Follow-Up: Measuring Performance

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Module 6 Components

What happens back on the job
  - Looking at performance

Supervision of trainees
  - Enabling transition and application of skills
  - Performance checklists and feedback

Continuing education
  - Responding to training gaps and new needs

Revising the training design
Section A

Monitoring and Measuring Performance
Immediate training is only the first step

In succeeding steps, trainees will:

- *Take on new assignments*
- *Train others*
- *Transform the work environment*
- *Improve the health of the community*
Transferability

The main question

- Did she make a difference when she got back home?

At a minimum level

- Did the trainee remember and use what he learned for a significant period of time?
- Does he engage in activities that continue his learning?
At higher levels, one asks:

- Did she influence others back home in a positive way?
- Has he trained others in what he learned?
- Has the system actually changed for the better?
Follow-up evaluation involves

- Field supervision, interviews with employers and clients, observation on the job
Follow-Up Evaluation

This is done to find out whether training content has been put into practice

- Whether this meets the needs of employers and clients
- Whether there are needs for continuing education
- Whether there are resources available to implement the new KAS
In Ghana, the SEAM project developed CAREshop franchising. After training, PMVs can access quality medicine stocks from the group stores.
Changes to Be Monitored and Measured

Changes in job performance back in the field

Changes in organizational functioning

Changes in health status of community members

- As a result of better job performance by health workers
Similar procedures and instruments can be used as in needs diagnosis

Interviews of staff, management, and community members

Observation checklists—employees’ performances at work

Reports and documents
### Trainees for Follow-Up Evaluation: How Many Needed?

Basic idea is that one needs “enough” to make reasonable and representative conclusions.

*Note:* need to attend to gender, cadre, geographical differences.

<table>
<thead>
<tr>
<th>Number Trained</th>
<th>Minimum Number to Evaluate</th>
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<tbody>
<tr>
<td>50 or less</td>
<td>50%</td>
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<tr>
<td>51–100</td>
<td>35–50%</td>
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<tr>
<td>101–200</td>
<td>20–35%</td>
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<tr>
<td>Over 200</td>
<td>10–20%</td>
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Community-based distributors were trained in Akinyele local government in Oyo State

77 of 91 trainees were still available five years later

- More VHWs (96%) than TBAs (70%) were still available
- Drop out due to migration, loss of interest, ill health, family problems, disagreements
Testing Their Knowledge on Diarrheal Diseases
Follow-Up of Family Planning Counseling Trainees

In Ghana

There were four assessment instruments:

- Counselors observed with new clients
- Counselors observed with continuing clients
- Service providers interviewed
- Observation of the study site: JHU/CCP
## Base Evaluation on What Was Taught

<table>
<thead>
<tr>
<th>G</th>
<th>Greet clients and make them comfortable</th>
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<tbody>
<tr>
<td>A</td>
<td>Ask clients about themselves</td>
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<tr>
<td>T</td>
<td>Tell clients about the family planning methods available</td>
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<tr>
<td>H</td>
<td>Help clients choose a method</td>
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<td>E</td>
<td>Explain how to use or obtain the chosen method</td>
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<tr>
<td>R</td>
<td>Recommend and schedule a return visit or refer to other services if needed</td>
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Examples of Findings: CBD Counselors in Kenya

- Explain Methods
- Demonstrate Use
- Explain side effects
- Repeat instructions

1991 vs 1993
Examples from Kenya

Observation for IEC materials at service points

![Bar chart showing observation for IEC materials at service points in Kenya. The chart compares the availability of different materials in 1991 and 1993. The materials include Method Samples, Leaflets, Flipcharts, Anatom Models, and Posters. The data indicates a notable increase in the availability of all materials in 1993 compared to 1991.]
Section B

Realities Back on the Job
Every so often, I run into people from the workshop, and though they are very positive about their training experience, their organizations haven’t changed—and they have reverted to their old patterns.
“After the workshop, I went back to my job with new skills and insights and plans to make things happen in my agency. It took only a couple of weeks for my bubble to burst.

I had changed, but the rest of my organization hadn’t. There were the same old creaky procedures, the same red tape and petty rivalries.

As time went on, my plans, schedules, and new ideas slid away, and I realized I had slipped back into my old attitudes and ways of doing things.”

Source: Management Sciences for Health
What Is a Trainer to Do?

Few trainers or training organizations in developing countries are equipped to remedy these problems.

Their funding and, therefore, their responsibility usually end with the course evaluation.

There is often no mechanism for them to offer ongoing help.
Follow-Up Is Often Sporadic

Some foresighted donors may supply follow-up visits to assess the impact of training a few weeks or months later.

