

TRACHOMA SAFE STRATEGY SERIES:

## Surgery



# Supportive Supervision for Trichomatous Trichiasis Programmes

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**ICTC** International Coalition  
for Trachoma Control

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## Foreword

As we approach the elimination target date for blinding trachoma, one of the critical steps towards achieving this important goal is the need to increase both the number and quality of trichiasis surgeries being done by surgical teams.

To enable teams perform well, they need to be supported by carefully understanding their working conditions; what is hindering or enhancing their performance and how they can be helped to perform better in terms of quantity and quality. Traditionally, trachoma programmes like other health related programmes, have waited for reports of performance by teams and when teams are visited it is usually for fault finding. In many situations poor performance by surgical teams has stemmed from lack of ongoing support by supervisors.

As the expectations from teams increase there is a need for supervisors to be more involved in the process of providing trichiasis surgery from case finding to the follow up of operated patients so that processes will match expectations and so that teams will become more effective and efficient. Therefore the process of supervision needs to change from that of control to

support – hence the need for this practical manual. This manual lays the foundation supervisors need for engaging and helping trichiasis surgery teams overcome the difficulties encountered in the case finding process, carrying out surgical outreaches and reporting outcomes of surgery. If supervision is to be done properly, supervisors must be part of the solutions to the problems teams are encountering. These are some of the issues addressed in this manual.

It is hoped that this manual will contribute towards developing skills in supportive supervision and achieving the elimination of trachoma.

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# Table of contents

<b>Background</b>	<b>5</b>	<b>Day 3</b>	<b>19</b>
<b>Training Objectives</b>	<b>6</b>	Session 1: Training and Mentoring	19
Expectations of the Training	6	Session 2: Organizing an Efficient TT Outreach	19
Planning for the Training	6	Session 3: Leadership	20
Agenda for the Training	6	Session 4: Recording and Reporting	22
<b>Training Plan</b>	<b>8</b>	Session 5: Supervision Practicum	23
<b>Day 1</b>	<b>8</b>	<b>Annexes</b>	<b>24</b>
Session 1: Introductions	8	Annex A: WHO Guidelines for TT Intervention & Elimination (.ppt)	24
Session 2: Expectations	9	Annex B: Preferred Practices for TT (.ppt)	28
Session 3: Agenda and Learning Objectives	9	Annex C: USAID Performance Improvement Management Plan (.ppt)	33
Session 4: Norms	10	Annex D: Supervision Checklists	37
Session 5: Introduction to SAFE	10	— Supervision Checklist for TT Screening (at Outreach)	37
Session 6: National TT Situation: Evidence for Planning	11	— Supervision Checklist for TT Counseling (at Outreach)	37
Session 7: Preferred Practices for TT Surgical Service Delivery	11	— Supervision Checklist for TT Surgery	38
Session 8: SWOT Supervision	12	— Supervision Checklist for Camp Organization	38
Session 9: What is Supportive Supervision?	12	— Supervision Checklist for Instruments, Consumables, and Equipment	39
<b>Day 2</b>	<b>13</b>	— Supervision Checklist for Record Keeping	39
Session 1: Supportive Supervision and TT Programmes	13	— Supervision Checklist for Audit	40
Session 2: Performance Improvement and Supervision	13	Annex E: Supportive Supervision Template for TT Surgeons and TT Programmes	41
Session 3: Role of a Supervisor in Assuring Quality Outreach	14	Annex F: Key Points for Effective Communication	42
Session 4: Supervisory Skills Needed for TT Outreach	15	Annex G: Steps in Organizing a TT Outreach and Follow Up	43
Session 5: Supportive Supervisory Strategies	15	Annex H: Leadership Quotes	44
Session 6: Skills Development – Communication	16	Annex I: Using Data for Surgical and Programme Management	45
Session 7: Skills Development – Team Building	17		



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## Background

Evidence indicates that a critical factor affecting both productivity of surgeons and the quality of surgery is provision of adequate supervision. Historically, the supervision provided within most health systems has been provided using a top-down approach, in which the supervisor plays the role of “policeman” to evaluate each individual’s performance. That approach to supervision does not facilitate performance improvement, and tends to demotivate staff. This manual advocates not only for increased supervision within national trachomatous trichiasis (TT) programmes, but a shift to what is referred to as **supportive supervision**, which has the ultimate aim of improving the quality of outcomes of TT management, the satisfaction of patients, and the happiness of staff.

The tenets of this supportive approach place the supervisor as an integral part of a team of TT surgeons. Rather than playing an evaluation role, he or she becomes a mentor to the surgeons, focusing on performance improvement, problem solving and troubleshooting. A supervisor should be accountable for the performance of the individuals and teams being supervised. If there was one single sentence to be used by a supervisor that encapsulates this concept, it would be: “How can I help you do your job better?” The main objectives of visits to work sites are to ensure that surgeons are able to perform as needed, that patients receive quality services, that outreach is organized and managed so that it is effective and efficient, and that routine follow up is undertaken. In addition, supervisors should be conducting an audit of surgical cases every year or two. A surgical audit is a process to compare aspects of care such as counseling, surgery, post-operative care, and surgical outcomes against explicit criteria that define the ideal. The results of an audit provide the necessary information to improve programmes to assure quality and productivity, in order to achieve GET2020 goals.

The training presented here requires three days, recognizing the time constraints of most Ministry of Health personnel and the expense that training incurs. The target audience for this training are those who are to supervise TT surgeons and outreach activities. It is expected that supervisors chosen for the TT programme have the necessary clinical knowledge, preferably having been certified as TT surgeons, and have successfully performed TT surgery themselves. Aside from this technical requirement, however, the supervisor should be well-versed in the other aspects of outreach, including the logistics of implementing effective and efficient TT outreach activities, practice of sterile technique, a surgeon’s interpersonal skills in dealing with patients and those assisting with the organization of the camp, and knowledge of other aspects of trachoma elimination. In all of these tasks, critical thinking skills are required.

The World Health Organization (WHO), in its manual on supervision for immunization, refers to the **3 Rs** for an effective supportive supervision system:

1. **Right people** as supervisors – trained supervisors with up-to-date information and skills
2. **Right tools** for supervisors – checklists, forms for recommendations, training aids, etc.
3. **Right resources** allocated for supervision – ensuring supervisors have transport, receive per diems, and have time allocated for the job.

This training will directly address the first two “Rs”. Though it will not enable the national programme to secure the necessary resources that a supervision system requires, it will help identify what those resources might be, and ways to secure them.

# Training Objectives

The objective of the training is to develop a cadre of trained supervisors for quality TT services to:

1. Assure quality outcomes of TT surgery and other interventions for managing TT;
2. Assure quality management of community- and patient-centered TT services;
3. Ensure high quality reporting (outreach activities, outcomes of surgery, etc.);
4. Develop the specific supervision strategies to be adopted in the country.

## Expectations of the training

By the end of the workshop the participants will be able to:

1. Define supportive supervision;
2. List various issues that may affect performance of health workers and the role of supervisors to address these;
3. Define the critical roles a supervisor plays in assuring quality of TT management;
4. Demonstrate skills in interpersonal counseling, team building and training;
5. Demonstrate knowledge of supervisor checklists for TT surgeons and auxiliary personnel, as well as for specific outreach activities;
6. Demonstrate an understanding of efficiency and effectiveness in outreach organization and management;
7. Demonstrate an understanding of specific supportive supervision strategies to be undertaken.

## Planning for the training

Planning for the training includes consideration of the following:

- Sufficient space at the venue to allow for small group discussions
- Teaching materials, such as flip charts, marker pens, LCD projector and computer
- Preparation of print outs of TT forms (patient form, TT case finder form, summary statistics form), template for completing supportive supervision strategies, etc.)
- Organization of the training site near to a planned TT outreach so that (on Day 3) the team can conduct a supervision practicum.

## Agenda for the training

The three-day training programme starts with sessions aimed to ensure that all supervisors have a minimum level of information regarding trachoma and TT. Each day starts with a brief recap of the previous day. By the end of the training, participants should have developed the specific strategies to be undertaken for supervision of the programme. All efforts should then be made to ensure that the TT supervision strategy is adopted throughout the country.

Session	Time	Facilitator
<b>Day 1</b>		
Registration	8:30	
Opening Remarks	9:00	
Session 1: Introductions	9:15	
Session 2: Expectations	9:45	
Session 3: Agenda and Learning Objectives	10:30	
Session 4: Norms	10:50	
<b>Tea Break</b>	<b>11:10</b>	
Session 5: Introduction to SAFE	11:30	
Session 6: National TT Situation	12:00	
<b>Lunch Break</b>	<b>12:30</b>	
Session 7: Preferred Practices for TT Surgical Service Delivery	13:30	
Session 8: SWOT Supervision	14:30	
<b>Tea Break</b>	<b>16:00</b>	
Session 9: What is Supportive Supervision?	16:30	
<b>End of Day</b>	<b>17:30</b>	
<b>Day 2</b>		
Review of Day 1	8:30	
Session 1: Supportive Supervision and TT Programs	8:45	
Session 2: Performance Improvement and Supervision	9:15	
Session 3: Role of a Supervisor in Assuring Quality TT Management	10:00	
<b>Tea Break</b>	<b>11:30</b>	
Session 4: Supervisory Skills Needed for TT Outreach	12:00	
<b>Lunch Break</b>	<b>13:00</b>	
Session 5: Supportive Supervisory Strategies	14:00	
Session 6: Communication Skills	15:00	
<b>Tea Break</b>	<b>16:00</b>	
Session 7: Team Building	16:30	
<b>End of Day</b>	<b>17:30</b>	
<b>Day 3</b>		
Review of Day 2	9:00	
Session 1: Training and Mentoring	9:15	
Session 2: Organizing an Efficient Outreach	10:15	
Session 3: Leadership Skills	11:00	
<b>Tea Break</b>	<b>11:30</b>	
Session 4: Recording and Reporting	12:00	
<b>Lunch Break</b>	<b>12:30</b>	
Session 5: Supervision Practicum	13:30	
Workshop Synthesis	16:30	
<b>Workshop Closing</b>	<b>17:30</b>	

# Training Plan

The training plan includes 6 sections: [1] session summary, [2] objectives of the session, [3] duration of the session, [4] materials used for the session, [5] handouts used for the session, and [6] training procedures. These plans are not meant to be prescriptive; trainers may adapt them as per the local context, including the experience of participants and the number undergoing training. Some sessions may require less time than indicated in the schedule, while other sessions may require more time. Trainers should be flexible, making revisions to the schedule and procedures based upon their interactions with the participants and the needs of the programme.

