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M&SS Session between Dr. Mukhlesur Rahman and Ms. Husne Ara Akter in Mymensingh | Photo: Ridwanul Mosrur

Shukhi Jibon Learning Lab: Mentorship and Supportive Supervision

BACKGROUND

Over the past decade, the Government of Bangladesh (GOB) has demonstrated its strong commitment to strengthening the capacity of health service providers. The operational plans of the 4th Health, Population and Nutrition Sector Program (HPNSP, 2017–2022) of the GOB emphasize the importance of strengthening the country's supervision system. The 2015 Bangladesh Health Workforce Strategy also prioritizes strengthening supportive supervision to diversify and enhance skills and boost retention among members of the health workforce. Despite this progress, a critical gap remains. Efforts to strengthen the capacity of health service providers have traditionally emphasized training but provided little or no onsite post-training support. Training alone is often not enough to support providers and health facility managers to become fully competent and comfortable providing client-centered care in their service delivery environments.

Across the globe, supportive supervision is replacing traditional supervision and gaining acceptance among members of government health workforces. However, there are several challenges to providing supportive supervision. Supervision systems within health care systems are often overburdened, providing minimal contact between supervisors and service providers. These systems may also be wrought with power dynamics that are not conducive to an enabling learning environment. Furthermore, supervisors rarely receive training on the supervision system or approaches.¹

Mentoring is emerging as a complementary solution that can help fill gaps and develop the capacity of health care workers. Mentoring has been found to have improved quality of care in some low- and middle-income countries,² and is increasingly being adopted by health systems to develop the capacity of health care workers, particularly in sexual and reproductive health (SRH) service delivery, including family planning (FP). Mentorship is a mutually beneficial relationship. It can increase mentees' confidence and clinical competence in providing FP services by identifying gaps in skills and providing on-the-job support to increase core competencies. Additionally, mentorship can instill in mentors a sense of professional fulfillment, recognition, and revitalized engagement at work. Mentors who are supervisors also benefit from the development of a more skilled cadre of providers and the use of joint problem-solving to improve service delivery.



M&SS session between Dr. Hosne Ara Begum and Ms. Mala Rani Roy in Mymensingh | Photo: Ridwanul Mosrur

SHUKHI JIBON'S APPROACH TO INTEGRATED MENTORSHIP AND SUPPORTIVE SUPERVISION

The USAID Accelerating Universal Access to Family Planning Project, popularly known as Shukhi Jibon, supports producing and deploying skilled, responsive, and respectful FP providers and strengthening the delivery of quality FP services. One of the project's key interventions is the introduction and integration of mentorship into the existing FP service delivery supervision system.

In 2017, Pathfinder International introduced mentorship in Bangladesh under the USAID-funded NGO Health Services Delivery Project (NHSDP). In parallel, UNFPA, Save the Children, and other nongovernmental organizations employed mentorship to improve the delivery of SRH interventions in newborn care, the implementation of labor room protocols in tertiary hospitals, and the integration of midwives into the health system. Shukhi Jibon is the first project to support public-sector FP service providers by integrating mentorship with supportive supervision.