- *But these visits are the exception, and they tend to be one-off events*
Sample Options

CDC built follow-up consultation into workshops on planning child survival programs.

Management Sciences for Health’s (MSH) Family Health Services Project fostered creation of a “core group” of trainers/consultants to follow up trainees.
Between 1987 and 1991: CDC, the African Regional Health Education Center, and the University of North Carolina conducted four training workshops

- *Program Planning in Health Education for the USAID Program*
- *Combating Childhood Communicable Diseases/African Child Survival Initiative*
The Workshops

4-week sessions included:

- Technical input on program planning
- Working sessions to develop plans
- Feedback sessions to critique plans
- Strategy sessions for back-home plan implementation

Photo by John Oribhaborise
Trainee Follow-Up Action

- Debriefing officials and colleagues upon their return
- Submitting official reports of the training activity
- Writing executive summaries to enhance comprehension
- Forwarding plans through appropriate channels
Sample Problems

Found at 3–6-month follow-up visits

- The plan budget had not yet been approved
- The plan had been forwarded, but the file was lost
- A key trainee was transferred, and no one knew where the plan was

Continued
Sample Problems

**Found at 3–6-month follow-up visits**

- *Verbal approvals had been received from donors, ministry, but no written commitments*
- *Frontline staff with certificates and diplomas had difficulty approaching management with medical degrees*
Role of the Consultants

Officials heard the consultants were coming and reactivated action on the plan

Meetings with officials to clarify plan approval processes and seek support

Strategizing with the trainees to revise plans for local realities, get approval

Learning about the budgeting process to improve future planning workshops
Family Health Services Project was initiated in 1988 by the Federal MOH and USAID

As the program proceeded, trainers realized that it might not be enough to provide training courses

They began to see the need for a core group of trainers and consultants to work with family planning staff after training over time
59 skilled and committed Nigerian family planning professionals formed that core network.

They began outreach to trainees:

- *Initiating, supporting, and helping them to sustain change*
Core Group Activities

Training needs assessments
- To conduct follow-up training in planning, management, supervision, and finance

Visits
- To trainees that not only assessed the participants’ post-training experiences but also assisted them in applying their new skills to solve management problems and plan for the future

Train others who had not been to workshop
- For example: storekeepers in the management of contraceptive commodities
More Core Group Actions

Produced training materials, protocols, and guidelines for a variety of interventions

Served with a technical assistance group that assists local governments and states to gather and use accurate and timely service statistics
Section C

Supervision Functions and Effectiveness
Charlotte Towle’s simple, direct statement

- *Supervision is an administrative process with an educational purpose*
- *Clearly emphasizes a view of supervision as a process involving the two inextricably related and interdependent functions of administering and teaching*

Supervision, in these terms, can be effective only as it is seen and operated as a dynamic process.
Supervision Functions

Its teaching function—moving out beyond the more static, generalized inference of “oversight”—can project this function

Supervision at its best focuses on the growing mastery of the learning worker of skills and competencies

Supervision is thus seen as an enabling process that makes it possible for the worker to do his/her job
A supervisor is essentially a leader of a primary work group

The effectiveness of a supervisor can be measured by:

- Group productivity, job satisfaction, turnover, absenteeism, costs, wastage, and managerial motivation

Certain behaviors differentiate more and less effective supervisors

Source: Personnel: *The Management of People at Work*, by D.S. Beach
A General Approach

A supervisor is more likely to achieve high output from her section if she practices **general** rather than **close** supervision.

Those practicing **general supervision** let their employees:

- *Exercise their own discretion more frequently*
- *Set their own pace*
- *Work out the details of their jobs by themselves*
Those practicing **close, detailed supervision** watch their subordinates more closely, give frequent work orders, and check upon them continually.

Expressed differently, we can say that effective supervisors are skilled in the art of delegation.
Supervisors of high-productivity sections tend to be employee-centered in their manner of dealing with their subordinates.

Supervisors of low-productivity sections tend to be primarily production-oriented in their attitudes and behavior.

Photo by John Oribhaborise
In employee-centered situations, workers express greater satisfaction and higher morale.

Production-centered supervising make people feel simply like tools.

Photo by John Oribhaboise
Employee-Centered Supervisor

Characteristics

- Takes personal interest in his employees
- Is supportive and helpful*
- Keeps them informed of matters important to them
- Is available to talk over their problems*
- Takes actions as a result of the problems discussed
- Respects the dignity of employees as human beings*
- Is understanding of their problems
- When mistakes are made, shows how these can be prevented (rather than punishes)*

*Note how this resembles an adult education approach
Quite often, a supervisor feels that she can increase the total volume of output in her section by pitching in and doing direct production work.