# Day 1

## Session 1: Introductions

**Session Summary:** This session allows participants to get to know one another. At minimum, names, positions, experience in trachoma and TT should be shared. It is recommended that an icebreaker be used to demonstrate the participatory nature of the workshop and to break down any barriers of formality. There are any number of such activities to choose from and the facilitator has the discretion to choose one s/he is most comfortable with. One is suggested below.

**Objectives:**

1. To demonstrate this is a participatory workshop and indicate that full participation from each learner is expected.
2. To demonstrate that the participants are responsible for their learning, and the facilitator is there to facilitate the learning but not impose it.
3. To allow participants and facilitator to interact and to get to know one another, creating a sense of community and safety within the learning environment.

**Duration:** 45 minutes

**Materials:** Flip chart and markers

**Handouts:** None

**Training Procedure:**

1. Ask the participants to form a circle that also includes the facilitator;
2. The facilitator tells the participants that one by one, each person will start by announcing their name accompanied by a gesture (e.g., hands raised above head, a dance step, a jump).
3. The next person must say the name of the first person, replicate the gesture, and state his/her own name accompanied by a different gesture.
4. The third person must say the names and replicate the gestures of each of the people before, and then add his/her name and unique gesture.
5. This is continued all the way around to the last person, who needs to remember everyone's names and gestures.
6. Following this activity, the facilitator asks participants to comment on the value of such an activity in terms of team building, noting that this is something that will be discussed later on as part of the workshop.

## Session 2: Expectations

**Session Summary:** Participants attend workshops with a variety of expectations as to the nature of the workshop and what they will gain from participating in it. These expectations may be different from the intentions of the organizers, and if not discussed at the beginning of the workshop may cause confusion, dissatisfaction, and in the end, hinder the learning process. This session and the following session provide an opportunity to identify those expectations and reconcile them if possible with the workshop objectives; if this is not possible, the reasons why the expectation(s) cannot be met should be addressed.

### Objectives:

1. To determine the expectations that participants have in attending the workshop, and participants' learning needs in terms of training (and trachoma).
2. To establish a pattern of group work for the workshop.

**Duration:** 30 minutes

**Materials:** Flip chart and markers

**Handouts:** None

### Training Procedure:

1. If the group is large, divide the participants into 4-5 groups. Each group should develop a list of 3-4 expectations they have for the workshop. ("Expectations" are what participants hope to learn or achieve by attending the workshop.)
2. Ask each group to nominate a facilitator and a secretary.
3. After 10 minutes, ask the participants to return to plenary.
4. Ask a group to present their work.
5. Ask the other groups if they had any different expectations, writing them on flip chart paper.
6. The facilitator should then advise participants that the next session will include the objectives of the workshop and a comparison will be made between the expectations of the participants and the intention of the workshop.

## Session 3: Agenda and Learning Objectives

**Session Summary:** This is a continuation of the previous session in which the agenda and the learning objectives are presented. A discussion is then held to explore whether expectations that lie outside the design of the workshop can be met, or if not, to explain why not.

### Objectives:

1. To present the intentions of the workshop and the objectives of the training overall.
2. To ensure that participants' expectations are managed within the parameters of the workshop.

**Duration:** 30 minutes

**Materials:** PowerPoint presentation of agenda and learning objectives

**Handouts:** Agenda with objectives listed

### Training Procedure:

1. Present the learning objectives for the workshop, acknowledging that some identified expectations might not conform with those objectives.
2. Present the agenda to illustrate the steps that will be taken to achieve the objectives.
3. Indicate where some of the expectations might be met or at least partially met.
4. If there are expectations that cannot be met, indicate them, explaining why.
5. Ask participants if they have any questions.

## Session 4: Norms

**Session Summary:** This session is to establish behaviours that the participants agree will be necessary to have a successful and productive workshop.

**Objective:** To set the ground rules for behaviours during the workshop.

**Duration:** 20 minutes

**Materials:** Flip chart and markers

**Handouts:** None

### Training Procedure:

1. Ask the participants what norms are (behaviors/rules that all agree on).
2. Brainstorm with the participants what they feel are the necessary norms for this to be a successful workshop (answers may include: not speaking at the same time as others, respect for others' opinions, no side conversations; turn off cell phones, no smoking, etc.).
3. Write the responses on the flip chart.
4. Ensure that all participants are in agreement.
5. Post the flip chart on a wall of the training room to be referred to if needed.

## Session 5: Introduction to SAFE

**Session Summary:** This session provides the background of the SAFE strategy before progressing to a more in-depth look at TT as it affects the country or countries represented. It is critical that participants understand the overall context of the programme to eliminate trachoma as a public health problem, particularly in terms of TT. Later on Day 1, there will be a presentation on preferred practices for managing TT.

### Objectives:

1. To ensure all participants are familiar with the SAFE strategy.
2. To ensure all participants are familiar with TT.
3. To ensure all participants are familiar with the age group in which we measure TT prevalence (generally  $\geq 15$  year-olds).
4. To ensure all participants are familiar with the prevalence thresholds used to define elimination of TT ( $< 1$  TT case per 1,000 total population, or  $< 0.2\%$  in  $\geq 15$  year olds) – in particular noting that thresholds are based on prevalence of TT in people, not eyes.

**Duration:** 25 minutes

**Materials:** Flip chart paper and markers, PowerPoint presentation that lists the WHO guidelines for intervention and elimination (**Annex A**).

**Handouts:** None

### Training Procedure:

1. Write the word letters SAFE on the flip chart.
2. Ask the participants what it refers to, writing their responses down.
3. As each component is identified ask participants to explain its importance within the context of trachoma elimination.
4. Ask the participants what the signs of trachoma are, noting the responses on the flip chart paper.
5. Though the signs TF, TI, and CO may be mentioned, inform the participants that for TT planning the focus will be on TT and TS only, as these signs are used to trigger action.
6. Ask participants what the important age group is for TT ( $\geq 15$  year-olds, though sometimes older data may be based on  $\geq 40$  year-olds (now not commonly used)).
7. Explain to participants that these concepts will be critical for the work they are being asked to do, and further essential information will be discussed in the next session.

## Session 6: National TT Situation: Evidence for Planning

**Session Summary:** This session provides participants with an overview of the current situation of trachoma and TT in the country. Focus is on the prevalence of TT in the various endemic districts and regions; the national targets for intervention; the number of surgeons currently active; levels of productivity over the past 2-3 years, the various approaches used for TT management, and how supervision is currently handled. This presentation should be given by the national trachoma or NTD coordinator.

### Objectives:

1. To provide the overall epidemiological context of TT in which TT planning will take place.
2. To introduce the current human resource base and how supervision has been conducted.

**Duration:** 30 minutes

**Materials:** Computer and projector; presentation on the TT situation in the country

**Handouts:** Print out of presentation

### Training Procedure:

1. The presenter prefaces the presentation by telling participants that this presentation lays the programmatic foundation for their roles as supervisors.
2. During the presentation, the presenter should encourage participants to contribute, based on their own knowledge of the national or local situation.

## Session 7: Preferred Practices for TT Surgical Service Delivery

**Session Summary:** This session presents the current knowledge of TT, covering the management of individual TT patients, training of surgeons, quality assurance, and efforts to increase surgical output and uptake. This presentation is derived from the 1st Global Scientific Meeting on TT held in Moshi, Tanzania (January 2012) and the 2nd Global Scientific Meeting on TT held in Cape Town, South Africa (November 2015), and sets the stage for planning at national level. The focus of the session is on preferred practices that need to be considered during planning for TT elimination, and particularly on outreach services. Also, this session should introduce the concept of “case management”, recognizing that surgery may not always be the only option, and that if people refuse surgery, alternatives such as epilation can be offered.

### Objectives:

1. To provide the global context in which national planning will take place.
2. To introduce current evidence and research concerning case management of TT, mentioning the role of epilation should a patient refuse to have surgery.
3. To introduce current research concerning quality of surgery and the role surgeon training plays.
4. To introduce current evidence and research concerning increasing quantity of surgeries (surgical productivity) in order to reach GET2020 goals.
5. Create understanding of reporting that includes surgeries, epilation, and (informed) refusals.

