	Faith Based Organizations
Five S (5S)	Sort, Set, Shine, Standardise and Sustain
FP	Family Planning
HBC	Home-based Care
HIV	Human Immunodeficiency Virus
HMT	Hospital Management Team
HSHSP	Health Sector HIV and AIDS Strategic Plan
HSP	Health Service Providers
HTC	HIV Testing and Counselling
IEC	Information Education and Communication
IPT	Isoniazid Preventive Therapy
ITN	Insecticide Treated Nets
KCMC	Kilimanjaro Christian Medical Centre
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MNH	Muhimbili National Health
MOHSW	Ministry of Health and Social Welfare

MOI	Muhimbili Orthopaedics and Trauma Institute
NACP	National AIDS Control Programme
NMSF	National Multi-Sectoral Strategic Framework
OIs	Management of Opportunistic Infections
OJT	on-the-job training
ORCI	Ocean Road Cancer Institute
PCR	Polymerase Chain Reaction
PDSA	Plan, Do, Study and Act cycle
PEPFAR	US President's Emergency Plan for AIDS Relief
PICG	Performance Improvement Consultative Group
PITC	Provider Initiated Testing and Counselling
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PPP	Public - Private Partnership
QI	Quality Improvement
QIT	Quality Improvement Team
RACC	Regional AIDS Control Coordinator
RAS	Regional Administrative Secretary
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RTIs	Reproductive Tract Infections
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TACAIDS	Tanzanian Commission for AIDS
TB	Tuberculosis
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
UNAIDS	United Nations Joint AIDS Programme
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
VHWs	Village Health Providers
VIPP	Visualization in Participatory Programmes
ZHRCs	Zonal Health Resource Centres

COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING ON HIV AND AIDS HEALTH SERVICES

TABLE OF CONTENTS

INTRODUCTION TO THE FACILITATORS' GUIDE

1. OVERVIEW

Supportive supervision and mentoring is recognised as critical part of human resource management and development for the delivery of quality health services. It is especially important for health sector HIV and AIDS services, as the scope and the coverage of the services are rapidly expanding. In addition, health service providers are being asked to take on new and complex roles at a rapid pace, while continuing to provide the comprehensive health services to the populations they serve. Furthermore, there are numerous new interventions for HIV and AIDS prevention, care and support that need to be integrated into ongoing general health service. In this regard, the importance of supportive supervision and mentoring at all levels cannot be overemphasised for the delivery of quality HIV and AIDS health services.

However, supervision has generally been erratic, vertical and unlinked while mentoring is quite a new concept and practiced by only a few partner organizations in Tanzania. In addition, no supervisors have ever been equipped to comprehensively cover technical and administrative issues of all HIV and AIDS interventions. Therefore, performance- and resource-related problems at health facilities remained unsolved.

In view of the above, the Ministry of Health and Social Welfare (MOHSW), through the National AIDS Control Programme (NACP), developed "A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services" in 2010. Operationalisation of the contents of the manual requires intensive training of existing supervisors and prospective mentors to equip them with new knowledge and skills and mindset change. Therefore development of a training package for comprehensive supportive supervision and mentoring was an urgent need.

2. GOAL AND OBJECTIVES

The **GOAL** of the training is **to improve quality of care in health sector HIV and AIDS services through effective supportive supervision and mentoring**. Effective and sustained comprehensive supportive supervision and mentoring will contribute significantly to quality improvement in the long term.

OBJECTIVES:

- Build capacity of supervisors to be ablE to effectively conduct comprehensive supportive supervision of HIV and AIDS health services and to work synergistically with mentors to improve quality of care in HIV and AIDS health services in line with the national manual and tools; and
- Build capacity of prospective mentors to be able to effectively conduct mentoring to health service providers for respective interventions and to work synergistically with supervisors to improve quality of care in HIV and AIDS health services in line with the national manual and tools.

3. COURSE DESIGN

This 6-day training will focus on essential supportive supervision and mentoring knowledge, skills and their application. Topics presented include:

1) Overview of HIV and AIDS in Tanzania

2) The Principles of Adult Learning, Communication Skills and Coaching in Supportive Supervision and Mentoring
3) Introduction to Quality of Care in Relation to SS and Mentoring
4) Supportive Supervision
5) Mentoring
6) Relationship between supportive supervision and mentoring
7) Structure and functions of national supportive supervision and mentoring system
8) Monitoring and Evaluation of Supportive Supervision and Mentoring

These topics are preceded by presentations on general Introduction to the Course. To give the training a practical touch, the participants have one-day practicum session on day 5 for hands-on application of learnt skills at relevant selected health facilities and sharing and discussion on the following day. It should be noted that the training is not for somebody who is not familiar with the provision of HIV and AIDS health services. The training doesn't provide technical and clinical knowledge and skills required for each specific HIV and AIDS intervention. Rather, the course is designed for supervisors who have been engaged in supervision of HIV and AIDS health services and prospective mentors who have been and are currently engaged in provision of a specific clinical/technical service related to HIV and AIDS.

4. COURSE ORGANIZATION

A variety of approaches to teaching and learning will be adopted, with the underlying assumption that participants are adult learners who will take considerable responsibility for their own learning. The focus will be on active learning and should emphasise the key knowledge and skills needed for training other health service providers.

The course consists of 6 days of highly participatory training activities. The course outline is as follows:

Day 1	Opening, adult learning, communication skills and coaching
Day 2	Quality of care, supportive supervision, mentoring and relationship between supportive supervision and mentoring
Day 3	Structures and functions of national supportive supervision and mentoring systems and monitoring and evaluation (M&E)
Day 4	Supportive supervision process and practice with the tool, mentoring process and practice with the tools and filed preparation
Day 5	Field practicum and report writing
Day 6	Presentation and sharing of field reports, course evaluation and closing

Supportive Supervisors and prospective mentors will be together during the first three days in a classroom. On the day 4 they separate into two groups: supervisors and mentors. They will familiarise themselves with the respective processes and tools of supportive supervision and mentoring and conduct role plays using the tools. On day 5, the participants split into groups to go for practical training in health facilities where they will apply the knowledge and skills learned in the classroom. On the day 6, all participants will hold a session to present and share the field reports and discuss emerging issues.

5. TRAINING/LEARNING METHODS

A variety of learning methods is used for this course. Those methods include:

- Illustrated lectures and discussions
- Group activities and discussions
- Individual and group exercises
- Case Studies
- Role plays
- Demonstrations
- Visualisation in Participatory Programmes (VIPP) processing cards
- Guided practice activities in supervision and Mentoring skills, with feedback from participants and facilitators
- Practice sessions to learn how to use the tools for supportive supervision and mentoring
- Field work practical sessions at facilities

6. LEARNING MATERIALS

This guide is part of a training package consisting of: 1) Participant's Manual, 2) Facilitators' Guide, and 3) Presentation Slides (PowerPoint). The following materials are important references for this training course and should be available to the participants:

- A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services (MOHSW, 2010) with Supportive Supervision and Mentoring Tools;
- National Guidelines for Quality Improvement of HIV and AIDS Services (MOHSW, 2010);
- National Essential Health Sector HIV and AIDS Interventions Package (MOHSW, 2010);
- Implementation Guidelines for 5S–KAIZEN(CQI)-TQM Approach in Tanzania: "Foundation of all Quality Improvement Programs" (MOHSW, 2011)
- Other national guidelines and standard operating procedures (SOPs) for service provision of HIV and AIDS related health services such as care and treatment, prevention of mother to child transmission (PMTCT), management of sexually transmitted infections (STIs), HIV testing and counselling (HTC), TB/HIV, and home-based care (HBC).

7. PARTICIPANTS' SELECTION CRITERIA

Participants for this course should be those who will be providing supportive supervision and mentoring to health service providers in HIV AIDS health services. Participants shall be carefully selected with the following criteria:

7.1 Supervisors:

Supervisors shall be those who are in a position to regularly supervise HIV and AIDS health services at either national or regional or council level and have the following attributes:

- Be familiar with health care system;
- Have basic knowledge about whole range of HIV and AIDS interventions provided at each level of health system;
- Have basic QI concept;

- Have ability to address both administrative and programmatic issues and needs in HIV and AIDS health services;
- Be committed, responsible and have good interpersonal skills;
- Have ability to train, motivate and support supervisees;
- Be able to promote teamwork; and
- Be flexible, respectful, honest, hard working and open to new and creative ideas.

7.2 Mentors

A mentor shall have the following attributes:

- Be a practitioner of a specific HIV and AIDS related intervention/health service;
- Have adequate knowledge, sufficient skills and experience in a intervention/service;
- Be approachable and accessible with good interpersonal communication skills and appropriate language;
- Be familiar with health care system, basic QI concept, common illness, the context of the disease, likely patient reactions and outcomes;
- Be willing, committed, responsible and available to provide coaching and technical assistance to less experienced health service providers; and
- Be flexible, respectful and hardworking.

It should be noted that the training doesn't provide technical and clinical knowledge and skills required for each specific HIV and AIDS intervention.

8. SUGGESTED COURSE COMPOSITION

a. **Participants:** Ideally 24 (12 supervisors and 12 mentors), maximum 30

b. **Facilitators:** At least 2 facilitators of supervisors and 2 facilitators of mentors, who have been trained as trainers of comprehensive supportive supervision and mentoring.

9. SELECTION CRITERIA FOR FIELD PRACTICUM

The Day 5 is allocated for the field practicum. Three to four health facilities that offer CTC, STI, PMTCT, HTC, TB/HIV, Laboratory, Pharmaceutical and HBC services shall be selected nearby the training venue. There are some areas in the country where such services are not available on Fridays. Avoid those areas for this training, or you need to reorganize the training programme. Higher-level health facilities than the level of health facilities to which the participants belong are not suitable for this exercise. The field practicum sites shall be carefully selected in consideration of the above factors and in consultation with the jurisdictional RHMT/CHMT.

10. METHODS OF EVALUATION

a. Pre- and Post-course Questionnaires
b. Daily evaluation by participants to be reviewed by facilitators at the end of each day
c. End-course evaluation to be filled in by each participant at the end of the course
d. Follow-up of action plan and implementation of supervision and mentoring activities

11. MATERIAL DESIGN

The facilitator's guide has been developed in a user-friendly format. It is intended to be adapted as needed, so the training can be tailored to the participants' needs and can accommodate time constraints. A detailed, step-by-step description is provided for each session, following a standardized format:

1) Session Title
2) Total Session Time Allocated
3) Learning Objectives
4) Resources Needed
5) Slides with Facilitator's Notes

Sessions are aligned with the chapters of the Participant's Manual. Facilitator's Notes can be modified according to the needs of the audience and the time available. Facilitators are encouraged to adapt the training to make it most suitable to their participants' needs. Different training methods can be used to suit time constraints. For example, an interactive exercise might be replaced with a presentation, which may take less time. However, try to make it as much participatory as possible.

Various training techniques should be used as they are proven most effective for adult learning. PowerPoint presentation slides serve as guidance for the facilitators during the training course and they reinforce information retention. Key points are summarised at the end of each session. Learning objectives are the concrete, measurable behaviours that the participants should have adopted by the end of the session. These define what questions need to be considered for the pre- and post-course assessments, for evaluation of the course and for follow-up assessments. Time is suggested for each session. Resources needed describes all of the materials needed to conduct the particular session including reference materials, flipcharts, VIPP cards, masking tape, markers, and other supplies. Most of the sessions require an LCD projector. The hard copies of the PowerPoint presentations are included in the facilitator's guide and can be used during the training in case electricity is unavailable.

12. PREPARATION FOR THE TRAINING COURSE

12.1 Planning and Logistics

A successful training does not just happen. It requires a great deal of advance preparation. If you are in charge of organizing training, you will need to start preparation 6 weeks prior to the training. The below is a planning and logistical checklist that a coordinator/facilitator should follow:

Six (6) Weeks Prior to the Training:

- ☐ Fix dates.
- ☐ Check the allocated fund.
- ☐ Check availability of the training package and other reference materials.
- ☐ Start preparation of the list of participants in accordance with the selection criteria.

Five (5) Weeks Prior:

- ☐ Get quotations on venue, equipment, accommodation and meals and make reservations. (Remember that two halls are required for the day 4 for separate group sessions.)
- ☐ Prepare budget details.
- ☐ Pre-confirm the availability of the participants listed.

- ☐ Identify facilitators.
- ☐ Prepare an invitation letter for internal approval.

Four (4) Weeks Prior:

- ☐ Submit the invitation letter for authorisation.
- ☐ Send out invitations through fax, email and dispatch.

Three (3) Weeks Prior:

- ☐ Confirm participation of the participants.
- ☐ Confirm participation of the facilitators and assign sessions.
- ☐ Make transport arrangement.

Two (2) Weeks Prior:

- ☐ Prepare DSA calculation sheet and request finances for participants' per diem and transport.
- ☐ Reserve equipment required for the training period.
- ☐ Prepare/Purchase stationary required for the training such as notebooks, marker pens, flip charts, pens and nametags.
- ☐ Print out all the materials required for the training.
- ☐ If official opening remarks by an authority is needed, identify and contact the guest of honour.
- ☐ Ask the RHMT to make an arrangement for field practice on the Day 5 in consideration of the number and the characteristics of the participants.

One (1) Week Prior:

- ☐ Prepare the nametags for the participants and the facilitators.
- ☐ Confirm venue, catering, and accommodation.
- ☐ Put all the training materials in boxes ready for travel.
- ☐ Confirm the guest of honour and send speaking notes.
- ☐ Reconfirm facilitator attendance and preparation.
- ☐ Check all equipment to ensure it is working properly.

One (1) Day Before the Training:

- ☐ Travel to the training venue with all the equipment and materials.
- ☐ Check with the catering service and share the refreshment timeslots.
- ☐ Check with the management of the conference halls about the reservation of the halls. Remember that two rooms are required for the day 4. Check the size of the halls, air condition and ventilation, screen, table and seating arrangement, electric power and its location.
- ☐ Hold Facilitators Meeting (led by the course coordinator):
    - ☐ Confirm/finalize the course agenda.
    - ☐ Go over any questions on contents and methods.
    - ☐ Discuss expectations and the importance of teamwork.
    - ☐ Prepare all the materials for distribution.
    - ☐ Prepare the room for the following day. Tables should be arranged in a U-shape.

One (1) Hour Before the Training:

- ☐ Set up a facilitators' table and a table for handouts and supplies.

- ☐ Set up a laptop computer, a LCD projector and a screen with an extension power cable.
- ☐ Place the following items on the table for each participant:
  - ☐ Participant's Manual
  - ☐ Participant registration form
  - ☐ Course schedule
  - ☐ A folder
  - ☐ A pen
  - ☐ A notepad

12.2 Facilitation Preparation

The facilitators should peruse all the materials of the training package and the important references and familiarise themselves with the materials. Facilitators should communicate one another at least two weeks before the training and allocate sessions for their session preparation. They need to be familiar with the flow of topics, the structure of the course, and the methodology suggested for each session, so they know how they will conduct a session, what they need for each activity and the key messages to convey. Developing their own session plan will help facilitators organize their work and will facilitate the learning process.

The facilitators should also discuss logistics and their responsibilities with the training organiser/coordinator. The facilitators need to be familiar with the situation of the regional/district supervision and mentoring and other support systems that are involved in service provision. Texts of case studies, role plays and exercises could be adjusted to use local names and situations common in the participants' practice.

The facilitators must make sure in advance that all handouts, flipcharts, methods for assigning the participants into small groups, cards for case studies and other exercises, and all other materials and supplies they need to conduct sessions are prepared by the training organiser or coordinator. All materials should be arranged by sessions and by days. This will save time during the training course.

For co-facilitation sessions, the facilitators should communicate and work on preparation together. Working effectively in teams requires that co-facilitators establish and maintain respectful, collaborative working relationships and that they enter into new training courses with clearly defined roles and shared expectations about how to conduct training and resolve difficult situations that may arise during training. To ensure effective co-facilitation, facilitation team should communicate before the course to decide how they will manage potentially disruptive situations, including:

- How to intervene if a facilitator forgets an important point during an exercise;
- How to manage participants who dominate discussions;
- How to respond to participants who upset others by making negative comments;
- How to warn each other if the pace of training is too fast or too slow;
- How to alert each other when a presentation or exercise is running over its scheduled time.

13. DURING THE TRAINING

13.1 Participant Registration

1) Ask participants fill in the sign-in sheet and give them a nametag.

2) Ask participants to fill out the daily registration and train-smart registration forms (and allowance request form if necessary).
3) Collect the forms. Count the forms to match the number of forms to the number of participants. Track down all missing information. Make sure that all information is complete on the registration form. If not, get clarity from the participant before the course is over.

13.2 Course Introduction

1) During the course introduction, write the participant's expectations on a piece of flipchart paper and post on the wall.
2) Solicit ground rules/norms from the participants, write on the flip chart, and post on the wall.
3) If desired, establish course leadership (chairperson, timekeeper and rapporteurs).
4) Announce housekeeping issues, such as meal times, per diem, bathrooms, etc.

13.3 Courtesy visit to the RMO

1) Pay a courtesy visit to the Regional Medical Officer (RMO) and explain the training to him/her.
2) Confirm the arrangements made for the field practice.
3) Make sure that the managements of the health facilities and their health service providers are informed in advance of the field practice and its purpose on the Day 5 of the training.
4) Preferably the Regional AIDS Coordinator (RACC) and the Regional RCH Coordinator (RRCHCo) shall accompany the participants on the field day. Ask permission from the RMO.
5) Ask the RMO to participate or let other members of the RHMT to participate in the final-day session (about 2 hours) to share the field reports if they are available.

13.4 During the Sessions

1) Encourage Interaction

- Participants are the most valuable resource in an adult training course. They help each other learn through sharing relevant work experiences and providing different perspectives. Ask participants questions, engage them in conversation, and ask them to share relevant examples from their own work experience. Consider fellow facilitators and participants as resources and the learning experience will be enriched for all involved.
- On the first day, if the facilitators are friendly and helpful during the first interactions, it is likely that the participants will:
  - Overcome their shyness,
  - Realise that you want to talk with them, and
  - Interact with you more openly and productively throughout the course.
- Check to see whether participants are having any problems, even if they do not ask for help.
- If you show interest and give each participant undivided attention, the participants will feel more compelled to work. In addition, if the participants know that someone is interested in what they are doing, they are more likely to ask for help when they need it. It is important to be available to talk with participants as needed.
- Take advantage of more experienced participants who can help you during the training. The knowledge and skills that participants bring to the training course are important to the

learning process and participants are encouraged to share their knowledge and skills, and to raise issues that they find challenging in their work.

2) Keep Participants Involved in Discussions

- Frequently ask questions to the participants to check their understanding and to keep them actively thinking and participating. Questions that begin with 'what,' 'why,' or 'how' require more than just a few words to answer. Avoid questions that can be answered with a simple 'yes' or 'no'.
- After asking a question, PAUSE. Give participants time to think and volunteer a response. A common mistake is to ask a question and then answer it yourself. If no one answers your question, rephrasing it can help to break the tension of silence. However, do not do this repeatedly. Some silence is productive.
- Acknowledge all participants' responses with a comment, 'thank you', or a definite nod. This will make the participants feel valued and encourage participation. If you think a participant has missed the point, ask for clarification, or ask whether another participant has a suggestion. If a comment is ridiculed or ignored, the participant may withdraw from the discussion entirely or not speak voluntarily again.
- Answer participants' questions willingly, and encourage participants to ask questions when they have them rather than to hold the questions until a later time. Do not feel compelled to answer every question yourself. Depending on the situation, you may turn the question back to the participant or invite other participants to respond. You may need to discuss the question with the course director or another facilitator before answering. Be prepared to say, 'I don't know, but I'll try to find out.'
- Use names when you call on participants to speak, and when you give them credit or thanks. Use the speaker's name when you refer back to a previous comment.
- Maintain eye contact with the participants so everyone feels included. Be careful not to always look at the same participants. Looking at a participant for a few seconds will often prompt a reply, even from a shy participant.

3) Keep the Session Focused and Lively

- Keep your presentations lively:
  - Present information conversationally rather than read it.
  - Speak clearly. Vary the pitch and speed of your voice.
  - Use examples from your own experience, and ask participants for examples from their experience.
- Write key ideas on a flip chart as they are offered. This is a good way to acknowledge responses. The speaker will know that the idea has been heard and will appreciate having it recorded for the entire group to see. When recording ideas on a flip chart, use the participant's own words if possible. If you must be more brief, paraphrase the idea and check it with the participant before writing it. You want to be sure the participant feels you understood and recorded the idea accurately. Do not turn your back to the group for long periods as you write.
- At the beginning of a discussion, write the main question on the flip chart. This will help participants stay on the subject. When needed, walk to the flip chart and point to the question.

Paraphrase and summarise frequently to keep participants focused. Ask participants for clarification of statements as needed. Also, encourage other participants to ask speakers to repeat or clarify statements as needed.

- Re-state the original question to the group to get them focused on the main issue again. If you feel someone will resist getting back on track, first pause to get the group's attention, tell them they have gone astray, and then restate the original question. Do not allow several participants to talk at once. When this occurs, stop the talkers and assign an order for speaking. For example, say, 'Let's hear Dr Fimbo's comment first, then Dr Swai's, then Ms Msuya's. People usually will not interrupt if they know they will have a turn to talk.
- Thank participants whose comments are brief and to the point.
- Try to encourage quieter participants to talk. Ask to hear from a participant in the group who has not spoken before, or walk toward someone to encourage that person to talk.
- Use ice-breakers and energisers.

4) Create a Positive Learning Environment

- Treat the participants with respect and as equals, and make sure that the participants also treat each other with respect and equality.
- Maintain confidentiality if the participants share private information with the facilitator.
- The flow of information is important. When people are kept informed, they feel valued and an integral part of the team. When there is secrecy, they feel threatened. Communication should be as complete as possible and should transmit positive messages of trust.
- When the facilitators share what they are thinking, people are more likely to trust them because they understand them. However, revealing too much can be problematic, particularly in cultures in which it is not common to share one's feelings or inner thoughts. Keep cultural constraints in mind when practicing self-disclosure.
- Make sure that the physical environment helps to create a positive learning environment through proper seating arrangements, comfortable temperature and air ventilation in the room, light, scheduling of breaks, and other arrangements.
- Some of the tips to follow for creation of positive learning environment are as follows:
    - Use icebreaker activities in the beginning of the sessions and warm-up exercises after breaks to encourage team-building and increase comfort.
    - Read the body language of the participants.
    - Listen to everyone's ideas.
    - Acknowledge and praise ideas that the participants contribute.
    - Provide positive reinforcement and constructive feedback to individuals and the group, when appropriate.
    - Avoid being judgmental about the participants and their comments.
    - Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.
    - Share your own experiences, including situations in which you were and were not successful.
    - Show the group that you enjoy working with them.

- Spend time with the participants during breaks and meals, so that you can have informal time with them.
- Give the current training their full attention, even when you are not facilitating it. It is disruptive for both facilitators and participants when a co-facilitator engages in distracting behaviour, such as doing other work on a computer or reading and writing SMS with a mobile phone or whispering or leaving the training room during a session.
- Make note of any questions that cannot be answered during discussion, and prepare the answers with facilitators for the following day.

5) Organise and facilitate daily organiser/facilitators' meeting:

- The daily meetings are important to make the training effective. Such meetings provide the organiser and the facilitators with an opportunity to discuss aspects of the training that need improvement and to make adjustments to the training agenda or the training style. Review the day through discussion and the daily evaluations for improvement. Adjust the next day's plan if necessary. Make note of any changes that will need to be made for subsequent trainings. The following are the questions to guide the meetings:

  - How well did the today sessions meet the objectives?
  - How effective was the methodology used? What went well and what went wrong? How can we improve it?
  - What problems did we have and how well did we handle them during the sessions?
  - How well were we working together as co-facilitators? Is there anything that we need to improve?
  - Is there anything we would like to feedback on to the participants during the sessions next day?

6) Monitor Participants' Progress during the Course

- It is important that the facilitators monitor the learning process and the progress that the participants make or do not make. At the beginning of the course, the facilitators need to understand the knowledge, skills and attitudes with which the participants start the training, so that at the end of the course, the facilitators can assess and compare the assessments' results. For that reason, pre-course and post-course questionnaires are useful. The Pre-course and post-course questionnaires and the answer keys are included in this guide.
- During the course, the facilitators assess practice sessions, small group work, exercises, role-plays and discussions. Facilitators should be sensitive to the atmosphere in the training room and to read the signals that the participants send through their body language. At the end of the day, the facilitators can use the daily evaluation forms to collect reflections on the day's events. The forms should be simple and should not require too much time to fill out. The facilitators can get valuable information from the participants about the training process through use of such daily reflections. The Daily Evaluation Forms are presented as an appendix in this guide.
- At the end of the course, it is important to reflect and determine outputs of the training program. These might include:
  - What were the post-course results?

- What was the overall reaction to the course?
- Did the facilitators achieve the objectives?
- Did the participants think that they will apply their new knowledge and skills in their day-to-day work?

- For those reasons, and as an addition to a post-course assessment, the facilitators can use an End of Course Evaluation Form (Appendix), which allows the participants to share their experience during the training and their opinion about the usefulness of the training, of the materials distributed, of the training techniques used, of the logistics of the training, and of the facilitators' performance.

7) Other Responsibilities of the Coordinator and the Facilitation Team in Logistics

- Conduct a recap session every morning.
- Work out any issues regarding room assignment at the venue.
- Prepare and distribute daily evaluation sheets and course evaluation.
- Introduce speakers, facilitate transitions, etc.
- Load presentation slides for each speaker.
- Make an arrangement when more supplies or materials are required.
- Work with the management of the venue on special needs of the participants. For example, special meals need to be prepared for some participants due to diabetes, microphone system needs to be installed, etc.
- Keep things running on TIME! Alert people when to come back from breaks and round them up if necessary. Keep presentations on time by using time cards.

14. AFTER THE TRAINING COURSE

Immediately after the training, the facilitators shall compile and submit a training report to the organiser. Incorporate the results of the course evaluation and suggestions for improvement of the training in the report.

Make sure to attach all the participants' registration forms completely filled since the participants' information on the registration forms should be entered into the training database soon after the training is implemented.

Monitoring and evaluating the participants' performance after the training when they are back at their work places is an important part of the programme's tasks. The participants should be informed that their performance will be monitored when they apply newly acquired knowledge and skills, who will conduct follow-up, and how this follow-up will be handled. The follow-up mechanism includes visiting the participants at their facilities, observing the participants' performance, collecting their self-assessment information (facilitators should provide the participants with the forms to use), collecting and analyzing service statistics and supportive supervision and mentoring reports and interviewing the participants.

15. PARTICIPANT'S PACKAGE

All training course participants will receive a Participant's Manual which has a detailed content of the course. That manual includes information on essential ideas to remember from the course, the goal and objectives of the course and for each session, detailed content and additional reading materials that explain topics more deeply or that provide examples to support the learning process.

During the sessions, facilitators should not allow the participants to read from the manual. They will need to refer to the manual at specific times for particular exercises, and the facilitators should give them instructions on when to do so. Such information is provided in the guide.

This Facilitators' Guide includes several appendixes containing a variety of training materials.

16. RESOURCES NEEDED FOR THE TRAINING

Physical Space:

- ☐ One large training room for 24 participants and 4 facilitators, make table and seating arrangement in U-shape.
- ☐ Another room for 15 pax for group sessions on the Day 4.

