



Technical Rapid Response Team

# **Field Experience sharing on the outcomes of the coaching skills approach when incorporated in routine supervision**

## **Workshop report**

**Organised by:** Tech RRT and Concern Worldwide, Ethiopia country mission

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## Executive summary

Concern worldwide sought to include mentoring and coaching as part of health systems strengthening that is core to the programs currently implemented in Ethiopia following the CMAM surge project evaluation. The evaluation report recommended the need to strengthen mentoring to reinforce capacity and encourage continuous learning. With support from the Tech RRT, staff including the technical support staff at the country office, program managers, district project managers, project senior officers and government health officers were trained on coaching skills. When the trainings were completed, the staff embarked on improving their supervision approach by incorporating coaching skills. An assessment was carried out 4 months after the trainings to assess how the staff currently coach/supervise and evaluate whether the training is likely to have had an effect on Concern staff. One of the recommendations from the assessment was to have an internal sharing of experiences and lessons learned. A workshop was organized to bring together Concern Worldwide staff that were trained and/or are implementing the coaching strategy to share experiences. The report covers the outcomes of this workshop that was carried out with the Amhara region staff. The workshop was carried out virtually through individual reflections and contributions and an open floor discussion with guiding questions and a question and answer session and covered the following areas:

- Improvements in project activities due to incorporation of the coaching approach in supervision
- Changes/swift in the supervision process
- Challenges
- What is working well (or not working well)
- Benefits of the approach
- Recommendations for sustainability and scalability of the approach.

Outcomes of the discussions and the individual questionnaires mirror the results from the assessment where 100% of the staff reported an improvement in supervision, collaboration, coordination and improvement in service provision. Changes reported included improvement in scheduling, use of adult learning skills, better communication between the Concern teams and the Woreda and health centers staff, better reporting and documentation in the OTPs. Key among the lessons learned was that, better capacity strengthening can be attained when the focus is to work with the health workers. This involves not only focusing on technical performance but also holistic support through actively engaging them at all levels. This can be through involvement in planning, respect and working together to find solutions to challenges. Involvement of health workers improves the confidence of health/extension workers, motivates them and allows for better uptake of knowledge and skills thus contributing to improved service provision.

## Overview

Concern Worldwide, with the support of the Tech RRT, delivered a coaching training to key Concern staff including the technical support staff at the country office, program managers, district project managers, project senior officers and government health officers. Trainings took place in June 2019 for managers in Addis Abba and for senior project officers and government officers, the training took place in Somali and Amhara regions in September and October 2019.

Following the training, the staff embarked on improving supervision by incorporating the coaching skills during the supervision visits. An assessment was done in the Amhara region in February 2020 to assess how Concern staff currently coach/supervise and evaluate whether the training is likely to have had an effect on Concern staff. The assessment revealed a positive change in supervision practices following the training although there is no baseline data to compare with. The information gathered provided an insight into the potential of coaching skills among the staff. The results showed an overall understanding of what coaching is and appreciation of the limitations of the traditional supervision that does not include coaching. The benefits of the coaching strategy mentioned included:

- Improved communication skills and relationships between the supervisors and the MoH staff.
- Identification of root causes of the challenges
- Improved service provision in the health facilities.
- Improved skills and knowledge among the staff as the challenges related to implementation of the protocol such as defaulter tracing, proper anthropometric measurements are resolved on site as part of on-job demonstrations.
- Improvement in other program aspects such as documentation and timely supplies requests.

Recommendations from the assessments indicated the need to gather more information and experiences to build a body of experiences and evidence that would inform a lessons-learned workshop at a national level with the federal government. One of the propositions was to have an internal sharing of experience and lessons learned. Capturing lessons learned shows both the positive and negative experiences from which a project or organization can result in opportunities for continued growth and/or improvements. The purpose of the workshop therefore was to bring together Concern Worldwide staff that were trained and/or are implementing the coaching strategy to share experiences.

## Overall objective

To share experiences for learning purposes and make recommendations to refine the coaching strategy for improved and sustainable health systems strengthening.

## Specific Objectives

1. Share and appreciate implementation experiences and good practices of the coaching approach from both the technical support staff and field staff
2. Discuss and share recommendations and way forward for improved implementation of the coaching strategy.
3. Document experiences and learning on coaching practices.