**Duration:** 45 minutes

**Materials:** Computer and projector; presentation on the results of the two Global Scientific Meeting on TT (Moshi & Cape Town) and more recent research findings (**Annex B**)

**Handouts:** Participants should be provided a copy of the reports from the two Global Scientific Meetings on TT

### Training Procedure:

1. Present the findings from the two Global Scientific Meetings on TT.
2. The facilitator should use this time to assess the knowledge and critical thinking of participants by asking questions concerning the three main topics of the presentation (management, quality and quantity) and their applicability to the local situation.
3. Introduce a discussion on participants’ feelings about epilation as an option for management of TT under defined circumstances.

## Session 8: SWOT Supervision

**Session Summary:** This session divides participants into groups to conduct an analysis of current supervision using the SWOT (Strengths, Weaknesses, Opportunities, and Threats) format. This session will set the context for introducing the concept of supportive supervision in the next session.

**Objective:** To analyse the current situation of supervision of TT surgeons.

**Duration:** 90 minutes

**Materials:** Laptop computers for each group to document their findings, or flip chart paper and markers

**Handouts:** None

### Training Procedure:

1. Ensure that the participants know what a SWOT analysis is, answering any questions that may arise.
2. Divide the participants into groups of 5-6 people, ensuring that each group has a computer in which to record the discussions, or flip chart paper and markers.
3. Ask each group to identify 3-4 points in each of the 4 components of a SWOT analysis (you may want two groups to focus on strengths and weaknesses and two groups to focus on opportunities and threats).
4. After 45 minutes, reconvene the group.
5. Ask the groups to present their findings. Following each presentation, invite comments, questions, and discussion.
6. After the last group's presentation, the facilitator should identify the common themes and areas where the groups are in agreement, and areas where more discussion might be needed.

## Session 9: What is Supportive Supervision?

**Session Summary:** This session introduces the concept of supportive supervision, relying on participants to develop a definition. As facilitator, there are a number of key principles to introduce if they are missing in the participants' considerations, or as complements to what the participants present. These principles include: supportive supervision is for problem solving, mentoring, logistical support, quality assurance (including periodic audit), to motivate, and to monitor progress towards targets.

**Objective:** To define supportive supervision and its key principles.

**Duration:** 75 minutes

**Materials:** None

**Handouts:** None

### Training Procedure:

1. Ask each participant to list 5 characteristics of what supportive supervision means to them. Advise them that they have 5 minutes to do this.
2. After 5 minutes, have the participants form groups of three. Based on each individual's list, each group is to prioritize the various characteristics making one group list the 5 most important aspects of supportive supervision. Allow 15 minutes for this exercise.
3. Re-group participants into 2 large groups and ask each group to repeat the process of coming to consensus about the most important characteristics of supportive supervision, using those characteristics to develop a definition. Allow 30 minutes for this.
4. After 25 minutes have all the participants come back to plenary; each group should then present its definition.
5. Facilitate a discussion on the two definitions to arrive at an agreed definition.

# Day 2

## Session 1: Supportive Supervision and TT Programmes

**Session Summary:** This session builds upon the definition developed in the previous session and looks at how the various concepts can be applied to TT programmes. Results from the SWOT analysis conducted earlier should also be revisited during the discussion.

**Objective:** To begin applying the concepts of supportive supervision to the supervision of TT management.

**Duration:** 30 minutes

**Materials:** Flip chart and marker; if time allows: prepared flip charts with the key points from the SWOT analysis

**Handouts:** Definition of supportive supervision arrived at in previous session

### Training Procedure:

1. Review the definition of supportive supervision.
2. Ask participants if they had any further ideas to refine the definition.
3. Facilitate a discussion of how the definition could be applied to each participant's work as a supervisor of TT management services, writing responses on flip chart paper.
4. During the discussion, refer to the various points brought up in the SWOT analysis that was conducted on Day 1.
5. Conclude by summarizing how supervision should be supportive of TT services.

## Session 2: Performance Improvement and Supervision

**Session Summary:** There are a number of issues that may impact the performance of those being supervised and thus the effectiveness of the programme. Amongst these factors are: receiving feedback on performance; having the necessary tools and infrastructure to perform to standard; understanding the expected role; possessing the necessary knowledge and skills; having the motivation and incentives to perform as expected; and receiving organizational support to do the job. In this session, these factors will be identified and discussed within the framework of a supervisor's responsibilities.

### Objectives:

1. To identify various factors that impact on work performance.
2. To identify the role of a supervisor in managing those factors.

**Duration:** 45 minutes

**Materials:** Flip chart and paper; PowerPoint slideshow of USAID's Performance Improvement Management Plan (**Annex C**)

**Handouts:** None necessary, though printed copies of the slide show could be provided

### Training Procedure:

1. Ask participants to brainstorm reasons for poor health worker performance, writing responses on the flip chart.
2. After 10 minutes or so, sum up the responses from the participants.
3. Present the slide show.
4. If there is overlap between the points in the slide show and the participants' ideas from the brainstorm, point these out.

## Session 3: Role of a Supervisor in Assuring Quality Outreach

**Session Summary:** Building upon the two previous sessions (Performance Improvement and Preferred Practices for Outreach), this session looks at the specifics of supervising outreach services and begins the task of developing a supervisory checklist. This session will also reinforce the idea of TT management introduced on Day 1, while discussing preferred practices for TT. It also presents the idea that surgery, though the principal intervention for TT, may not be warranted in every patient, due to the nature of TT (e.g., number or location of lashes touching the globe) or not being accepted by the sufferer; in some cases, counselling and epilation should be considered as alternatives. Various aspects to be discussed include: mobilization, screening, TT patient selection, referral of non-TT eye conditions, counseling, management, post-management follow-up, reporting, and record keeping. In this session, the facilitator may also bring up the ethics of surgery provision and the need to treat patients as persons, emphasizing their role as a humanitarian undertaking and not just a technical one. Since most programmes struggle to implement practical TT outcome assessment at 3-6 months particular attention needs to be given by supervisors to help plan for and implement outcome assessment.

### **Objectives:**

1. To identify the various aspects of TT outreach and follow up that a supervisor needs to address, in order to assure the necessary productivity and quality of the management service.
2. To develop a draft supervisory checklist for TT outreach (see list in **Annex D**).

**Duration:** 90 minutes

**Materials:** Flip chart paper

**Handouts:** None

### **Training Procedure:**

1. Review with participants the most important points concerning the preferred practices for TT surgery and TT outreach.
2. Review the points raised in the previous session concerning performance.
3. Outline the various components that make up outreach (mobilization, screening, TT patient selection, referral of non-TT eye conditions, counseling, management (surgery/epilation), post-operative follow-up, reporting, record keeping).
4. Discuss with participants the ethical considerations relating to behaviour of surgeons and other outreach personnel when interacting with patients, their families and the communities they work in. Ask them to think of how some of these aspects might be incorporated in a checklist.
5. Hand out the draft checklists. Divide the participants into the following groups: a) mobilization; b) screening and patient selection; c) surgery/management; d) post-operative follow-up and record keeping.
6. Instruct each group to review the checklists, identifying the key points of their specific group that they as supervisors would need to focus on.
7. Ask each group to revise, as needed, the checklist for the topic they are addressing.
8. Have the individual groups present their work, providing time for comments and discussion afterwards.

## Session 4: Supervisory Skills Needed for TT Outreach

**Session Summary:** The purpose of this session is to use the discussion above to identify and prioritize the skills a supervisor needs to master, in order to more effectively do their job. These skills should include: communication; team building; providing constructive feedback; mentoring and training. These skills will be addressed in more detail later in the workshop.

**Objective:** To identify and prioritize the skills needed to be effective supervisors.

**Duration:** 60 minutes

**Materials:** Flip chart and markers

**Handouts:** None

### Training Procedure:

1. Ask participants, based on the principles of supportive supervision and the requirements of a TT programme: what are the necessary skills a supervisor needs to assure optimal delivery of TT services?
2. Write the responses on flip chart paper and prompt participants for other ideas, such as those above (if not mentioned).
3. Ask the participants to rank these skills in order of importance, using their experience of supervision and TT management in their home environment.

## Session 5: Supportive Supervisory Strategies

**Session Summary:** This session will start the process of developing specific strategies for supportive supervision. The foundation for the session, shown in the table in Annex E, includes the 6 different supervision components. The 6 components can be grouped under the two areas of [1] surgery and epilation [2] outreach and reporting. It is not anticipated that participants will be able to complete the form during this session; the form should be completed by the end of the supervision workshop.

**Objective:** To develop supervision strategies for all aspects of TT management.

**Duration:** 60 minutes

**Materials:** None

**Handouts:** Supportive supervision template (**Annex E**; to be distributed following this session)

### Training Procedure:

1. Briefly review the 6 components listed on the Supportive Supervision Template. Ask participants if they can think of any additional components to include.
2. Using a flipchart, ask participants to identify all the strategies one can use for supervision. Note these on the flip chart. Be sure that the list includes non-traditional strategies (use of mobile phones, participant observation, use of key informants, etc.)
3. Divide the participants into two groups. One group will take responsibility for drafting supervision strategies for surgery and epilation – this group should include those with strong surgical skills. The other group will draft the supervision strategies for outreach and reporting – this group should include those with strong programme management skills.
4. Groups will present to each other and discuss. One person will take the notes of both groups and make a record of the general discussion, then compile this to generate a single document. This will then be distributed to the group at the start of Day 3 so that it can be used for additional discussion and refinement.