Training Materials for Participants

- ☐ Participant's Manual (# of participants + # of facilitators and organisers)
- ☐ A binder including the following reference materials:
  - ☐ A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services
  - ☐ A Tool for Comprehensive Supportive Supervision on HIV and AIDS Health Services
  - ☐ Tools for Mentoring on HIV and AIDS Health Services
  - ☐ National Guidelines for QI of HIV and AIDS Services
  - ☐ National Health Sector HIV and AIDS Interventions Package

Other Handouts Needed for Participants:

- ☐ Pre- and Post-Course Questionnaires (# of participants x 2)
- ☐ Registration Forms (# of participants)
- ☐ Daily Evaluations (# of participants x 6 days)
- ☐ End-Course Evaluation (# of participants)
- ☐ Copies of SS tool (# of supervisors)
- ☐ Copies of mentoring tool (# of mentors)

Materials Needed for Facilitators:

- ☐ Facilitators' guide (# of facilitators only if they don't have)
- ☐ PowerPoint Slides
- ☐ Training Registration Form (1)
- ☐ Trainers Registration Forms (# of facilitators)
- ☐ Printed Daily Sign-in Sheet
- ☐ Training Sign
- ☐ Time-Up Signs (3 minute, 10 minutes, 20 minutes)

Other Materials for Participants and Facilitators:

- ☐ Stationary: Notepads, pen, pencils and folders (# of participants + # of facilitators and organisers)
- ☐ 1 box of Male and female condoms
- ☐ Extra one ream of A4 paper

Equipment Needed:

- ☐ 2 flip chart stands with 3 rolls of flip chart paper
- ☐ 4 boxes of markers (2 boxes of Black, 1 box of Blue and 1 box of Red)
- ☐ 2 extension cords with appropriate adapter plugs
- ☐ 4 female pelvic model and 4 penile model for coaching exercise
- ☐ 2 LCD Projector (for 2-group activities)
- ☐ 4 Laptop computers (# of groups for the field practice)
- ☐ 1 Portable Printer
- ☐ 1 Screen for projection

Training toolbox

- ☐ 3 roles of Flipcharts
- ☐ Marker pens (Black, Blue and Red) x 10
- ☐ 4 Masking Tapes
- ☐ 10 Binder clips
- ☐ 2 small clocks for timekeeping
- ☐ Hole punch
- ☐ Nametags
- ☐ Post-It notes
- ☐ Paper clips
- ☐ Scissors
- ☐ Rubber bands
- ☐ Stapler and staples
- ☐ Prestik

INTRODUCTION TO THE TRAINING

Total Session Time: 100 minutes

Objectives

By the end of this session, the participants will:

- Get familiar one another
- Set a conducive environment for the training
- Assess their own level of knowledge and skills regarding supportive supervision and mentoring at entry to the training

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	35	Introduction to Session	Presentation	LCD projector, Laptop PC
3	20	Ground Rules	Presentation, Brainstorming , Discussion	LCD projector, Laptop PC
4-5	5	Housekeeping, Parking Lot	Presentation	LCD projector, Laptop PC
6	40	Pre-course Questionnaire	Explanation, Answering Questions	Pre-course Questionnaire Forms

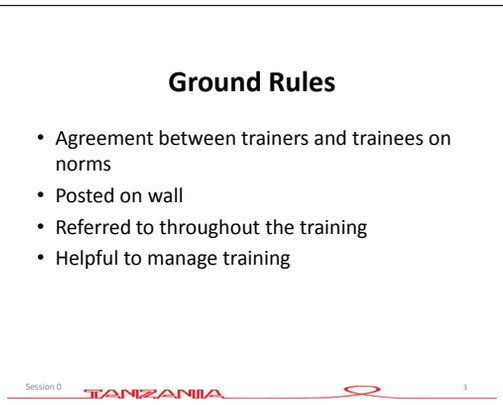
Resources Needed:

Participant's Manuals, Time Table, Note Pads, Pens, Registration forms, LCD Projector, Laptop PC, Extension Cable, Flip Charts, Markers, Pre-course Questionnaires

Slides

Slide 1	 **INTRODUCTION TO THE TRAINING** Session 0 TANZANIA 1	**WELCOME** participants to the training. Remember that during the first day both participants and facilitators are strangers to one another. It is important to establish a friendly, welcoming, and safe learning environment.
Slide 2	**Introductions** • Your name (what you would like to be called during this training?) • What you do? • Where you work? • Years of experience? • What do you hope or expect to learn in this workshop? Session 0 TANZANIA 2	**Tell** the participants that they will be working as a team during the training, so they will need to know about each other. **PAIR** the participants and facilitators. **EXPLAIN** that the paired participants will interview each other, using the questions on the slide. **SHOW** the slide and ask for a volunteer to read the questions. **ALLOW** 5 minutes for the participants/facilitators to interview each other. Ask the participants to prepare brief introductions of each other (1 minute per pair). **ASK** for volunteers to start the introductions. Continue until all introductions are finished. **JOT** down their expectations on a flipchart (by a co-facilitator) **SUMMARISE** the participants' expectations.

Slide 3



EXPLAIN to participants that "ground rules" are the expectations of both the participants and the trainers on what they should do to help the training go smoothly and meet the course objectives.

TELL participants that the ground rules will be used throughout the training. New rules can be added to the training as needed.

PREPARE a sheet of flip chart paper on which to jot down participants responses.

BRAINSTORM ground rules with participants.

RECORD the responses on a flip chart or blackboard and post where everyone can see.

ASK participants if they agree to follow the ground rules listed on the flip chart.

POST the flipchart with the ground rules on the wall so that all participants can refer to them throughout the course.

<u>Possible ground rules:</u>

- Arrive on time for the beginning of each session and after each break.
- Keep each session on time.
- Switch off mobile phones while in the training room
- See each others as equals in the training room.
- Share experience and expertise.
- Feel free to ask questions at any time.
- Only one person should speak at a time.
- Provide everyone the opportunity to contribute to ensure that the quieter voices are heard.
- No sidebar conversations or sub-sessions. Comments should be made to the whole group.
- Provide constructive feedback to each other.
- No smoking in the training room
- Agree on when to use Swahili.
- Check often to see that everyone understands the information.

Slide 4	**Housekeeping** Logistics: • Breaks • Lunch • Washrooms • Per diem and/or travelling costs Session 0 TANZANIA 4	**EXPLAIN** to participants when breaks for tea and lunch will occur during the day. **TELL** participants where the washrooms are located. **DISCUSS** logistics related to per diem or the travel costs (if needed).

Slide 5	**Parking Lot**
	
	• A place to put /"park" items such as questions, concerns, topics that:
	  • require extra time
	  • related to the training , not critical
	  • require follow-up
	  • could be addressed in later session
	• Items can be dealt with during breaks, lunch, evenings, or end of training
	
	Session 0 TANZANIA 5
		INTRODUCE the idea of a "Parking Lot" after the ground rules have been established and posted.
		
		EXPLAIN to participants that the parking lot is a way of acknowledging and recording discussion themes or ideas that might take too much time to fully explore, or are related to but not critical for, the discussion. These topics are usually important to the participants.
		
		POST a piece of flip-chart paper at the front of the room. Tell participants that this is the parking lot, where the group will put interesting topics or questions that are taking up too much time or are related to but not critical for the discussion. The topics are written on paper and sit in the "parking lot" until time is available to discuss them at the end of the training, during breaks, or in a later session. Once a "parking lot" topic has been addressed, it will be crossed off the list.

Slide 6		
	Pre-course Questionnaire • Helps trainers/trainees identify areas to address during training • Helps justify the training • Helps trainee/trainer have standard to compare with at end of the course • Is not intended to show failure or pass. Not a TEST! • Helps participants compare pre- and post • Just relax and try to answer the questions • 32 Questions for 30 minutes 	**TELL** the participants that during the following 30 minutes, they will be asked to fill in a questionnaire assessing their current knowledge and their learning needs. **EXPLAIN** to the participants that you know that many of them have different levels of knowledge and experience, so the facilitators need to be able to tailor the training to their needs. **DISTRIBUTE** pre-course questionnaire and explain how to complete it. **ASSIGN** a number to each participant and ask the participants to write down their own numbers on their questionnaire and notebook so they will remember the number at the end of the course. **TAKE** a record of each participants number for providing participants with the same number during the post test. **EXPLAIN** that at the end of the course, they will complete a Post-course questionnaire containing the same questions, and they will need to write down on their questionnaire the same number. The numbers are used to ensure anonymity while allowing the facilitators to evaluate changes in the participants' knowledge as a group. **ALLOW** 30 minutes for the participants to complete the pre test. **COLLECT** the questionnaires for facilitators to mark them at a later time. Note: It is important to ensure that facilitators have the answer key in place before conducting the pre test.

SESSION 1:
COURSE OVERVIEW

Total Session Time: 30 minutes

Objectives

By the end of this session, the participants will:

- Get overview of the training course

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-4	5	Course Overview and Background Overview (slides 1-4)	Presentation	LCD projector, Laptop PC
5-6	5	Goal and Objective of the Training	Presentation	LCD projector, Laptop PC
7-11	10	Course Design and Organisation	Presentation	LCD projector, Laptop PC
12-13	5	Selection Criteria for Participants	Presentation	LCD projector, Laptop PC
14-16	5	Teaching Methodology, Reference materials, Questions and Answers	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Time Table, Note Pads, Pens, Registration forms, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Markers

Slides

Slide 1	 **COURSE OVERVIEW** Session 01 TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Background** • For decades it was assumed that poor performance was simply due to lack of knowledge and skills. • An in-service training is expected to transfer new knowledge and skills of health service providers (HSP). • Behaviour change doesn't come along with the training alone, other physical, social and systemic problems play role in hindering application of the knowledge and skills. Session 01 TANZANIA 2	**EXPLAIN** the contents of the slide.
Slide 3	**Overview (1)** The course provides: • Standardized definition of comprehensive supportive supervision and mentoring • Rationale for a standardized approach to comprehensive supportive supervision and mentoring in Tanzania • Guidance on planning and implementation of comprehensive supportive supervision and mentoring Session 01 TANZANIA 3	**ASK** one participant to read the slide aloud.

Slide 4	**Overview (2)** The course: • Provides strategies for bringing about synergy between comprehensive supportive supervision and mentoring • Explains how to use the manual and tools for comprehensive supportive supervision and mentoring • Describes basic monitoring and evaluation in HIV and AIDS interventions Session 01 TANZANIA 4	**ASK** one participant to read the slide aloud.
Slide 5	**Goal of the Training** To improve quality of care in HIV and AIDS health services through effective comprehensive supportive supervision and mentoring Session 01 TANZANIA 5	**READ** the overall goal of this training.
Slide 6	**Objectives of Training** By the end of this training: • Supervisors will be able to conduct effective comprehensive supportive supervision in line with the National Manual and Tools • Mentors will be able to conduct effective mentoring to healthcare workers in line with the National Manual and Tools • Supervisors and mentors will be able to work synergistically to improve quality of care in HIV and AIDS health services Session 01 TANZANIA 6	**STATE** the objectives of the training to the participants. **ASK** participants if they have understood the objectives, and elaborate them when needed.

Slide 7	**Course Design (1)** 1. Course Overview 2. Overview of HIV and AIDS Services in Tanzania 3. Principles of Adult Learning, Communication Skills 4. Effective Coaching in Supportive Supervision and Mentoring 5. Introduction to Quality of Care in Relation to Supportive Supervision and Mentoring Session 01 TANZANIA 7	**READ** the content of the slide.
Slide 8	**Course Design (2)** 6. Supportive Supervision 7. Mentoring 8. Relationship between Comprehensive Supportive Supervision and Mentoring 9. Structure and Functions of National Comprehensive Supportive Supervision and Mentoring System 10. Monitoring and Evaluation Session 01 TANZANIA 8	**CONTINUE** reading the content on course design.
Slide 9	**Course Organisation (1)** Day 1: • Opening and Introduction • Course Overview • Overview of HIV and AIDS • Adult learning, communication skills • Effective Coaching Day 2: • Quality of care • Supportive supervision • Mentoring • Relationship between comprehensive supportive supervision and mentoring Session 01 TANZANIA 9	**EXPLAIN** the course is organisation by days. During the first three days, we all work together but on Day 4 will be split into two groups. Day 5 will be a field practice day and we will be split into several groups. On Day 6, we will be together again.

Slide 10	**Course Organisation (2)** Day 3 • Structures and functions of national comprehensive SS and M system • Monitoring and Evaluation • Orientation for Field Practicum Day 4: • Comprehensive supportive supervision process • Mentoring process • Practice with the tools Session 01 TANZANIA 10	
Slide 11	**Course Organisation (3)** Day 5: • Field practicum • Report writing Day 6: • Presentation and sharing of field reports • Course evaluation • Closing Session 01 TANZANIA 11	
Slide 12	**Selection Criteria for Participants** **Supervisors**: • Regularly supervise HIV and AIDS health services • Familiar with health care system • Basic knowledge of HIV and AIDS health services • Familiar with QI concept • Have worked in both administrative and programmatic contexts relating to issues and needs in HIV and AIDS health services Session 01 TANZANIA 11	**TELL** the participants that the content on the slide are the criteria used for selecting supervisors to participate in the training

Slide 13	**Selection Criteria for Participants** **Mentors:** • A practitioner of a specific HIV and AIDS related intervention/health service • Basic knowledge, skills and experience in a specific HIV and AIDS related intervention/service • Familiar with health care system, QI concept, common illness, the context of the disease, likely patient reactions and outcomes Session 01 TANZANIA 12	**TELL** the participants that the content on the slide are the criteria used for selecting mentors to participate in the training **EMPHASIZE** that we have two groups of participants (supervisors and mentors), which need to work synergistically and that's why we are learning together.
Slide 14	**Teaching Methodology** • Lectures/discussions • Group discussions • Small and large group activities • Case studies • Role plays • Demonstrations • Field practicum • VIPP cards Session 01 TANZANIA 14	**EXPLAIN** to participants that the training methodology used in this training course is designed to appeal to a variety of learning styles. Methods include many interactive activities designed to build skills in the care and treatment of persons living with HIV. **EXPLAIN** that VIPP means Visualization in Participatory Programs
Slide 15	**Reference Materials** • A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services (MOHSW, 2010) with Supportive Supervision and Mentoring Tools; • National Guidelines for Quality Improvement of HIV and AIDS Services (MOHSW, 2010); • National Essential Health Sector HIV and AIDS Interventions Package (MOHSW, 2010); • Implementation Guidelines for 5S–CQI-TQM Approaches in Tanzania (MOHSW, 2008) • National guidelines and standard operating procedures (SOPs) for service provision of HIV and AIDS related health services such as care and treatment, PMTCT, management of STIs, HTC, TB/HIV and HBC Session 01 TANZANIA 14	**INTRODUCE** the reference materials.

Slide 16	**Questions and Answers** 	**ASK** participants whether they have any questions related to the course structure before going on to the next session.

2

SESSION 2:

OVERVIEW OF HIV AND AIDS SERVICES IN TANZANIA

Total Session Time: 45 minutes

Learning Objectives:

By the end of this session, the participants will be able to:

- Describe the National Response to HIV pandemic in Tanzania.
- Provide an overview of HIV and AIDS interventions in Tanzania.
- Describe the rationale for comprehensive supportive supervision and mentoring.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	overview of HIV&AIDS Services in Tanzania	Presentation	LCD projector, Laptop PC
3-5	14	HIV &AIDS in Tanzania, International Movement in HIV & AIDS, National Response to HIV&AIDS	Questions and Responses, Presentation	LCD projector, Laptop PC
6-8	5	HIV &AIDS Interventions in Tanzania	Presentation	LCD Projector, PC Computer and Flip chart
9-10	5	Health Service Structure in Tanzania	Presentation	LCD projector, Laptop PC
11-13	12	Challenges of Supportive Supervision & Mentoring	Presentation	LCD Projector, Laptop PC and Flip chart
14-15	5	Rationale for CSSM	Presentation	LCD projector, Laptop PC
16	2	Key points	Presentation	LCD projector, Laptop PC

Resources Needed:

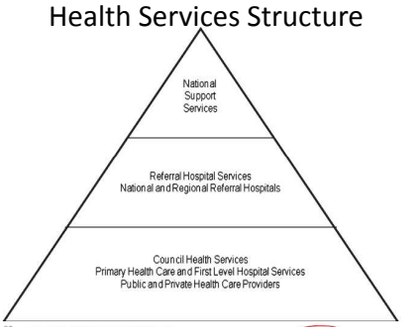
Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts, Flip Chart Stand and Markers

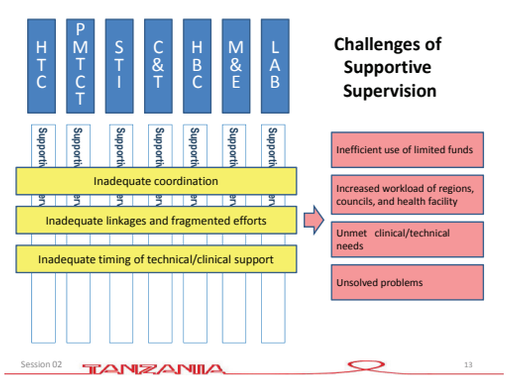
Slides

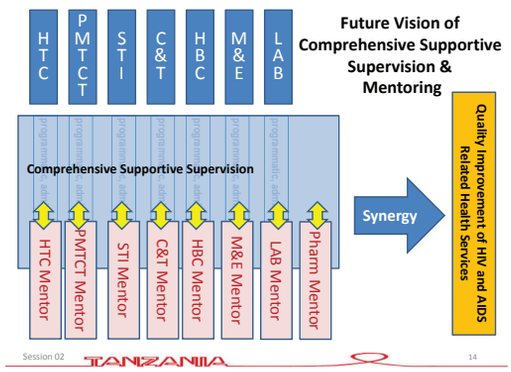
Slide 1	 **OVERVIEW OF HIV AND AIDS SERVICES IN TANZANIA** Session 02 TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, participants will be able to: • Describe the National Response to HIV pandemic in Tanzania • Provide an overview of HIV and AIDS interventions in Tanzania • Describe the rationale for comprehensive supportive supervision and mentoring Session 02 TANZANIA 2	**STATE** the objectives of the session.

Slide 3	**HIV and AIDS in Tanzania** • First AIDS case identified in 1983 • All 20 regions of mainland had reported cases by 1986 • National prevalence rate (15-49): 5.7% Mainland Tanzania: 5.8% • By 2010: ○ 1,400,000 PLHIV ○ 740,040 enrolled in care and treatment services ○ 384,816 started ARV Session 02 TANZANIA 3	Note: This slide is animated. **ASK** participants to explain the current situation of HIV and AIDS in Tanzania. **WRITE** responses on the flip chart. **PRESENT** the slide containing the responses and compare to the responses listed on the flip chart. Note any differences. **EXPLAIN** further: the national prevalence of 5.8% is for the population age 15-49 for Tanzania mainland. If this is combined with that of Zanzibar the rate is 5.7%. **TELL** participants that more women than men have HIV (7% versus 5%) in Tanzania. **EXPLAIN** that the rates of HIV are not the same in all regions of the country and that some regions have more people living with HIV and AIDS. ***Background information*** *For more specific information about incidence and prevalence rates, look at the Tanzania HIV/AIDS and Malaria Indicator Survey (2007-08 THMIS) and the Tanzania HIV/AIDS Indicator Survey (THIS) and NACP Report, June 2011.*
Slide 5	**International Movement in HIV and AIDS** • Millennium Development Goals (MDGs)-up to 2015 • United Nations General Assembly Special Session (UNGASS) Declaration of commitment /recognition of basic right to comprehensive HIV prevention, care, treatment &support services to all • WHO's "Teating 3 Million by 2005 (3 by 5)" Initiative • UNAIDS of Universal Access to comprehensive Prevention, Care, Treatment and Support Services for all by 2010 Session 02 TANZANIA 4	**EXPLAIN** the HIV and AIDS milestones.

Slide 4	**National Response to HIV and AIDS** 1986 – 2002 Short and Midterm Plans under the leadership of MOH/NACP 2001 Establishment of TACAIDS to lead multi-sectoral national response 2001 Development of National Policy on HIV/AIDS 2003 Approval of the National Multi-Sectoral Strategic Framework for HIV/AIDS (NMSF) 2003 Development of National Care and Treatment Plan (operational by 2004) 2003 Health Sector HIV AIDS Strategic Plan (HSHSP)- 2003-06 2009 HSHSP II (2008-12) Session 02 TANZANIA 5	**EXPLAIN** the HIV and AIDS milestones.
Slide 6	**HIV and AIDS Interventions in Tanzania (1)** **(i) Prevention** • PMTCT • STIs/RTIs • Male Circumcision • Blood Safety • Workplace interventions • Youth friendly services • Positive Health Dignity and prevention Session 02 TANZANIA 6	**ASK** participants to explain existing HIV and AIDS interventions. **JOT** down the responses on flipchart. **PRESENT** the next 3 slides and **ADD** information that was not presented by participants.
Slide 7	**HIV and AIDS Interventions in Tanzania (2)** **(ii) Care and Treatment** The first goal of the HIV and AIDS Care and Treatment Plan for Tanzania (2003) is to provide quality continuing care and treatment to as many HIV+ residents as possible, including: • Anti retroviral Therapy (ART) • TB/HIV collaborative activities • Community Home based care • Nutrition support • Monitoring HIV status Session 02 TANZANIA 7	

Slide 8	**HIV and AIDS Interventions in Tanzania (3)** **(iii) Cross Cutting Issues:** • Stigma & discrimination reduction • Laboratory &Diagnostics • Pharmaceutical services • HIV Testing and Counseling (voluntary /client/ Provider Initiated, Home Based testing & counseling) • Condom programming • IEC/Behaviour Change Communication interventions • Stigma and discrimination reduction Session 02 TANZANIA 8	
Slide 9	**Health Service Structure in Tanzania** • Provided through national, regional and district hospitals, health centres ,dispensaries and community level. • Each facility provides support and supervision to its catchment area • Other specialised facilities provide additional services/interventions • Currently the government is implementing the plan to have a dispensary for each village and a health centre for every ward Session 02 TANZANIA 9	**INFORM** participants that Tanzania mainland has 25 administrative regions, 130 districts and 133 councils with 10,342 villages (MOHSW, 2009)
Slide 10	Health Services Structure  Session 02 TANZANIA 10	**EXPLAIN** further that the Faith Based Organizations and private institutions, both for profit and non profit, contribute to the efforts by the government to provide health services.

Slide 11	**Challenges of Supportive Supervision & Mentoring in HIV and AIDS Services (1)** • Supervision has been erratic, vertical, unlinked • Supervisors have limited capacity to cover both technical & administrative issues • Mentoring for HIV services was not systematically provided, standardized, coordinated or regulated • Lack of functioning QI teams Session 02 TANZANIA 11	**ASK** Participants to mention challenges of supportive supervision and mentoring in HIV and AIDS services. **USE** the slide to elaborate on challenges of supportive supervision and mentoring.
Slide 12	**Challenges of Supportive Supervision & Mentoring in HIV and AIDS Services (2)** • HIV and AIDS pandemic affected entire health care delivery system, has added on shortage of human resource for health. • Current supervision depend on availability of transport / other resources than on regular schedule • Several supervisors may visit a facility within a short time. Session 02 TANZANIA 12	
Slide 13	 Session 02 TANZANIA 13	Note: This slide is animated. **SUMMARIZE** the challenges of supportive supervision using the slide.

Slide 14		This slide is animated. **ASK** participants to brainstorm on the future vision for the comprehensive supportive supervision model. **ALLOW** for some possible responses and **WRITE** on the flip chart. **DISPLAY** the rest of the slide. **COMPARE** responses on the slide to those on the flip chart. **EXPLAIN FURTHER** that integration of programmatic/administrative and technical/ clinical activities is a cost effective/efficient approach and that mentoring by experienced health service providers should be conducted based on identified technical/clinical needs**.**
Slide 15	**Rationale for CSSM** • Comprehensive supportive supervision combined with mentorship programme for administrative and technical support to health facilities at all levels is critical for delivery of quality HIV and AIDS health services. • In this regard, the MOHSW through NACP developed a manual for comprehensive supportive supervision and mentoring on HIV and AIDS services. Session 02 TANZANIA 15	Note: This slide is animated. **ASK** participants to brainstorm on the reasons/ rationale for comprehensive supportive supervision. **ALLOW** for some possible responses, and **WRITE** on the flip chart. **DISPLAY** the rest of the slide. **COMPARE** responses on the slide to those on the flip chart. **EXPLAIN** the slide to the participants.
Slide 16	**Key Points** • The prevalence of HIV and AIDS in Tanzania is 5.8% for adults 15-49 years of age • The Government is approaching the HIV and AIDS pandemic in three thematic areas (prevention, care and treatment and cross cutting issues) • Several challenges for delivery of HIV and AIDS services existed, creating the rationale for comprehensive supportive supervision and mentoring Session 02 TANZANIA 16	**STATE** the objectives of the session. **ASK** participants if they have any questions or concerns.

SESSION 3:

PRINCIPLES OF ADULT LEARNING AND COMMUNICATION SKILLS

3

Total Session Time: 100 minutes

Learning Objectives

By the end of this session, participants should be able to:

- Explain the principles of adult learning.
- Demonstrate communication skills.
- Demonstrate application of communication skills in comprehensive supportive supervision and mentoring.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Learning Objectives	Presentation	LCD projector, Laptop PC
3-7	10	Principles of Adult learning, Learning Proverb, How do Adults Learn Best?, Principles of Adult Learning	Presentation, Brainstorming, Discussion	LCD projector, Laptop PC
8-9	15	Icebreaker	Ice Breaking Game	Facilitator's Guide
10-12	5	What is communication, Definition of Communication, Factors Encouraging Communication	Presentation	LCD projector, Laptop PC, Notebook, pen
13-14	3	Types of Communication	Presentation	LCD projector, Laptop PC
15-16	7	Skills in Communication	Brainstorming, Presentation, Discussion	LCD projector, Laptop PC
17-21	11	Active Listening, Clarification, Reflection	Questions and Responses, Presentation	LCD projector, Laptop PC
22-23	4	Summarizing and Effective Questioning	Presentation	LCD projector, Laptop PC
24-25	4	Body Language and Interpret them	Presentation, Questions and Responses, Discussion	LCD projector, Laptop PC

26-28	8	Barriers to Effective Communication, Effects of Ineffective Communication, Managing Changes	Presentation, Questions and Responses, Discussion	LCD projector, Laptop PC
29-30	4	Application of Communication Skills in CSSM	Presentation	LCD projector, Laptop PC
31-33	6	Effective Feedback	Presentation	LCD projector, Laptop PC
34-36	5	Problem Solving and Facilitating Teamwork	Presentation	LCD projector, Laptop PC
37-39	7	How do you Motivate and keep Staff Motivated	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC, Notebook, pen
40-44	8	Planning and Facilitating Productive Meetings, Coordinating Multiple Stakeholders, Managing Change	Presentation	LCD projector, Laptop PC
45	1	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts, Stand and Markers

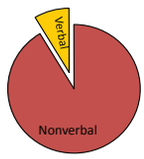
Slides

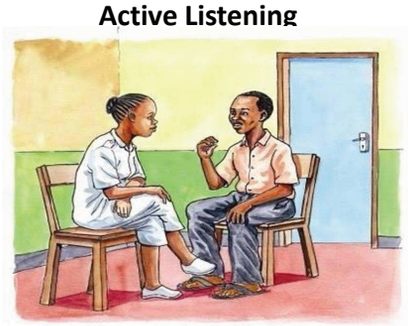
Slide 1	 **PRINCIPLES OF ADULT LEARNING AND COMMUNICATION SKILLS** Session 03 TANZANIA 1	**INTRODUCE** the session to participants.
Slide 2	**Learning Objectives** By the end of this session, participants should be able to: •Explain the principles of adult learning •Demonstrate communication skills •Demonstrate application of communication skills in comprehensive supportive supervision and mentoring Session 03 TANZANIA 2	**ASK** participants if they have any questions concerning the objectives and provide further explanation as necessary before moving to the next slide.
Slide 3	**PRINCIPLES OF ADULT LEARNING** Session 03 TANZANIA 3	**INTRODUCE** the topic to participants.

Slide 4	**Learning Proverb** WHAT I HEAR, I FORGET; WHAT I SEE, I REMEMBER; WHAT I DO, I UNDERSTAND. Session 03 TANZANIA 4	**EXPLAIN** that participatory, hands-on' training techniques emphasized in this manual are best reflected in this proverb.
Slide 5	**How do adults learn best?**  Session 03 TANZANIA 5	**ASK** participants how adults learn best. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** 3-4 participants to read aloud **PROCEED** to the slides 6 & 7.
Slide 6	**Principles of Adult Learning (1)** **Adults learn best when they are:** • Ready to learn. • In a motivating climate. • Given opportunities to practice for skills acquisition and development • When a variety of teaching methods are used. • When it has immediate relevancy to their work Session 03 TANZANIA 6	**COMPARE** to participants' responses and Summarise adult learning principles with the slides 6-7.

Slide 7	**Principles of Adult Learning (2)** • Content and skills are taught repeatedly • Learning situation is realistic • Immediate positive, non-judgmental feedback is given • Learning builds on what they already know/have experienced Session 03 TANZANIA 7	
Slide 8	**COMMUNICATION** Session 03 TANZANIA 8	
Slide 9	**Ice Breaker**  Session 03 TANZANIA 9	**WHISPER** the following sentence into a participants ear: 'Florence has three kids. Seven year old girl and boys 5 and 1. She is now 6 months pregnant and sick.' **HAVE** the participant whisper the message to the next participant and continue the relay until the last participant. **ALLOW** the last participant to say aloud what she or he heard. **SEE** if the sentence is similar to the original sentence. EXPLAIN the need for clear communication. **Note**: If you have a large group of participants, it is best to split the group into 2 to conduct the activity.