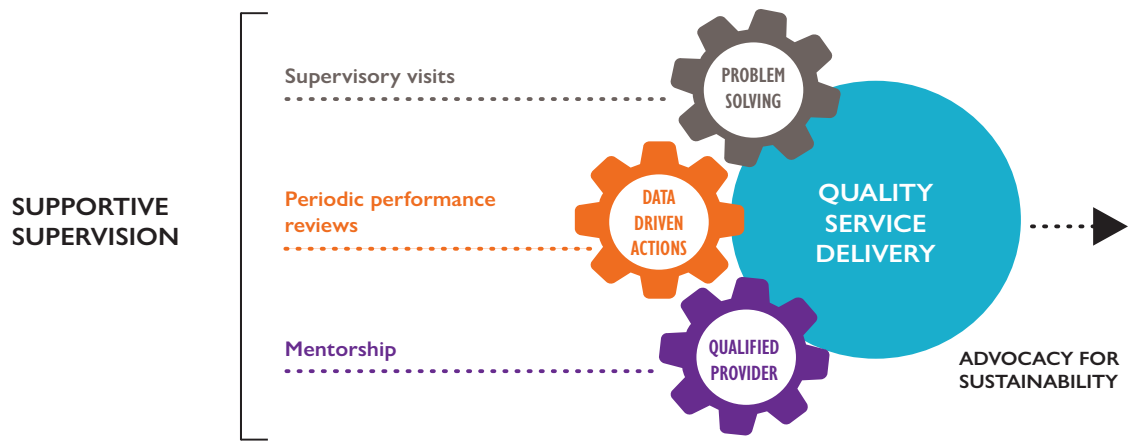
Mentoring and supportive supervision (M&SS) is central to achieving Shukhi Jibon's overarching project objectives to increase use of FP services by growing and strengthening the qualified FP workforce to improve the quality of FP service provision in the project region (See Figure 1). By bolstering support for providers and strengthening accountability mechanisms, M&SS creates opportunities to identify and address provider bias to ensure respectful care, including the provision of appropriate contraceptive information for all FP clients, including newlyweds, first-time parents, and young clients. Women comprise a significant proportion of the health workforce in Bangladesh, particularly in lower-level cadres. Recognizing that the power dynamics inherent in supervisor-supervisee and mentor-mentee relationships must be understood and closely monitored, Shukhi Jibon introduced a gender-integrated M&SS approach to create opportunities to challenge harmful gender norms, promote positions of influence for women, and address power inequities.

MENTORING is a positive developmental partnership in which an experienced, proficient, and empathetic mentor teaches and coaches a mentee or group of mentees, in person and/or virtually, to ensure competent workplace performance and provide ongoing professional development. Mentorship is driven primarily by the mentee with the primary aim of building mentee capability and self-reliance.

SUPPORTIVE SUPERVISION is a process that promotes quality at all levels of the health system by strengthening relationships within the system; identifying and resolving problems; optimizing the allocation of resources; and promoting high standards, teamwork, and effective two-way communication. Supportive supervision focuses on the entire health facility and all health workers.³

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FIGURE 1. THEORY OF CHANGE: INTEGRATED M&SS APPROACH



To ensure sustainability, Shukhi Jibon engaged members of the public-sector workforce as mentors. In consultation with local stakeholders, the project team selected national and divisional managers and service providers of the Directorate General of Health Services (DGHS), the Directorate General of Family Planning (DGFP), the Directorate General of Nursing and Midwifery (DGNM), and staff from the Obstetrical and Gynaecological Society of Bangladesh (OGSB) to be trained as master mentors. These master mentors subsequently trained mentors at the district and upazila levels. Shukhi Jibon worked with the Ministry of Health and Family Welfare (MOHFW) to select experienced providers, technical supervisors, and managers from DGFP, DGHS, and DGNM and train them as mentors. Full-time Shukhi Jibon regional M&SS staff supported the existing district MOHFW supervisors and newly trained mentors during and after training.

While mentorship and supportive supervision are distinct, they do have some overlapping functions (See Figure 2). Shukhi Jibon developed integrated M&SS training and curricula to focus on common skills required for both mentorship and supportive supervision.

FIGURE 2. THE RELATIONSHIP BETWEEN MENTORSHIP AND SUPPORTIVE SUPERVISION*



* Adapted from "Basics of Clinical Mentoring: Participant Handbook." International Training and Education Center for Health (I-TECH)

After training, mentors were paired with up to five mentees. Before beginning the mentorship sessions, mentors conducted SWOT (*strengths, weaknesses, opportunities, and threats*) analyses of mentees, creating individual mentee profiles. Next, mentors and mentees met for periodic onsite mentorship sessions, which transitioned to virtual sessions during the COVID-19 pandemic. The topics and timing of the sessions were determined based on each mentee's interest and identified areas for growth. In addition, supervisors conducted routine quarterly supervisory visits.

M&SS LEARNING LAB

In 2019, Shukhi Jibon set out to address five common challenges that pervade development assistance and stand in the way of the project's ultimate goal—to contribute to improved health and human capital in Bangladesh by increasing use of voluntary FP services. Using a Learning Lab approach, based on USAID's Collaborating, Learning, and Adapting (CLA) framework, and with strong commitments from the GOB and USAID, Shukhi Jibon implemented five innovative interventions in 39 test sites across six learning districts. Today, this robust Learning Lab experience provides a roadmap for continuous learning and demonstrates Shukhi Jibon's progress in rapidly testing, refining, and documenting innovations during a pilot phase before effectively scaling them up to achieve greater impact.