## Session 6: Skills Development – Communication

**Session Summary:** This session is to introduce the four components of effective communication, including: (1) active listening; (2) verbal communication and encouragement; (3) paraphrasing and clarification; and (4) appropriate questioning. Practice of these components is provided through role plays, with participants providing feedback. A summary of key points about each component is included in **Annex F**.

**Objective:** To discuss and practice effective communication as a critical part of supervision.

**Duration:** 90 minutes

**Materials:** Flip chart paper with four components written on it

**Handouts:** Role play assignments

### **Training Procedure:**

1. Briefly review the 4 components with participants.
2. Divide participants into 4 groups – one for each component.
3. Ask each group to discuss in more detail the importance of each component and particularly as it relates to supervision.
4. After 20 minutes, ask each group to develop a role play scenario that is based on a situation they might encounter as a supervisor and that demonstrates the component assigned to the group. If necessary, role play situations may be provided to each group. These scenarios are found immediately following the Summary of Key Points for Effective Communication.
5. Provide each group with 20 minutes to prepare.
6. One by one ask each group to present their role play.
7. Following each role play, facilitate a review. Observers may state their views by saying “I thought that *xxxxxxx* really demonstrated well the idea of *active listening/verbal communication*, etc., by doing *xxxxxxx*. Observers can also state their criticism by saying “Next time you might want to try/say *xxxxxxx* to more effectively demonstrate *active listening/verbal communication*, etc.
8. Finish the session by summarizing the positive points from the role plays and noting that the four components are all inter-related.

## Session 7: Skills Development – Team Building

**Session Summary:** The delivery of TT services should be viewed as a team effort. For an effective team, the supervisor must assume the role of a team leader and work to develop the sense of teamwork among the staff on the team. This session explores the dynamics of groups, team building framed in the role of a supervisor’s responsibilities.

### Objectives:

1. To demonstrate and foster a discussion on group dynamics, and team work.
2. To discuss the importance of team work in relation to effective TT supervision.

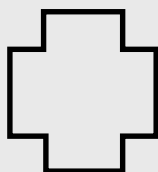
**Duration:** 60 minutes

**Materials:** 10-12 sheets of paper for each group; 1 pair of scissors for each group

**Handouts:** None

### Training Procedure:

1. Divide the participants into groups of 6-8; in each group appoint 2 people to act as observers.
2. On the flip chart draw the following figure:



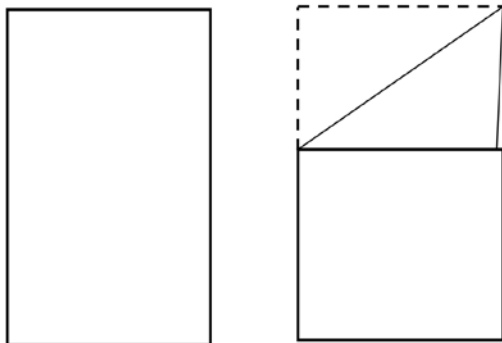
3. Instruct the groups that their task is to end up with the above figure. They are only allowed to make one cut; that cut must be straight.
4. Hand instructions (found at the end of the notes on this session) to each observer, giving them a couple of minutes to read them.
5. Distribute the paper and one pair of scissors to each group, putting the material in the middle of the table. Do not give them to one individual.
6. Allow the groups 15-20 minutes. If one group finishes early, allow the other groups to continue, remembering that the purpose of this activity is to observe how groups work together.
7. After the allotted time, ask the group that finished first to demonstrate the solution (found at the end of the notes on this session, after the instructions to the observers).
8. Ask participants what they felt the point of the activity was (to create a situation where group dynamics are needed to solve a common problem).
9. Ask the observers what their findings were in observing the groups.
10. Ask participants to discuss what, in this exercise, would be applicable to their role as a supervisor. Key concepts include: working together to achieve a shared objective; different people need to assume different tasks; if one person is not engaged the team suffers, etc.

# Instructions for Observers of Scissor and Paper Task

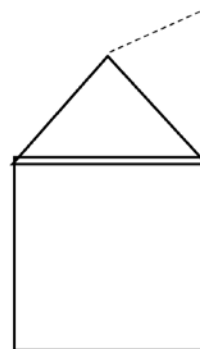
1. Was the group motivated to solve the problem? What was the indication of motivation or lack of motivation?
2. How did the group organize itself to carry out the activity?
3. Was there a leader? If yes, how was the leader selected?
4. Was the leadership accepted by the group?
5. What aspects of the group dynamics facilitated solving the problem?
6. What aspects of the group dynamics made solving the problem more difficult?

## Solution for Scissor and Paper Task

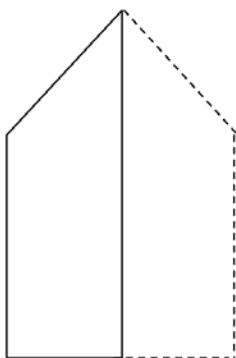
1. Starting with piece of paper, fold the top left corner down to the mid-line of the paper.



2. Fold the right corner to the half-way point:



3. Fold the paper in half:



4. Cut along dotted line:



Adapted from "100 Training Games" by Gary Kroenhart

# Day 3

## Session 1: Training and Mentoring

**Session Summary:** Another important facet of supervision is making sure that supervisees have the knowledge and skills necessary to effectively fulfil their roles within the TT programme. This may be done either through training or on-going mentoring. This session reviews the basics of adult education and applies those principles to skills development and maintenance. The three tenets of adult education are as follows:

1. Adults want to see the relevance of what is being taught to their own situation. They are practical and goal-oriented and learn in order to solve perceived problems.
2. Adult education needs to be grounded in the learners' experiences. Learning is facilitated when the new knowledge and skills are built upon the learner's foundation of knowledge and life experiences.
3. Adults learn best when in a supportive, non-competitive environment and where they do not feel as if they are being tested. They must be both physically and psychologically comfortable.

**Objective:** To provide a framework of adult education for supervisors to ensure that they can effectively train and mentor their supervisees.

**Duration:** 60 minutes

**Materials:** Flip chart paper with the 3 tenets of adult education

**Handouts:** None

### Training Procedure:

1. Briefly present the 3 tenets of adult education.
2. Divide the participants into 3 groups, with each group assigned one of the tenets.
3. Ask the groups to create a scenario in which they as supervisors need to either train or mentor one of their supervisees and demonstrate how they would apply their given tenet to the situation.
4. After 20 minutes, bring the participants back together and ask each group to present.
5. Following each group's presentation facilitate a discussion concerning their interpretation of the tenet.
6. Close the session by asking the participants how this is applicable to their overall job as a supervisor.

## Session 2: Organizing an Efficient TT Outreach

**Session Summary:** Organizing an efficient TT outreach can be a challenging task for many, particularly if there is some history of previous outreach that has not been very efficient. In many settings, it will be necessary for the supervisor to assist the TT surgeon and team members to plan for an efficient outreach, rather than just supervising outreach. Starting the team off with an efficient outreach model will be helpful in gaining an appreciation of the best approaches to efficiency. The focus of this session will be on helping participants to conduct an outreach planning session, as well as to follow up to ensure that outreach remains effective and efficient.

### Objectives:

1. To provide the participants with the skills necessary for them to facilitate planning of outreach.
2. To teach participants the key steps in supervising outreach.

**Duration:** 60 minutes

**Materials:** Poster board to record responses

**Handouts:** "Steps in Organizing a TT Outreach" (**Annex G**) and handout of previous work on strategies for supportive supervision

### Training Procedure:

1. Ask the participants what is meant by an "efficiently run" outreach. Note key concepts on the board (ensure that the discussion addresses: personnel, money, supplies, time).
2. Hand out the sheet of "Steps in Organizing a TT Outreach." Divide participants into 2-4 groups and ask them to review/refine the list.
3. After a few minutes, ask groups to report back and record their suggestions.
4. Walk through the steps with each group and ask how each one would help a TT surgical team plan.
5. Do one final review of the checklist.
6. Close the session by asking the participants how this would be applicable to their overall job as a supervisor.

## Session 3: Leadership

**Session Summary:** One of the key functions of a supervisor is to provide leadership to the TT teams. The literature on leadership is vast; this session will only scratch the surface of a wide and varied field with numerous models and theories. The session asks the participants to reflect on leadership by presenting a number of quotes, requesting participants' reactions within the context of TT surgery. In conclusion, John Adair's "Action-Centred Leadership" is presented as a functional leadership model that summarizes much of the previous discussions and can be adapted to the context of supervision. This model looks at Task (completing the task or challenge faced by the group); Team (creating and maintaining a sense of team or group unity, a sense of 'we' and 'us', and collective responsibility) and Individual (ensuring that each individual in the group is able to meet his or her own individual needs: psychological, and – if appropriate – physical, too) as the three areas that a leader must simultaneously address.

### Objectives:

1. To introduce the idea of leadership as a critical skill for a supervisor.
2. To elicit thoughts from the participants as to the dynamics of leadership.
3. To present one leadership model to apply to the supervision of TT services.

**Duration:** 60 minutes

**Materials:** 6-8 quotes concerning leadership to post on walls (**Annex H**; one quote per card posted around the training room); Adair's diagram on flip chart paper (diagram and quotes provided following training procedure).