Slide 10	**What is "Communication"?**  Session 03 TANZANIA 10	**ASK** participants to brainstorm on what is communication. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud **PROCEED** to the next slide for more information on communication and compare to participant responses.
Slide 11	**Definition of Communication** Communication is exchanging ideas, experience, knowledge and feelings through transmission of messages verbally or nonverbally Session 03 TANZANIA 11	**ASK** a participant to read aloud the definition. **COMPARE** the definition to the responses given on the previous activity.
Slide 12	**Factors Encouraging Communication** • All people should be free to express their views, and should be encouraged to do so. • All people should be treated with respect. • A message, whether oral or written, should be expressed clearly and in language that can be understood by all concerned. Session 03 TANZANIA 12	

Slide 13	**Types of Communication** 2 Types of Communication •Verbal Communication •Non-verbal Communication Verbal = Spoken words •Loud, pitched and shout • Medium, friendly • Low, murmuring and whispering Session 03 TANZANIA 13	
Slide 14	**Types of Communication** Nonverbal Communication: • The way we stand and sit • Facial expressions • Silence • Eye contact (Eye expression Is a vital aspect of body language and is significant in our dealings with others) • Gestures (smiling, leaning forward, nodding) • Non-verbal communication may not always match a verbal message.  Session 03 TANZANIA 14	**NOTE** that only 7 to 11% of all communication is verbal, and the rest is nonverbal. Nonverbal communication may not always match a verbal message. Differences in how messages are perceived can lead to confusion. **ASK** participants to provide an example of when someone says one thing but seems to feel a different way. **PROVIDE** some examples, as needed, e.g.: Crying while saying, “I am fine.” Saying that you are listening when you are not making eye contact with the speaker and are looking all around the room while the speaker is speaking. Saying that you are not bored or tired when you are yawning.

Slide 15	**What are skills in communication?**  Session 03 TANZANIA 15	**ASK** participants to brainstorm on what is skills communication. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud **PROCEED** to the next slide for more information on skills communication and compare to participant responses.
Slide 16	**Skills in Communication** • Active listening • Clarification • Reflecting • Effective Questioning • Positive Feedback • Paraphrasing • Summarizing Session 03 TANZANIA 16	
Slide 17	**Active Listening**  Session 03 TANZANIA 17	**ASK** participants to use this picture to list components of active listening. **ALLOW** a few participants to provide their responses. **WRITE** responses on the flip chart and compare to the next slide.

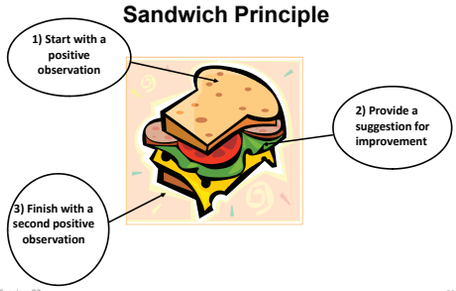
Slide 18	**Active Listening** Encourages open communication of ideas and feelings and helps people establish trust to each other. •Eye contact •Demonstrate encouragers and interest in what is being said •Avoid distractions, like phone calls, other people, or paperwork Session 03 TANZANIA 18	
Slide 19	**Clarification** **Involves:** • Asking questions in order to make sure of your understanding on what the speaker has said. • Restating the message you heard in your own words. • Asking if your interpretation is correct. "Do you mean that…?" or "Are you saying that …?" or " I am hearing you say…." Session 03 TANZANIA 19	**EMPHASIZE** by saying that using clarifying questions shows that you are genuinely interested in what you are being told because you are taking the time to restate the speaker's point. But do not use clarification too much. People may resent being interrupted if it happens too often.
Slide 20	**Reflection** Supportive comments from the supervisor or mentor strengthen and reinforce desired behaviour. • Reflective listening builds on active listening. • Verbally "reflecting" what someone has said • Supervisee/mentee feel understood and respected Session 03 TANZANIA 20	**EXPLAIN** that reflective listening builds on active listening **MENTION** that reflection is also a very good technique for building rapport between health service providers and patients

Slide 21	 Session 03 TANZANIA 21	**TELL** participants that the picture presents an interpersonal relation between a health service provider and her clients. There is verbal and non-verbal communication between the health service provider and the clients. The clients look at ease and satisfied.
Slide 22	**Summarizing** Synthesizing or re-stating what has been said to capture key issues • Making sure message sent is equally received • Checking your understanding of issue raised Session 03 TANZANIA 22	**MENTION** that summarizing is a skill that is useful for communication with your supervisee/mentee. **EXPLAIN** that summarizing is used when changing topics, closing discussion and clarifying something
Slide 23	**Effective Questioning** A way that encourages responders to provide as much information as possible. •Use open-ended questions (who, what, where, when or how) ○ e.g. How did you handle that client? Session 03 TANZANIA 23	**TELL** participants to avoid use of close-ended questions (yes/no) to encourage discussion and use of “Why” because it sounds too judgemental.

Slide 24	**Body Language** A way of sending messages to others through • facial expressions, • eye contact, • gestures, • Postures • the space between you and others. Session 03 TANZANIA 24	**TELL** the participants that active listeners use positive body language to show respect or, interest in, and willingness to share the feelings of the other person. **ASK** a participant to demonstrate each one of the 'body languages' list on the slide.
Slide 25	**Interpret the body language.**  TANZANIA 25	**NOTE**: this slide is animated. **EXPLAIN** that they are going to do a quick exercise to test their perception of nonverbal communication. **USE** the animated slide to reveal the clip-art pictures one-by-one. **ASK** all participants to write down the emotion of the person in the image in their notebooks. **TELL** one participant to read what s/he recorded. **ASK** if there are different interpretations of the emotion being expressed, point this out, and mention that at times we should check our perceptions to see if we are on track.

Slide 26	**Barriers to Effective Communication** • Talking too much, not giving others time to express themselves • Being critical and/or judgmental • Laughing at /humiliating • Contradicting • Arguing • Being disrespectful to others' beliefs, way of life method of providing patient care • Lack of trust or rapport Session 03 TANZANIA 26	**EXPLAIN** This slide lists barriers to communication that are largely verbal. These barriers to communication are avoidable. However, once barriers to communication have surfaced, a significant amount of work may be necessary to overcome them.
Slide 27	**Barriers to Effective Communication**  Session 03 TANZANIA 27	**ASK** participants to look at the picture on the slide. ASK participants to mention any barriers to good communication from the picture. **SUMMARIZE** the slide noting that this picture depicts an HSP with a patient, not a supervisor/ mentor and supervisee/mentee. However, the same barriers to communication could exist between a supervisor/mentor and supervisee/ mentee. Alternatively, this is a scene that a supervisor/mentor might observe in the clinic and give feedback to a supervisee/mentee about.
Slide 28	**Effects of Ineffective Communication** • Information is not shared, understood. • The client may ask fewer questions. • Problem may be difficult to understand. • Situation may be uncomfortable. • Lack of adherence to medical appointments and/or treatment. Session 03 TANZANIA 28	**EXPLAIN** the contents of the slide.

Slide 29	**Application of Communication Skills in CSS & M (1)** • The more skilled in communication a supervisor or a mentor is, the more successful that s/he will be in improving performance of providers and the quality of health services. • To increase their effectiveness, they must build good relationships with different stakeholders. Session 03 TANZANIA 29	**TELL** participants that communication skills are necessary for successfully implementing the performance improvement process in a health facility.
Slide 30	**Application of Communication Skills in CSS & M (2)** Some of the important skills: •Feedback •Problem solving •Facilitating team work •Keeping staff motivated •Planning and Facilitating productive meetings •Coordinating Multiple stakeholders Session 03 TANZANIA 30	**READ** the content on the slide and explain that all topics will be covered in the following slides.
Slide 31	**Effective Feedback (1)** • **Basic guidelines for feedback are**: ○ Asking permission ○ Don't be judgmental or use labels ○ Don't exaggerate or generalize/be specific ○ Make positive suggestions for improvement ○ Use the first person ○ State facts, not opinions or interpretations • **Giving and receiving constructive feedback leads to performance improvement.** Session 03 TANZANIA 31	**EMPHASIZE** that feedback shall be constructive and the sole purpose is to improve performance, not to punish poor performance.

Slide 32	**Effective Feedback (2)** • Feedback can be provided: ○During a patient encounter ○Immediately after a patient encounter ○During a review meeting at the end of the day • The closer the feedback is to the event, the more likely will it be remembered.  Session 03 TANZANIA 32	**EXPLAIN** that feedback should be timely, specific and nonjudgmental.
Slide 33	**Effective Feedback (3)** **Sandwich Principle**  Session 03 TANZANIA 33	**EXPLAIN** that the positive observations are the two pieces of bread, while the suggestion for improvement is the filling tucked in between them.
Slide 34	**Problem Solving** Effective problem solving is based on the following steps: •Recognize that there is a problem •Identify the problem •Analyse the problem •Generate solutions to the problem •Choose and implement the solution •Evaluate the solution Session 03 TANZANIA 34	**EXPLAIN** the contents of the slide.

Slide 35	**Facilitating Teamwork (1)** • A team is a small number of people with various and different skills who are committed to a common purpose and performance goals. • Each member is responsible and accountable to other team members Session 03 TANZANIA 35	**PROVIDE** the following examples of teams: CHMT and RHMT **EXPLAIN** that some teams are permanent while some are only temporary. The example above is for a permanent team.
Slide 36	**Facilitating Teamwork (2)** **Building a Successful Team, we must**: •Create it in an environment that supports and rewards openness, creativity, trust, and mutual respect •Be committed to the provision of high-quality health services •Develop a specific common goal that is known by everyone •Structure the work of the team in a simple, logical way and distributed fairly. Session 03 TANZANIA 36	**EXPLAIN** the contents of the slide. **EMPHASIZE** that one way to create teamwork is regular communication among staff or team members.
Slide 37	**How do you motivate staff?**  Session 03 TANZANIA 37	**ASK** participants to brainstorm on how to motivate staff. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud **PROCEED** to the next slides for more information and compare to participants' responses.

Slide 38	**Keeping Staff Motivated (1)** • Thank employees personally • Take time to meet and listen • Provide specific and frequent feedback • Recognize, reward, and promote high performers • Keep staff informed • Involve staff in decision making Session 03 TANZANIA 38	**STATE** that the 10 ways to motivate staff referring to page 23 of the Participant's Manual. **ASK** one participant to read the contents on this and next slide.
Slide 39	**Keeping Staff Motivated (2)** • Give an opportunity to learn new skills and develop. • Help them meet their work goals. • Create a work environment that is open, trusting, and fun. • Celebrate successes. Session 03 TANZANIA 39	
Slide 40	**Planning and Facilitating Productive Meetings (1)** Planning and facilitation of meetings are important to strengthen regular communication. •Questions to ask yourself before preparing a meeting ○ What information do I wish to give or obtain? ○ Is there a decision to be made or a problem to be solved? •Preparing for a Meeting ○ What is the objective of the meeting? ○ Who, where, when and how? Session 03 TANZANIA 40	**READ** the slide and **ELABORATE** the contents.

Slide 41	**Planning and Facilitating Productive Meetings (2)** • Conducting a meeting ○ Prepare the agenda List agenda items in order of priority. Allow enough time for each item. ○ Announce the meeting Inform the participants of a meeting well ahead of time. Distribute the agenda before a meeting. ○ Conduct the meeting Determine how it is conducted. Session 03 TANZANIA 41	**TELL** the participants that all members of the meeting should actively participate.
Slide 42	**Planning and Facilitating Productive Meetings (3)** Roles of a facilitator • Use all of the team leadership and communication skills described earlier in this chapter. • Keep the group focused on its objective and draw the group together to accomplish its goal. Session 03 TANZANIA 42	**TELL** participants to refer to the complete list of roles of a facilitator on page 25 in the participants manual.
Slide 43	**Coordinating Multiple Stakeholders** To have an impact, promote linkages among many stakeholders including: •Service providers within the facility •Between clinics or hospitals •Clinic and central supply systems •Clinic and the community •District, regional, and national authorities Session 03 TANZANIA 43	**ASK** a participant to read the slide and elaborate on the importance of coordinating multiple stakeholders at all levels.

Slide 44	**Managing Change** • Sustaining and institutionalizing change ○ Involve all stakeholders ○ Put in place policies, leadership, organizational values, and adequate resources to support improved practices • Managing resistance to change ○ Develop a common goal ○ Involve and negotiate with stakeholders ○ Communicate and involve all staff ○ Monitor, demonstrate commitment and consistency Session 03 TANZANIA 44	**EXPLAIN** the contents of the slide.
Slide 45	**Key Points** • Adults learn best when principles of adult learning are applied • Effective communication is essential for teamwork and in comprehensive supportive supervision and mentoring Session 03 TANZANIA 45	**ASK** a participant to read the key points out loud.

SESSION 4:

EFFECTIVE COACHING IN COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING

4

Total Session Time: 110 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe effective coaching in comprehensive supportive supervision and mentoring.
- Describe the qualities of an effective coach.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning Objectives	Presentation, Discussion	LCD projector, Laptop PC
3-5	10	What is Coaching, Overview of Coaching	Brainstorming, Presentation, Discussion	LCD projector, Laptop PC
6-7	8	what are skills of coaching	Presentation, Discussion	LCD projector, Laptop PC
8	3	Stages of Performance Development	Presentation, Discussion	LCD projector, Laptop PC
9	20	Coaching Framework	Presentation, Discussion	LCD Projector, Laptop PC and Participant's Manual
10-12	5	Qualities of an Effective Coach, Comparison, Conditions for Coaching to Succeed	Presentation	LCD projector, Laptop PC
13-14	60	Coaching Role play	Demonstration and Role Play	LCD Projector, Laptop PC and Participant's Manual (Handout 4)
15	2	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand and Markers

Advance Preparation:

Facilitators must prepare for the role play found in Handout 4.1.

Slides

Slide 1	 **EFFECTIVE COACHING IN COMPREHENSIVE SUPPORTIVE SUPERVISION & MENTORING** 1 TANZANIA Session 04	**INTRODUCE** the session.
Slide 2	**Learning Objectives** By the end of this session, participants will be able to: •Describe effective coaching in comprehensive supportive supervision and mentoring •Describe the qualities of an effective coach Session 04 TANZANIA 2	**ASK** participants if they have any questions or need clarification of any objectives before moving to the next slide.

Slide 3	**What is coaching?**  Session 04 TANZANIA 3	**ASK** participants to brainstorm on what coaching is. **GIVE** one minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud their responses. **PROCEED** to the next slide for more information on skills of coaching and compare to participant responses.
Slide 4	**Overview of Coaching (1)** • Coaching is assisting the individual or the team to bring out the ability and to find the best way to improve or develop his or her or its performance. • It is a catalytic and supportive style of supervision • It should not be used to confront poor performance or to prescribe what clinicians need to do to succeed • Should be grounded in mutual trust and respect. Session 04 TANZANIA 4	**EXPLAIN** the content on the slide covering the overview of coaching.
Slide 5	**Overview of Coaching (2)** • Provided through purposeful, planned and regular meetings and demonstration for the envisioning, planning and improving performance in accordance with evidence based practice. • A "thinking partnership" between the coach and the trainee. • Coaching is a skill that both supervisors and mentors should possess to assist an individual in making real and lasting change Session 04 TANZANIA 5	**EXPLAIN** the content on the slide covering the overview of coaching.

Slide 6	**What are the skills of coaching?**  Session 04 TANZANIA 6	**ASK** participants to brainstorm on the skills of coaching. **GIVE** one minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud their responses. **PROCEED** to the next slide for more information on skills of coaching and compare to participant responses.
Slide 7	**Skills of Coaching** • Observing • Active listening • Asking thought provoking questions • Providing feedback • Making agreement for improvement • Reinforcing strengths • Re-framing of situations • Transforming ideas into action steps • Timely and consistent follow-ups Session 04 TANZANIA 7	**COMPARE** the list of skills on the slide to those that the participants presented in the brainstorm activity. **EXPLAIN** the skills of coaching presented on the slide.
Slide 8	Stages of Performance Development *Skill Acquisition*: • Knows steps & sequence to perform required Skill /activity • **But needs assistance**. *Skill Competency*: • Knows the steps and their sequence • Can perform required skill /activity *Skill Proficiency*: • Know steps & their sequence & **efficiently performs** the required skill or activity. Session 04 TANZANIA 8	**EXPLAIN** that role of a coach is to facilitate the process of performance development of HSPs, as shown on the slide.

Slide 9	**Coaching Framework** Coaching is a catalytic and supportive style of supervision and mentoring. •It has the following 3 elements: ○ Assessing ○ Challenging ○ Supporting •Each coaching element involves specific activities and skills. Session 04 TANZANIA 9	**REFER** participants to Coaching Framework (Table 3.1) and Socratic Questions on page 31 of the Participant's Manual. **REVIEW** the Coaching Framework with participants, including the definition of Socratic questions and examples. **ASK** the participants if they have any questions or need clarification on any content on the handout.
Slide 10	**Qualities of an Effective Coach:** • Proficient in skills to be taught • Encourages participants in learning new skills • Promotes open (two-way)communication • Provides immediate feedback • Recognizes clinical training can be stressful, regulates participant /trainer stress • Correcting participant errors while maintaining participant self-esteem • Listening and observing Session 04 TANZANIA 10	**EXPLAIN** the qualities of an effective coach.
Slide 11	**Comparison of:** **Effective Coach** • Focuses on the practical aspects • Encourages working together (collegial relationship) • Works to reduce stress • Foster two-way communication • Is a facilitator of learning **In-Effective Coach** • Focuses on theory • Maintains a distance (status is above the participants) • Often creates stress • Uses one-way communication • Acts as the authority or the only source of knowledge/skills Session 04 TANZANIA 11	**TELL** participants that to understand fully the roles of the coach, it is helpful to compare effective and in-effective coaching.

Slide 12	**Conditions for Coaching to Succeed** • Training needs' assessment • Specific performance standards • Availability of experienced trainers • Facilities and instruments for practicing skills • Required resources and opportunities to apply newly acquired skills Session 04 TANZANIA 12	**EXPLAIN** the contents of the slide.
Slide 13	**Role Play** Session 04 TANZANIA 13	**REFER** participants to Handout 4.1of the Participant Manual on page 35 for more information on the Role Play. **INTRODUCE** the role play to the class.(10 min) **STATE** the objective of the role play. **EMPHASISE** the purpose of the role play. The focus is NOT on how to do condom demonstration but how to coach in accordance with the Coaching Framework. Therefore, there is no need to prepare condoms and demonstrators.

Slide 14	**Case Scenario** You are an HTC mentor. You have a mentee (HTC counsellor) who does not demonstrate how to use male and female condoms to clients. You visit the mentee to coach him/her to provide the demonstration to clients. Session 04 TANZANIA 14	**ASK** one participant to read the scenario. **INTRODUCE** the role players (co-facilitators of the course) Role players (co-facilitators of the course) **DEMONSTRATE** coaching skills through the role play.(10 min) **FACILITATE** discussion with large group using the following questions: (10 min) • What kind of coaching skills were used in the role play? • What coaching elements did you observe? **ASK** one participant to provide feedback to the role players using feedback techniques learned earlier in the course. **DIVIDE** the class into small groups depending on the size of the class. **ASK** participants to read the instructions to each role before they start the play. **ASK** participants to practice applying coaching skills and framework by using the same role play scenario. **ASK** participants to give feedback to each other. **CALL** the participants in plenary and summarise the session.
Slide 15	**Key Points** • Effective coaching is a key to success in comprehensive supportive supervision and mentoring • For coaching to be effective, the use of different skills and elements is necessary • Understanding the roles of an effective coach is important. Session 04 TANZANIA 15	**READ** through the key points.

Handout 4:
Coaching Role Play

Objective:

By the end of this session, the participants will be able to:

- Apply coaching skills in demonstration through role play

Scenario:

You are an HTC mentor. You have a mentee (HTC counsellor) who does not demonstrate how to use male and female condoms to clients. You visit the mentee to coach and empower him/her to provide the demonstration to clients.

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Role Play Instructions – Mentor

You are an HTC mentor. You have a mentee (HTC counsellor) who does not demonstrate how to use male and female condoms to clients. You visit the mentee to coach him/her to provide the demonstration to clients.

Assess the situation (why he/she does not want to demonstrate, what are the strengths and weakness), challenge the counsellor to do the demonstration and support him/her in any way he/she needs. Use the Socratic questions you learned in the session to coach the mentee. Refer to the coaching framework from participant's manual page 33 for more information on coaching.

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Role Play Instructions– The Mentee

You are an HTC counsellor who has been trained to provide demonstrations on how to use male and female condoms to clients, but you do not demonstrate to clients because you are shy and don't like to hold penile models. You are visited by a mentor to discuss why you don't provide the demonstrations to clients. Provide answers to the mentor on why you don't provide demonstrations.

SESSION 5a:

INTRODUCTION TO QUALITY OF CARE IN HEALTH SERVICES

5a

Total Session Time: 75 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe the quality of care in health services.
- Describe challenges in the provision of quality HIV and AIDS services.
- Explain the Quality Improvement Model.
- Explain different approaches to Quality of Care.
- Describe the process of defining performance standards.
- Explain assessment of performance.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduce the Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3-7	14	Definition of Quality and Quality of Care, Guiding Principles of Quality of Care, Benefits of Quality of Care	Presentation, Buzzing Brainstorming	LCD projector Laptop PC
8-9	5	Definition of Standard	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
10-13	8	Characteristics and Use of Standards, Improvement by Setting Standards	Presentation	LCD projector, Laptop PC
14-15	14	Challenges in Provision of Quality HIV & AIDS Services	Brainstorming, Discussion, Presentation	

16-21	12	Quality Improvement Model & Approach, Explanation on 5S, Improvement Collaborative Approach	Presentation, Discussion	LCD projector, Laptop PC
22-24	6	Define Performance Standard, Its Characteristics and Reasons for Setting the Standards	Presentation	LCD projector, Laptop PC
25-27	4	Areas for Assessment and Method Used	Presentation	LCD Projector, Laptop PC, Participant Manual
28-29	4	Finding Root Causes	Presentation	LCD projector, Laptop PC
30-31	4	Selecting and Implementing Interventions	Presentation	LCD projector ,Laptop PC
32	2	Key Points		LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes and Markers

Slides

Slide 1	 **INTRODUCTION TO QUALITY OF CARE IN HEALTH SERVICES** Session 05a TANZANIA 1	**INTRODUCE** the session and topic to the participants

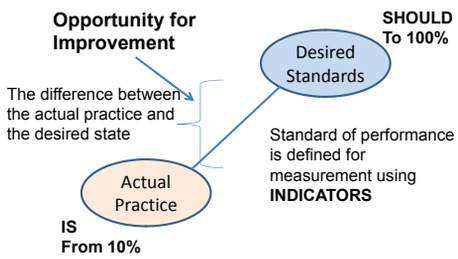
5a

Slide 2	**Learning Objectives** By the end of the chapter, participants will be able to: • Describe the quality of care in health services • Describe challenges in the provision of quality HIV and AIDS services • Explain the Quality Improvement Model • Explain different approaches to Quality of Care • Describe the process of defining performance standards • Explain assessment of performance Session 05a TANZANIA 2	**ASK** participants if they have any questions or need clarification on the learning objectives before moving to the next slide.
Slide 3	**Definition of Quality** "The totality of features and characteristics of an entity that bears on its ability to satisfy a stated or implied need". It is associated with excellence, superiority, high calibre, high cost, value, performance according to standards and compliance with requirements or specifications. Session 05a TANZANIA 3	**This slide is animated.** **ASK** participants to buzz on what is "Quality" **ALLOW** two to three participants to respond to the question. **READ** the definition on the slide. **TELL** participants that in health care generally, "Quality" entails developing a statement regarding input, process and outcome standards that health care delivery system must meet in order for its population to achieve optimum health gains.
Slide 4	**What is "Quality of Care"?**  Session 05a TANZANIA 4	**ASK** participants to brainstorm on the what is quality of care. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud their responses. **PROCEED** to the next slide for a definition of quality of care.

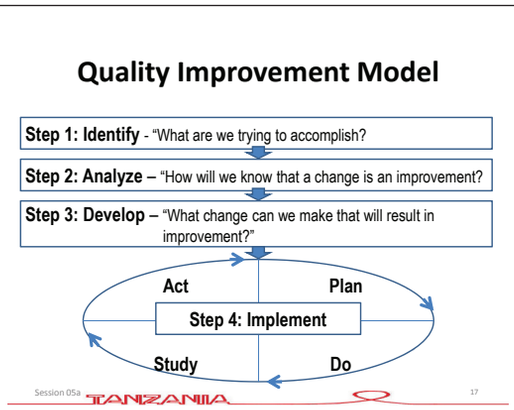
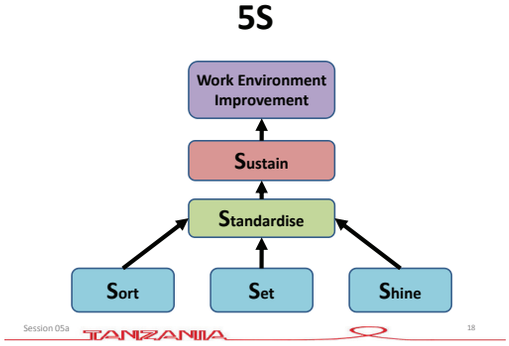
Slide 5	**Definition of Quality of Care** Accessible, effective care that is delivered in compliance with evidence-based standards and meets clients' needs. Evidence-based define for both health workers and clients what constitutes quality care and have been associated with improved health outcomes. **"Doing things right the first time and every time"** Session 05a TANZANIA 5	**READ** the definition on the slide and compare to the responses that were given in the brainstorming activity.
Slide 6	**Guiding Principles of Quality of Care** • A client-oriented mindset • Staff involvement and ownership • Focus on processes and systems • Cost-consciousness and efficiency • Continuous learning, development, and capacity building • Ongoing quality improvement Session 05a TANZANIA 6	**EXPLAIN** the contents of the slide.
Slide 7	**Benefits of Quality of Care** • Ensures safety for external/internal clients • Ensures effectiveness of service provision • Promotes confidence in service providers/ facility/programme • Improves communication • Increases understanding of community needs/ expectations • Improves job satisfaction • Cost saving vs poor quality is expensive Session 05a TANZANIA 7	

5a

Slide 8	**What is "Standard"?**  Session 05a TANZANIA 8	**ASK** participants to brainstorm on the what is standard. **GIVE** 1 minute for each participant to jot down their responses in their notebooks. **ALLOW** three to four participants to read aloud their responses. **PROCEED** to the next slide for a definition of standard.
Slide 9	**Definition of Standard** Standard is an explicit predetermined expectation set by a competent authority (professional societies, health care organizations, panels of experts or government) that describes an organization's acceptable performance level. Session 05a TANZANIA 9	**ELABORATE** that a standard is an agreed, repeatable way of doing something through a set of technical specifications / other precise criteria designed to be used consistently as a rule, guideline, or definition **EXPLAIN** that standards help to increase the reliability and the effectiveness of the services we provide. **EXPLAIN** that standards describe explicitly who should be doing what, in which way, at which level of the health system at what time and the expected output.
Slide 10	**Characteristics of Standards (1)** • Reflect current & accepted knowledge & evidence • Clearly identifies compliance expected • Specific, measurable & time-bound – by self-assessment & by external assessment processes • Permits valid measuring process Session 05a TANZANIA 10	**EXPLAIN** the contents of the slide. **ELABORATE** that for staff members to perform well, they must know what they are supposed to do and how. Standards guide staff on how they are expected to perform and therefore they should have these characteristics.

Slide 11	**Characteristics of Standards (2)** • Associated with quality & safety of care provided to service users **Note that standards should:** Be available and used by all health service providers for them to continually work to improve quality of care. Session 05a TANZANIA 11	**EXPLAIN** the contents of the slide.
Slide 12	**Use of Standards** • Developing and/or strengthening national quality evaluation and accreditation programmes for health care facilities • Developing public health services policy • Creating new programmes or treatment facilities for health care • Building capacity of communities and facilities to provide effective and efficient health care Session 05a TANZANIA 12	**EXPLAIN** the contents of the slide.
Slide 13	**Improvement by Setting Standards**  Session 05a TANZANIA 13	Note: This slide is animated **EXPLAIN** to participants that normally the actual practice is not at the level of the desired standard. **TELL** participants that the difference between the actual practice and the desired state provides the opportunity for quality improvement. **EXPLAIN** that indicators are used to measure achievement toward desired standards.