The M&SS Learning Lab was first implemented in 30 sites (1 training institute [Mohammadpur fertility services and training center], 1 FP model clinic, 2 district hospitals, 4 maternal and child welfare centers, 6 upazila health complexes, and 16 union health and family welfare centers [UH&FWC]) in 6 pilot districts (Dhaka, Faridpur, Mymensingh, Sylhet, Chattogram, and Rangamati) between December 2020 and December 2021.

The M&SS Learning Lab sought to understand how an integrated M&SS approach improves the quality of public sector FP service provision. Learning Lab activities included district orientation on M&SS, training of mentors, pairing of mentors-mentees, facilitation and observation of mentorship sessions, checklist-supported supervision visits, and the development of job aids to support M&SS.

APPLICATION OF LEARNING LAB FINDINGS

The pilot phase surfaced the following insights from Learning Lab sites:

- During a consultation workshop, stakeholders noted that cross-department matching of mentors and mentees who were in the same workplace and had positive interpersonal relationships and common interests was important; gender was not regarded as an important matching variable.
- While the internal mentorship model (in which the mentor and mentee work at the same facility) at the district and upazila levels can be implemented at larger health centers with higher likelihood of availability of experienced providers, external mentorship will be necessary in low-staffed union-level and upazila-level facilities with limited access to obstetricians/gynecologists and other trained FP providers. This will require additional logistical support, such as daily allowances and transport support for remote areas within Sylhet, Rangamati, and Chattogram.



Shahin Ara Begum, a mentee, at Majjbagh UH&FWC in Mymensingh | Photo: Ridwanul Mosrur

Based on Learning Lab experiences, the Shukhi Jibon team makes the following recommendations:

- **Providing an opportunity for mentors and mentees to meet** formally before the launch of M&SS activities helps facilitate a smooth launch and mutual investment in the process.
- **Compensating mentors and mentees** for their time, their travel, and the data required for virtual or phone-based sessions, is an effective incentive to participate in the program.
- **Engaging local managers at all stages** of the M&SS process can facilitate successful implementation by ensuring mobilization of resources, implementation of action plans, and monitoring.
- **Scheduling needs to be flexible.** For providers needing improvement, frequent (monthly) mentoring might be needed, while those with higher levels of competency might need as infrequent as quarterly visits from a mentor before graduation and recommendation for mentorship training or certification. However, given heavy workloads due to high vacancies, mentors have limited bandwidth and time to conduct such sessions regularly. Mentors should generally not be assigned more than three mentees at a time.

M&SS SUCCESSES

Shukhi Jibon's integrated M&SS approach has resulted in several successes:

YEAR 1: Shukhi Jibon developed and piloted the M&SS training curriculum.

YEAR 2: After districts approved mentor-mentee pairings, the project launched mentorship sessions, and 63 sessions were held.

YEAR 3: The number of mentorship sessions increased to 75 in Learning Lab sites during the first three quarters of Year 3, despite the effects of the COVID-19 pandemic.

Mentors were also paired with mentees in non-Learning Lab facilities within the districts, bringing the total number of mentorship sessions to 185 in Year 2 and 150 in the first three quarters of Year 3. Of the 73 mentors who were trained in the Learning Lab districts, 48 have engaged in mentorship sessions and supported 184 service providers in the pilot districts (the majority who have not engaged in mentorship activities were transferred before they could serve in this role).

Mentors have reported that the concept of mentorship has become clearer to them and that they have become increasingly engaged. During expansion to new districts, Learning Lab managers and mentors reported feeling satisfied with the new skills they were learning. They also reported integrating M&SS into their workplaces to support the development of competent, confident providers.

Mentees have reported that they have found the mentorship model encouraging and motivating, and that they have benefited from having access to support for their day-to-day work.

Program staff have observed, and **supervisors, mentees, and mentors** have reported, that creating new mentors among managers has helped to develop their leadership skills, including ability to problem solve and conduct root-cause analysis (RCA).