**Handouts:** The above materials may also be distributed as handouts, if preferred

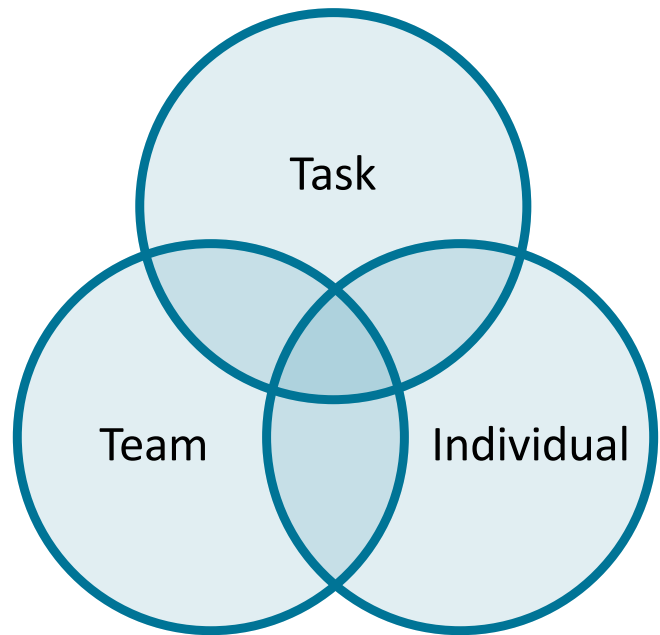
### Training Procedure:

1. Prior to the beginning of the session, post the quotations around the walls of the training room.
2. Ask the participants to go around the room and read the quotations. (As an alternative, the quotations could be distributed to each of the participants to read. The advantage of posting the quotations on the walls is that it gets participants up on their feet and walking around).
3. Each participant should choose one quotation that they feel is closest to representing their idea of leadership, and be able to say why.
4. After 15 minutes, ask participants to return to their seats.
5. Ask participants which quotation they liked best, and what elements of it they felt were important to leadership, writing down on the flip chart those identified elements.
6. Continue this until everyone has spoken, or when reactions become repetitive.
7. The facilitator should then summarize and synthesize the various thoughts.
8. Finally, present Adair's leadership model (please see the diagram and notes below).
9. Ask participants how these concepts relate to previous sessions.

# Adair's Action-Centered Leadership

## Responsibilities for Achieving Tasks

- Define the task – determine the vision and direction of the group.
- Identify the resources (people, process, and tools) to achieve the task.
- Create a plan – measurements, timescales, deadlines, tactics etc.
- Establish roles and responsibilities within the team.
- Delegate work to team members.
- Set the standards the team must meet: reporting deadlines, quality expected, etc.
- Monitor, control, and maintain the overall performance against the plan.
- Report on the progress the team is making towards its objective.
- Assess and then recalibrate the plan and targets as necessary.



TM: John Adair

## Responsibilities for Leading or Supervising the Group

- Establish and communicate the standards for both behaviour and performance.
- Establish key soft area aspirations for the group: style, culture, ethics, etc.
- Maintain discipline and the focus on objectives.
- Watch for and then facilitate resolution of conflicts within the group. Additionally, you will need to watch for conflicts between the group and external parties.
- Monitor the overall balance of the group. Fix gaps in the mix where appropriate.
- Develop morale, team working, cooperation, and the team's spirit. Build a common sense of purpose.
- Provide training to the group as appropriate.
- Build the maturity and capability of the group by slowly but steadily increasing authority and freedom. Discuss and communicate with the group as this happens.
- Identify and develop roles within the group.
- Develop communications both within the group and externally to be appropriate, timely, and effective.
- Engage with the group to give feedback to them and receive feedback from them.

## Responsibilities for Leading or Supervising Individuals

- Aim to understand the people who make up your team. Understand their personal situations, ambitions, strengths, weaknesses.
- Be sensitive to personal issues.
- Provide support to individuals.
- Agree and communicate an individual's level of responsibility, what they are accountable for, and their targets.
- Give recognition and praise to individuals. Do this liberally.
- Reward individuals: a financial reward, increased status, or increased responsibility.
- Work with individuals to plan how to develop their maturity and capability, through training, increased authority, increased responsibility, etc.



Photo: Amir B Kello

## Session 4: Recording and Reporting

**Session Summary:** Supervisors have a responsibility to ensure that the information that is collected regarding TT management is accurate and complete, is reported using the correct systems, and reported to the appropriate individuals. This session will focus on aspects of accuracy, completeness, and reporting.

### Objectives:

The participants will:

1. Understand all of the information to be collected, why it is to be collected, and how it is to be collected.
2. Be able to review record forms to quickly assess accuracy and completeness.
3. Be able to ascertain whether information is flowing as required.

**Duration:** 30 minutes

**Materials:** None

**Handouts:** All TT forms (TT case finder form, TT case management form, TT summary statistics form) and sheet: “Using data for surgical and programme management” (**Annex I**)

### Training Procedure:

1. Three groups should be formed, each one addressing one of the forms. All 3 groups will have a copy of the sheet “Using data for surgical and programme management”.
2. In a group, each item on the form will be reviewed, one by one, asking participants to [a] describe the item, [b] identify, on the “Using data...” sheet why it is important, including additional reasons as indicated, and [c] how they, as supervisors, will ensure accuracy and completeness.
3. One person will take notes in each group. These will be shared with everyone.
4. Participants should be asked to describe how they will confirm that the reporting mechanisms have been followed correctly.

## Session 5: Supervision Practicum

**Session Summary:** This session is to provide the participants with an opportunity to practice their supervisory skills. It is also an opportunity for the trainer to assess the learning that has taken place within the workshop, and to provide feedback to individuals, as well as to those charged with overseeing the program. For the field practicum, a great deal of preparation is required, including ensuring a TT camp is being held; arranging transportation to and from the practicum site, meals and snacks; providing the agreed supervisory check lists, etc. Preparation should therefore be started as early as possible – weeks in advance of the training. During the practicum, the various elements of a TT outreach will need to be observed and the corresponding checklists used. Opportunities for participants to practice communication skills, such as providing feedback, need to be identified, and in turn, feedback from the trainer should be offered.

### **Objectives:**

1. To provide participants of the supervision workshop an opportunity to put newly learned skills into practice during a TT outreach activity.
2. To provide the trainer(s) with an opportunity to assess participants' learning and provide concrete feedback to participants.
3. To assess the progress of participants, to provide feedback to those in charge of the overall TT programme.
4. To provide the trainers with an opportunity to improve the training programme based on the outcomes.

**Duration:** 3-4 hours (not counting transportation time)

**Materials:** Supervisory checklists, other materials required for a field visit. Trainers may wish to develop their own checklists for individual participants, to better assess their performance according to observations during the training workshops.

**Handouts:** None

### **Training Procedure:**

1. Prior to departure for the field site, review the various elements of the workshop with participants, to refresh their memories. Respond to any questions.
2. Review logistics with the participants, particularly departure time, transport, etc.
3. Depending on the number of participants, teams may be formed to observe the various components of the outreach activity, such as screening, recording and reporting, sterilization, surgical process, counselling, etc.
4. Once in the field, organize the individuals or teams, identifying the stations (where the various outreach components are happening) at which participants will be supervising. Ideally each team would observe each station for at least twenty minutes and discuss their observations/provide feedback to outreach staff for 10-15 minutes, before moving on to the next station.
5. The trainer(s) should observe all the teams at the various stations, particularly focusing on the feedback each individual provides to outreach staff.
6. If possible, prior to the end of the practicum, ask those who were supervised to provide feedback to the participants on their perspective of the experience and particularly how well they felt that communication was handled.
7. Once back in the training room, debrief the whole group, asking for reactions to the experience; what they felt comfortable with; and what they felt required further learning.
8. The facilitator should provide his or her observations to the participants;
9. If necessary, the facilitator should arrange one-on-one time with participants to discuss their performance during the practicum, modelling good communication skills and feedback provision.

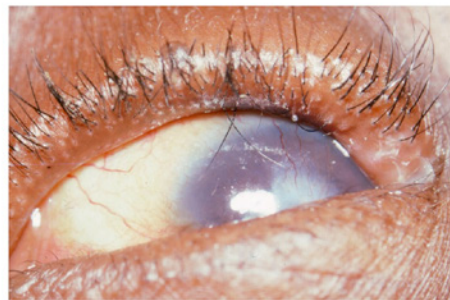
## Annex A: WHO Guidelines for TT Intervention & Elimination (PowerPoint)

### WHO guidelines for decisions related to trichiasis (implementation & elimination)

Slide 1

### Trichiasis (guidelines for implementation)

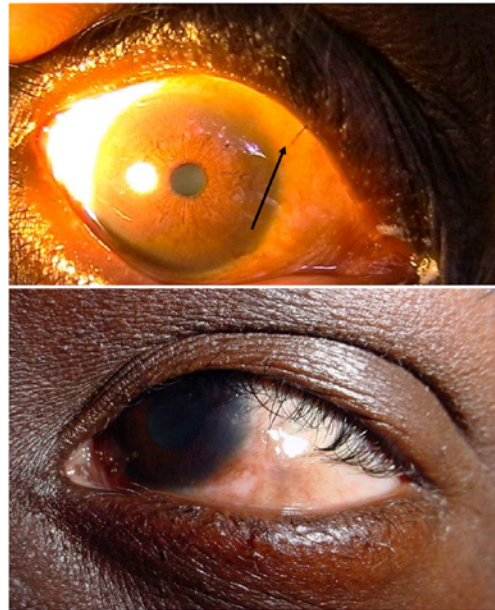
- Trichiasis assessed in adults age 15+
- Population-based survey at Evaluation Unit (EU) level
  - Wide confidence intervals
  - Use to estimate backlog
  - Use to determine if elimination has been achieved