Slide 14	**What challenges do you have in provision of Quality HIV and AIDS services?**  Session 05a TANZANIA 14	**DIVIDE** the classroom into small equal groups. **ASK** participants to work in small groups to answer the question on the slide and to write their responses in their notebook. **GIVE** participants 5 minutes to work. **ASK** one group to present their responses to the rest of the group. **ALLOW** other groups to add in additional responses. **USE** the following slide to summarize challenges in the provision of quality HIV and AIDS services.
Slide 15	**Challenges in Providing Quality HIV and AIDS Services** • Weak health infrastructure • Critical shortage of human resources • Vertical interventions • Budgetary constraints • Weak pre/in-service training of health service providers on HIV and AIDS Session 05a TANZANIA 15	
Slide 16	**Quality Improvement Model and Approaches** 1. Quality Improvement Model 2. Approaches to QI • 5S • Improvement Collaborative Approach Session 05a TANZANIA 16	**TELL** participants that Quality Improvement Model uses PDSA cycle. **ASK** participants what PDSA Cycle stands for. **EXPLAIN** to participants that the PDSA Cycle stands for Plan Do Study Act, and is a quality improvement model used to identify QI needs. **TELL** participants that QI can be achieved through the 5S and Improvement Collaborative Approaches.

Slide 17		This slide is animated. **EXPLAIN** that steps 1, 2 and 3 must be completed before the PDSA cycle: • Step 1: This step is to determine what to improve. This may involve a problem that needs a solution, an opportunity for improvement or a process or system that needs to be improved. • Step 2: Analysis is to gain a deeper understanding of the opportunity for improvement before considering changes. • Step 3: This step uses information gathered from the previous steps to explore and propose changes which might improve the existing performance problem. • Step 4: Testing hypothesis by implementation of PDSA Cycle
Slide 18		This slide is animated. **ASK** participants what is 5S. **TELL** participants that 5S is the entry point for quality improvement. It improve working environment, which is the foundation for quality improvement. The explanation is on the next slide.

Slide 19	**Explanation of 5S** • **Sort:** Remove unused materials and supplies from your working place • **Set:** Organize all necessary items in proper order for easy services provision • **Shine:** Maintain high standards of cleanness • **Standardize:** Set up the Sort, Set, and Shine as norms in every section of health facility • **Sustain:** Train and maintain discipline of the health workers engaged Session 05a TANZANIA 19	**REFER** participants to page 45 in the Participant Manual for more detailed information on the 5S. **TELL** participants that the introduction of 5S is expected to instil team spirit, increase morale and motivation and improve job satisfaction.
Slide 20	**Medical Record Office**  Aug. 2007 Feb. 2008 Aug. 2008 Session 05a TANZANIA 20	**TELL** participants that these pictures depict changes after introduction of 5S approach at a medical record office of a hospital.
Slide 21	**Improvement Collaborative Approach** An organized network of large number of sites working together for a limited time in a focused topic area through shared learning and internal spread methods. Session 05a TANZANIA 21	**EXPLAIN** that the approach uses rapid team problem solving approach which tailors the problem solving process to the situation at hand and minimizes activities to ones just necessary to make improvements.

Slide 22	**Definition of Performance Standards** A set of standards that a facility produce to reflect international and national standards and guidelines, yet remain specific to the realities of the facility's situation. **Note:** Service providers and community members have to be involved in setting performance standards for them to be effective Session 05a TANZANIA 22	**EMPHASIZE** to participants that it is important to refer to performance standards when giving feedback or doing performance assessment.
Slide 23	**Reasons for Setting Performance Standards** • Assess whether expectations have been met. • Clarify what health service providers are working toward and are provided with clear and achievable targets against which to measure progress. • Create ownership to health service providers of the activities they are undertaking Session 05a TANZANIA 23	**EXPLAIN** the contents of the slide.
Slide 24	**Characteristics of Performance Standards** Should be • Under control of the facility • Realistic and relevant • Clear and well documented • Flexible to changes so as to suit specific environment • Selective to focus on priority areas • Observable and measurable Session 05a TANZANIA 24	**EXPLAIN** the contents of the slide. **REFER** participants to the examples of performance standards. **EMPHASIZE** that performance standards should be clearly communicated to staff members. Some of the relevant standards could be shared with clients as well.

Slide 25	**Areas for Assessment (1)** • **Client satisfaction**— do clients think their needs are being met by services offered? • **Clinical practices**—do clinical practices meet performance set standards? • **Provider satisfaction**—are the providers satisfied with how services are being delivered? • **Client numbers and movement through the system**—is the clinic functioning effectively & efficiently? Session 05a TANZANIA 25	**EXPLAIN** the contents of the slide.
Slide 26	**Areas for Assessment (2)** • **Interaction between clients and providers**—is communication between clients and providers respectful &satisfying? • **Management of stock**—are essential supplies available & accessible when needed? • **Record keeping –** are records being completed correctly, completely & consistently? Session 05a TANZANIA 26	**EXPLAIN** the contents of the slide.
Slide 27	**Assessment Methods** There are seven methods of assessing performance: •Conduct Supervisory Assessment •Conduct Self-Assessment •Conduct Peer Assessment •Obtain Client Feedback •Solicit community perceptions •Review records, registers and reports •Compare your services with others Session 05a TANZANIA 27	**MENTION** the contents of the slide and **REFER** participants to the table of assessing performance summarized on page 49 of the Participant's Manual.

Slide 28	**Finding Root Causes (1)** • Performance assessment leads to finding gaps between **what-should-be** and **what-is** the performance of facility. • Some of the methods to find the causes of gaps: ○ Brainstorming: Generating a list of ideas, suggestions, or solutions focusing on a specific topic, issue, or problem Session 05a TANZANIA 28	**EXPLAIN** to participants that brainstorming is a useful technique for communicating in a team setting, and for making decisions and solving problems being addressed in a meeting. Brainstorming stimulates creativity and is often used with a group discussion.
Slide 29	**Finding Root Causes (2)** ○ "Why-Why" method: Asking three to five "why" questions increases the chance of finding the actual cause of the problem rather than just the problem.(fishbone diagram or Why-why Tree) ○ "Guided discussion": Discussing with people what is expected of them can result in the performance you are seeking. **Note:** After finding root causes, determine which gaps to work on first. Session 05a TANZANIA 29	**EXPLAIN** the contents of the slide.
Slide 30	**Selecting Interventions** • Match interventions with root causes • Determine resources required for Interventions • Set priorities ○ Resource allocation ○ Feasibility ○ Acceptability by staff • Other considerations, e.g., ethical and cultural acceptability Session 05a TANZANIA 30	**EXPLAIN** that once a gap between desired and actual performance has been identified, and root causes of that gap have been analyzed, the supervisor and staff can begin to work together as a team to close the gap, and thereby improve performance and the quality of services being provided. The staff and community members also must be involved to make these improvements happen.

Slide 31	**Implementing Interventions** • Develop and implement action plan that include activities, timeline, resources, responsible persons and methodologies to be used to measure performance • Find additional support from stakeholders • Learn from other individuals or facilities (role models) Session 05a TANZANIA 31	**SUMMARIZE** the slide by saying that once you have started implementation of your interventions, it is important to determine whether the interventions have been implemented according to the action plans through regular follow-up and monitoring.
Slide 32	**Key Points** • Quality of care in health services can be described as **"Doing things right the first time and every time"** • Human resource shortage and budgetary constraints are among the major challenges in the provision of quality HIV and AIDS services • The PDSA, 5 S's and Improvement Collaborative Approach lead to improvement of quality of care in HIV and AIDS services Session 05a TANZANIA 32	**READ** through the slide.

Handout 5a:
Performance Improvement Process Model

Similar to PDSA cycle model, there is another model of performance improvement process, which has the following steps:

1. **Get and maintain stakeholder participation**

   For the performance improvement process to be implemented, acceptance by all stakeholders is necessary. Stakeholders may include staff, community members, and representatives of different levels of the health care system. The community is the largest component of the stakeholders in health services. The services of a health facility are most effective when the community is involved from the beginning in the process of improving performance, and therefore, quality of services. Getting stakeholders to agree on using the performance improvement process and then keeping them informed about the services at the facility is the first step in implementing the process.

2. **Define desired performance:**

   For staff members to perform well, they must know what they are supposed to do and how.

3. **Assess performance:**

   The supervisors should continually assess how the staff and the facility are performing compared to how they are expected to perform.

4. **Find causes of performance gaps:**

   A performance gap exists if the supervisor and staff find that what they are actually doing does not meet the set standards of performance.

5. **Select and implement measures to improve performance:**

   Once the causes of the performance gap have been identified, the supervisor and her/his staff will need to develop and implement ways to improve performance.

6. **Monitor and evaluate performance:**

   Once interventions have been implemented, it is very important to determine whether or not performance has improved.

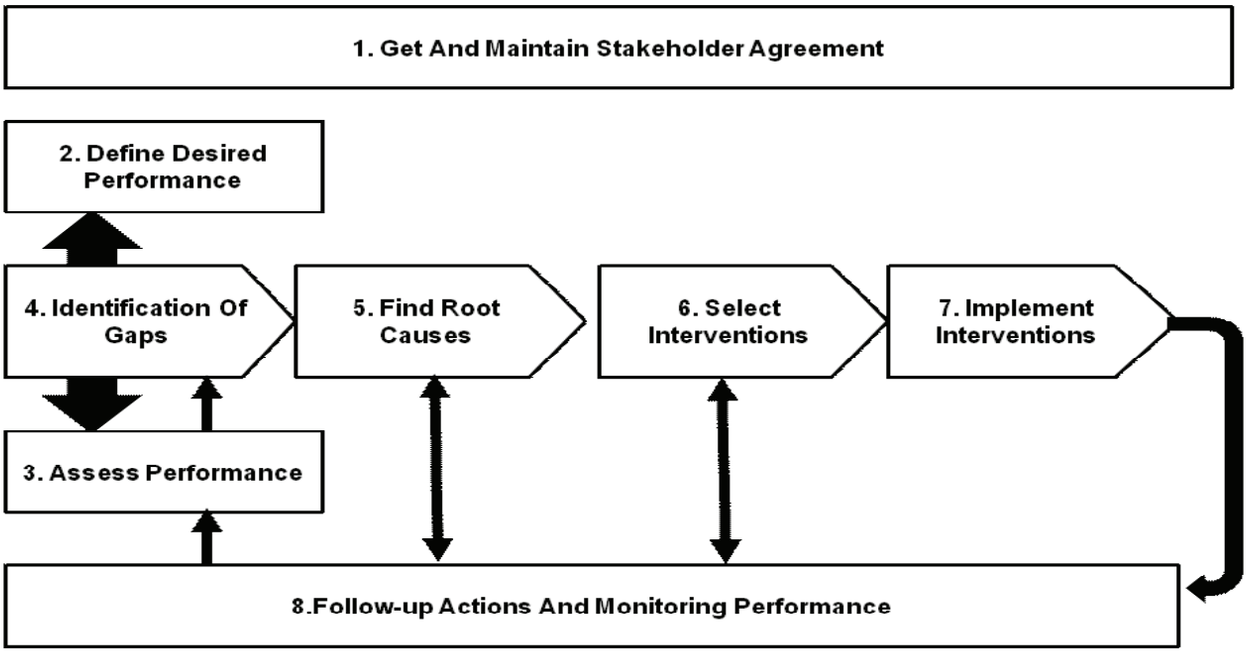


Figure 5.1: The Performance Improvement Process

Adapted from: Performance Improvement Consultative Group (PICG). The performance improvement framework was developed through a collaborative effort among members of the PICG. The PICG comprises representatives of USAID and USAID-funded cooperating agencies. The framework in this manual simplifies the language in each step to make the process easy to understand by different audiences.

SESSION 5b:

APPLICATION OF QUALITY IMPROVEMENT MODEL AND 5S

Total Session Time: 100 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Apply why-why-tree for making cause-effect analysis
- Apply objective tree analysis to identify means-ends relationship for making the situation desirable.
- Develop an action plan to make solutions matching to the problems.
- Practically apply Quality Improvement Model and 5S.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Application of Quality Improvement Model, Learning Objectives	Presentation	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
3-5	3	Scenario	Participatory Reading	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
6	20	Group Activity 1	Presentation, Group Activity, Discussion	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
7-8	20	Group Activity 2, Why-Why-Tree Analysis	Group Activity, Discussion, Presentation	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)

9-10	10	Group activity 3, Objective Tree Analysis	Presentation, Group Activity, Discussion	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
11-12	5	Why-Why-Tree Analysis, Objective Tree Analysis	Presentation	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
13	30	Group Activity 4	Presentation, Group Activity, Discussion	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)
14-17	10	Prioritize objectives, Sample Action	Presentation	LCD Projector, Laptop PC , and Participant Manual (Handout 5b)

Resources Needed:

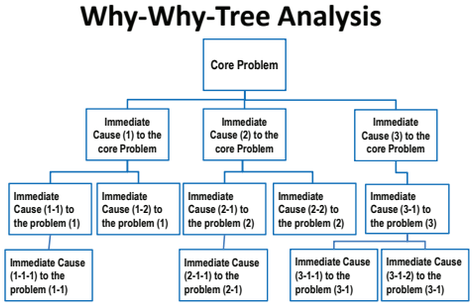
Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Markers, Masking tapes and VIPP cards (Cut A4 size papers into half)

Slides

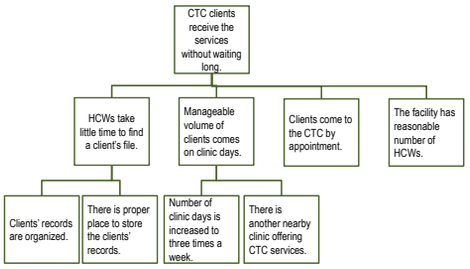
Slide 1	 **CASE STUDY** **Application of Quality Improvement Model and 5S** Session 05b TANZANIA 1	**INTRODUCE** the topic to participants.

Slide 2	**Learning Objectives** By the end of this session, participants will be able to: • Apply why-why-tree for making cause-effect analysis • Apply objective tree analysis to identify means-ends relationship for making the situation desirable. • Develop an action plan to make solutions matching to the problems. • Practically apply Quality Improvement Model and 5S. Session 05b TANZANIA 2	**ASK** participants to open Handout 5.2 Case Study on page 58 of the Participant's Manual. **READ** aloud the objectives. **DIVIDE** the participants into 4-5 groups. **EXPLAIN** to participants that each group shall work on the case study step by step.
Slide 3	**Scenario (1)** • Magu district supervision team visited Pilipili Health Centre for supportive supervision. • During the supervision the team found that there were too many CTC clients waiting for the services. • Many of the clients complained of long waiting time. They said that it is very normal that a patient comes here early in the morning and receives services in the late afternoon. Session 05b TANZANIA 3	**ASK** a volunteer to read aloud the Scenario (1).
Slide 4	**Scenario (2)** • They said that most of the clients come early in the morning expecting to receive the services early. • Health service providers at this facility were busy looking for misplaced clients' files and investigation results from a laboratory. • There was no proper place for record keeping. Files were piled up in boxes, which were scattered in different rooms of the clinic. Session 05b TANZANIA 4	**ASK** another volunteer to read aloud the Scenario (2).

Slide 5	**Scenario (3)** • The CTC clinic operates on Mondays and Fridays only and there is no other CTC clinic nearby. The nearest CTC clinic is 50kms away and no public transport to the clinic. • The CTC in-charge also reported that the facility has critical shortage of HCWs and that the same space is used for running other services as well on Tuesdays and Wednesdays. Session 05b TANZANIA 5	**ASK** another volunteer to read aloud the Scenario (3). **ASK** participants if they understood the scenario.
Slide 6	**Group Activity (1)** 1. Identify one core problem. Think how we could know that the core problem is really a problem and how we can measure it. 2. List the other related problems in the scenario. Write one problem in one sentence on a card. Session 05b TANZANIA 6	**EXPLAIN** the group activity (1). **ASK** each group to identify one core problem and to think how we could know that the core problem is really a problem and how we can measure it. **ALLOW** one of the groups to present their discussion. **ALLOW** other groups to present if they have different ideas. **TELL** participants that the core problem must be "CTC clients must wait for a long time to get the services." **DISTRIBUTE** 20 VIPP cards (Half-size of A4 paper) to each group. **ALLOW** each group to list other problems on VIPP cards for 15 min.

Slide 7	**Group Activity (2)** 3. Analyze CAUSE-EFFECT relationship of the problems and make a why-why diagram. Session 05b TANZANIA 7	**ASK** each group to conduct why-why-tree analysis. **EXPLAIN** the steps to conduct the analysis with the next slide.
Slide 8	**Why-Why-Tree Analysis**  Session 05b TANZANIA 8	This slide is animated. **EXPLAIN** to participants that the core problem shall be placed at the top. Boxes on the second line are the possible immediate causes to the core problem. Boxes on the third line are the immediate causes to the second line boxes and a box on the fourth line is the immediate cause of the box connected to. The relationship is explained as "Cause and Effect." In other words, you ask, "Why is this problem occurring?", then the cards under the problem shall explain starting with "Because…." **ALLOW** each group to work on the analysis for 15 min.
Slide 9	**Group Activity (3)** 4. Make objective analysis by turning negative problem statements into desirable future situation. Session 05b TANZANIA 9	**EXPLAIN** the activity by using the next slide.

Slide 10	**Objective Tree Analysis** Problem Statement → Desirable Statement CTC clients have to wait long hours for the services. → CTC clients receive the services without waiting long. Session 05b TANZANIA 10	**EXPLAIN** to participants how to turn a problem statement to a future desirable statement by using the example. **ASK** each group to make objective tree analysis by restating all problem statements of the why-why tree into positive desirable statements. The relationship is explained as "Means and Ends." In other words, the statements under shall explain the above card by stating "If these happen, then this will be achieved." **ALLOW** each group to work on the analysis for 15 min. **ASK** one of the groups to present their why-why-tree and objective analyses. **ASK** other groups if they have different analyses. **SUMMARIZE** the discussion with the following sample.
Slide 11	**Why-Why-Tree Analysis** CTC clients have to wait long hours for the services. HCWs take too much time to find a client's file. / High volume of clients comes on clinic days. / Most of the clients come to the CTC early in the morning. / The facility has critical shortage of HCWs. Clients' records are disorganized. / There is no proper place to store the clients' records. / Number of clinic days is limited (only twice a week). / There is no other nearby clinic offering CTC services. The CTC clinic space is used for running other services on Tuesdays and Wednesdays. Session 05b TANZANIA 11	**EXPLAIN** the slide to participants as an example.

Slide 12	**Objective-Tree Analysis**  Session 05b TANZANIA 12	**EXPLAIN** the slide to participants as an example.
Slide 13	**Group Activity (4)** 5. Identify objectives in the tree for interventions, which are realistic and achievable. 6. Prioritize the selected objectives. 7. Develop an action plan by setting up activities, outputs, responsible person, resource required and timeline, to achieve the objectives. Session 05b TANZANIA 13	**EXPLAIN** the group activity. **ALLOW** each group to work on the activity for 20 min. **ASK** each group to present the action plan for 5 min. **ASK** other groups to ask questions or to make comments and **DISCUSS**. **SUMMARIZE** by showing an example of the action plan in the next slides.
Slide 14	**Prioritized Objectives** **Objective 1:** HCWs take little time to find a client's file. **Objective 2:** Clients come to the CTC by appointment. **Objective 3:** Manageable volume of clients comes on clinic days. Session 05b TANZANIA 14	**TELL** participants that objectives 1-3 shown in the slide are picked and prioritized.

Slide 15

Sample Action Plan (1)

Issue	Objective	Activity	Responsible person	Resource required	Timeline	Expected Output
1. HCWs take too much time to find a client's file.	1. HCWs take little time to find a client's file.	1) Sort and arrange the client files by the unique ID numbers and put partitions to categorize the files by the ID. 2) Prepare clients' files one day before the clinic day. 3) Staple all investigation results in clients' files 4) Relocate a shelf, set it up, clean it for the clients' records and throw away unnecessary boxes.	Ms. Fimbo Ms. Fimbo & Ms. Swai Ms. Fimbo & Ms. Swai Dr. Mduma, Ms. Fimbo & Ms. Swai	Partition board (utilize empty carton boxes) Staple pins	30th Jun 2011 30th Jun 2011 30th Jun 2011 30th Jun 2011	Time for HCWs to find a client's file is shortened.

Session 05b TANZANIA 15

ELABORATE the sample action plan with emphasis on the linkage of the issue and the objective, specific action statements with responsible person and timeline.

Slide 16

Sample Action Plan (2)

2. Most of the clients come to the CTC early in the morning.	2. Clients come to the CTC by appointment.	1) Prepare appointment slips for the clients and matrix for client management. 2) Introduce a two-group appointment schedule, one group attend from 8.00am to 11.00 and the other from 11.00 to 2.00pm.	Dr. Kikombe & Dr. Mduma Dr. Kikombe & Dr. Mduma	Appointment slip and matrix.	25th Jul 2011 1st Aug 2011	Number of clients waiting for CTC services in the morning is reduced.
3. High volume of clients comes on clinic days.	3. Manageable volume of clients comes on clinic days.	1) Add another clinic day on Thursdays. 2) Make a notice board about the new clinic days.	Dr. Kikombe, Dr. Mduma, Ms. Fimbo and Ms. Swai Ms. Swai	Notice board	1st Nov 2011 1st Nov 2011	Number of clients for CTC services is reduced on a clinic day.

Session 05b TANZANIA 16

Slide 17

Implementation of the Action Plan (PDSA Cycle)

1. Implement the action plan
2. Monitor the progress and study if the actions are making any changes.
3. Modify solutions if necessary and implement it.
4. Sustain the changes and institutionalize them.

Session 05b TANZANIA 17

EXPLAIN that planned solutions shall be implemented by following PDSA cycle.

TELL participants that it is important to monitor if the solutions are making expected changes.

Handout 5b:
Case Study - Application of the Quality Improvement Model and 5S

Learning Objectives:

By the end of this session, participants will be able to:

- Apply why-why-tree for making cause-effect analysis
- Apply objective tree analysis to identify means-ends relationship for making the situation desirable.
- Develop an action plan to make solutions matching to the problems.
- Practically apply PDSA cycle and 5S.

Scenario

Magu district supervision team visited Pilipili Health Centre for supportive supervision. During the supervision the team found that there were too many CTC clients waiting for the services. Many of the clients complained of long waiting time. They said that it is very normal that a patient comes here early in the morning and receives services in the late afternoon. They said that most of the clients come early in the morning expecting to receive the services early. Health service providers at this facility were busy looking for misplaced clients' files and investigation results from a laboratory. There was no proper place for record keeping. Files were piled up in boxes, which were scattered in different rooms of the clinic. The CTC clinic operates on Mondays and Fridays only and there is no other CTC clinic nearby. The nearest CTC clinic is 50kms away and no public transport to the clinic. The CTC in-charge also reported that the facility has critical shortage of HSPs and that the same space is used for running other services as well on Tuesdays and Wednesdays.

Question:

How would you improve the situation?

Apply Quality Improvement Model as instructed below steps and incorporate 5S concept:

1. Identify a core problem. Think how we could know that the core problem is really a problem and how we can measure it.
2. List all the problems described in the scenario, which are related to the core problem.
3. Analyze CAUSE-EFFECT relationship of the problems and make a why-why diagram.
4. Make objective-tree analysis by turning negative problem statements into desirable future situation. The relationship can be described as IF-THEN. Make an objective tree.
5. Identify objectives in the tree for interventions.
6. Select objectives which are realistic and achievable and prioritize them.
7. Develop an action plan by filling out the following table.

Issue	Objective	Activity	Responsible person	Resource required	Timeline	Expected Output

Application of the Quality Improvement Model

PDSA Cycle	Methods to be applied
Step 1: Identify	Identification of a core problem. Think how can we be sure that the core problem is really a problem and how we can measure it.
Step 2: Analyze	Analysis of the root causes of the core problem is a critical initial stage of PDSA model. The problems are normally related each other with cause-effect relationship. Through analyzing the relationship, root causes could be identified. Setting up and implementing interventions without matching them with root causes would end up waste of resources. There are several ways to analyze the cause-effect relationship of problems such as why-why-tree and fishbone diagram. **Conduct Why-Why-Tree Analysis (Cause-Effect Analysis) for Identification of Root Causes** "Why" questions always look for root causes. Asking three to five "why" questions increases the chance of finding the root causes of the problem rather than just the problem. Why-Why-Tree Analysis Procedure: 1. List all the problems identified. 2. Write one problem statement on one card. You will have many problem cards. 3. Identify the core problem among the problems. 4. Identify problem statements that could be immediate causes of the core problem by asking a question "Why?" The immediate causes should be able to answer the question by stating "Because ….." Place the cards under the core problem. If there are some other immediate causes, then write the problem statement and place them under the core problem. 5. For each of the problem statements, again ask a question "Why" and identify immediate causes of each of the problems. Place the cards under each of the problems. 6. Continue this process until you have enough details to identify the causes of causes. You will have a problem tree at the end.

Step 3: Develop	**Objective Tree Analysis (If-Then Analysis)** Based on the Why-Why-Tree created, conduct Objective Tree Analysis. This analysis will give you a picture of future desirable situation which could be attained once the problems are solved. The relationship between the cards shall be means-and-ends upwards. In other words, the logic is "if-then" relationship, which means that if the lower level objectives are accomplished, then the upper level objectives would be achieved. Procedure: 1. Restate all problem statements of the why-why-tree into positive desirable statements. 2. Examine the means-ends relationship of each pair of cards related. 3. Identify the objectives that are realistic and achievable. There could be some objective statements that are too difficult for you and your staff to deal with. 4. Prioritize the objectives. 5. Identify interventions to be tested.
Step 4: Implement the solutions by applying PDSA Cycle	**PLAN:** Develop an action plan with the following information: • Issue/problem • Objective • Action/intervention • Expected output with indicators to monitor • Responsible person • Resource required • Timeline • Actual output and completion date. **DO:** Implement the action plan • Monitor the progress/changes. • Begin analysis of data collected. • Document problems and unexpected observations. **STUDY:** • Complete an analysis of the data. • Compare results with initial goals. • Summarize what have been learnt. **ACT:** • Abandon the change due to undesirable results. • Refine the change by going back to the planning stage. • Implement the change and institutionalise it.

SESSION 6:

SUPPORTIVE SUPERVISION

Total Session Time: 110 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe concept of supportive supervision.
- Describe issues in traditional supervision.
- Outline qualities of a supportive supervisor.
- Identify challenges in implementing supportive supervision.
- Differentiate traditional supervision from supportive supervision.
- Describe stages of supportive supervision.
- Describe interventions to be covered during supportive supervision.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-3	3	Introduce the session, Learning Objectives	Presentation	LCD projector, Laptop PC
4	10	Share Experiences on Best and Worst Supervisors	Experience Sharing	LCD projector, Laptop PC
5-6	10	Define Supportive Supervision	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
7-9	6	Traditional Supervision, Changing Focus of Supervision	Presentation	LCD projector, Laptop PC
10-12	6	Comprehensive Supportive Supervision	Presentation	LCD projector, Laptop PC
13-14	4	Features of Comprehensive Supportive Supervision	Presentation	LCD projector ,Laptop PC
15-17	8	Types of Comprehensive Supportive Supervision	Presentation	LCD Projector, Laptop PC , Participant Manual
18	25	What are the Attributes, Roles , Responsibilities and Benefits?	Presentation, Group Work Discussion	LCD projector, Laptop PC

19-22	8	Attributes, Roles and Responsibilities of Comprehensive Supportive Supervision	Presentation	LCD projector, Laptop PC
23-25	8	Benefits and Challenges in Comprehensive Supportive Supervision	Presentation	LCD projector, Laptop PC
26-33	20	Conducting Comprehensive Supportive Supervision 1,2,3,4,5,6,7 and Its Interventions	Presentation	LCD projector, Laptop PC
34	2	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

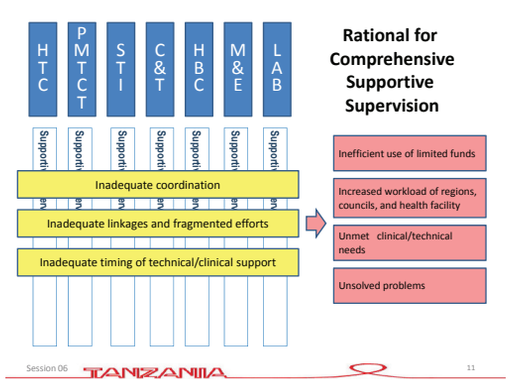
Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes and Markers

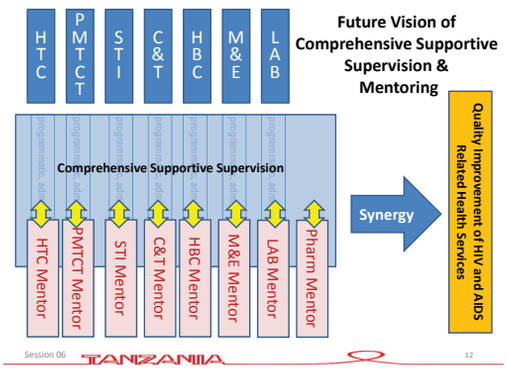
Slides

Slide 1	 **SUPPORTIVE SUPERVISION** Session 06 TANZANIA 1	**INTRODUCE** the topic to the participants.
Slide 2	**Learning Objectives (1)** • Describe concept of supportive supervision • Describe issues in traditional supervision • Outline qualities of a comprehensive supportive supervisor • Identify challenges in implementing supportive supervision Session 06 TANZANIA 2	**STATE** the objectives to participants.