Shahin Ara Begum, a mentee, at Maijbagh UH&FWC in Mymensingh | Photo: Ridwanul Mosrur

At a **systems level**, Shukhi Jibon has worked to ensure regular supportive supervision, which has increased compliance with protocols, including use of checklists, manuals, and consent forms, as well as availability of supplies. Supervisors take a SMART approach (identifying and working toward goals that are *specific, measurable, attainable, relevant, and time-bound*) to problem solving and action planning. This has improved coordination within facilities and among the DGFP and DGHS, which has led to increased facility readiness and more efficient use of resources. M&SS has also helped district and upazila managers analyze the quality of FP services by examining contraceptive discontinuation rates, side effects, complications management, and removal trends.

CHALLENGES AND RESPONSES

The project encountered several challenges integrating M&SS, including:

COVID-19

Challenge: DGHS providers were largely unavailable, given their need to prioritize COVID-19-related duties and work at COVID-19 hospitals. Onsite movement was restricted during COVID-19, which also inhibited in-person M&SS.

Response: Shukhi Jibon provided virtual M&SS, prioritizing emotional support and infection prevention, and gradually introducing support for the provision of FP methods. Since practical observation of service delivery was not possible, virtual knowledge and question-and-answer sessions were predominant. The project attempted to form digital mentor-mentee groups, but as movement restrictions eased, the virtual groups were rarely active; mentors and mentees were more interested in onsite and telephonic conversations.

DATA QUALITY AND QUANTITY

Challenge: Implementation began with paper chart and data collection tools, contributing to sub-optimal data quality and quantity, which was further challenged by the reluctance of mentors and mentees to capture and store data for further analysis.

Response: A mentorship app is in development to support scheduling, action-planning, follow-up, and learning. This is expected to result in improved data quality.

COMPETING PRIORITIES

Challenge: Mentors and supervisors have many competing tasks and responsibilities that lead to the de-prioritization of M&SS visits, particularly those requiring travel. Scheduling conflicts, distance between mentors'/supervisors' and mentees' facilities (particularly those in remote locations with limited public transportation access), and mentors'/supervisors' day-to-day job responsibilities, as well as involvement in other government and project capacity-strengthening activities, have limited the number of mentorship sessions and supervisory visits. Furthermore, staffing-related pressures affect proper documentation and record-keeping. This leads to incomplete registers, making it difficult to monitor indicators or ensure referral completion or the scheduling of follow-up visits. The COVID-19 pandemic exacerbated these challenges.

In addition to improving mentee knowledge, attitudes, and skills, the program has helped both mentors and mentees improve their interpersonal communication skills, motivation, and accountability.



Mala Rani Roy, a mentee and family welfare visitor at her clinic in Mymensingh | Photo: Ridwanul Mosrur

CHALLENGES AND RESPONSES (continued)

Response: Mentors are preparing mentees and selecting potential mid-level providers in the learning districts to be trained as additional mentors. Shukhi Jibon’s advocacy with GOB for the prioritization of M&SS continues, but M&SS is much more likely to be prioritized once it is institutionalized.

TRAINING FOR MENTORS

Challenge: Mentors and supervisors need greater familiarity with M&SS tools. For example, RCA and SMART action planning remained challenging for mentors and supervisors.

Response: M&SS coordinators will continue supporting mentors and supervisors during their sessions and visits. In addition, an easy-to-understand visual job aid has been developed, accompanied by the action plan template, to support the RCA technique.

SENSITIVITY OF DOCUMENTING ROOM FOR IMPROVEMENT

Challenge: Providers and other staff are often uncomfortable being observed, observing others, and documenting observation of themselves or of mentees/supervisees. Mentors and supervisors are sensitive about documenting negative feedback or errors in their observations of mentees/supervisees. Some are hesitant to prepare documented action plans due to concerns that these could later be used in administrative actions if problems or capacity gaps are not resolved. In addition to failing to document weaknesses identified, mentors and supervisors struggle to analyze the underlying issues and problem-solve. Despite the Learning Lab team’s best efforts to emphasize that data collection of this sort is meant for learning and adaptation—and not criticism, performance evaluation, or retribution—the trust deficit was hard to overcome.

Response: Shukhi Jibon staff continues to emphasize and demonstrate how this information is used to learn by enhancing provider skills and ensuring quality FP service provision.

OPPORTUNITIES TO PRACTICE

Challenge: Finding opportunities for M&SS for provision of long-acting reversible contraceptives (LARCs) and permanent methods is particularly difficult. It was difficult to mentor providers on IUD insertion and removal due to limited client flow and client discomfort with the presence of a male mentor during IUD procedures. Furthermore, special days for LARC provision tend to be too busy for M&SS sessions. In addition, many facilities fail to meet minimum criteria for service provision or as training sites, a challenge exacerbated by the COVID-19 crisis, particularly in regard to access to supplies and equipment.