## Audience

There were 12 participants in the workshop. These were the Concern staff that participated in the training and/or are currently implementing the coaching strategy as part of supervision and technical support. They included the Amhara region program team (Community Preparedness for Acute Malnutrition in Amhara (CPAMA) program manager, the district project managers, senior program officers and the health and nutrition officers). Seven shared their reflections and all the 12 participated in the group discussion session

## Methodology.

Initially, the workshop was set to take place in person in Addis Ababa. However due to the COVID-19 pandemic, the Tech RRT Advisor was unable to travel to Addis, and the Concern staff were working from home. The workshop was therefore carried out virtually through individual reflections and contributions and an open floor discussion with guiding questions and a question and answer session.

The workshop was purely for gathering qualitative data on opinions and observations and lessons learned. The workshop was divided into 2 sessions. Session 1: Individual reflections where the participants received guiding questions and responded to them individually and shared their input via email. Session 2: open floor discussion and the question and answer session was held via skype. Session 1 took place on day one and session 2 on day two and the discussion took 2 hours. All questions aimed at gathering information on what was working well, what did not work well, areas and recommendations for improvement. The individual reflections were guided by questions (Annex 2) aimed at eliciting the staff's view about changes they consider fundamental, the benefits to them and the health workers they are supporting. The discussions revolved around any shift in how supervision is done, what is working well and what is not, field examples showing the positive change due to incorporating coaching skills in the supervision, how the approach is implemented and any recommendations.

The virtual nature of the workshop involved difficulties due to internet challenges, especially session 1. This was overcome by ensuring staff in Addis shared the relevant information with the field team by phone.

## Workshop Outcome: Key experiences, challenges and lessons.

Following a brief introduction on the background of the approach, the coaching skills trainings and purpose of the workshop; the discussion was initiated with questions being asked to the group.

The workshop discussions and reflections focused on 6 key aspects:

- Improvements in project activities due to incorporation of the coaching approach in supervision
- Changes/swift in the supervision process
- Challenges
- What is working well (or not working well)
- Benefits of the approach
- Recommendations for sustainability and scalability of the approach.

## Summary of key outcomes

Observed change	Contributing factor(s)	Lesson learned
Improved scheduling	Involvement of the health workers, sharing of the supervision schedule	Good planning requires involvement and communication with all parties concerned.

Use of adult learning and better communication skills	Knowledge on the skills	It is important to train staff on various soft skills that are may not be emphasized during recruitment but are key for good interpersonal skills.
Health workers are the focus during supervision	Awareness of the coaching steps, commitment to implement the coaching steps	<ul style="list-style-type: none"> <li>• Active involvement of health workers both as the focus and contributors to supervision contributes to better service delivery and their personal growth.</li> <li>• Involvement of health workers improves the confidence of health/extension workers, motivates them and allows for better uptake of knowledge and skills thus contributing to improved service provision.</li> </ul>
Improved coordination and involvement of the Woreda and zonal health offices	Requirement to share reports based on the coaching steps, documentation of the supervision, appreciation and utilization of the reports by the health officers.	Key to health systems strengthening is putting the MoH staff at the forefront, they need however to be supported not only in providing resources but also sharing information so that they are aware of what is happening on the ground

## Results from the discussions and individual reflections.

### 1. Improvement in project activities

All participants agreed that there has been a change in the way supervision is done and the outcomes of the supervision. The visits are more productive, there is improvement implementation e.g documentation, in communication and overall relationships between the health/extension workers and the Woreda and zonal health officials.

One senior program officer said, *“This has improved overall the activities at ground level compared to the old supervision approach. After the training, we clearly follow the coaching steps to improve the quality of CMAM activities at ground level.”*

Adult learning and communication skills are used. There is participation and engagement in the work, direct involvement of the health/extension workers in the supervision process, allowing the health/extension workers to do and manage activities by themselves and practical on-job training. Actively listening, observation, feedback and effective questioning were some of the communication skills mentioned. Improvements mentioned include:

- Improvement in documentation and reporting in the health centers and health posts.
- Utilization of supervision reports and feedback by the Woreda health Office and health cluster to support the Health/extension workers, engage with non-active Health/extension workers and communicate with the Zonal health office.
- Health facility staff are more involved (not simply receivers of information but part of the process). This is through working with them to identify strengths, challenges and developing action plans.

Problem solving is based on solutions provided by the health facilities staff no only the protocols and guidelines.

- Improvement in planning and scheduling of the supervision: Plans are made and shared with the health facilities and prior communication is done to ensure the staff are available.