Slide 2

## Trichiasis definitions

- Trichiasis (for survey) defined as
  - Any lash touching the globe
  - Evidence of epilation
  - Evidence of trachomatous conjunctival scarring (TS)
  - Lower lid TT also included



Slide 3

## Trichiasis definitions

- Indications for surgical management
  - Any central lashes
  - Peripheral lashes that touch the cornea
  - Requested by patient
- Epilation as an acceptable option
- Lower lid TT needs more expert surgical hands



Slide 4

## WHO guidelines for *intervention*

### Trichiasis prevalence in population (all ages)

- <0.1% = no community-based interventions
- 0.1%+ = community-based interventions (trichiasis outreach programme)

For surveys that survey adults age 15 years and over, a prevalence of 0.2%+ can be used as an indication for interventions

Slide 5

### Definition of trichiasis for *elimination*

- Trichiasis case is a person
  - With one or more eyelash touching the globe
  - With evidence of epilation
  - With evidence of trachomatous conjunctival scarring (TS)
  - Who has not been offered surgery (or epilation) by the health system
- Elimination = <1 trichiasis case/1,000 population or 0.1% (equivalent to <0.2% in age 15+)

Slide 6

## Expectations/assumptions

- As TF decreases there will be few new trichiasis cases
  - Most trichiasis cases will then be in the most elderly
- We plan our targets based upon trichiasis cases at time of planning
  - We do not adjust for population increases
- After elimination achieved in a district, need to maintain static service
  - For any incident cases
  - To refer patients with post-operative trichiasis
- Recalculate the trichiasis burden & UIG when there is a new survey (impact, surveillance or TT only)

Slide 7

## Other issues to think of...

- Development of “trichiasis only” survey tool
  - Need for decide which districts will need a TT only survey
- WHO dossier for elimination of trachoma as a public health problem
  - Need good record keeping
  - Compilation of data/reports (start now!)
- Continued adoption of preferred practices (focus on TT case finding, supervision, outreach, follow up)
  - Strategic approach to adoption
- What additional capacity building needed?

Slide 8

## Annex B: Preferred Practices for TT (PowerPoint)

# Preferred practices for management of trachomatous trichiasis

Slide 1



### Global Scientific Meeting on Trachomatous Trichiasis

Meeting discussions, conclusions & suggested research

Moshi, Tanzania

30th January - 1st February 2012

**ICTC** International Coalition  
for Trachoma Control

Evidence for action  
was compiled at a  
global scientific  
meeting held at  
KCCO Moshi in  
January 2012 & Cape  
Town Nov 2015

- Surgical management
- Surgical training & quality
- Surgical output & uptake

Slide 2

## Evidence for action...

1. Surgical Management
2. Surgical Training & Quality
3. Surgical Output & Uptake



Slide 3

## Surgical management

- Recent studies show Trabut having better outcomes compared to bilamellar tarsal rotation (BLTR)
- Use special lid clamp/plate
- WHO trichiasis surgery manual & training of trainers manual
  - Including Head Start
  - Including “Final Assessment of Trichiasis Surgeons” guidelines
- Epilation is an option if
  - Few peripheral lashes not likely to abrade cornea
  - If surgery is not acceptable to patient



Slide 4

## Improve surgical outcomes

- Poor outcomes can occur
  - “Surgical failure” when trichiasis present within 6 months of surgery
  - “Recurrence”- if trichiasis present only after 6 months post operative
- Conduct a post-operative follow-up within 6 months of surgery
- Poor outcomes (post-operative trichiasis) have been 15-60% —most variation surgeon related
- Re-operations have worse outcomes

TT Surgery & Follow up Form (in TT Outreach Manual)

Slide 5

## Strengthening Supervision

- Supervisors need training in how to supervise
- Trichiasis surgeons need a supervisor who has experience in trichiasis surgery
- Supervision should be both active and supportive
- **Supportive** supervision

Supervision training as part of ToT

Slide 6

## Increasing Output

- “Campaign” / “Outreach” surgical provision often accounts for 65-85% of total TT surgeries performed
- “Static” services alone will not be sufficient
- In high prevalence areas consider using “dedicated teams”
- Priority to areas with highest number of people needing TT management (camp approach)

TT Outreach Manual

Slide 7

## Increasing Uptake (1)

- Mobilization and sensitization not sufficient to increase uptake
- Service needs to minimize the cost to the patient and “brought close to the trichiasis patient”
- Trichiasis case finding & referral essential for effective and efficient camps



TT Case Finding Training manual

Slide 8

## Increasing Uptake (2)

- All trichiasis patients should have an “intervention” appropriate to their condition
- Good quality counseling of patients & family members needed
- While surgery should be offered, not all will accept it, therefore, other management options may be considered



TT Counseling manual

Slide 9

## Transition from outreach to integrated service delivery

- District (and national) **goal** is to have <1 patient/1,000 population with TT
- When TT is of low prevalence, may need to change strategies
- Survey needed (impact, surveillance, or TT only survey)
- When **goal** reached still need to have static service available (new cases, post-operative cases, etc.)
  - Clear plans needed to enable integration

Slide 10

## Annex C: USAID Performance Improvement Management Plan (PowerPoint)

### PERFORMANCE IMPROVEMENT

Adapted from Prime II Project  
<http://www.prime2.org/sst/intro.html>

Slide 1

### INDICATORS OF PERFORMANCE

#### Quality

- Performance complies with or surpasses established standards
- Performance meets clients expectations

#### Quantity

- Production is at or greater than a specified rate
- Production is completed by an agreed upon time

#### Cost

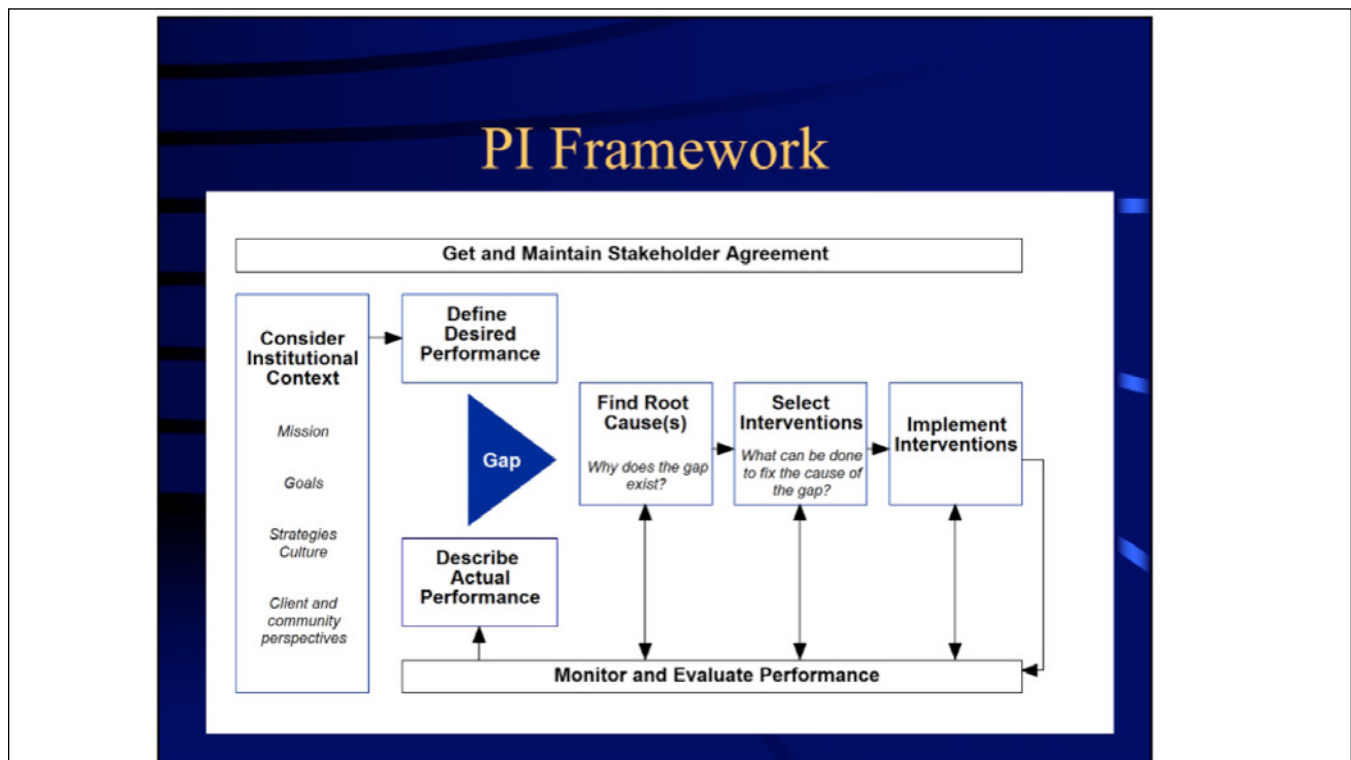
- Labor
- Materials
- Management

Slide 2

## PERFORMANCE IMPROVEMENT

A process that measures the three indicators against the specifications, identifies the gaps and then modifies the process to increase quality and quantity and to improve the cost ratio to the desired standard.