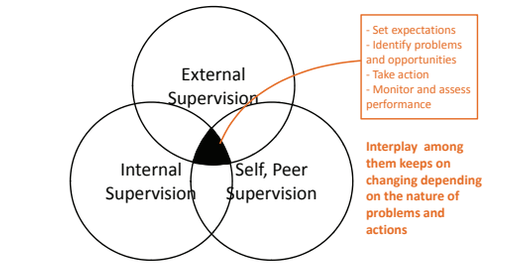
Slide 3	**Learning Objectives (2)** • Differentiate traditional supervision from supportive supervision • Describe stages of comprehensive supportive supervision • Describe interventions to be covered during comprehensive supportive supervision Session 06 TANZANIA 3	
Slide 4	**Let's share your past experiences in having the worst and the best supervisors!**  Session 06 TANZANIA 4	**ALLOW** 2-3 participants to share their experiences in having the best and the worst supervisors.
Slide 5	**What is Supportive Supervision?**  Session 06 TANZANIA 5	**ASK** participants the question on the slide. **ALLOW** time for them to respond. **USE** the following slide to define supportive supervision and summarize participants' responses to the question.

Slide 6	**Definition of Supportive Supervision** Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, team work, and better two-way communication. (Marquez and Kean, 2002) Session 06 TANZANIA 6	**ALLOW** one participant to read aloud the definition of supportive supervision.
Slide 7	**Issues in Traditional Supervision (1)** • Emphasized "inspecting" and "controlling" by external supervisors • Supervisors lack technical and managerial skills and authority to resolve service delivery problems • Focused on finding faults/errors and punishing supervisees Session 06 TANZANIA 7	This slide is animated. **ASK** participants to buzz about traditional supervision. **READ** and **ELABORATE** the contents of the slide.
Slide 8	**Issues in Traditional Supervision (2)** • Often blamed individuals instead of identifying root causes of problems • Site visits were typically short and focused on filling out forms /checklists • Lacked accountability among supervisors Session 06 TANZANIA 8	**ELABORATE** that all these overwhelming problems in the health sector undermine the effectiveness of supervision at all levels of the system and can make attempts to improve supervision fruitless.

Slide 9	**Changing Focus of Supervision** • Focus of supervisors and supervisees has shifted from simply inspecting facilities and gathering service statistics to concentrating on the performance and resolution of problems in health service delivery. • Moving from traditional supervision to supportive supervision requires innovative thinking, national acceptance, and time to change attitudes, perceptions and practices. Session 06 TANZANIA 9	**ELABORATE** that the major concern is meeting the needs of clients, both external and internal (staff members). Experience with using supportive supervision shows that emphasising the needs of the client helps to focus the entire facility on solving problems as they arise. This focus, in turn, improves staff performance and the quality of care.
Slide 10	**Comprehensive Supportive Supervision** Is an approach that integrates programmatic, administrative and technical activities during supportive supervision making it effective and efficient in performance improvement. Session 06 TANZANIA 10	**ALLOW** one participant to read aloud the definition of comprehensive supportive supervision.
Slide 11	 Session 06 TANZANIA 11	**NOTE**: This slide is animated. **ASK** participants to brainstorm on the reasons/ rationale for the current supportive supervision model. **ALLOW** for some possible responses, and **WRITE** on the flip chart. **DISPLAY** the rest of the slide. **COMPARE** responses on the slide to those on the flip chart.

Slide 12		**NOTE**: This slide is animated. **ASK** participants to brainstorm on the future vision for the comprehensive supportive supervision model. **ALLOW** for some possible responses, and**WRITE** on the flip chart. **DISPLAY** the rest of the slide. **COMPARE** responses on the slide to those on the flip chart. **EXPLAIN FURTHER** that integration of programmatic/administrative and technical/ clinical activities is a cost effective/efficient approach and that mentoring by experienced health service providers should be conducted based on identified technical/clinical needs
Slide 13	**Key Features of Comprehensive Supportive Supervision (1)** • Mediates and enhances implementation of goals • Develops relationships • Brings people and resources together • Focuses on the results of processes and individual performance • Focuses on assessing performance against standards/expectations • All HIV and AIDS interventions supervised at one time by a few supervisors Session 06 TANZANIA 13	**EXPLAIN** briefly the contents of the slide.
Slide 14	**Key Features of Comprehensive Supportive Supervision (2)** • Focuses on coaching, on-the-Job training (OJT), joint problem-solving and two-way communication • Responsibility shifts from individuals to teams and processes • Decision-making process is participatory and evidence-based • Addresses human resource needs and aspiration of health service providers Session 06 TANZANIA 14	

Slide 15	**Types of Comprehensive Supportive Supervision (1)** **External supervision** Oversees the operations and performance of individuals and facilities within a larger system, such as a district, regional, or national health system. **Internal supervision** Oversees the performance of individuals and the quality of service delivery within a particular facility or department. Session 06 TANZANIA 15	**ELABORATE** that external supervisors make site visits; set and implement clear programme goals and standards; jointly define performance expectations with supervisees; monitor performance against those expectations; allocate resources within the system; facilitate supervision at lower levels of the system; and follow up to solve problems that require intervention from higher levels of the health system. **ELABORATE** that internal supervisors set and monitor standards; support and motivate providers with materials, training, and recognition; build teams and promote team-based approaches to problem-solving; foster trust and open communication; and collect and use data for decision-making.
Slide 16	**Types of Comprehensive Supportive Supervision (2)** **Self- and/or peer supervision** Individuals monitor and improve their own skills and performance or that of their colleagues. **Note:** These three types of supervision are simultaneous, complementary, and overlapping. Session 06 TANZANIA 16	**ELABORATE** more that Self- and/or peer supervision is the process that encompasses setting of clear performance expectations (including professional standards); assessing skills and measuring performance; eliciting client feedback; and monitoring health outcomes, among others. **EMPHASIZE** on the note.

Slide 17	**Types of Comprehensive Supportive Supervision (3)**  Session 06 TANZANIA 17	**NOTE**: This slide is animated. **ELABORATE** that the shaded area of the Figure represents the full performance of the basic tasks of supervision through the contributions of each mechanism of supportive supervision. The interplay among these three types of supervision keeps on changing all the time. The greatest impact is expected when all three types of supervision take place. **TELL** participants that more information about the types of supportive supervision is found on page 68 of the participant manual. **EMPHASISE** that Internal, Self and Peer Supervisions are very important to sustain changes for improvement on a daily base since external supervision is conducted only from time to time.
Slide 18	**What are the** 1. Attributes of a comprehensive supportive supervisor? 2. Roles and responsibilities of a comprehensive supportive supervisor? 3. Benefits of comprehensive supportive supervision? Session 06 TANZANIA 18	**DIVIDE** participants into 3 small groups. **ASK** each group to spend 10 minutes to respond to all 3 questions. **ALLOW** first group 5 minutes to present their response to the question #1. **SUMMARIZE** by using slides about quality/ attributes of a supervisor. **ALLOW** second group 3 minutes to present their response to the question #2. **SUMMARIZE** by using slides about roles and responsibilities of a supportive supervisor. **ALLOW** third group 3 minutes to present their response to the question #3. **SUMMARIZE** by using slides about benefits of supportive supervision.

Slide 19	**Attributes of a Comprehensive Supportive Supervisor (1)** • Be familiar with the setting, supervision tools, job description of supervisees • Be organised and uses guiding, training and coaching approach • Focuses on problem solving to assure quality improvement • Empowers supervisees to monitor and improve their own performance Session 06 TANZANIA 19	**COMPARE** their presentations with the slides and **SUMMARIZE**.
Slide 20	**Attributes of a Comprehensive Supportive Supervisor (2)** • Fosters relationship to improve individuals skills and performance • Serves as an intermediary between lower and higher levels and within the facility • Be able to collect, analyze and interpret information/data • Be able to promote teamwork • Be honest and open to new and creative ideas Session 06 TANZANIA 20	**COMPARE** their presentations with the slides and **SUMMARIZE**.
Slide 21	**Roles and responsibilities (1)** • Advise and advocate for proper distribution of resources for health services delivery • Maintains relationships at various levels (community, district, region and central) • Facilitates meetings and discussions • Communicates clearly and effectively with staff and decision makers • Delegates duties to staff members Session 06 TANZANIA 21	**COMPARE** their presentations with the slides and **SUMMARIZE**.

Slide 22	**Roles and responsibilities (2)** • Creates and facilitates an environment of teamwork • Motivates staff to perform well • Assesses competence on quality of health service delivery based on standards • Provides constructive, timely and interactive feedback to stakeholders including partners • Works with staff and the community to identify gaps and plan for improvement Session 06 TANZANIA 22	**COMPARE** their presentations with the slides and **SUMMARIZE.**
Slide 23	**Benefits of Comprehensive Supportive Supervision** • Ensures uniformity to the set standards • Facilitates supervisees to identify gaps, prepare and implement action plans to improve performance • Makes a follow-up on action plans agreed during previous visits • Reinforces administrative and technical link between high and lower levels. Session 06 TANZANIA 23	**COMPARE** their presentations with the slides and **SUMMARIZE**.

Slide 24

Challenges in Comprehensive Supportive Supervision

- Few competent supervisors who can supervise all HIV and AIDS interventions
- Resistance to change from traditional ways for some supervisors and supervisees
- Requires sustainable and adequate resources
- Donor dependency

Session 06 TANZANIA 24

EXPLAIN that implementing and institutionalizing supportive supervision present an enormous challenge for health systems, especially those with longstanding hierarchies as reflected in traditional, inspection-and control supervision. Under these circumstances, it is important to consider the risks of supportive supervision:

ELABORATE that different programmes visit facilities independently/vertically and sporadically and different supervisors give inconsistent advices and leave conflicting instructions.

TELL participants that supportive supervision is donor dependent because costs for per diem, and transportation to remote sites cannot be met by local funds alone.

Slide 25

	TRADITIONAL SUPERVISION	SUPPORTIVE SUPERVISION
WHO PERFORMS SUPERVISION	**External** supervisors designated by the service delivery organization	**External** supervisors, **colleagues** from same facility, **community** health committees, **staff themselves**
WHEN SUPERVISION HAPPENS	During **periodic visits** by external supervisors	**Continuously**: during routine work, team meetings, and visits by external supervisors
WHAT HAPPENS *DURING* SUPERVISION	**Inspection** of facility; review of records and supplies; supervisor solves problems and makes most decisions	Observation of performance and **comparison to standards**; corrective and supportive **feedback**; discussion with clients; technical updates; **joint problem solving**
WHAT HAPPENS *AFTER* SUPERVISION	**No or irregular follow-up**	Actions and decisions are **recorded**; **ongoing monitoring** of weak areas and improvements; **follow-up** on prior visits and problems
Underlying **PHILOSOPHY**	**Suspicion** **Fear creation by punishment**	**Trust** **Desire creation by motivating**

EXPLAIN the contents to participants.

Slide 26	**Conducting Comprehensive Supportive Supervision (1)** The following stages have to be followed: 1. Plan 2. Get started 3. Perform supportive supervision 4. Give immediate feedback 5. Wrap up 6. Write report and follow up actions Session 06 TANZANIA 26	**READ** the stages of supportive supervision to participants.
Slide 27	**Conducting Comprehensive Supportive Supervision (2)** Planning Stage: • Identify sites, develop a route plan and arrange logistics • Inform the relevant authorities and supervisees about the visit • Organize a preparatory meeting of supervision team Session 06 TANZANIA 27	**EXPLAIN** the contents of the slide to the participants.
Slide 28	**Conducting Comprehensive Supportive Supervision (3)** Getting Started: • Pay a courtesy call to the relevant authorities • Establish rapport and explain the purpose of the visit to the supervisees • Avoid making promises and be honest • Use communication skills to encourage active participation Session 06 TANZANIA 28	**EXPLAIN** the contents of the slide to the participants.

Slide 29	**Conducting Comprehensive Supportive Supervision (4)** Performing supportive supervision: • Show respect • Review the previous action points and status of implementation. • Observe and gather information using the Supportive Supervision tool. • Provide feedback on performance. • If in need for mentorship, liaise with mentors. Session 06 TANZANIA 29	**EXPLAIN** the contents of the slide to the participants.
Slide 30	**Conducting Comprehensive Supportive Supervision (5)** Giving immediate feedback: • Find a conducive environment and give feedback appropriately. • Discuss previous action points which were not implemented and include them in the new action plan. • Guide them to come up with an action plan. • Invite the supervisee to give you feedback and questions. Session 06 TANZANIA 30	**EXPLAIN** the contents of the slide to the participants.
Slide 31	**Conducting Comprehensive Supportive Supervision (6)** Wrapping up: • Share findings of supervision and new information • Summarize on aspects that require improvement • Summarize areas of strengths and commend them • Share supervisor's general impressions on what is going well and what needs further improvement based on the supervisor's findings • Thank the supervisees and others. Session 06 TANZANIA 31	**EXPLAIN** the contents of the slide to the participants.

Slide 32	**Conducting Comprehensive Supportive Supervision (7)** Writing report and following up: • Write a report using the format provided • Disseminate the report to the relevant levels • Share the information on the identified gaps with mentors Session 06 TANZANIA 32	**EXPLAIN** the contents of the slide to the participants.
Slide 33	**Interventions for Comprehensive Supportive Supervision** • Prevention of mother to child transmission of HIV; • Management of STIs/RTIs; • HIV care and treatment; • TB and HIV; • Home based care; • HIV testing and counselling; • Laboratory services; • Pharmaceutical service; • IEC and M&E • Male circumcision Session 06 TANZANIA 33	**REFER** participants to the Participant's Manual on page 71 for more information.
Slide 34	**Key Points** • Comprehensive supportive supervision promotes quality of health care services at all levels. • Moving from traditional supervision to comprehensive supportive supervision requires innovative thinking, national acceptance, and time to change attitudes, perceptions and practices. • Comprehensive supportive supervision facilitates supervisees to identify gaps, prepare and implement action plans to improve performance. Session 06 TANZANIA 34	**READ** aloud the key points.

SESSION 7a:

MENTORING

Total Session Time: 60 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe the concept of mentoring.
- Outline qualities of a mentor.
- Describe mentorship procedure.
- Describe mentoring methods.
- Describe interventions to be covered.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to the session, Learning Objectives	Presentation	LCD projector, Laptop PC
3-4	4	Define Concept of Mentoring	Presentation	LCD projector, Laptop PC
5-7	12	Features of Mentoring	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
8-11	8	Attributes ,Roles and Responsibilities of a Mentor	Presentation	LCD projector, Laptop PC
12-14	8	Mentoring Procedure and Process	Presentation	LCD projector, Laptop PC
15-16	4	Mentoring Methods and Prepare the Lesson	Presentation	LCD projector, Laptop PC
17-18	8	Risks of Improper Mentoring Procedure, Interventions for Mentoring	Presentation	LCD Projector, Laptop PC , Participant Manual
19	12	Factors Influencing Performance of a Mentor	Brainstorming, Discussion, Presentation	LCD Projector, Laptop PC
20	2	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts Stand, Masking Tapes and Markers

Slides

Slide 1	 **MENTORING** Session 07 TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** • Describe the concept of mentoring • Outline qualities of a mentor • Describe mentorship procedure • Describe mentoring methods • Describe interventions to be covered Session 07 TANZANIA 2	**STATE** the objectives to the participants
Slide 3	**Concept of Mentoring** • Should be seen as part of the continuum of education required to create competent health service providers. • Should be integrated with and immediately follow initial training. Initial in-service training should be case-based and participatory, based on the principles of adult learning. Session 07 TANZANIA 3	**EXPLAIN** the contents of the slide referring the Participant's Manual page 76.

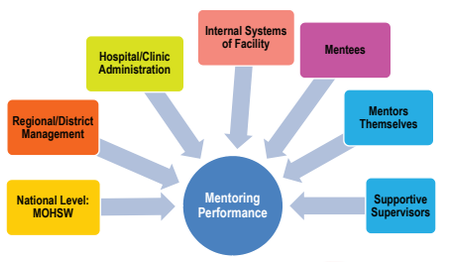
Slide 4	**Definition of Mentoring** Mentoring is a process of practical training and consultation that fosters on-going professional development to yield sustainable high-quality clinical care outcomes Session 07 TANZANIA 4	This slide is animated. **ASK** participants to give the definition of mentoring. **ALLOW** a few participants to respond. **CLARIFY** the definition by adding that the process whereby an experienced, highly regarded, empathetic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, personal and professional development
Slide 5	**What are some of the key features of "Mentoring"?**  Session 07 TANZANIA 5	**ASK** participants to explain key features of mentoring. **TELL** 2-3 participants to MENTION the importance of mentoring in health services provision. **SUMMARIZE** key points.
Slide 6	**Key Features of Mentoring (1)** • Targets individuals or a small group of individuals for on-the-job training. • Bridges the gap between didactic trainings and clinical practice. • Creates a supportive environment to practice skills and attitudes. • Is an ongoing knowledge and skills transfer from a mentor to a mentee. Session 07 TANZANIA 6	**ELABORATE** the information on the slide.

Slide 7	**Key Features of Mentoring (2)** • Leads to capacity building of facility staff. • Allows the mentee to mature and eventually offer quality services independently. • Motivates staff by providing effective technical support. • Promotes a culture of continuing education • Builds and maintains long-term relationship with mentees Session 07 TANZANIA 7	**ELABORATE** the information on the slide
Slide 8	**Attributes of a Mentor (1)** • Have adequate knowledge, and sufficient skills and experience in a specific HIV and AIDS intervention • Personality with approachable and interpersonal communication skills • Actively practicing in provision of a specific HIV and AIDS intervention Session 07 TANZANIA 8	**EXPLAIN** and **EMPHASIZE** the contents of the slide to the participants
Slide 9	**Attributes of a Mentor (2)** • Familiar with the country's health system, common and context of diseases • Willingness, commitment and availability to provide technical assistance to less experienced mentees • A Mentor could be a nurse, a clinician, a pharmacist, a laboratory technologist or any other practitioner in a specific HIV & AIDS intervention Session 07 TANZANIA 9	**EXPLAIN** and **EMPHASIZE** the contents of the slide to the participants

Slide 10	**Mentors' Roles and Responsibilities (1)** • Ensure mentees are able to perform practically • Provide correct, appropriate and relevant support according to standards • Identifies the gaps of the mentee • Give suggestions and advice for improvement of mentee performance • Make sure clients receive proper care Session 07 TANZANIA 10	**EXPLAIN** the contents of the slide to the participants.
Slide 11	**Mentors' Roles and Responsibilities (2)** • Assist with case management • Conduct case discussions, coaching and consultations • Carry out monitoring and evaluation • Support professional development and application of knowledge in service provision Session 07 TANZANIA 11	**GUIDE** participants in contributing their understanding on roles and responsibilities of mentors. **SUMMARIZE** the discussion.
Slide 12	**Mentoring Procedure** Development need phase: **Mentoring needs** are identified, prioritized and reported to a mentor by a supervisor. Facilitation of self management learning phase: **Performance weakness** is discussed during Mentor-Mentee-Patient/Client interaction for the two to have an in depth understanding of strengths and weaknesses of a mentee *Support learning phase*: Mentor & mentee discuss strengths and weaknesses and give **Positive & Constructive Feedback.** *Assist evaluation phase*: **Assess the performance** of a Mentee and plan next steps together. Session 07 TANZANIA 12	**INTRODUCE** the subject by emphasizing the need for participants to know the significance of the four phases. **GUIDE** participants in a discussion of each phase **EMPHASIZE** on key features happening at each phase. **SUMMARIZE** the discussion by telling participants that the four mentoring phases has to be followed during mentoring procedure

Slide 13	**Mentoring Process (1)** **Mentoring stages** • Pre-Mentoring planning • Arrival at Mentoring site • Establishing warm mentoring climate • Making a mentoring agreement • Review of records • Establishment of client-patient warm care environment Session 07 TANZANIA 13	**EXPLAIN** to participants that the stages when put together constitutes to a process. **REFER** the Participant's Manual page 79.
Slide 14	**Mentoring Process (2)** • Beginning client/patient care encounter with Mentee • Identification of teaching moments • Client/patient education/instruction • Between client /patient • Next client/patient • Post-mentoring feedback • Planning the way forward • Documentation Session 07 TANZANIA 14	**EXPLAIN** to participants that the stages when put together constitutes to a process
Slide 15	**Mentoring Methods** • Identification of a teaching moment • Bedside teaching • One-on-one case management observation • Review of Patient Monitoring data • Documentation Reviews • Clinical case Discussion • Clinical Team Meetings Session 07 TANZANIA 15	**EXPLAIN** the contents of the slide to the participants.

Slide 16	**Preparation of a Lesson Plan** In order for a mentor to prepare him/herself for mentoring, it is highly recommended that the mentor prepare a lesson plan based on the needs identified from the initial visit. The plan shall have the following information: Topic, Introduction to the topic, objectives, strategy/methods, Sub-topics, teaching resources, Evaluation, Summary on key points Session 07 TANZANIA 16	**EXPLAIN** the contents of the slide referring the Participant's Manual page 84.
Slide 17	**Risks of Improper Mentoring Procedure** • Perception of being highly controlled & monitored • Can allow bias towards certain mentees if mentors can pick who to mentor. • A mentor may be criticized by a mentee especially where and when a mentee demonstrates more knowledge and skills than a mentor. • Patients/clients may lose trust and confidence in mentees if the mentoring process is done without professional dignity and respect. Session 07 TANZANIA 17	**EXPLAIN** the contents of the slide.
Slide 18	**Interventions for Mentoring** • Prevention of mother to child transmission of HIV; • Management of STIs/RTIs; • HIV care and treatment; • TB and HIV; • Home based care; • HIV testing and counselling; • Laboratory services; • Pharmaceutical service; • IEC and M&E • Male circumcision Session 07 TANZANIA 18	**REFER** participants to the Participant's Manual page 85.

Slide 19	**What could influence the performance of a Mentor?**  Session 07 TANZANIA 19	**ASK** participants to think what could influence the performance of a mentor. **TELL** 2-3 participants to answer the question. **Explain** .factors influencing the performance of a mentor using the next slide.
Slide 19	**Factors Influencing Performance of a Mentor**  Session 07 TANZANIA 20	**EXPLAIN** that this diagram illustrates some of the more common factors that can affect a mentor's work. National Level: Government policies/ guidelines will provide guidance to the mentor regarding models of care. R/CHMT: May influence how a mentor works within each level, e.g. how to prioritize which clinics receive mentoring. H/Facility Administration: Will influence how the mentor functions within a given facility Facility Systems: Refer to the systems in place to help support clinical services and the resources required. Mentees: The unique learning needs of each mentee will influence how much effort a mentor will have to exert when they provide teaching. Mentors: The characteristics of the mentor him/herself can influence the type of work that they will do. Personal motivation of mentors will also affect the work that they do. Supportive Supervisors: Effective and timely communication would make the work of the mentors easy and consume less resources.

Slide 20		
	Key Points • Mentoring is a process whereby an experienced practitioner guides a mentee in the professional development. • There are four phases to be followed for effective mentorship. • Several factors that can influence the performance of a mentor should be considered. Session 07 TANZANIA 21	**SUMMARIZE** the session with the key points.

SESSION 7b:

Case Study – MENTORING (PMTCT)

Total Session Time: 80 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Apply mentoring steps.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to the Session, Learning Objectives	Presentation	LCD Projector, Laptop PC , Participant Manual (Handout 7b)
3-7	10	Scenario	Participatory Reading	LCD Projector, Laptop PC , Participant Manual (Handout 7b)
8	68	Mentor the Providers Using Steps of Mentor	Group Activity, Presentation, Discussion	LCD Projector, Laptop PC , Participant Manual (Handout 7b)

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts Stand, Masking Tapes and Markers

Slides

Slide 1	 **CASE STUDY** **PMTCT** Session 07b TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, participants will be able to: • Apply mentoring steps. Session 07b TANZANIA 2	**ASK** participants to open Handout 7b Case Study on page 90 of the Participant's Manual. **READ** aloud the objectives. **DIVIDE** the participants into 4-5 groups. **EXPLAIN** to participants that each group shall work on the case study.
Slide 3	**Scenario (1)** • A Council Reproductive and Child Health Coordinator (CRCHCo) visited Mwambani Health Centre with an objective of supervising PMTCT service delivery at the centre. • During this supportive supervision she discovered that PMTCT registers have not been filled properly and reports have not been compiled and sent to the DMO. Session 07b TANZANIA 3	**ASK** a volunteer to read aloud the Scenario (1).

Slide 4	**Scenario (2)** • The supervisor stressed to the health service provider (HSP) on the importance of data recording and reporting to the DMO through appropriate use of tools. • Two months later, the same supervisor visited the facility and found out the registers were still not being filled properly and no report was sent to the DMO's office. Session 07b TANZANIA 4	**ASK** another volunteer to read aloud the Scenario (2).
Slide 5	**Scenario (3)** • Mwambani H/C has a good number of ante-natal and post-natal attendees and has CTC clinic which has 1,500 clients ever enrolled to care. HTC services at the health centre records a good consumption of test kits for HIV. • During conversation with the HSPs at the centre, the supervisor found out the following weaknesses: Session 07b TANZANIA 5	**ASK** another volunteer to read aloud the Scenario (3).
Slide 6	**Scenario (4)** • No record of exposed infants at the facility. • No record of mothers receiving ARV prophylaxis for PMTCT. • No record of mothers tested positive for HIV and referred to CTC. Session 07b TANZANIA 6	**ASK** another volunteer to read aloud the Scenario (4).

Slide 7	**Scenario (5)** • The supervisor also found out that the reason for the above weaknesses was lack of knowledge of filling registers among the HSPs at the centre. • The next day the supervisor went back and shared the issues at the CHMT meeting. • You are the mentor sent by the CHMT to Mwambani H/C to provide mentorship to the HSPs on data management. Session 07b TANZANIA 7	**ASK** another volunteer to read aloud the Scenario (5).
Slide 8	**How are you going to mentor the providers using the steps of mentoring?**  Session 07b TANZANIA 8	**POSE** the question. **ASK** each group to discuss options using mentoring steps for 20 min. **ALLOW** each group to present their discussion for 5 min. **ASK** other groups to make comments on the presentation and **LEAD** the discussion (5 min each). **SUMMARIZE** the case study referring the Mentoring Process on page 79 of the Participant's Manual and linking to the objective.

Handout 7b:
Case Study - PMTCT

Learning Objective

By the end of this session, the participants will be able to:

- Apply mentoring steps.

Case Scenario

A Council Reproductive and Child Health Coordinator (CRCHCo) visited Mwambani Health Centre with an objective of supervising PMTCT service delivery at the centre.

During this supportive supervision she discovered that PMTCT registers have not been filled properly and reports have not compiled and sent to the DMO. The supervisor stressed to the health service provider (HSP) on the importance of data recording and reporting to the DMO through appropriate use of tools.

Two months later, the same supervisor visited the facility and found out the registers were still not being filled properly and no report was sent to the DMO's office.

Mwambani H/C has a good number of ante-natal and post-natal attendees and has CTC clinic which has 1,500 clients ever enrolled to care. HTC services at the health centre records a good consumption of test kits for HIV.

During conversation with the HSPs at the centre, the supervisor found out the following weaknesses:

- No record of exposed infants at the facility.
- No record of mothers receiving ARV prophylaxis for PMTCT.
- No record of mothers tested positive for HIV and referred to CTC.

The supervisor also found out that the reason for the above weaknesses was lack of knowledge of filling registers among the HSPs at the centre.

The next day the supervisor went back and shared the issues at the CHMT meeting.

You are the mentor sent by the CHMT to Mwambani H/C to provide mentorship to the HSPs on data management.

Question:

How are you going to mentor the providers using the steps of mentoring?