Contrary to common beliefs, those leaders who are in charge of the more productive sections do not themselves perform physical production work.

Instead, they concentrate their activities on the management functions of planning, organizing, leading, and controlling: **they behave as supervisors**.
Such a leader is not idle—she devotes time to:

- Planning, anticipating, and preventing crises; coordinating the work of others
- Motivating, coaching, training,
- Deciding, organizing, measuring performance, and taking corrective action where necessary
Research has shown that the most effective supervisors in terms of the productivity of their groups did more organizing and advance planning than did less productive supervisors.
Organizational Hierarchy and Reciprocity

Supportive and helpful behavior towards employees

- *Is only effective in raising morale and productivity if the supervisor actually had considerable influence with her own superiors*
Effective supervisors are on good terms with their own superiors and are confident of support from authority

- They tend to be successful in obtaining approval for requests for pay raises and other benefits for their employees and feel that they had been granted authority sufficient to meet their responsibilities
Two-Way Communications

The good supervisor strives not only to interpret management to his employees but also to interpret the needs and interests of his people to higher management.

In addition, the way and manner in which one communicates is just as important as what one communicates.
Good communicators spend adequate time in order to guarantee understanding, practice two-way communication, and actually seek information—not just convey it.
Some supervisors and managers tend to feel that they are primarily directing a collection of separate individuals.

- This creates mistrust, conflict, and lack of cooperation among the employees.

Photo by Kabiru Salami
Building Group Identity

The best supervisors actually try to build up strong group pride and cohesiveness

- Groups with strong bonds of attachment tend to produce better than groups without

Photo: USAID, BASICS
The supervisor can build group identity through periodic meetings.

- The meetings should allow for free exchange of ideas.

The supervisor should endeavor to engender a sense of group responsibility for the work.
Section D

Overcoming Supervisory Challenges
Most primary health care services in developing countries are delivered by staff working in peripheral facilities, where supervision is problematic because of remoteness and poor communication.

Therefore, supervision is usually inconsistent, unstructured, and lacking in follow-up.
A follow-up survey of VHWs trained by local health department staff in Ife, Nigeria.

Two to three years after the initial training, 58% of the original trainees self-reported that they were still functioning as VHWs.

A PHC function test, based on VHW job descriptions, was developed and administered within a questionnaire to the 82 original trainees who were still living within their communities.
Three factors were positively associated with a 7-point function score

- *Farming as an occupation*
- *Reported recent supervision by local government health staff*
- *Reported attendance at a continuing education activity*

After training, supervision and continuing education must be planned to maintain a high level of VHW functioning.
The Attrition Process

- Recruitment and Training = 100%
- Initial Disillusionment: 79%
  - Volunteer Work, No Remuneration: Inappropriate Recruits: 72%
    - young people who move, others with outside job prospects
  - Inactive or Dormant: Active 2-3 Years Later = 58%
    - Lack of Supervision, Resources and Training

REASONS For DROPPING OUT
After training, VHWs in Idere formed their own association

The association was responsible for supporting VHW functioning

- **Bulk medicine purchases at cheaper rate**
- **Revision sessions on old lessons**
- **Feedback on performance problems**
- **Opportunities for new lessons**
- **Sponsoring training of new recruits**
Five-Year Knowledge Retention

- Inactive
- Semi-Active
- Active
Supervision Improves Performance in the Philippines

A checklist by the Philippine Department of Health

- *A score from 0–3 on each of 20 indicators which were clearly defined*

Checklist was used in four remote provinces

- *Six provinces from the same region as control area*

In all ten provinces, health facilities were randomly selected and surveyed before implementation of the checklist and again six months later.
Intervention

Trained supervisors used a checklist, gave feedback

Sample indicators included

- Percent of pregnant women with > 3 prenatal visits and tetanus immunization
- Percent of randomly selected prenatal records with all appropriate information
- Number of new acceptors of modern family planning methods
- Percent of fully immunized infants at first birthday
- Percent of midwives knowing the correct dose and interval of vitamin A
Performance Improvement
Costs and Conclusions

The initial cost of implementing the checklist was U.S. $19.92 per health facility, and the annual recurrent costs were estimated at $1.85.

Systematic supervision and feedback can improve service delivery considerably, at a modest cost.

- Improving Primary Health Care Through Systematic Supervision: A Controlled Field Trial, by Loevinsohn BP, Guerrero ET and Gregorio SP. Health Policy and Planning 1995; 10(2): 144–53