## 2. Fundamental change/shift in the way of working following the training and implementation of the coaching skills.

*“Before I took the training, the support was not provided systematically, and I only referred to the documents. I didn’t ask them and observe how they managed the tasks. Action plan was not prepared together but recommendation was given based on the findings.” A SPO’s reflection*

### **The CPAMA program manager on changes among the Senior project officers:**

*“On the action plan, they take enough time to deal with all the challenges and address the concerns of the health/extension workers, develop the action plan together, check the previous action plan and deal with new challenges if certain solutions in the action plan failed, then take another step to bring new solutions.”*

The program staff including the project officers and the managers mentioned noticing concrete difference in the supervision prior and after the training. Examples of changes are mentioned below:

- Making the health workers central to supervision not only as recipients of instructions. The Senior project officers engage with the health/extension workers in identification of gaps, share ideas, do practical on-jog coaching and ensure that the health facilities staff are integral to the whole supervision process and outcomes. Prior to the training, Senior project officers only visited and checked boxes/input comments in the supervision checklists without necessarily involving the health workers.
- Based on the approach, it is now part of the supervision process to find the root cause of challenges identified to make and recommendations at each level.
- Improvement in confidence, skills and knowledge. Through using different techniques like asking, provoking and rephrasing to easily identifying the root cause of the problem, discussing ways to improve and action plan development give the coach and coachee opportunity to improve their communication skills and overall knowledge on CMAM.
- Sharing supervision reports that include information on identified gaps, recommendations and action plans with the district health office and health cluster centers has ensured better coordination.

## 3. What is working well.

- Sharing of the supervision reports with the Woreda Health Office (WoHO). These are used by the officials to follow up on the staff that are found not to be actively engaged in service provision. This has greatly improved the commitment among some of the health facilities staff.

- Overall improvement in the relationship between the Senior project officers and the health/extension workers and productivity. Proper action plans with a timeframe have advanced timely completion of tasks and health/extension workers are more involved in the process.
- Effective use of time and resources. Joint scheduling and communication to the health workers to determine their availability ensures that the health/extension workers are available (physical present and time).
- The approach has shown the need to engage with the Woreda Health office and the cluster health offices to ensure coordinated support provision to the health extension workers.
- Better plan and scheduling: sharing the supervision schedule with the health facilities and the Woreda Health office.
- Improvement in coordination whereby the Senior project officers share reports with the Woreda health Offices. The reports are appreciated and sent on to the next administrative level- the Zonal health office.
- Increased engagement between the Senior project officers and the health/extension workers. The Health/extension workers appreciate the joint identification of gaps, finding solutions and development of the action plans.
- The Senior project officers are more astute about the supervision process, techniques to use and the areas that need focus and which are a priority.
- Improved working relationships with the Woreda health office. There is improvement in communication skills (the officials do not see the discussions and feedback as criticism), appreciation of the support as the officials know what the Senior project officers do, what the organization can support (and what it is not able to).

*“Before the training, to some extent we did not have a schedule, did not prepare action plan, focused on teaching rather than allowing the Health/extension workers to manage things by themselves.” A senior project Officer*

#### 4. Challenges encountered during implementation of coaching skills

There are many challenges that affect regular implementation of activities and these too can impact on how coaching is carried out. It is important that as part of coaching, challenges are analyzed as much as possible to find small doable actions- this helps to keep the staff motivated as they are contributing to the overall improvement. The challenges shared involved those related to time, human resources and access. These include:

- Limited time availability among the health/extension workers as they are few and have other responsibilities. They are thus not able to spend as much time on the process as required.
- Staffing limitations both in the health facilities and in the organization. The number of health/extension workers in the health centers/post is not sufficient. In some health posts, only one HEW can be found at a time. Within Concern Worldwide itself the number of Senior project officers is not enough for example for Delanta District activities, there are 2 Senior project officers responsible for 37 health facilities.
- Accessibility to some health facilities is challenges due to the insecurity and poor road network and most especially during the rainy season. It is therefore not possible to visit as frequently as would appropriate based on coaching approach.
- Poor motivation and commitment among some Health/extension workers to implement the action plans developed jointly. Limited opportunities for promotion (some have upgraded to

diploma and when they graduate they are still deployed in the same Kebeles) and complacency arising from staying in one health facility for a very long time (Most HEW have served for 15 years in the same HP without any upgrading opportunities) are some of the reasons for poor commitment.