Response: The project supplied anatomical models to districts and upazilas to be used by mentors for demonstration and question-and-answer sessions on days when no LARC visits with clients could be observed in person. Although the project initially supplied anatomical models exclusively to learning districts, coverage was subsequently extended to expansion districts.



Badrun Nahar (a mentee), as she provides services to a client at Mymensingh MCWC | Photo: Ridwanul Mosrur

CHALLENGES AND RESPONSES (continued)

RETENTION OF MENTORS

Challenge: Staffing shortages and turnover posed problems for the durability of intervention activities. Mentors have departed from the mentorship program at higher rates than anticipated. As of Year 3, Quarter 3, 18 out of 73 mentors trained through Quarter 1 (25%) have left the program (15 mentors were transferred, 2 opted out of mentorship, and 1 passed away).

Response: As activities continue and expand, mid-level providers will be recruited and trained as mentors. New mentors will be trained gradually and matched with existing mentees at the same facilities. A new approach to support ongoing mentorship in the event of mentor turnover is needed.



A family welfare visitor on her way to a client's home |
Photo: Ridwanul Mosrur

“I am really grateful to Shukhi Jibon because for the first time I have got a wonderful blood pressure machine from our office. Now I will be able to provide quality care.”

—Ratna Ahmed, FWV, Nasirabad
UH&FWC

CASE STUDY: ASSURING MINIMUM FACILITY READINESS FOR FP SERVICES THROUGH M&SS IN A REMOTE UNION

Though Nasirabad UH&FWC is the only health center serving the 17,000+ people of the Union in Bhanga Upazila of Faridpur district, there was no service provider posted at the facility in September 2019 when Shukhi Jibon began its Learning Lab.

In response, the project team trained Dr. Sanowar Hossain Khan—Assistant Director and Clinical Contraception and Regional Consultant, Family Planning Clinical Supervision and Quality Improvement Team (FPCS-QIT) of Faridpur—on M&SS and oriented district and upazila managers and service providers of Bhanga in late 2019. Eventually, Ms. Ratna Ahmed and Md. Abdul Kuddus were posted at the UH&FWC as Family Welfare Visitor (FWV) and Sub-Assistant Community Medical Officer (SACMO), respectively, in July 2020. Dr. Sanowar was the first external supervisor to visit the facility in September 2020.

In his first visit, Dr. Sanowar documented the challenges and gaps Ratna and Kuddus were facing. Various supplies, equipment, manuals, and registers were unavailable. Within a week of Dr. Sanowar's visit, IUDs, IUD instruments, consent forms, a patient examination bed, and general and adolescent service registers were procured, and an urgent request was made to the upazila FP Officer of Bhanga to supply an IUD sterilizer and a scale.

Ratna attributes the rapid change in facility readiness and quality of services to frequent contacts and visits by the Medical Officer for Maternal and Child Health and Family Planning and the Assistant Director for Clinical Contraception, both of whom were supported and trained on M&SS by Shukhi Jibon. Both she and Kuddus believe that their skills have improved as a result of the M&SS visits and sessions. They are hopeful that, if ongoing facility readiness can be ensured, quality of services will continue to improve.

Shukhi Jibon’s Learning Lab demonstrates that mentoring and supportive supervision can complement each other to strengthen the capacity of health care providers and improve the quality of FP service delivery. Mentoring provides more insight into the root causes of performance gaps, builds provider skills and confidence, improves supervisor-supervisee relationships, and facilitates communication across providers and directorates. Supportive supervision, meanwhile, fosters an enabling work environment by ensuring effective resource mobilization, facility readiness, and a systematic ability to resolve issues efficiently. For M&SS to have the greatest impact, seamless integration of these activities into the existing workloads and processes of supervisors and mentors—with systematic logistical support and practical, user-friendly tools—is needed.

SUGGESTED CITATION

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SOURCES

- 1 “Mentorship.” 2018. Watertown, MA: Pathfinder International.
- 2 “Mentoring for Human Capacity Development-Implementation Principles and Guidance.” 2018. Washington, DC: Maternal and Child Survival Program.
- 3 “Mentorship.” Pathfinder International.

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