SESSION 8:

RELATIONSHIP BETWEEN COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING

Total Session Time: 60 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe the relationship between comprehensive supportive supervision and mentoring.
- Explain the similarities and differences between comprehensive supportive supervision and mentoring.
- Describe the mechanisms of bringing about synergy by levels of health services.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3	2	Relationship between CSS and Mentoring	Presentation	LCD projector, Laptop PC
4	35	Group Activity	Group Activity, Presentation	LCD projector, Laptop PC
5-8	9	Differences, Similarities and Areas Overlap between the CSS and Mentoring	Presentation	LCD projector, Laptop PC
9-10	10	Define Synergy and Its Mechanism at National, Regional, Council and Health Level	Brainstorming, Presentation	LCD projector, Laptop PC
11	2	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes and Markers

Slides

Slide 1	 **RELATIONSHIP BETWEEN COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING** Session 08 TANZANIA 1	**INTRODUCE** the topic to participants
Slide 2	**Learning Objectives** By the end of the session participants will be able to: •Describe the relationship between comprehensive supportive supervision and mentoring •Explain the similarities and differences between comprehensive supportive supervision and mentoring •Describe the mechanisms of bringing about synergy by levels of health services Session 08 TANZANIA 2	**STATE** the objectives of the session.
Slide 3	**Relationship Between CSS and Mentoring** • The two have many areas of overlap but individual activities require different skills and should be undertaken by different teams. • The two teams need close communication to share information obtained through each visit to a health facility. • Activities conducted by the two teams should bring about synergy effect to improve quality of health care. Session 08 TANZANIA 3	**EXPLAIN** the contents of the slide.

Slide 4

Group Activity

1. What are some of the differences between comprehensive supportive supervision and mentoring?
2. What are some of the areas in which comprehensive supportive supervision and mentoring overlap?
3. Why do we carry out both comprehensive supportive supervision and mentoring?

Session 08 TANZANIA 4

DIVIDE participants into groups of 3-4.

GIVE each group 1 or 2 pieces of flip chart paper. Have them brainstorm the answers to each of the questions on the slide, and write them down in 2 columns on the flip chart paper.

ALLOW 10 minutes for them to discuss and write down their answers.

RECONVENE the groups and allow five minutes for each group to present one different question.

LEAD discussion at the end of each presentation

SUMMARIZE the discussions using next 4 slides

Slide 5

Differences between (1)

Comprehensive Supportive Supervision	Mentoring
• Is a regular activity.	• Is required when technical needs arise
• Focuses on a systemic and programmatic total improvement	• Focuses on individual clinicians or small groups
• Provides an opportunity for follow-up training to improve overall performance	• Provides an opportunity to improve individual performance

Session 08 TANZANIA 5

Slide 6

Differences between (2)

Comprehensive Supportive Supervision	Mentoring
• Emphasizes on total improved performance and quality care	• Emphasizes on individual on job career skills improvement
• Comprehensive knowledge on health systems and all HIV and AIDS interventions	• Comprehensive knowledge and skills in a specific intervention
• Leadership, management and advocacy skill	• Technical performance

Session 08 TANZANIA 6

Slide 7	**Similarities between CSS and M** • Monitor clinic activities like patient flow & triage • Problem identification and solving • Data collection, recording, analysis and interpretation • Case management, review of referral decisions and patient monitoring • Coaching, negotiation, facilitation and team meetings • Plan for correctly needed resources • Aim at quality improvement Session 08 TANZANIA 7	
Slide 8	**Areas of Overlap Between CSS & M** **Comprehensive supportive supervision** •Space, equipment and forms •Supply chain management •Training, staffing and other human resource issues •Entry points •Patient satisfaction • Patient flow and triage • Clinic organization • Patient monitoring and record keeping • Case management observation • Team meetings • Review of referral decisions **Mentoring** • Case review • Bedside teaching • Journal Club • Morbidity and mortality rounds • Assist with care and referral of complicated cases • Available via distance communication Session 08 TANZANIA 8	**EXPLAIN** that this is a summary of differences and similarities between comprehensive supportive supervision and mentoring.
Slide 9	**Definition of Synergy** • Is an increased effect that results when two or more people work together. "One plus one can result to more than two". • Synergy of the CSS and M is a desirable factor that results into an enhanced performance Session 08 TANZANIA 9	This slide is animated **ASK** participants what synergy means **ALLOW** 2-3 participants to respond and **SUMMARIZE** using the slide emphasizing that the two processes together are better than each of them done individually

Slide 10	**Mechanisms for Synergy at National level** • Meet twice yearly to share experiences, challenges & lessons learned and way forward. • Key players are national supervisors, mentors, partners and National QI Team • During technical and management meetings, national sub-committee meetings & biannual MOHSW stakeholders' coordination forum. Session 08 TANZANIA 10	**EXPLAIN** to participants that apart from discussing key findings, lessons learned and challenges, they will discuss further action to be taken for improving quality. Make action plan as well as monitor & evaluate plans.
Slide 11	**Mechanisms for Synergy at Regional level** • Meet quarterly based on existing meetings such as biannual PHC meetings, Regional Health Boards or any health related meetings • Key players are RHMT, co-opted members, regional supervisors, mentors, QI teams and partners • Involvement of RC & RAS is important • Discuss key findings, lessons learnt, challenges, further actions and M&E plans. Session 08 TANZANIA 11	**EXPLAIN** the contents on the slide.
Slide 12	**Mechanisms for Synergy at Council level** • Meet monthly based on existing forums like CHMT meetings, Hospital Governing Committee meetings, Council Health Service Board meetings and standing committee on HIV & AIDS • Key players are CHMT, co-opted members, supervisors, mentors, Council QI teams and partners • Involvement of DC and DED is important • Discuss key findings, lessons learned, challenges, further actions and M&E plans Session 08 TANZANIA 12	**EXPLAIN** the contents on the slide.

Slide 13	**Mechanisms for Synergy at Health Facility level** • Meet monthly during Health Facility Governing Committee meetings. • Key players are Health facility in-charge, Health facility management team, facility QI team and in-house mentors • Discuss on key findings, lessons learned, challenges, further actions and M&E plans Session 08 TANZANIA 13	**EXPLAIN** the contents on the slide.
Slide 14	**Key Points** • Comprehensive supportive supervision and mentoring are two different activities with several similarities. • Complement and synergize each other to ensure achievement of quality improvement. • There are various forums at different levels for synergy to happen. Session 08 TANZANIA 14	**SUMMARIZE** the session with the key points.

SESSION 9:

STRUCTURE AND FUNCTIONS OF NATIONAL COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING SYSTEMS

Total Session Time: 90 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Describe the structure and functions of comprehensive supportive supervision
- Describe the structure and functions of mentoring
- Describe the interaction between comprehensive supportive supervision and mentoring

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3-7	10	Structure and Functions of CSS at National Team	Presentation	LCD projector, Laptop PC
8-9	5	Structure and Functions of CSS at Regional team	Presentation	LCD projector, Laptop PC
10-11	5	Structure and Functions of CSS at Council Level	Presentation	LCD projector, Laptop PC
12-15	10	Structure and Functions of CSS at Facility Level, Community Level, Frequency of CSS	Presentation	LCD projector, Laptop PC
16-20	10	Structure and Functions of Mentoring at National, Regional, Council and Healthy Facility	Presentation	LCD projector, Laptop PC
21-22	10	Mentors Selection Criteria	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
23-24	5	Training of Mentors	Presentation	LCD projector, Laptop PC

25-26	5	Resources Required	Presentation	LCD projector, Laptop PC
27-29	12	Structure of CSSM for HIV & AIDS Services	Presentation	LCD projector, Laptop PC
30-38	12	Documentation and information sharing mechanism	Presentation	LCD projector, Laptop PC
39-40	4	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes and Markers

Slides

Slide 1	 **STRUCTURE AND FUNCTIONS OF NATIONAL COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING SYSTEMS** Session 09 TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, participants will be able to: •Describe the structure and functions of comprehensive supportive supervision •Describe the structure and functions of mentoring •Describe the interaction between comprehensive supportive supervision and mentoring Session 09 TANZANIA 2	**STATE** the learning objectives to participants.

Slide 3	**Structure and Functions of Comprehensive Supportive Supervision** Levels of structure and functions of CSS are: • National • Regional • Council • Health Facility • Community Session 09 TANZANIA 3	**INTRODUCE** to the participants the structure of comprehensive supportive supervision.
Slide 4	**Structure and Functions of CSS at National Level** • A team of 2-4 members including programme staff, national supervisors and partners • Twice a year, 5 working days visit to every region • Supervises national, referral , special hospitals, ZHRCs and RHMTs • Visit lower level facilities as a need arise Session 09 TANZANIA 4	**EXPLAIN** to participants that several teams have been formed and trained to provide comprehensive supportive supervision across the country.
Slide 5	**Functions of National CSS Team (1)** At national, referral , and special hospitals the team will provide CSS on; • Infrastructure, equipment and forms • Supply chain management • Patient and provider satisfaction • Training, staffing and other human resource issues • Patient flow, triage, and clinic organization • Patient monitoring and record-keeping • Team meetings • Current challenges Session 09 TANZANIA 5	Explain the contents of the slide

Slide 6	**Functions of National CSS Team (2)** At ZHRCs, team will provide SS with respect to: • Availability of national documents • Capacity and plan in supporting regions and districts on HIV and AIDS related trainings • Resource mobilization efforts • Ability to develop local IEC materials • Current challenges Session 09 TANZANIA 6	**EXPLAIN** that when the teams visit the zonal training centers, the main interest will be on HIV/AIDS-related trainings including QI training provided to regions as well as associated training materials.
Slide 7	**Functions of National CSS Team (3)** At RHMT, the team will provide CSS with respect to: • RHMTs' roles and responsibilities • Progress reports • Financial management • Implementation of the CRHP and the CCHPs • Activities of QI team • Supportive supervision reports by the RHMT • Follow-up of the previous action plan • Build capacity of the RHMT in conducting comprehensive supportive supervision • Provide advocacy to Regional Administration Session 09 TANZANIA 7	**EXPLAIN** that the CSS team shall supervise RHMT with the intention of empowering the RHMT members.
Slide 8	**Structure and Functions of CSS at Regional Level** • Comprises of RHMTs, co-opted members and partners • On Quarterly basis 3-4 days supervises Regional Hospitals and CHMTs level • Supervises lower level facility if needs arises Session 09 TANZANIA 8	**EXPLAIN** further that RHMTs will also: Supervise the regional hospitals, all CHMTs, District hospitals, and other selected heath facilities and communities to verify provided information. Ensure collaboration with other health-related sectors within the Regional Secretariat. **EXPLAIN** that the RHMTs may co-opt or delegate their roles of supervisions to relevant technical officers/professionals as may be deemed necessary. These may come from within the health sector such as regional hospitals, voluntary agency hospitals and private practice.

Slide 9	**Functions of Regional CSS Team (1)** At Regional Hospital and CHMT, the team will provide CSS with respect to: • Health policy and guidelines • Infrastructure, equipment, and forms • Supply chain management, patient flow, triage, and clinic organization • Patient satisfaction, patient monitoring, and record keeping • Linkages, referrals and team meetings • Financial and managerial issues • Training, staffing and other HR issues and challenges Session 09 TANZANIA 9	**EXPLAIN** that regional supervisors are also expected to: Pay courtesy calls to District Commissioner and District Executive Director for briefing Review activities of the Council HIV interventions QI team and share the debriefing report Randomly select a few health facilities to visit **EXPLAIN** that at CHMTs, the regional team will be involved in providing supportive supervision in areas related to: Supply chain management HIV-related reports Equipment and supplies Human resources management Public –Private Partnership (PPP) implementation Implementation of Comprehensive Council Health Plans (CCHP) and Supportive supervision of the CHMT for the implementation of their CCHP especially those related to HIV interventions. **TELL** participants that Regional CSS Team may accompany CHMT members for their comprehensive supportive supervision to primary health care facilities with intention of empowering CHMT members.
Slide 10	**Structure and Functions of CSS at Council Level** • A team of 2-4 members from CHMT and co-opted members, HIV focal persons and partners • Quarterly visits, one full day to hospital and at least half a day to lower health Facilities • Supervises Health management teams of all the district hospitals, health centers, dispensaries, and other health facilities (e.g. pharmacies, labs, etc) Session 09 TANZANIA 10	**EXPLAIN** that as a matter of courtesy, the team has to visit the Ward Executive Officer for a briefing.

Slide 11	**Functions of Council CSS Team** At CHMT and other health facilities, the team will provide CSS with respect to: • Infrastructure • Supply chain management, equipment and supplies • Human resources • HIV service delivery in line with national guidelines and SOPs • PPP implementation • Patient flow and triage, clinic organization and team meetings • Patient satisfaction, community linkages, patient monitoring and record keeping and reporting • Managerial and financial management • Follow up of the previous action plan Session 09 TANZANIA 11	**EXPLAIN** that other supervision areas for district supervisors will include patient satisfaction, patient flow and triage, clinic organization, community linkages, patient monitoring and record-keeping, managerial and financial management. **EXPLAIN** further that: The Health Centre Management Team will carry out supervision of health activities in their facility and nearby dispensaries. Through the Integrated Management Cascade (IMC), the health centres will supervise dispensaries and the later will supervise communities in their respective service area including home based services. This approach will enhance coverage and continuity of supportive supervision to all facilities in the council. It also facilitates participation in self and peer supervision, empowerment to monitor and improve self performance. For details on how to conduct such supervisions consult the current Operational Manual of IMC. Health management team will carry out supervision of health activities in the communities. The dispensary should ensure that health activities conducted at household level like home based care, water supply, sanitation, etc, are correctly performed.
Slide 12	**Structure and Functions of CSS at Facility Level** • Comprised of members of health facility management and QI teams • On a monthly basis conduct comprehensive supportive supervision • Focuses on: ○ setting and monitoring quality of care standards ○ assuring that guidelines and SOPs are followed ○ supporting and motivating providers ○ training and recognition ○ forming and building teams ○ fostering trust and open communication ○ collecting and using data for decision-making Session 09 TANZANIA 12	**EXPLAIN** to the participants the contents of the slide

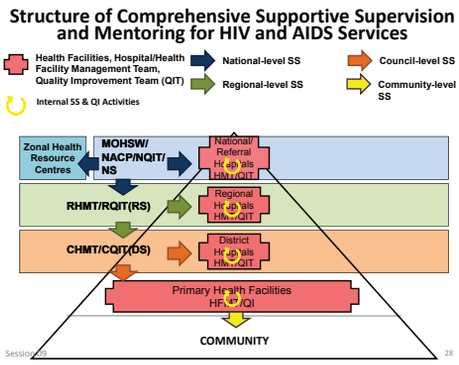
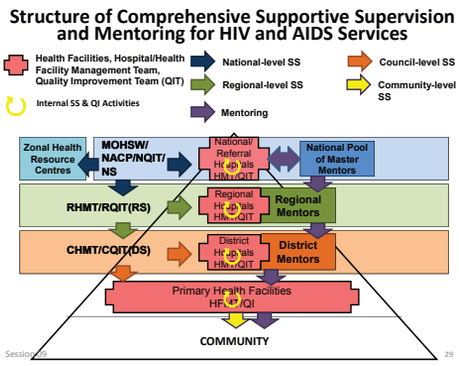
Slide 13	**Functions of health facility CSS Team** At health facility, the team will provide CSS with respect to: • Look at infrastructure. space issues, equipment and forms • Discuss utilization of SOPs • supply chain management, patient monitoring and record-keeping • financial management • Supervise inventory, patient flow and triage, clinic organization • Organize team meetings • Follow up of the previous action plan Session 09 TANZANIA 13	**EXPLAIN** that other areas of interest for internal supervisors may include: • Human resources • HIV service delivery based on guidelines • Patient satisfaction • Training needs as well as • Referral systems and community linkages.
Slide 14	**Structure and Functions of CSS at Community Level** • A team of Health facility in charge and the relevant focal persons • CSS conducted on monthly basis or as need arises • Focuses on: o Community Based Health Care Programmes and village health workers (VHWs), peer educators and HBC o Standard Operating Procedures o Equipment , supplies and HIV service delivery o Guidelines, referral system and community linkages o Patient satisfaction and training needs Session 09 TANZANIA 14	**EXPLAIN** to the participants the contents of the slide
Slide 15	**How often Should Comprehensive Supportive Supervision Happen at each Level?** National level supervises **at twice per year least** RHMTs supervise **quarterly** CHMTs supervise **quarterly** Health centre staff supervises **at least once per quarter** Dispensary staff supervises **quarterly** Session 09 TANZANIA 15	**SUMMARIZE** the frequency of comprehensive supportive supervision using the contents of this slide

Slide 16	**Structure and Functions of Mentoring** Levels of structure and functions of Mentoring are: •National •Regional •Council •Health Facility •Community Session 09 TANZANIA 16	**INTRODUCE** to the participants the structure of comprehensive supportive supervision.
Slide 17	**Structure and Functions of the National Mentors** • A pool of mentors identified, trained and coordinated by NACP. • NACP focuses on: ○ Maintain and update data-base of experts ○ Preparation of a national calendar ○ Conduct national synergy meetings and mentoring of regional mentors Session 09 TANZANIA 17	
Slide 18	**Structure and Functions of the Regional Mentors** • A pool of mentors identified by the region, trained and coordinated by NACP. • RHMT coordinates the implementation of mentoring activities at the regional level • Focuses on: ○ Increase pool of mentors in the region ○ Make visits to regional & district hospital ○ Recognizes the importance of capacity development and continuing education Session 09 TANZANIA 18	

Slide 19	**Structure and Functions of the Council Mentors** CHMT identifies needs and coordinates implementation of mentoring. District mentors implement mentoring activities at district level. Their functions includes: •Assess/evaluate mentees' performance and training needs •Review mentees' work plan •Provide continuous technical and morale support •Share information with district supervisors Session 09 TANZANIA 19	
Slide 20	**Functions of the Health Facility Mentors** • Mentors provide mentorship to staff providing specific HIV and AIDS health services at their own facilities. • Health facility mentors shall also be responsible for mentoring community based service providers. Session 09 TANZANIA 20	**TELL** participants that mentorship within the health facility is a cost effective and sustainable approach for quality improvement of the services.
Slide 21	**Mentor's Selection Criteria (1)** • Adequate knowledge, sufficient skills and experience in a specific HIV and AIDS intervention • Practicing in a specific HIV and AIDS intervention • Personality with approachable and interpersonal communication skills • Familiarity with the country's health system, common diseases, context of the disease, likely patient reactions, outcomes and appropriate language. Session 09 TANZANIA 21	This slide is animated. **ASK** the participants to mention the criteria for one to be a selected as a mentor **WRITE** the responses on the flip chart **COMPARE** response with those on the slide

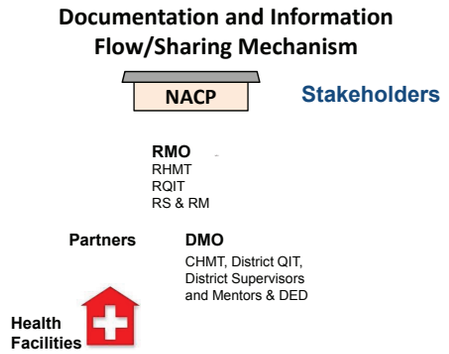
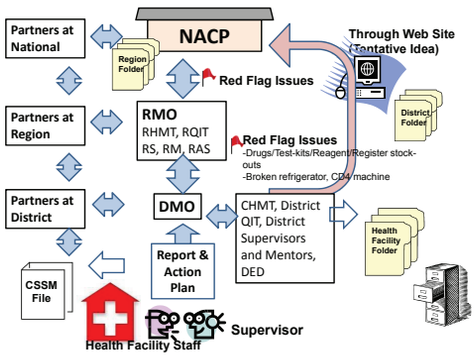
Slide 22	**Mentor's Selection Criteria (2)** • Willingness, commitment and the availability to provide technical assistance to less experienced HSPs • A Mentor could be a nurse, a clinician, pharmacist, laboratory technologist or any other practitioner in the specific HIV and AIDS intervention Session 09 TANZANIA 22	
Slide 23	**Training of Mentors (1)** Focuses on: • Basic concepts of HIV and AIDS health services, national health policies, guidelines and any relevant SOPs • Basic concepts of comprehensive supportive supervision and mentoring • Basic knowledge on quality improvement • Coaching skills including interactive communication and relationship building Session 09 TANZANIA 23	**EXPLAIN** contents of the slide
Slide 24	**Training of Mentors (2)** • Mentoring methods • Mentoring tools • How the work of mentors relates and compliments to that of comprehensive supportive supervisors as well as the synergy between them. Session 09 TANZANIA 24	

Slide 25	**Resources Required (1)** Necessary requirements which must be made available to facilitate are the following: •Reliable transport •Adequate time for mentors preparation, travel, field visit, reporting and follow-up activities •Allowances for the mentors •Adequate stationeries •Tools for mentoring Session 09 TANZANIA 25	**ELABORATE** the resources required for effective mentorship.
Slide 26	**Resources Required (2)** • Guidelines • Monitoring and evaluation tools • Communication support: radio call, airtime, landline, e-mail or internet access • Periodic mentors review meetings Session 09 TANZANIA 26	**ELABORATE** the resources required for effective mentorship.
Slide 27	**Structure of Comprehensive Supportive Supervision and Mentoring for HIV and AIDS Services** Health Facilities, Hospital/Health Facility Management Team, Quality Improvement Team (QIT) Internal SS & QI Activities Zonal Health Resource Centres MOHSW/ NACP National/ Referral Hospitals HMT/QIT RHMT Regional Hospitals HMT/QIT CHMT District Hospitals HMT/QIT Primary Health Facilities HFMT/QI COMMUNITY Session 09 27	This slide is animated **SUMMARIZE** the structure of CSS and M at different levels using this slide **TELL** participants that day-to-day activities for quality improvement (QI) (yellow circles) should be conducted internally at each health facility. **EXPLAIN** that supervisors shall comprehensively cover the HIV and AIDS health services during supervisory visits in line with the manual and tool. **ELABORATE** that upon identification of technical/clinical gaps in specific intervention, a mentor for the intervention shall be mobilised to conduct mentoring (on right side of the figure)

Slide 28		**SUMMARIZE** the structure of CSS and M using this slide
Slide 29		**TELL** participants that mentoring system will be established at each level to support health workers in specific technical and clinical areas of HIV and AIDS interventions.
Slide 30	**Documentation and Information Sharing at the Health Facilities** • Internal and external supervision/mentoring must be documented with concrete action plan for easy followed-up and reference. • All critical issues identified shall be urgently discussed and reported to the DMO through DACC. • The documents shall be appropriately filed for easy reference. • The reports shall be filed for reference. All the documents shall be accessible and retrievable to internal and external supervisors/mentors. Session 09 TANZANIA 30	**REFER** the participants to the participant's manual page 100. **TELL** participants that documentation of the supportive supervision and mentoring activities by internal or external supervisors/mentors is very important for performance improvement at all levels. **TELL** participants that the documentation shall start at the health facility level. **ASK** one of the participants to read the slide.

Slide 31	**Documentation and Information Sharing at Council Level (1)** • All regular supportive supervision and needs-based mentoring visits shall be documented using the standard tools with a concrete action plan. • Summary reports shall be submitted to the DMO immediately after the visits and shared with the relevant stakeholders. • All technical issues that need follow-up actions by district mentors need to be discussed. • Critical issues that need urgent regional or national attention and follow-up action (red flag issues) shall be discussed within CHMT and reported to the RMO and the NACP as soon as possible for further actions. Session 09 TANZANIA 31	**ASK** one of the participants to read the slide. **Emphasize** that the documents must be filed appropriately in a folder allocated for each health facility. Five S principle shall be applied to organize the folders and keep them properly. **TELL** that the reports with concrete action plans shall be shared and utilized for actions to be easily followed up for performance improvement. **TELL** the participants that red flag issues include stock-outs of ARVs/OIs or HIV test kits or reagent, broken refrigerator and CD4 machine and shortage of registers.
Slide 32	**Documentation and Information Sharing at Council Level (2)** • All important administrative issues shall also be shared with the DED for consultation and follow-up action. • The original reports shall be filed in folders by health facilities and kept on a shelf for easy reference. • All the documents shall be accessible and easily retrievable to CHMT and co-opted members and implementing partners at the district level. Session 09 TANZANIA 32	**ASK** one of the participants to read the slide.
Slide 33	**Documentation and Information Sharing at Regional Level (1)** • All regular supportive supervision and needs-based mentoring visits shall be documented using the standard tools with a concrete action plan. • Summary reports shall be submitted to the RMO immediately after the visits and shared with the relevant stakeholders. • All technical issues that need follow-up actions by district mentors need to be discussed. • Critical issues that need urgent national attention and follow-up action (red flag issues) shall be discussed within RHMT and reported to the NACP as soon as possible for further actions. Session 09 TANZANIA 33	**ASK** one of the participants to read the slide.

Slide 34	**Documentation and Information Sharing at Regional Level (2)** • All important administrative issues shall also be shared with the RAS for consultation and follow-up action. • The original reports shall be filed in folders by council and kept on a shelf for easy reference. • All the documents shall be accessible and easily retrievable to RHMT and co-opted members and implementing partners at the regional level. Session 09 TANZANIA 34	**ASK** one of the participants to read the slide.
Slide 35	**Documentation and Information Sharing at National Level (1)** • All regular supportive supervision and needs-based mentoring visits shall be documented using the standard tools. • Reports with concrete action plans shall be submitted to the PM-NACP immediately after the visits and shared with stakeholders through existing meeting mechanisms. • Very critical issues (administrative, logistical and technical) reported, which need urgent national attention, shall be discussed as soon as possible. Session 09 TANZANIA 35	**ASK** one of the participants to read the slide.
Slide 36	**Documentation and Information Sharing at National Level (2)** • Technical or logistical issues may need to be reported to the relevant directors or departments of the MOHSW for their actions depending on the magnitude and urgency of the issue. • The original reports shall be appropriately filed in region folders for easy reference. All the documents shall be accessible and easily retrievable to national supervisors and mentors and implementing partners at the national level. Session 09 TANZANIA 36	**ASK** one of the participants to read the slide.

Slide 37		This slide is animated. **ASK** participants who are the key stakeholders for sharing information. **SHOW** the animation and add explanation. **GO ON** to the next slide.
Slide 38		This slide is animated as well. **EXPLAIN** how information shall flow and be shared in case of supportive supervision from a council to a health facility. 1) A team of supervisors conduct comprehensive supportive supervision (CSS). 2) The team shall compile CSS report with a concrete action plan fully discussed and agreed with the health facility. 3) The report shall be copied and kept at the facility for their action. It shall be submitted to the DMO and shared with the CHMT, District QI Team including District Supervisors and Mentors. Depending on issues emerging, it could be shared with the DED. Necessary follow-up actions at the council level shall be made including dispatch of mentors to the health facility. 4) The report shall be kept in the facility folder so that the report is easily retrieved and follow-up can be done easier. 5) The report can also be shared with partners for their attention. 6) If there are any urgent issues that need higher level attention (red flag issues), the DMO shall report to the NACP as well as the RMO for their action. NACP shall facilitate actions for problem solving. The report shall be stored at each level by specific folder for the council. 7) The information shall also be shared with partners at each level for their attention and assistance.

Slide 39	**Key Points** • In order to set up an effective comprehensive supportive supervision system, administrators must select supervisors according to specific criteria • Make sure that once selected, supervisors receive adequate training , orientation on tools, content areas, processes, protocols and resources • Supervisors work at a variety of levels including national, regional, council and HF levels • Mentoring like CSS be implemented within the structure of the National Health System Session 09 TANZANIA 39	**EXPLAIN** to the participants the contents of the slide.
Slide 40	**Key Points** • Mentoring work at various levels including community level. • Communication and synergy between mentoring and CSS is absolutely essential. • Emphasis on importance of proper selection, training & preparation of mentors. • Documentation and information sharing is very important for performance improvement. Session 09 TANZANIA 40	**EXPLAIN** to the participants the contents of the slide.