- Hight government stuff turnover.
- Dependence on the organization to avail resources and provide extra financial support to the MoH team.
- Limited understanding of the approach by the Woreda and zonal health officials.

## Conclusion and recommendations for sustainability and scalability of the approach.

Experience/lesson	Recommendations
The involvement of the government supervisory staff (Woreda and zonal health offices) and all organizational staff is key for implementation and sustainability. There can better support if capacity is strengthened.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Capacity development for the Woreda senior experts and zonal health officers on the coaching approach. Basic training due to the high turnover among the government staff and refresher trainings.</li> <li><input type="checkbox"/> Engagement of the WoHO in the supervision and on-job training with the organizational staff providing support to them i. e the government staff at the forefront.</li> <li><input type="checkbox"/> Advocacy at all levels from Woreda to national level. Most of the most government structures-woreda to regional do not know the approach and so are no applying it during their supervision visits Advocacy should focus on integrating coaching skills in services provision for example as part of the CMAM training package. The knowledge will enhance their cooperation and engagement with the Concern Worldwide team.</li> <li><input type="checkbox"/> Training for health officers at zonal and woreda offices levels</li> <li><input type="checkbox"/> The CMAM guideline has uniform implementation modalities, it is much better that this approach is incorporated with the CMAM guidelines.</li> </ul>
Continued mentoring, routine personnel performance assessments, support and intentional application of the coaching skills farther strengthens the approach.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Periodic reviews of supervision and sharing experiences on the impact of incorporating the coaching approach in supervision.</li> <li><input type="checkbox"/> Strengthen the coaching in complementarity to supervision by applying the coaching steps, give constructive feedback to the coachees, good communication and coordination with the Woreda health offices.</li> <li><input type="checkbox"/> Continue to identify lessons and best experiences to build on the approach to improve service delivery.</li> </ul>

*“The approach is very good, it should be scaled up. As an organization we should train the government staff especially at zonal and woreda level. Through building that capacity we can scale up the approach.”***The CPAMA program manager**

## Annexes

### Annex 1: Agenda

Time	Day 1
9:00- 9:30	Opening, introduction
9:30- 11:30	Individual reflection (offline)- to be sent to Advisor on the same day
Time	Day 2
9:00-9:10	Opening remarks and outline of the on-line discussion
9:10-10:30	Group discussion
10:30-11:30	<ul style="list-style-type: none"><li>– Open floor and question and answer session</li><li>– Review of individual reflections</li></ul>
11:30-11:40	Wrap-up and closure

### Annex 2: Workshop guiding questions

#### 1. Online group discussion

- Think of the supervision (of field visit for technical support staff) that you last did, what made it successful? What could you have done better? Anything else?
- Name and explain 2-3 things that you consider as fundamental change/shift in the way of working following the training and implementation of the coaching skills.
- What challenges have you encountered in trying to implement the coaching skills
- In general, what has worked and what has not worked?
- How differently (if so) are supervision sessions prepared for than previously (before the training)?
- Is there any shift in the response to supervision visits and recommendations by the health workers?
- What would you recommend (feasible, doable in the specific region/context) to ensure effective coaching as part of supervision?

#### Questions to draw out some key issues and recommendations

- What are some of the common things among all the shared experiences?
- Communication and adult learning:
  - What communication principles do you see at work during supervision?
  - What adult learning principles do you see being used (a lot by you) during the supervision
  - Under what (specific) supervision areas can the above continue to be used?
- Challenges/areas for improvement:
  - What problems are you facing in ensuring sustainability of the coaching approach?
  - What challenges are likely to affect the scalability of the coaching approach?
  - What possible problems do you need to be aware of during supervision to ensure that coaching is practiced?
- Where do we go from here? (what should be the next steps?)

#### Other

Any other issues, experiences, recommendations

#### 2. Individual reflections

- How does the coaching approach make you feel? Why does it make you feel that way?
- Think of your experience(s) so far implementing supervision that incorporates coaching skills;
  - What do you find unique/different so far?
  - What do you think contributed to that experience happening that way?
  - What did you expect?
  - What could have been done differently?
  - What will you do differently from now onwards?
- How and what do you think the health workers have benefited from the supervision coaching approach?
- Name and explain 2-3 things that you consider as fundamental change/shift in the way of working following the training and implementation of the coaching skills