Slide 3



Slide 4

## FACTORS INFLUENCING PERFORMANCE

- Job Expectations
- Motivation and Incentives
- Performance Feedback
- Environment and Tools
- Organizational Support
- Knowledge and Skills

The recognition of and addressing these factors are part of supportive supervision

Slide 5

## Job Expectations

Guidelines, Procedures, Policies and Protocols and how they are communicated to and understood by the distributors

## Performance Feedback

How distributors find out how they are doing compared to set standards

Slide 6

## Environment

The physical environment: facilities, materials, supplies, tools

Is the environment supportive of the distributors' performance?

## Motivation/Incentives

Strategies, systems, tactics to stimulate and sustain desired performance

Slide 7

## Organizational Support

How the mission and goals of the organization align with desired performance

The extent to which supervision happens to assure that all performance factors are in place

## Skills and Knowledge

Systems and interventions to assure the requisite knowledge and skills meet the prescribed standards of performance

Well-designed and delivered training that respects principles of adult learning

Slide 8

# Annex D: Supervision Checklists

## Supervision checklist for TT screening

### Patient history

- History of eye problems such as pain and tearing
- History of epilation
- Presence of photophobia

### Examination of the eye

- Check for proper examination technique to identify trichiasis
- Use of a torch or adequate lighting to examine for TT
- Examination of upper tarsal conjunctiva for scarring
- Examination of the cornea

### Selection of patient for TT surgery

- One or more central eye lash rubbing on the eyeball
- One or more peripheral eye lash rubbing on the cornea
- TT patient requesting for surgery
- Evidence of corneal damage from trichiasis
- Severe discomfort from trichiasis

#### *Have the following been ruled out before TT surgery?*

- Defective eye lid closure
- Age – Children will require GA, hence in hospital
- Poor general health – Hypertension, uncontrolled DM
- Lower lid – To be done by skilled ophthalmologist and until such time epilation could be offered
- Those allergic to local anaesthesia, history of bleeding disorders should be referred to hospitals
- Those with severe infections (blepharoconjunctivitis) to be treated first before surgery.
- Lack of cooperation by patient

### Proper management of bilateral TT cases (that show up alone for surgery)

- Proper recording of demographic data
- Patient could be offered to have surgery on one eyelid and come back for the other eye the next day

## Checklist for pre-operative preparations

### Preparation of the surgical room

- Proper surgical room clean and big enough to accommodate surgical table and the work of the surgeon and assistant
- Proper set up of the surgical bed, surgeons stool, surgical tray, waste container and safety box for sharps
- Adequate lighting to allow for good surgery or focused light source available
- Possibly close to where the patients live
- Facility as much as possible where medical waste can be properly disposed of

### Preparation of necessary items for surgery

- All necessary consumables and equipment are available before surgery
- Use a checklist of the necessary consumables and instruments
- Surgical instruments properly sterilized (autoclave or hot air sterilizer)
- Precautions taken to maintain sterility before and during surgery when handling sterile items

### Preparation of the patient

- Patient explained what trichiasis is and its danger as well as its solution
- Patient explained the procedure (an eyelid procedure not eyeball, patient will not be put to sleep but given a local anaesthetic in the form of injection into the eyelid, thereafter surgery will not be painful, short duration: 15-30min, and an eye patch will be applied)
- Patient will go home same day
- The communication process includes: time for questions, need to lay flat, return to work, communicate with caretaker too
- Consent for surgery signed
- Eyelid to be operated labelled for easy identification at surgery

## Preparation of the surgeon

- Surgeon (and assistant) wearing proper operating room attire including cap, surgical mask (covering mouth and nose properly) and magnifying loupes before performing surgical hand washing
- Proper technique of surgical hand washing practiced and hands disinfected and dried
- Sterile surgical gloves worn using proper technique without any contamination

## Proper intra-operative procedure

- Correct positioning of the patient on the surgical table (table height, head position) and of the surgeon (chair position) taking into consideration the light source for illuminating the surgical field
- Topical anaesthetic instilled in the eye to be operated
- Surgical area disinfected with 10% Povidone Iodine solution in an appropriate manner (starting from the eyelids circularly from the centre towards the outside and not coming back with the same gauze used to clean the periphery) without contaminating the sterile gloves (or done by the assistance in some cases)
- Patients face covered using sterile drape with appropriate size of hole (e.g. a circular hole of about 6cm diameter is usually adequate; a very big hole would expose the hair and the nose resulting in the danger of contamination)
- Is there a sterile surgery field with instrument sets/ trolleys
- Is there proper lighting
- Is there proper magnification (use of loupes)
- Adequate amount of local anaesthetic withdrawn using 5ml syringe (2 -3 ml for one eyelid and 5ml for two eyelids)
- Local anaesthetic injection given in the right manner
- Proper massaging of the eyelid against the orbital rim (and not against the globe resulting in unnecessary pain due to pressure on the eyeball)
- For BLTR procedure proper application of the appropriate sized clamp (TT clamp or Waddell clamp)

- In case of Trabut procedure, proper application of the traction suture and appropriate eversion of the eye lid and fixation with an artery forceps to the drape
- Is the incision made in the right manner
- Is dissection done in the right manner
- Is the suturing done in the right manner
- Does the surgeon cross check after the first throws on all three sutures if the correction is adequate and there is the desired slight over-correction
- Is patching done with adequate amount of pressure
- Is the patient guided out of operation room
- Are post- operative medications given
- Are post- operative instructions given
- Is proper documentation of the surgical procedure done

## Proper information provided to TT cases after surgery

- Patient explained that the eye patch is going to be removed the next day
- Patient explained when to return for routine checkup
- Patient explained possible post op complications and when and where to go
- Patient explained post op care of the eye
- Patient will be shown how to apply the drugs and told about frequency
- Patient will be told when they can resume work

## Proper post-operative procedures (first post-op day)

- Are the patients reviewed in the first post-operative day by the operating surgeon
- Are the eyes cleaned after opening the patch
- Does the surgeon look for complications (infection, over-correction, under-correction, lid margin deformity)
- Are proper follow up instructions given

## Supervision check list for camp organization

### Proper organization of manpower during outreach (people doing their job effectively in a team fashion)

- Is registration being done correctly
- Is screening effective and efficient (see screening checklist)
- Is the counseling done properly (see counseling checklist)
- Is the operating room organized appropriately (see surgery checklist)
- Are the surgeons and surgical assistants working effectively
- Is someone in charge of overall organization of the outreach

### Proper equipment and consumables during outreach

- Are all supplies for vision testing and screening available
- Are all supplies for registration and clinical forms available
- Are all of the surgical supplies, stool, table, medicines, instruments, sterilization equipment, consumables available (see instrument and supply checklist)

### Proper sterilisation

- Has disinfection been done properly
- Has there been proper washing of instruments
- Has there been proper rinsing
- Has there been proper drying
- Has proper sterilisation procedure been followed
- Has sterilisation tape been used properly

### Proper organization of space for the outreach

- Is the overall flow of patients effective and efficient
- Is there registration done in the right place
- Is screening done in the right place
- Is counseling done in the right place
- Is the surgery done in the right place
- Is the place secure
- Are accommodation and meals organized
- Are other eye conditions managed

## Supervision check list for instruments, consumables, and equipment

### Proper instruments on outreach

- Are there a sufficient number (and completeness) of the TT set
- Are there sufficient quality of each component in each set
- Is the arrangement of instruments on a trolley correctly done
- Is storage of instruments done properly

### Proper supplies of consumables

- Are there sufficient gloves, gown, masks, caps
- Are there sufficient syringes and needles
- Is there sufficient suture materials
- Are the suture materials of appropriate size with the right needle?
- Are surgical blades sufficient and of the right size?
- Is there sufficient amount of gauze, local anaesthetic, alcohol 70%
- Is there proper amounts of antibiotics (Zithromax and TEO) and analgesics

### Proper equipment for outreach

- Are magnifying loupes available and being used
- Are there torches with batteries and being used
- Is there a portable Autoclave
- Are power sources available (e.g., generator, extension cables, fuel – petrol and lubricants)

## Supervision check list for record keeping

### Proper record keeping at the community level (TT case finding)

- Are details recorded correctly in the log book (name of the patient, father, husband, grandfather, phone number, age, sex, village name, village leader, number of household visited, patients referred)

### Proper record keeping for outreach

- Are there records of surgical schedules (who did it, when was it done)
- Were records kept of all people managed (e.g., epilation included)
- Time of arrival at surgical site/time of departure

### Proper record keeping of TT surgeries (and outcomes)

- Are the records completely completed (including age, sex, refused, epilation, follow up, outcome details, who did the surgeries, etc.)
- Are consent forms completed
- Are all sections of the pre-operative, intra-operative, and post op- assessment forms completed

## Supervision check list for audit

A periodic audit of surgeries for TT can provide the surgeon and the programme with data on the outcomes of surgeries provided. This information can be used to identify any necessary changes to training, supervision, and service delivery. The steps to undertake a surgical audit have been described in a paper by Buchan et al. Briefly, they include:

1. Ensure that the definition of “post-operative TT” is agreed. The standard definition, which should be used is: *“the presence of eyelashes touching any part of the eyeball, or evidence (either through the patient’s report or on examination) of recent epilation of in-turned eyelashes, or report of repeat TT surgery”*

2. At least 40 cases should be assessed. Case selection is as follows:
  - a. Ideally, the 40 cases should be chosen randomly from all cases conducted by a surgeon during a specified time period, e.g., one year.
  - b. Alternatively, 40 consecutive cases can be assessed.
  - c. The cases selected for assessment should not be chosen by the surgeon.
  - d. Cases should not be selected by proximity to the surgeon’s base, as this introduces selection bias towards better results: these patients are likely to have had surgery when disease was less severe.
  - e. Cases that cannot be located (lost to follow-up) should be replaced using a pre-determined method, such as a ‘reserve list’. If a large proportion of cases cannot be located, additional investigation may be needed.
3. Patient assessment: ideally, both external audit and surgeon’s own audit should be conducted.
4. Post-operative TT rate and severity of TT:
  - a. Most programmes will consider a post-operative TT rate of 10% to be very good, 20% as average and 30% as unacceptable.
  - b. The number of trichiatric lashes (severity) should be counted and recorded in each case, with cases of post-operative TT then divided into minor post-operative TT (1-5 eyelashes) and major post-operative TT (>5).
5. Findings should be reviewed with the surgeon; if any actions are required, they should be discussed with the surgeon and supervisor. Surgeons with excellent outcomes should be recognized for their work.