SESSION 10:

MONITORING AND EVALUATION

Total Session Time: 120 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Define Evaluation
- Describe the framework for monitoring and evaluation
- Describe the key features of Monitoring
- Describe the key features of Evaluation
- Describe the tools for monitoring and evaluation
- Explain the importance of monitoring and evaluation within the context of comprehensive supportive supervision and mentoring

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3	12	Define Monitoring & Evaluation	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
4-6	6	Give Definition, Steps of Monitoring	Presentation	LCD projector, Laptop PC
7-8	4	Define Performance Standard, Tools for Monitoring	Presentation	LCD projector, Laptop PC
9-11	12	Define Evaluation and Its Features, Data Collection Methods	Brainstorming, Discussion, Presentation	LCD projector, Laptop PC
12-13	12	M & E Framework	Presentation	LCD projector, Laptop PC
14-15	5	Differences between M&E, M&E Questions	Presentation	LCD projector, Laptop PC

16	5	M & E of CSS & Mentoring	Presentation	LCD projector, Laptop PC
17	60	M&E Framework Exercise	Group Activity, Presentation and Discussion	LCD projector, Laptop PC, Flip Chart and Markers
18	2	key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes and Markers

Slides

Slide 1	 **MONITORING AND EVALUATION** Session 10 TANZANIA 1	**INTRODUCE** the topic to the participants
Slide 2	**Learning Objectives** • Define Monitoring • Define Evaluation • Describe the framework for M and E • Describe the key features of Monitoring • Describe the key features of Evaluation • Describe the tools for Monitoring and Evaluation • Explain the importance of Monitoring and Evaluation within the context of CSS and M Session 10 TANZANIA 2	**ASK** one of the participants to read loud the objectives

Slide 3	**What is "Monitoring" and "Evaluation"?**  Session 10 TANZANIA 3	**ASK** 2-3 participants to give a definition of Monitoring and Evaluation
Slide 4	**Definition of Monitoring** A process of finding out whether the changes you intended to achieve have in fact been achieved. Focuses on: • Routine process of data collection and measurement of progress towards performance. • Identifying strengths and weaknesses during implementation of the programme. • **INPUT**, **PROCESS** and **OUTPUT** • Usually an internal process within an organization Session 10 TANZANIA 4	**ASK** participants to define the term "Monitoring." **ALLOW** participants to buzz with their neighbours and write their definitions on the flip chart **TELL** 2-3 participants to read the definitions written on the flipchart. **SUMMARIZE** using the slides
Slide 5	**Steps of Monitoring (1)** • Define what changes you intend to achieve and how to measure them • Identify the existing gaps between current performance and set standards • Find root causes of the gaps. • Describe what and how should it be done by setting specific standards Session 10 TANZANIA 5	**ASK** participants to mention the steps of doing monitoring. **ALLOW** a few participants to respond and jot down the responses on a flipchart. **COMPARE** the responses written on flipchart with the steps on the slides

Slide 6	**Steps of Monitoring (2)** • Check the progress made through a combination of the following: ○ Self-assessment ○ Peer assessment ○ Review service records and reports ○ Comprehensive supportive supervision ○ Client feedback ○ Poll community perceptions • Repeat the PDSA cycle if necessary Session 10 TANZANIA 6	**ASK** participants to mention the steps of doing monitoring. **ALLOW** a few participants to respond and jot down the responses on a flipchart. **COMPARE** the responses written on flipchart with the steps on the slides
Slide 7	**Definition of Performance Standards** A desired "achievable" feature of health care intervention which serves as a reference point for M &E. For example, "All pregnant women shall be offered HIV counselling and testing at first ANC''. Session 10 TANZANIA 7	**EXPLAIN** to participants that Performance Standard is a basis for Monitoring and Evaluation
Slide 8	**Tools for Monitoring** They include: • Checklists Serve for crosschecking actual performance against set standards • Action plans Serve for tracking the implementation of the intervention • Recording and reporting tools Used to identify trends in implementing the intervention using data management cycle collection, analysis, reporting and dissemination Session 10 TANZANIA 8	**TELL** participants that the tools used for monitoring performance standards and checklists, action plans, recording and reporting tools. **REFER** participants to page 108 for more details about data management cycle **EMPHASIZE** on accuracy and completeness of data for the monitoring process to be effective

Slide 9	**Definition of Evaluation** A process of demonstrating how much a specific intervention contributed to the change. Focuses on: • Measurement of how much things have changed • Uses social research methods to systematically investigate a programme's effectiveness • **OUTCOME** and **IMPACT.** • Usually an external process. Session 10 TANZANIA 9	**ASK** participants to define the term "Evaluation" **ALLOW** participants to buzz with their neighbours and write their definitions on the flip chart **TELL** 2-3 participants to read the definitions written on the flipchart. **ELABORATE** to the participants that evaluation is a formal assessment, implemented by a person or a group of people who are objective and external to the programme, resource-intensive **INSIST** that evaluation is carried out when someone has to demonstrate how much the situation has changed because of the intervention(s). focusing on what the intervention intended to achieve in a short-term and long-term period.
Slide 10	**Key Features of Evaluation** • Clear purpose Lead the evaluators in designing the specific and clear evaluation objectives. • Objectives. Describes the nature of evaluation in which bias/confounders of the evaluation results are minimized or avoided. • Checklist or questionnaires • Indicators Session 10 TANZANIA 10	**EXPLAIN** the key features of Evaluation **INSIST** that evaluation is a basis for quality improvement.
Slide 11	**Data Collection Methods** They include: • Chart review • Surveys • Data base review • Interviews and questionnaires • Focus group discussions Session 10 TANZANIA 11	**EXPLAIN** the contents of the slide to the participants

Slide 12

M & E Framework (1)

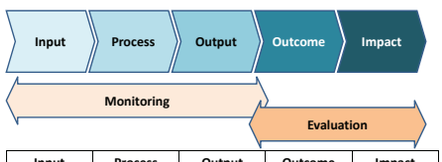
- Varying frameworks are applied to M&E.
- A commonly used framework has two major parts:
  - **Monitoring**
  - **Evaluation**
- The actual framework is: **INPUT-PROCESS-OUTPUT-OUTCOME-IMPACT**
- It reflects indicators used at different levels to measure what goes into a program or project and what results are achieved.

Session 10 TANZANIA 12

EXPLAIN the desired impact among HIV interventions should be improvement of quality of life and life expectancy.

Slide 13

M & E Framework (2)



Input	Process	Output	Outcome	Impact
• Fund • HSPs • Trainers •Training facility	Training on PMTCT services	Increased # of trained HSPs on PMTCT	Increased % of HIV+ pregnant women received PMTCT services	Increased % of HIV- infants born from HIV+ mothers

Session 10 TANZANIA 13

This slide is animated.

EXPLAIN the M&E Framework step by step using the slide and the Participant's Manual page 107:

INPUT: Resources required to carry out an intervention or a program such as funds, human resources, transport, stationery

PROCESS: The way in which activities related to a programme or intervention are implemented

OUTPUT: Immediate changes occurring due to the implemented activities of that intervention or programme

OUTCOME: Effects of the outputs on to a services delivered

IMPACT: Long term effects of the intervention or program

Slide 14

Differences Between M & E

Monitoring

- Tracking input, process and output
- Continuous process of measuring performance
- Doesn't require study design
- Doesn't require a control or comparison group

Evaluation

- Assessment of outcome and impact
- Involves measurement over time
- Requires study design
- Sometimes requires a control or comparison group

Session 10 TANZANIA 14

EMPHASISE that monitoring and evaluation shall go together.

Slide 15

M & E Questions

Monitoring	Evaluation
Input, Process, and Output	**Outcome and Impact**
• What interventions and resources are needed? • Are we doing it right? • Are we implementing the program as planned? • How well are the services being provided?	• Are interventions working or making a difference? • What outcomes are observed/seen? • Are collective efforts being implemented • on a large enough scale to impact the epidemic (coverage and impact)?

Session 10 TANZANIA 15

Slide 16

M & E of CSS and Mentoring

- Monitoring and evaluation in comprehensive supportive supervision and mentoring programme require close coordination among the supervisors and mentors.
- M &E of HIV and AIDS interventions should occur at all levels of implementation.

Session 10 TANZANIA 16

SUMERIZE the topic using the slide.

Slide 17

GROUP ACTIVITY

1. Identify a problem/issue, analyze causes of the problem/issue, formulate an objective and activities to achieve the objective
2. Fill in each component of the M &E Framework with the formulated objective and activities

Session 10 TANZANIA 17

INTRODUCE the Group Activity.

DIVIDE the class into 4 groups.

ASK each group to think of an example and fill in the components of INPUTS, PROCESS, OUTPUT, OUTCOME and IMPACT.

ALLOW each group to make a presentation.

LEAD plenary discussions.

SUMMARISE the key points.

Slide 18		
	Key Points • Monitoring and evaluation are important within the context of CSS and M to make sure that health service providers improve quality of services offered. • Allows various teams to adjust and improve upon their performance. • Monitoring and evaluation are complementary project management functions which ensure that the project is running on the right track Session 10 TANZANIA 18	**SUMERIZE** the session using the slide

SESSION 11:

ORIENTATION FOR FIELD PRACTICUM

Total Session Time: 60 minutes

Learning Objectives

By the end of the field practice, the participants will be able to:

- Conduct comprehensive supportive supervision and mentoring.
- Apply coaching and communication skills in comprehensive supportive supervision and mentoring.
- Identify strengths and areas for improvement using supervision/mentoring tools.
- Develop an action plan for improvement based on findings.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	3	Introduction to Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3-4	25	Materials to Carry, Group Sites	Presentation	LCD projector, Laptop PC
5-12	20	Activity Steps, Before Site visit, Upon arrival 1,2, During CSS&M Activities, After CSS&M Activities 1,2,3	Presentation	LCD projector, Laptop PC
13	12	Housekeeping	Presentation	LCD projector, Laptop PC

Resources Needed:

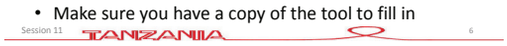
Participant's Manuals, Time Table, Note Pads, Pens, LCD Projector, Laptop PCs, Extension Cables, Flip Charts and Stand, Masking Tapes and Markers

Advance Preparation:

Divide participants into 3-4 groups depending on the number of participants and the availability of health facilities for this exercise. Note that the health facilities shall be informed one week in advance and supervisees and mentees shall be ready to accept the teams. Make other logistic arrangement accordingly as well.

Slides

Slide 1	 **ORIENTATION FOR FIELD PRACTICE** Session 11 TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, you will be able to: • Conduct comprehensive supportive supervision and mentoring • Apply coaching and communication skills in comprehensive supportive supervision and mentoring • Identify strengths and areas for improvement using supervision/mentoring tools • Develop an action plan for improvement based on findings Session 11 TANZANIA 2	**ASK** one volunteer to read the objectives.
Slide 3	**Materials to Carry** • Manual for Comprehensive Supervision and Mentoring • Copies of tools for Comprehensive Supervision and Mentoring • Stationeries Session 11 TANZANIA 3	**EXPLAIN** the contents of the slide.

Slide 4	**Groups and Sites** 	**ANNOUNCE** group members and sites. Note: Groups and sites should be determined in advance. The information should be officially delivered to each site at least 3 days before.
Slide 5	**ACTIVITY STEPS** 	**EXPLAIN** the steps of the activity using the slides 6-13.
Slide 6	**Before Site Visit** • Hold a team meeting and confirm your roles: – Team leader – Rapporteur for report compilation – Allocate supervisors to at least three specific interventions to cover all the HIV and AIDS health services available at the health facility. (This is a good occasion for you to practice.) • Confirm the transport arrangement and departure time • Confirm who will accompany with the team from the R/CHMTs • Make sure you have a copy of the tool to fill in 	**EMPHASISE** that participants shall fully utilise this occasion for their practicing comprehensive supportive supervision and mentoring on **HIV** and **AIDS** health services.

Slide 7	**Upon arrival (1)** • Make a courtesy visit to the management and introduce yourselves; • Explain objectives of your visit and sites to be visited, ask for a focal person to introduce the supervisors and the mentors to supervisees and mentees; – Explain that this visit is to practice supervision and Mentoring skills. – Confirm that it is NOT an inspection of the site. – Tell them that the organizers of the training course and the participants are grateful to the facility staff for the opportunity to practice skills at their facility. Session 11 TANZANIA 7	
Slide 8	**Upon arrival (2)** – Show the site supervisors and staff the tools that will be used and explain what service areas will be assessed. • Make an appointment for debriefing session with the facility management. • Recommended time allocation: – 08:30 – 12:00 Supportive supervision & mentoring – 12:00 – 13:00 SSM joint debriefing report compilation – 13:00 – 14:00 Debriefing and action plan agreement Session 11 TANZANIA 8	
Slide 9	**During CSS&M Activities** • The team members should obtain verbal informed consent from providers and clients for observation of procedures or counselling sessions. • The team members will conduct activities using tools/checklists. Session 11 TANZANIA 9	

Slide 10	**After CSS & M Activities (1)** • The team members shall meet together to discuss the findings and agree on what and how to present these to the facility management and site supervisors. • The team shall meet with the management and site supervisors and present the findings. • The team shall discuss with them the causes of issues identified and possible solutions, responsible person and timeline in solving the problems. Session 11 TANZANIA 10	
Slide 11	**After CSS & M Activities (2)** • The team representative shall compile a hand-written report for debriefing to the management and the site supervisors. The team will also provide the site with a set of the tools, so the site supervisors and the staff can use them in the future to assess the quality of services. • Ask the site supervisors and the staff whether they found the visit useful for the site. Session 11 TANZANIA 11	
Slide 12	**After CSS & M Activities (3)** • The team should thank the management, the site supervisors and the staff for the opportunity to practice how to conduct a supervisory/mentoring visit. • The team returns to the training venue and type up the field reports for sharing. Session 11 TANZANIA 12	**TELL** participants that it is easier to share electronic reports than hard-copies. If laptops are available, use them to type up the reports.

Slide 13		
	House Keeping • Breakfast arrangement • Departure time • Lunch arrangement • Transportation arrangement Session 11 TANZANIA 13	**ANNOUNCE** the house keeping issues.

SESSION 12a:

REVIEW OF COMPREHENSIVE SUPPORTIVE SUPERVISION PROCESS AND TOOL

Total Session Time: 150 minutes

Objectives

By the end of this session, the participants will:

- Deepen their understanding on comprehensive supportive supervision process.
- Get familiar to the comprehensive supportive supervision tool.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning Objectives	Presentation	LCD projector, Laptop PC
3	58	Stages in Conducting CSS	Participatory review	LCD Projector, Laptop PC , Participant Manual
4	88	Introduction to the CSS Tools	Participatory review	LCD projector, Laptop PC
5	2	Key Points	Presentation	LCD projector, Laptop PC

12a

Resources Needed:

Two Conference Halls, Participant's Manuals, Note Pads, Pens, Two sets of LCD Projectors and Laptop PCs, Extension Cables, Flip Charts and Stand, Masking Tapes, Markers and CSS Tool

Slides

Slide 1	 **REVIEW OF COMPREHENSIVE SUPPORTIVE SUPERVISION PROCESS AND TOOL** Session 12a TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, the participants will be able to: •Deepen their understanding on comprehensive supportive supervision process. •Familiarize themselves to the comprehensive supportive supervision tool. Session 12a TANZANIA 2	**READ** the learning objectives aloud.
Slide 3	**Stages in Conducting CSS** 1. Planning stage 2. Getting started 3. Conducting supportive supervision 4. Immediate feedback 5. Wrap up 6. Report writing and follow-up action Session 12a TANZANIA 3	**EXPLAIN** the stages in conducting supportive supervision referring to the Participant's Manual page 69. **REVIEW** the tasks to be performed in each stage. **STRESS** some of the important tasks such as reviewing the previous supportive supervision reports in the planning stage and sharing the information with managements, mentors and other stakeholders and making follow-up of actions **SUMMARISE** the tasks stage by stage.

Slide 4	**Introduction to the Comprehensive Supportive Supervision Tools** Composition of the tool: • Part A: Action points from the previous • Part B: Regional and district level tool • Part C: Zonal health resource centre • Part D: Health facility tool • Part E: Summary report • Part F: Supportive Supervision Visit Cover Page Session 12a TANZANIA 4	**EXPLAIN** the composition of the tool. **REVIEW** each part of the tool with the participants. **EXPLAIN** how the comprehensive supportive supervision report shall be summarised by using the Part E. **EMPHASIZE** the linkage between the Part A and Part E. **NOTE** that participants may have some suggestions for improvement. **TAKE note** of them but **DON'T DISCUSS** the suggestions. There would be no enough time for discussion. **EXPLAIN** that the suggestions will be included in the training report for improving the tool in the future.
Slide 5	**Key Points** • Successful comprehensive supportive supervision needs preparation, appropriate implementation and follow-up actions. • The reports shall be properly filed for easy sharing. • Supervisors are expected to have a wide range of knowledge regarding HIV and AIDS health services in order to conduct comprehensive supportive supervision. Session 12a TANZANIA 5	**READ** the key points.

SESSION 12b:

REVIEW OF MENTORING PROCESS AND TOOL

Total Session Time: 120 minutes

Objectives

By the end of this session, the participants will:

- Deepen their understanding on mentoring process.
- Get familiar to the mentoring tool.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning objectives	Presentation	LCD projector, Laptop PC
3-4	58	Process of Mentoring	Participatory review	LCD projector, Laptop PC
5-6	58	Introduction to the Mentoring Tools	Participatory review	LCD projector, Laptop PC
7	2	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Two Conference Halls, Participant's Manuals, Note Pads, Pens, Two sets of LCD Projectors and Laptop PCs, Extension Cables, Flip Charts and Stand, Masking Tapes, Markers and Mentoring Tools

Slides

Slide 1	 **REVIEW OF MENTORING PROCESS AND TOOLS** Session 12b TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, the participants will be able to: •Deepen understanding on mentoring process. •Get familiar to the mentoring tool. Session 12b TANZANIA 2	**READ** the objectives aloud.
Slide 3	**Process of Mentoring (1)** Stages in conducting mentoring 1. Pre-mentoring planning stage 2. Arrival at mentoring site 3. Establish a warm mentoring climate 4. Arriving at a mentoring agreement with mentee 5. Review records 6. Establishing warm care environment for client/patient Session 12b TANZANIA 3	**EXPLAIN** the stages in conducting mentoring referring to the Table 7.1 on page 79 of the Participant's Manual. **REVIEW** the tasks to be performed in each stage. **SUMMARISE** the tasks stage by stage.

12b

Slide 4	**Process of Mentoring (2)** 7. Begin client/patient care encounter with mentee 8. Identifying teaching moments 9. Client/Patient education and instruction 10. Between clients/patients 11. Next client/patient 12. Post-mentoring feedback 13. Planning the way forward 14. Documentation Session 12b TANZANIA 4	**REVIEW** the tasks to be performed in each stage. **SUMMARISE** the tasks stage by stage.
Slide 5	**Introduction to the Mentoring Tools (1)** Contents of the tool: 1. PMTCT 2. STIs/RTIs 3. Care & Treatment – ART & Adherence Nurse 4. Care & Treatment – General Physician's Skill 5. TB/HIV 6. HBC Session 12b TANZANIA 5	**EXPLAIN** the composition of the tool. **ASK** participants to review the tools of their specific interventions and related services. **EXPLAIN** the common tools #10, #11 and #12, which all mentors shall use. **CONDUCT** plenary discussion regarding all the tools. **NOTE** that participants may have some suggestions for improvement. **TAKE** notes of them but **DON'T DISCUSS** the suggestions. There would be no enough time for discussion. **EXPLAIN** that the suggestions will be included in the training report for improving the tool in the future.
Slide 6	**Introduction to the Mentoring Tools (2)** 7. HTC 8. Laboratory Services 9. Pharmacy Services 10. M&E 11. Facility Assessment 12. Activity register Session 12b TANZANIA 6	

Slide 7		
	Key Points • Successful mentorship needs preparation, appropriate implementation and follow-up actions. • The mentoring process shall be properly documented for easy follow-up and sharing. 	**READ** the key points.

SESSION 13a:

GROUP ACTIVITY - COMPREHENSIVE SUPPORTIVE SUPERVISION

Total Session Time: 180 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Make specific problem statement.
- Conduct comprehensive supportive supervision using the tool.
- Develop an action plan involving health facility staff.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Introduction to Session, Learning objectives	Presentation	Participant's Manual, LCD projector, Laptop PC
3-5	10	Scenario	Participatory Reading	Participant's Manual, LCD projector, Laptop PC
6	45	Group Activity 1	Group Activity, Presentation, Discussion	Participant's Manual, Flipcharts, Stand, Markers
7	60	Group Activity 2	Group Activity, Presentation, Discussion	Participant's Manual, Flipcharts, Stand, Markers
8-10	60	Group activity 3 Role play	Role Play and Feedback	Participant's Manual, Flipcharts, Stand, Markers
11	3	Key Points	Presentation	LCD projector, Laptop PC

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes, Markers

Slides

Slide 1	 **GROUP ACTIVITY & ROLE PLAY** **SUPPORTIVE SUPERVISION** Session 13a TANZANIA 1	**INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, supervisors will be able to: • Make specific problem statement. • Conduct comprehensive supportive supervision using the tool. • Develop an action plan involving health facility staff. Session 13a TANZANIA 2	**STATE** the learning objectives.
Slide 3	**Scenario (1)** Buigiri Health Centre is located in Morogoro town. It has PMTCT, CTC, STI, TB/HIV, HBC, VCT and PITC, Laboratory and Pharmaceutical services for HIV and AIDS. The CTC has average of 50 clients per day. On 15th July 2011, the DACC of Morogoro town council, visited the facility for supportive supervision. During this supervisory visit, he supervised the CTC In-Charge and an adherence counselling nurse of the facility. The following is his memo regarding the CTC service: Session 13a TANZANIA 3	**INTRODUCE** the scenario to participants. **ASK** one volunteer to read the scenario.

13a

Slide 4	**Scenario (2)** 1. Guidelines are available. 2. Improper filling in CTC cards. 3. No indication of data analysis and data use. 4. One single room is shared by clinicians. 5. No flow pattern and triage system. 6. No CD-4 follow up every 6 months for both ART and Non-ART. 7. CTX prophylaxis is provided. Session 13a TANZANIA 4	**ASK** another volunteer to continue with the scenario.
Slide 5	**Scenario (3)** 8. TB screening tool is available and used. 9. No PEP protocol displayed. 10. No action taken to loss to follow-up patients. 11. All clinicians were trained. 12. Only one nurse was trained. 13. Female condoms and a pelvic model not available. 14. The stock of some OI drugs will be sufficient only for the next one month. Session 13a TANZANIA 5	**ASK** another volunteer to continue with the scenario.
Slide 6	**Group Activity 1** Respond to the following questions: a. Are there any statements, which is not specific in the Dr. Kwanza's memo? If yes, how can you improve the statements? b. Is there a need for mentor's intervention? Why? Session 13a TANZANIA 6	**DIVIDE** the class into groups consisting of 4-5 persons. EXPLAIN the group work 1. **READ** the questions to be answered by each group **ASK** each group to write the answers on a flipchart. **PROBE**: For example, what kind of training did the nurse receive? **ASK** one of the groups to present their answer to plenary and **LEAD** discussion. **ASK** other groups to add or present different answers. **SUMMARISE** the discussion.

Slide 7	**Group Activity 2** Develop an action plan for the facility using the summary report format. Session 13a TANZANIA 7	**EXPLAIN** the group work 2 and the summary report format. **ASK** each group to write the action plan on a flipchart. **ASK** one of the groups to present the action plan. **LEAD** plenary discussion. **ASK** other groups to add or present different plans.
Slide 8	**Group Activity 3** **Role Play** Session 13a TANZANIA 8	**EXPLAIN** the roles of the role play using the slide 9-10. **ASK** each group to practice supportive supervision through role play by using the same scenario. **TELL** participants to use the comprehensive supportive supervision stages on page 69 of the Participant's Manual to guide and check the process. **ASK** participants rotate the roles to each within the group. **ASK** one of the groups to demonstrate the role play. **ASK** other groups to make feedback to the group and summarise the role play.
Slide 9	**Group Activity 3: Role Play (1)** **Instructions to the Supervisor (Dr. Kwanza):** 1) Follow the process of supportive supervision 2) Ask questions and fill in the supportive supervision tool. 3) Identify strengths and areas for improvement. 4) Give feedback to the supervisee. 5) Identify areas that need a mentor to intervene. 6) Make an action plan with the supervisee. 7) Explain how to use the action plan. Session 13a TANZANIA 9	

Slide 10	**Group Activity 3: Role Play (2)** **Instructions to Supervisees (Dr. Mwita - CTC-I/C and Mrs. Temba - ACN):** 1) Respond to the questions in accordance with the information provided in the above scenario. 2) Respond to the feedback. 3) Make an action plan with the supervisor and agree the actions and timeline. Session 13a TANZANIA 10	
Slide 11	**Key Points** 1. Problem and action statements should be specific, precise, clear and simple. 2. Action plan should be developed through discussion and consensus with the health facility staff. 3. Supervisors need to change their own attitude and behaviour before asking supervisees to change. Session 13a TANZANIA 11	Read the key points.

Handout 13a:

Group Activity and Role Play (Supportive Supervision)

Learning Objectives:

By the end of this session, supervisors will be able to:

- Make specific problem statement.
- Conduct comprehensive supportive supervision using the tool.
- Develop an action plan involving health facility staff.

Case Scenario

Buigiri Health Centre is located in Morogoro town. It has PMTCT, CTC, STI, TB/HIV, HBC, VCT and PITC, Laboratory and Pharmaceutical services for HIV and AIDS. The CTC has average of 50 clients per day. On 15th July 2011, the DACC of Morogoro town council, visited the facility for supportive supervision. During this supervisory visit, he supervised CTC In-Charge and Adherence Counselling Nurse of the facility. The following is his memo regarding the CTC service.

1. Guidelines are available.
2. Improper filling in CTC cards.
3. No indication of data analysis and data use.
4. One single room is shared by clinicians.
5. No flow pattern and triage system.
6. No CD-4 follow up every 6 months for both ART and Non-ART.
7. CTX prophylaxis is provided.
8. TB screening tool is available and used.
9. No PEP protocol displayed.
10. No action taken to loss to follow-up patients.
11. All clinicians were trained.
12. Only one nurse was trained.
13. Female condoms and a pelvic model not available.
14. The stock of some OI drugs will be sufficient only for the next one month.

1. Group activity 1:

Respond to the following questions:

a) Are there any vague statements in the DACC's memo? If yes, how can you improve the statements?

b) Is there a need for mentor's intervention?

2. Group activity 2:

Develop an action plan for the facility using the attached summary report format.

3. Group activity 3: Role Play

By using the above scenario and the following additional background information with some instructions, conduct role play in groups. Rotate the roles within the group and practice supportive supervision by using the tool.

Roles:

Supervisor:

You are supervisor, who has been working as the District AIDS Control Coordinator (DACC) of the town council. Today, you pay a visit to the Buigiri Health Centre for supportive supervision. You start with the CTC and its dispensary using the comprehensive supportive supervision tool and record your comments on the tool. You give feedback to the CTC staff and develop an action plan for improvement with them.

Instructions to the supervisor:

1) Follow the process of comprehensive supportive supervision.

2) Ask questions and fill in the supportive supervision tool (116-118).

3) Identify strengths and areas for improvement.

4) Give feedback to the supervisees.

5) Identify areas that need a mentor to intervene.

6) Make an action plan with the supervisees.

7) Explain how to use the action plan.

✂----------

Supervisees (CTC in-Charge and Adherence Counselling Nurse):

You are the CTC In-Charge and an adherence counselling nurse of the CTC of the Buigiri Health Centre. The CTC started its operation two years ago. Since then, there have been 1,500 clients enrolled. It started with 2 clinic days per week; however, it operates 5 days per week now due to the high demand for the service. The CTC receives about 50 clients per day. The CTC has 3 clinicians, 3 nurses and 1 data clerk at the moment. Two of the 3 clinicians are retired clinical officers. You were informed of the supervision visit by the DACC one week before. Today, you are ready to receive him.

Instructions to the supervisees:

1) Respond to the questions in accordance with the information provided in the above scenario.

2) Respond to the feedback.

3) Make an action plan with the supervisor and agree the actions and timeline.

Care & Treatment (C & T)

Check Items	Status and Comments	Action Points and Responsibility
Q1. Average number of clients attended at CTC per day		
Q2. Availability and utilization of the following latest documents 1) National guidelines 2) SOPs 3) Protocols (e.g. PEP)		
Q3. Data management 1) Availability and correct usage of Recording and Reporting Forms a) CTC 1 and 2 b) Patient clinical chart/file & sheets 1st visit c) Lab request forms d) Referral forms e) Pre/ART registers f) Pharmacy ART registers g) Electronic Database 2) Data flow 3) Filling and Storage of Data/ Reports 4) Data analysis, use and dissemination		
Q4. Space adequacy 1) Waiting space 2) Room for triage 3) Consultation rooms 4) Record keeping room 5) Others (Specify)		

13a

Q5. Patient flow and triage system 1) Availability of patient Flowchart 2) Provision of information, identifying clients with immediate needs, taking patient's weight, retrieving files, filling CTC 1&2, directing to next unit etc.		
Q6. Testing records 1) Pre-ART patients for CD4 every 6 months *(check records)* 2) ART patients for CD4 every 6 months *(check records)* 3) Essential biochemical		
Q7. Provision of Cotrimoxazole **prophylaxis to eligible HIV patients**		
Q8. Screening all PLHIVs for TB at each visit *(check records)* Availability of Active TB Screening Tool		
Q9. Availability of PEP services 1) For HSPs with occupational exposure 2) General public (e.g. Rape cases) 3) PEP records		
Q10. Loss to follow-up and how they deal with it		
Q11. 2nd line ARV regimen 1) Availability 2) Proportion of patients on the 2nd line regimen		

13a

Q12. Referral and linkage system **in place** 1) Internal 2) External		
Q13. Staff training Triage nurse, doctor, treatment nurse and adherence nurse		
Q14. Availability of IEC 1) C&T specific IEC materials 2) AV equipments 3) Others (Specify)		
Q15. Availability of equipment **and commodities** 1) Condoms and demonstration tools 2) Infection control supplies 3) BP machine 4) Stethoscopes 5) Weighing machine 6) Height measuring device 7) Others (Specify)		

Challenges in Providing C&T Services

Summary Report Format:

Name of the Facility:			
Date of Visit:			
Supervisors:	Name	Designation	Organization
Supervisee:	Name	Intervention/service	Organization

1. Summary of Strengths

C & T	

2. Summary of Challenges and Action Plan

	Challenges / Issues	Action Points	Responsibility	Timeline
C & T				

SESSION 13b:

GROUP ACTIVITY - MENTORING

Total Session Time: 210 minutes

Learning Objectives:

By the end of this session, participants should be able to:

- Identify strengths and areas for improvement of the mentor.

Session Overview

Slide No.	Time (min)	Content	Activity/Method	Resources Needed
1-2	2	Role play, Learning Objectives	Presentation	LCD projector, Laptop PC, Participant's Manual
3-7	8	Scenario, Instructions	Participatory Reading	LCD projector, Laptop PC, Participant's Manual
6-7	200	Role Play	Presentation, Role Play, Feedback	Participant's Manual

Resources Needed:

Participant's Manuals, Note Pads, Pens, LCD Projector, Laptop PC, Extension Cable, Flip Charts and Stand, Masking Tapes, Markers

Slides

Slide 1	 **ROLE PLAY** **MENTORING** Session 13b TANZANIA 1	**DISTRIBUTE** the handout. **INTRODUCE** the topic to participants.
Slide 2	**Learning Objectives** By the end of this session, supervisors will be able to: •Identify strengths and areas for improvement of the mentor Session 13b TANZANIA 2	**STATE** the learning objectives.
Slide 3	**Scenario (1)** • Mr. Michael Swai is a clinical officer working for a health centre at OPD. He has 4 years experience on syndromic management of STIs/RTIs. • For the past three years, he has been skipping some of the procedures in providing STIs/RTIs services. This was due to the large number of clients he has to attend on daily basis. He was told by the facility-in-charge to observe the standard procedures but he ignored the instruction. Session 13b TANZANIA 3	**INTRODUCE** the scenario to participants. **ASK** one volunteer to read the scenario (1).

Slide 4	**Scenario (2)** • He was informed by the DACC that he will be visited by a mentor, Dr. Mary Mwalilo from Mbeya District Hospital. He has never heard about mentorship and feels a little nervous. • Upon arrival, Dr. Mwalilo finds Mr. Swai on his routine clinical practice. • His next patient is Mrs. Flora Kisangi, a 30-year-old married female patient, who has a complaint of lower abdominal pain accompanied with vaginal discharge. Session 13b TANZANIA 4	**ASK** another volunteer to read the scenario (2).
Slide 5	**Scenario (3)** • Mr. Swai remembers her but doesn't remember her previous complaint due to the poor recording. • Mr. Swai attends to Mrs. Flora Kisangi as usual and skips some of the procedures such as history taking, general examination, partner notification, condom demonstration and offering an HIV test to STI clients. Session 13b TANZANIA 5	**ASK** another volunteer to read the scenario (3).
Slide 6	**Instructions (1)** **Mentor:** • Use mentoring skills for mentorship **Mentee:** • Attend the patient according to the scenario Session 13b TANZANIA 6	**DIVIDE** participants into small groups of 3-4. **READ** instructions to each role of the role play using the slide 6-7. **ASK** each group to practice mentoring through role play by using the scenario. **Tell** participants to use the mentoring process on page 79 of the Participant's Manual to guide and check the process.

Slide 7		
	Instructions (2) **Patient:** • Respond to the clinical officer realistically. • Use the background information below when you are prompted by the clinician. • You may make up additional information as needed but be consistent with the role. **Observer:** • Check if the mentor is taking proper stages of mentoring process Session 13b TANZANIA 7	**ASK** participants rotate the roles to each within the group. **ASK** one of the groups to demonstrate the role play. **ASK** other groups to make feedback to the group and summarise the role play.

Handout 13b:
Role Play (Patient-Mentee-Mentor Interaction

Learning Objective:

By the end of this session, the participants will be able to:

- Identify strengths and areas for improvement of the mentor

Case Scenario:

Mr. Michael Swai is a clinical officer working for a health centre at OPD. He has 4 years experience on syndromic management of STIs/RTIs. For the past three years, he has been skipping some of the procedures in providing STIs/RTIs services. This was due to the large number of clients he has to attend on daily basis. He was told by the facility-in-charge to observe the standard procedures but he ignored the instruction. He was informed by the DACC that he will be visited by a mentor, Dr. Mary Mwalilo from Mbeya District Hospital. He has never heard about mentorship and feels a little nervous.

Upon arrival, Dr. Mwalilo finds Mr. Swai on his routine clinical practice. His next patient is Mrs. Flora Kisangi, a 30-year-old married female patient, who has a complaint of lower abdominal pain accompanied with vaginal discharge. Mr. Swai remembers her but doesn't remember her previous complaint due to the poor recording. Mr. Swai attends to Mrs. Flora Kisangi as usual and skips some of the procedures such as history taking, general examination, partner notification, condom demonstration and offering an HIV test to STI clients.

Roles:

Instruction to the Mentor:

- Use mentoring skills for mentorship

Instruction to the mentee:

- Attend the patient according to the scenario

Instructions to the patient:

- Respond to the clinical officer realistically.
- Use the background information below when you are prompted by the clinician.
- You may make up additional information as needed but be consistent with the role.

Background Information of the patient:

You are a patient, Mrs. Flora Kisangi, who is 30 years old and married. Your husband is a long-distance truck driver who frequently travels to far places. You are a sincere Christian and have never had

any affairs outside your marriage. Three months ago, you came to the clinic with the same kind of symptoms and was treated and cured. In fact, this is the third time you visit the health centre for the similar symptoms in this year. You have neither been told to bring your husband for treatment nor how to prevent the infection. You have never been tested for HIV before and have a deep concern about the possibility of being infected with HIV. However, you cannot express the concern to anybody. You wonder if the doctor could attend your concern.

Instruction to the Observer:

- Check if the mentor is taking proper stages of mentoring process using the following checklist.

Stage/Process	**Comments**
Pre-mentoring planning	
Arrival at mentoring site	
Establish a warm mentoring climate	
Arriving at a mentoring agreement with mentee	
Review records	
Establishing warm care environment for client/patient	
Begin client/patient care encounter with mentee	
Identifying teaching moments	
Client/Patient education and instruction	
Between clients/patients	
Next client/patient	
Post mentoring feedback session	
Planning the way forward	
Documentation and reporting	

13b

ANNEXES

TRAINING COURSE SCHEDULE FOR COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING OF HIV AND AIDS HEALTH SERVICES

DAY 1: PLENARY

Time	Topic/Activity	Responsible
08.00-09.00	**Opening:** • Registration, Welcome and Opening remarks, Introductions, Ground Rules, Admin issues, Participants' expectations	
09.00-09.40	**Pre-course questionnaire** (30 min)	
09.40-10.10	**Session 1:** Course Overview: • Goals, objectives and schedule • Review course materials	
10:10-11:00	**Session 2:** Overview of HIV and AIDS Services in Tanzania	
11.00-11.30	TEA BREAK	
11.30-13.10	**Session 3**: Principles of Adult Learning, Communication Skills	
13.10-14.10	LUNCH	
14:10-15.00	**Session 4:** Effective Coaching in Comprehensive Supportive Supervision and Mentoring	
15.00-16.00	**Session 4:** Coaching Role Play	
16.00-16.15	Daily Evaluation	
16.15-16.30	TEA BREAK	
16.30-17.10	Facilitators' Meeting	

Important Notice to Facilitators:

Pay a courtesy visit to the RMO and confirm the arrangement for the field practice on the Day Five. Three to four health facilities are required for this exercise depending on the number of participants. Remember that higher-level health facilities than the health facilities to which the participants belong are not suitable for this exercise. It is ideal to have the field practice on the Day Five; however, in some area of the country, Fridays may not be suitable for the field practice. In that case, you may need to reorganize the training programme by moving the field day from Friday to Thursday. Logistical preparation for the field day including identification of sites, grouping of participants, requesting health facilities to accept the exercise, arrangement of the transportation and rearrangement of morning tea and lunch shall start early enough. Remember that there is only one day for the field practice and the day shall be effectively utilized.

DAY 2: PLENARY

Time	Topic/Activity	Responsible
08.00-08.30	Agenda and recap	
08.30-09.45	**Session 5a:** Introduction to Quality of Care in Health Services	
09.45-11.25	**Session 5b:** Case Study - Application of PDSA Model and 5Ss	
11.25-11.50	TEA BREAK	
11.50-13.40	**Session 6**: Supportive Supervision	
13.40-14.40	LUNCH	
14.40-15.40	**Session 7a**: Mentoring	
15.40-16.40	**Session 8**: Relationship between CSS and Mentoring	
16.40-16.55	Daily Evaluation	
16.55-17.10	TEA BREAK	
17.10-17.50	Facilitators' Meeting	

Important Notice to Facilitators:

Confirm the booking of two conference halls for the Day 4. Remember that the participants will be split into two groups on the day.

DAY 3: PLENARY

Time	Topic/Activity	Responsible
08.00-08.30	Agenda and recap	
08.30-09.50	**Session 7b:** Case Study – PMTCT Mentoring	
09.50-10.20	TEA BREAK	
10.20-11.50	**Session 9**: Structure and Functions of National Comprehensive	
11.50-12.50	**Session 10**: Monitoring and Evaluation	
12.50-13.50	LUNCH	
13.50-14.50	**Session 10:** Monitoring and Evaluation (Group Activity)	
14.50-15.50	**Session 11:** Orientation for field practicum	
15.50-16.05	Daily Evaluation	
16.05-16.20	TEA BREAK	
16.20-17.00	Facilitators' Meeting	

DAY 4: TWO GROUPS

Time	Topic/Activity			Responsible
08.00-08.30	Agenda and recap			
	Group A: Supportive Supervisors Group	**Responsible**	**Group B: Mentors Group**	**Responsible**
08.30-09.30	**Session 12a:** Review of Supportive Supervision Process		**Session 12b:** Review of Mentoring Process	
09.30-10.30	**Session 12a:** Introduction to Supportive Supervision Tools		**Session 12b:** Introduction to Mentoring Tools	
10.30-11.00	TEA BREAK			
11.00-11.30	**Session 12a:** Cont…		**Session 13b:** Role Play and Practice	
11.30- 13.00	**Session 13a:** Group Activity and Role Play			
13.00-14.00	LUNCH			
14.00-15.30	**Session 13a:** Cont…		**Session 13b:** Cont…	
15.30-16.00	Field Practice Team Meeting			
16.00-16.15	Daily Evaluation			
16.15-16.35	TEA BREAK			
16.35-17.00	Facilitators' Meeting			

DAY 5: FIELD PRACTICE BY TEAMS OF SUPERVISORS & MENTORS

time	Topic/Activity	Responsible
08.00	Departure to the respective health facilities	
08.30-14.00	**Field Work** 1) Courtesy to the health facility management team 2) Supportive Supervision and Mentoring Practice 3) Internal group meeting 4) Feedback session	
14.00-14.30	Travel back to the conference venue	
14.30-15.30	LUNCH	
15.30-16.30	Participants Compiling report from Fieldwork	
16.30-16.45	Daily Evaluation	
16.45-17.00	Facilitators' Meeting	

DAY 6: PLENARY

Time	Topic/Activity	Responsible
08.00-08.40	Post-course Questionnaire (30 min)	
08.40-10.30	Presentation of Action Plans	
10.30 -11.00	Tea Break	
11.00-11.30	Reviewing Action Plans to Incorporate Comments	
11.30-11.45	Final Course Evaluation	
11.45-12.30	Feedback on Pre & Post course assessment and end of course evaluation	
12.30-13.00	Closing	
13.00-14.00	LUNCH	
14.00-15.00	Facilitators Meeting (Summary and report writing assignment)	
15.00-15.30	Clearing the venue	

Comprehensive Supportive Supervision and Mentoring of HIV and AIDS Health Services

[ ] PRE- [ ] POST- COURSE QUESTIONNAIRE

Total Score

/50

Duration: 30 min

Date: _____ Your ID Code:_____

Mark **TRUE (T)** or **FALSE (F)** on the following questions:

s/n	Questions	Answer	Score
01	As far as s/he has a clinician, s/he can be a mentor regardless of being a practitioner or not.		/1
02	An effective coach shall act as the authority or the only source of knowledge and must maintain a distance with trainees.		/1
03	Mentoring should be seen as part of the continuum of education required to create competent health service providers.		/1
04	Mentoring once conducted sufficiently replaces or substitutes supportive supervision.		/1
05	Supportive supervision is provided only by external supervisors designated by the service delivery organization.		/1
06	Supervision is a regular activity while mentoring is a needs-based activity.		/1
07	Action plans for improvement of care shall be developed by external supervisors without involving health facility staff.		/1
08	Supportive supervisors and mentors need to work synergistically to improve quality of services provided at health facilities.		/1
09	Monitoring is the process of demonstrating how much a specific intervention contributed to outcome and impact.		/1
10	Evaluation is a continuous process to assess whether programme is performing according to plans.		/1

Select **the most correct** answer.

11	What is the most recent estimated HIV prevalence rate in the population aged 15-49 years? a) 7 % b) 5.8% c) 9 % d) 4.6% e) none of the above		/1

Write an answer to the question.

12	PDSA stands for: P: D: S: A:	/2 Perfect answer only

Page Score

/13

Select **the most correct** statement.

13	Select the most appropriate statement describing the benefits of good quality of care. a) It ensures safety to both the external and internal clients. b) It ensures effectiveness. c) Increases clearer understanding of community needs and expectations d) Is cost saving compared to poor quality e) All of the above		/1

Write appropriate answers to the question.

14	Mention at least three principles of adult learning. 1._____ 2. _____ 3. _____	/3 1 each

Select **the most correct** statement.

15	Communication techniques include: a) Active listening b) Body language c) Verbal and nonverbal encouragement d) Appropriate questioning techniques (using open-ended questions) e) Paraphrasing and clarification f) All of the above		/1
16	Active listening means: a) Observing the speakers activities besides listening b) Restating the speaker's exact words c) Paraphrasing in your own words what the speaker said d) Understanding and reflecting the underlying feelings of the speaker e) All of the above		/1

Write appropriate answers to the questions.

17	What are the three stages of giving feedback to a supervisee/mentee? State them **chronologically**. 1._____ 2. _____ 3. _____	/3 Perfect answer only
		Page Score /9

18	What are the three stages of skill development? 1._____ 2. _____ 3. _____	/3 1 each
19	What are the three types of supportive supervision? 1._____ 2. _____ 3. _____	/3 1 each

Select the most correct statement.

20	What does supportive supervision emphasize? Which is the **most correct** statement? a) Facilitation, training and coaching b) Joint problem-solving c) Provision of constructive feedback d) Team building e) Motivating staff to perform well f) All of the above		/1

Write appropriate answers to the questions.

21	What are the guiding principles for quality improvement? List at least three. 1._____ 2. _____ 3. _____	/3 1 each
22	List at least two things that external supervisors need to do after their supervisory visit to a site: 1._____ 2. _____	/2 1 each
23	List five elements of Monitoring and Evaluation Framework. 1._____ 2. _____ 3. _____ 4._____ 5. _____	/3 Perfect answer only
		Page Score /15

24	Before implementation of PDSA Cycle, what are the three things we need to do? 1._____ 2. _____ 3. _____	/3 1 each

Select the most appropriate answer.

25	The following statements regarding mentoring objectives are true **except one**. Select the incorrect statement. a) Build capacity at all levels of health care facilities b) Bridge the gap between didactic trainings and clinical practice c) Create a parallel system against supportive supervision which is not working for quality improvement d) Support monitoring & evaluation activities e) Promote a culture of continuing education practice among health service providers		/1
26	Both Supportive Supervision and Mentoring overlap in implementing the following activities **except one**, which one? a) Monitor clinic activities like patient flow & triage b) Clinic organization c) Patient monitoring d) Record keeping e) Target an individual service provider or a small group of providers		/1
27	All the following are benefits of mentoring **except one**, which one? a) Promoting long-term patronage b) Development of an individual c) Demonstration of personal development/corporate commitment d) Mentee being highly controlled & monitored e) Attracting and maintaining talent		/1
28	All the following statements are key features of Mentoring **except one**, which one? a) Mostly targets individual clinicians or small groups for on-the-job training and coaching b) Mentors are very experienced & practicing individuals c) It is a onetime knowledge and skills transfer from mentor to mentee. d) Focuses on clinical case review, bed side teaching, journal clubs, morbidity & mortality meetings/rounds, assisting care & referral of complicated cases and distance communication approaches e) Mentoring occurs at the facility level.		/1

Page Score /7

Select the most correct statement.

29	The following statements are attributes of an effective mentor. Which is the **most correct** statement? a. Personality with approachable and interpersonal communication skills b. Actively participating in practicing and provision of a specific HIV and AIDS intervention/service c. Familiar with the country's health system, common diseases, context of the disease, likely patient reactions, outcomes and appropriate language d. Willingness, commitment and the availability to provide technical assistance to less experienced health service providers e. All of the above		/1

Write appropriate answers to the questions.

30	List at least three major tasks of a mentor to perform at a visit to a mentee: 1._____ 2. _____ 3. _____	/3 1 each

Select the most appropriate statement.

31	The Following are methods of continually assessing performance during monitoring. Select the most appropriate statement. a) Conduct supervisory assessment b) Conduct self-assessment c) Conduct peer assessment d) Obtain client feedback e) All of the above		/1
32	The following are true about Evaluation **except one**: a) Formal assessments b) Implemented by a person or a group of people who are objective and external to the programme c) Done continuously to keep track of progress d) Resource-intensive e) Carried out when someone has to demonstrate how much the situation has changed because of the intervention(s).		/1
			Page Score /6

Comprehensive Supportive Supervision and Mentoring for HIV and AIDS Health Services

PRE-AND POST COURSE QUESTIONNAIRE

Answer Key

Duration: 30 min

Mark **TRUE (T)** or **FALSE (F)** on the following questions:

s/n	Questions	Answer	Score
01	As far as s/he has a clinician, s/he can be a mentor regardless of being a practitioner or not.	**F**	/1
02	An effective coach shall act as the authority or the only source of knowledge and must maintain a distance with trainees.	**F**	/1
03	Mentoring should be seen as part of the continuum of education required to create competent health service providers.	**T**	/1
04	Mentoring once conducted sufficiently replaces or substitutes supportive supervision.	**F**	/1
05	Supportive supervision is provided only by external supervisors designated by the service delivery organization.	**F**	/1
06	Supervision is a regular activity while mentoring is a needs-based activity.	**T**	/1
07	Action plans for improvement of care shall be developed by external supervisors without involving health facility staff.	**F**	/1
08	Supportive supervisors and mentors need to work synergistically to improve quality of services provided at health facilities.	**T**	/1
09	Monitoring is the process of demonstrating how much a specific intervention contributed to outcome and impact.	**F**	/1
10	Evaluation is a continuous process to assess whether programme is performing according to plans.	**F**	/1

Select the most correct answer.

11	What is the most recent estimated HIV prevalence rate in the population aged 15-49 years? a) 7 % b) 5.8% c) 9 % d) 4.6% e) none of the above	**b**	/1

Write an answer to the question.

12	PDSA stands for: **P: Plan** **D: Do** **S: Study** **A: Act**	/2 Perfect answer only

Select the most correct statement.

13	Select the most appropriate statement describing the benefits of good quality of care. f) It ensures safety to both the external and internal clients. g) It ensures effectiveness (desired results from the services given). h) Increases clearer understanding of community needs and expectations i) Is cost saving compared to poor quality j) All of the above	**e**	/1

Write appropriate answers to the question.

14	Mention at least three principles of adult learning. 1) Learning is most productive when participants are ready, 2) Adults often experience fear when learning new tasks, 3) Learning is more effective when it builds on what the participants already know or have experienced 4) Learning is more effective when participants are aware of what they need to learn. 5) Participants associate new skills or techniques with the entire environment in which they are learning them. 6) If the learning environment is pleasant, supportive and enhances self-esteem, participant is more likely to learn and use the skills. 7) If the learning environment or the behaviour of the clinical trainer produces feeling of discomfort or stress, participants may feel discomfort and discredit the quality of the training or the relevance of the skill. 8) Learning is made easier by using a variety of training/learning methods and techniques 9) Opportunities for practicing skills are essential for skill acquisition and for development of skill competence 10) Repetition necessary for participants to become competent or proficient in a skill. 11) The more realistic the learning situation, the more effective is the learning 12) To be effective, feedback should be immediate, positive and nonjudgmental	/3 1 each

Select the most correct statement.

15	Communication techniques include: a) Active listening b) Body language c) Verbal and nonverbal encouragement d) Appropriate questioning techniques (using open-ended questions) e) Paraphrasing and clarification f) All of the above	**f**	/1
16	Active listening means: a) Observing the speakers activities besides listening b) Restating the speaker's exact words c) Paraphrasing in your own words what the speaker said d) Understanding and reflecting the underlying feelings of the speaker e) All of the above	**e**	/1

Write appropriate answers to the questions.

17	What are the three stages of giving feedback to a supervisee/mentee? State them chronologically. **1. Positive Observation** **2. Provide Suggestions for Improvement** **3. Second Positive Observation**	/3 Perfect answer only
18	What are the three stages of skill development? **1. Skill acquisition** **2. Skill Competency** **3. Skill proficiency**	/3 1 each
19	What are the three types of supportive supervision? **1. External Supportive Supervision** **2. Internal Supportive Supervision** **3. Peer or Self Supportive Supervision**	/3 1 each

Select the most correct statement.

20	What does supportive supervision emphasize? a) Facilitation, training and coaching b) Joint problem-solving c) Provision of constructive feedback d) Team building e) Motivating staff to perform well f) All of the above	**f**	/1

Write appropriate answers to the questions.

21	What are the guiding principles for quality improvement? List at least three. • **A client-oriented mindset** • **Staff involvement and ownership** • **Focus on processes and systems** • **Cost-consciousness and efficiency** • **Continuous learning, development, and capacity building** • **Ongoing quality improvement**	/3 1 each

22	List at least two things that external supervisors need to do after their supervisory visit to a site: • **Use the report writing format to document the visit including action and follow up plans** • **Disseminate the report to the relevant levels including the supervision site/health facility** • **Share the information on the identified gaps with mentors**	/2 1 each
23	List five elements of Monitoring and Evaluation Framework. **1. Input** **2. Process** **3. Output** **4. Outcome** **5. Impact**	/3 Perfect answer only

24	Before implementation of PDSA Cycle, what are the three things we need to do? **1. Identify what needs to be improved.** **2. Analyze the problem.** **3. Develop a hypothesis about what changes will improve the problem.**	/3 1 each

Select the most appropriate answer.

25	The following statements regarding mentoring objectives are true except one. Select the incorrect statement. f) Build capacity at all levels of health care facilities g) Bridge the gap between didactic trainings and clinical practice h) Create a parallel system against supportive supervision which is not working for quality improvement i) Support monitoring & evaluation activities j) Promote a culture of continuing education practice among health service providers	**C**	/1

26	Both Supportive Supervision and Mentoring overlap in implementing the following activities except one, which one? f) Monitor clinic activities like patient flow & triage g) Clinic organization h) Patient monitoring i) Record keeping j) Target an individual service provider or a small group of providers	**e**	/1
27	All the following are benefits of mentoring except one, which one? f) Promoting long-term patronage g) Development of an individual h) Demonstration of personal development/corporate commitment i) Mentee being highly controlled & monitored j) Attracting and maintaining talent	**d**	/1
28	All the following statements are key features of Mentoring except one, which one? f) Mostly targets individual clinicians or small groups for on-the-job training and coaching g) Mentors are very experienced & practicing individuals h) It is a onetime knowledge and skills transfer from mentor to mentee. i) Focuses on clinical case review, bed side teaching, journal clubs, morbidity & mortality meetings/rounds, assisting care & referral of complicated cases and distance communication approaches j) Mentoring occurs at the facility level.	**c**	/1

Select the most correct statement.

29	The following statements are attributes of an effective mentor. Which is the **most correct** statement? f. Personality with approachable and interpersonal communication skills g. Actively participating in practicing and provision of a specific HIV and AIDS intervention/service h. Familiar with the country's health system, common diseases, context of the disease, likely patient reactions, outcomes and appropriate language i. Willingness, commitment and the availability to provide technical assistance to less experienced health service providers j. All of the above	**e**	/1

Write appropriate answers to the questions.

30	List at least three major tasks of a mentor to perform at a visit to a mentee: • Establish a warm mentoring climate. • Review records • Establishing warm care environment for client/patient • Observe mentee providing services as usual • Identifying teaching moments • Find opportunities of communicating instructions to client/patient without interruption • Reinforce key teaching points during time of absence of clients/patients • Find a quiet and ideally private place for a feedback session with the mentee • Make a plan with the mentee about next steps for continued professional growth • Document the mentee's performance and activities undertaken.	/3 1 each

Select the most appropriate statement.

31	The Following are methods of continually assessing performance during monitoring. Select the most appropriate statement. f) Conduct supervisory assessment g) Conduct self-assessment h) Conduct peer assessment i) Obtain client feedback j) All of the above	**e**	/1

32	The following are true about Evaluation **except one**: f) Formal assessments g) Implemented by a person or a group of people who are objective and external to the programme h) Done continuously to keep track of progress i) Resource-intensive j) Carried out when someone has to demonstrate how much the situation has changed because of the intervention(s).	**c**	/1

DAILY EVALUATION FORM

[ ] Day 1 [ ] Day 2 [ ] Day 3 [ ] Day 4 [ ] Day 5

1. What new/additional information have you learned?.....

   .....

2. What topics/content should be repeated?.....

   .....

3. Suggestions for Improvement:

   .....

   .....

   .....

   .....

   .....

   .....

   .....

COMPREHENSIVE SUPPORTIVE SUPERVISION AND MENTORING

END-OF-COURSE EVALUATION FORM

(To be completed by all participants)

The purpose of this form is to give the trainers information about the quality of the training just concluded. Don't write your name:

Date:_____

Have you ever participated in the same or a similar training in the past? [ ] Yes [ ] No

If yes, please specify the title of the training: _____

_____

I. Please rate each item by ticking your right response.

	Excellent 4	Good 3	Satisfactory 2	Poor 1
1. MANAGEMENT AND LOGISTICAL ISSUES				
1) Training venue				
2) Duration of the training				
3) Adequacy of the number of participants				
4) Selection of participants				
5) Equipment				
6) Selection of field practice sites				
7) Transportation arrangement for field practice				
8) Food/bites/refreshment				
2. TECHNICAL ISSUES				
1) Workshop objectives were clear.				
2) Workshop objectives were achieved.				
3) Coverage of contents				
4) Ability of facilitators				
5) Mode of facilitation				
6) Level of participation of participants				
7) Level of your own participation				
8) Adequacy of training materials				
9) Mode of evaluation				
10) Relevance to you work				

II. Below is a list of sessions conducted in the training. Please rate each session by ticking your right response.

Sessions		Excellent 4	Good 3	Satisfactory 2	Poor 1
1)	Overview of HIV and AIDS services in Tanzania				
2)	Principles of adult learning, communication skills				
3)	Effective Coaching in CSSM				
4)	Coaching Role Play				
5)	Introduction to Quality of Care				
6)	Case Study – PDSA&5S (Why-Why Tree and Objective Tree Analysis)				
7)	Supportive Supervision				
8)	Mentoring				
9)	Case Study – PMTCT Mentoring				
10)	Relationship between Supportive Supervision and Mentoring				
11)	Structure and Functions of National CSSM systems				
12)	M&E				
13)	Group Activity - M&E Framework				
14)	Review of CSS & M Process (2 Separate Groups)				
15)	Introduction to SS & M tools (2 Separate Groups)				
16)	Case Study & Role Play (2 Separate Groups)				
17)	Field practice in health facilities				
18)	Sharing field results				

III. RECOMMENDATIONS

1) How can we improve the training course?

2) What topics are not relevant and deleted from the course?

3) What topics should be added to the course?

4) What are your suggestions to the facilitators/organisers?

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