Reference: **Quality Assurance in Trichiasis Surgery: A Methodology**; John C Buckan, Hans Limburg, Matthew J Burton BJO 2011; 95 (3): 331-334

## Annex E: Supportive Supervision Template for TT Surgeons and TT Programmes

Component of TT supervision	Key supportive supervision strategies to be undertaken*
<b>Supervision of surgery and epilation</b>	
Maintaining proper surgical procedures (steps in surgery, use of instruments, etc.)	
Maintaining proper sterilization and equipment maintenance procedures (disposal of sharps, storage of instruments, sterilization, etc.)	
Maintaining high quality TT surgical outcomes (reducing failures, organizing outcome assessment, review of charts, etc.) *	
<b>Supervision of TT outreach and reporting</b>	
Improving effectiveness and efficiency of TT outreach (team works efficiently, starts on time, has supplies, etc.)	
Improving TT patient management (patient counseling, patient selection, referral of other conditions, etc.)	
Ensuring effective collection of data and reporting of findings (proper interpretation of findings from TT case finders, outreach, etc.)	

\* Be sure to include how a surgical audit could be undertaken every year or two

# Annex F: Key Points for Effective Communication

## Active listening

- Be prepared to listen
- Keep an open mind
- Concentrate on the main direction of the speaker's message
- Avoid distractions if at all possible
- Provide verbal and non-verbal cues to indicate the other person has your full attention
- Delay judgment until you have heard everything
- Be objective
- Do not be trying to think of your next question while the other person is giving information
- Do not dwell on one or two points at the expense of others
- The speaker should not be stereotyped. Try not to let prejudices associated with, for example, gender, ethnicity, social class, appearance or dress interfere with what is being said.

## Verbal communication and encouragement

- Encourage others to participate in discussion (particularly in group work)
- Signify interest in what other people have to say
- Pave the way for development and/or maintenance of a relationship
- Allay fears and give reassurance
- Show warmth and openness
- Reduce shyness or nervousness in ourselves and others

## Appropriate questioning

- Use open-ended questions to allow a fuller response
- Obtain information
- Start a conversation
- Test understanding
- Draw someone into a conversation
- Show interest in a person
- Seek support or agreement

## Clarification and paraphrasing

- Restate message in the listener's own words
- Ensure understanding
- Provide an opportunity to correct any misunderstandings
- Allow for a dialogue between listener and speaker
- Indicate how well the listener was paying attention
- Indicate to the speaker how well their message was received

Find more at: <http://www.skillsyouneed.com/ips/verbal-communication.html>

## Possible role play scenarios

1. Appropriate questioning: Act out a scenario in which the supervisor demonstrates appropriate questioning in regards to a TT surgeon's complaint that another surgeon is not working as hard as all the others.
2. Active listening: Act out a scenario in which a supervisor demonstrates active listening skills in understanding a surgeon's perspective of why other surgeons feel s/he is not working hard enough.
3. Clarification and paraphrasing: Act out a scenario in which a supervisor demonstrates clarification and paraphrasing skills in assessing, face-to-face, the training needs of a nurse that has just joined the team,
4. Verbal communication and encouragement: Act out a scenario in which a supervisor demonstrates verbal communication and encouragement skills in reviewing the performance of a TT surgeon during the most recent outreach.

# Annex G: Steps in Organizing a TT Outreach and Follow Up

## Organizational activities before the outreach

1. Decide where/if outreach needs to take place in a “District.”
2. Liaise with local health, political, and religious authorities.
3. Estimate the number of patients expected for an outreach (from TT case finding).
4. Estimate the needs for equipment, instruments, and consumables .
5. Confirm that the surgical venue is adequate .
6. Determine staffing requirements .
7. Plan what to do with patients who have other (non trichiasis) eye problems.

## Mobilization activities before the outreach

1. Generate awareness among health providers and community members.
2. Create a system for access to trichiasis management (transport for elderly, if needed).
3. Conduct TT case finding (will help with estimates for planning) and community-based counseling.

## At the outreach site

1. Determine efficient patient flow.
2. Conduct triage.
3. Examine and register trichiasis patients.
4. Request consent for surgery.
5. Counsel and record patients who refuse surgery.
6. Prepare surgery room.
7. Determine staffing at the outreach site (including who needs to be in the surgery room) and define roles and responsibilities.
8. Plan for and implement cleaning and sterilization of instruments.
9. Conduct post-surgical counseling and care and communicate follow up schedule.
10. Clean up the outreach site after the campaign.

## Follow up of patients after surgery

1. Conduct follow up of patients (surgery and epilation) next day, 7-14 days, and 3-6 months.
2. Plan for data collection, recording and reporting.

## Record keeping and reporting

1. During outreach record patient information to assess outcome.
2. At end of outreach complete summary statistics form to assess effectiveness and efficiency.
3. Review the summary findings to guide future outreach activities.

## Annex H: Leadership Quotes

Leadership is a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential.”  
(Warren Bennis)

Leadership defines what the future should look like, aligns people with that vision and inspires them to make it happen despite the obstacles. (John Kotter, from *Leading Change*.)

The art of mobilising others to want to struggle for shared aspirations. (James Kouzes and Barry Posner, from *The Leadership Challenge*.)

Leadership is a process that involves: setting a purpose and direction which inspires people to combine and work towards willingly; paying attention to the means, pace and quality of progress towards the aim; and upholding group unity and individual effectiveness throughout. (James Scouller, from *The Three Levels of Leadership*, 2011.)

People ask the difference between a leader and a boss ... The leader works in the open, and the boss in covert. The leader leads and the boss drives. (Theodore Roosevelt)

The marksman hits the target partly by pulling, partly by letting go. The boat reaches the shore partly by pulling, partly by letting go. (Egyptian proverb)

It is amazing what you can accomplish if you do not care who gets the credit.  
(President Harry S Truman)

A dream is just a dream. A goal is a dream with a plan and a deadline. (Harvey Mackay)

I keep six honest serving-men, They taught me all I knew; Their names are What and Why and When, And How and Where and Who. (Rudyard Kipling, from *Just So Stories*, 1902.)

The most important thing in life is not to capitalise on your successes - any fool can do that. The really important thing is to profit from your mistakes. (William Bolitho, from *Twelve Against the Gods*.)

Everybody can get angry – that’s easy. But getting angry at the right person, with the right intensity, at the right time, for the right reason and in the right way – that’s hard. (Aristotle)

Management means helping people to get the best out of themselves, not organising things. (Lauren Appley)

I praise loudly. I blame softly. (Catherine the Great, 1729-1796)

# Annex I: Using Data for Surgical and Programme Management

**There are three key ICTC recommended forms and sheets for monitoring of trichiasis surgical and programme data:**

1. Trichiasis case finders form  
(in the ICTC Trichiasis Case Finders manual)
2. Trichiasis patient management form  
(in the ICTC Trichiasis Outreach manual)
3. Trichiasis summary statistics sheet  
(in the ICTC DFID/Trust programme documents and ICTC Trichiasis Outreach manual)

These forms enable surgeons and programme officers to monitor surgical outcomes and programme performance. Specifically, the following information, useful for programme decision making, can be obtained by compiling data found in the forms.

## **Surgical outcomes**

- Clinical outcomes (post-operative trichiasis and the presence of surgical complications at recommended follow up periods: one day, 1-2 weeks, and 3-6 months) in order to determine if patients are achieving the outcomes desired.

## **Programme outcomes: Trichiasis case finding and referral**

- # of suspect trichiasis cases identified by case finders (including # per case finder)
- # of suspect trichiasis cases that are confirmed to be trichiasis (% of suspect cases that are trichiasis cases = accuracy of case finding)

## **Programme outcomes: Outreach productivity**

- # of trichiasis cases managed per trichiasis surgeon per surgical outreach day (productivity of surgeons)
- # of confirmed trichiasis cases that are appropriate for surgery
- # of those appropriate for surgery who accept surgery (% of appropriate cases having surgery = surgical uptake); by gender
- # of confirmed trichiasis cases that are epilated (includes those not appropriate for surgery and those appropriate for surgery but who opt not to have surgery)
- # of people screened at outreach and % of those screened who have trichiasis

## **Programme outcomes: Follow up at 1-2 weeks and 3-6 months**

- # of people who have their outcome assessed 1-2 weeks and 3-6 months after surgery