



Technical Rapid Response Team

Title: Coaching skills assessment report- Amhara region, Ethiopia

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Executive Summary

Concern Worldwide (Concern) started working in Ethiopia in 1973 with an emergency response, subsequently evolving to include long-term development and resilience building programmes, targeted at the extreme poor in selected woredas in up to eight of the nine regions of the country. A large part of Concern's long-term work is supporting Government counterparts to provide high quality essential service delivery, especially in the nutrition sector. NGO staff are no longer completely "substituting" health roles, however, there is still a tendency to resolve system problems with NGO staff or funds and to not look at local problem solving or more sustainable solutions. In other words, there is still a need to shift more from a "substituting" to "supporting" and ultimately "strengthening" approach as outlined in HSS guides.

Concern works to address issues of sustainability and to embrace a more holistic approach to addressing multiple underlying causes of poverty and implementing integrated multisectoral projects as well as emergency response. Fulfilling the current Country Strategic Plan recognises the need to continue to enhance the capacities of staff through training and development opportunities. Concern Worldwide, in an effort to strengthen mentoring and reinforce capacity, included making coaching and mentoring capacity integral to the skillset of their staff.

Concern Worldwide, with the support of the Tech RRT, delivered a coaching training to key Concern staff and government health officers from Addis office, Amhara and Somali regions (12 program managers and senior officers, 28 supervisors and 9 government health officers).

The purpose of this assessment was to determine how Concern staff (National and Regional Nutrition Managers, Nutrition Officers, and Program Officers) currently coach/supervise and evaluate whether the training is likely to have had an effect on Concern staff and programs. The data collected will inform Concern's on-going coaching approach, including improving coaching of Concern staff and informing advocacy of coaching approach in Ethiopia. This assessment will serve to shape the modality of the support to be provided by the Tech RRT advisor in the final phase of the deployment.

The overall objective is to understand current coaching practice in order to inform Concern coaching strategy, as part of the health system strengthening approach, improve coaching and advocate to expanding the coaching approach across Ethiopia.

Twenty-four facilities were visited, resulting in 24 different observations and interviews with coachees. Six interviews with managers were conducted of which 3 were with country level managers and 3 were with field-level managers.

The Assessment looked at the supervisors' understanding of the coaching approach, the use of the skills on the ground; the HEWs view of the changes since the supervisors received training on the approach and ways in which the coaching approach can be improved. Results show:

- An overall understanding of what coaching is and what it entails by the supervisors
- The main limitation of the traditional supervision approach is that it focuses on the supervisor to identify challenges, make recommendations and follow up while the coaching skills approach focuses on the first line health services provider.
- Supervisors were incorporating the skills in the supervision visits scoring on average a 4 or 5, 63% of the time in the various activities under the 4 steps of coaching (introductions and

observations, identification of strengths and challenges, development of the action plan and gaining commitment and establishing a follow-up plan.

- The managers, field supervisors and the health workers mentioned having seen positive change since the training was conducted. Some of the changes mentioned include; improvement in frequency of supervision, sharing of information, team work in finding challenges and solutions, developing action plans together, availing more time to clarify any issues/concerns and improved communication skills.

The assessment revealed a positive change in supervision practice following the training although there is no baseline data to compare with. The information gathered provided an insight into the potential of coaching skills among the staff. The recommendations for improving the coaching skills approach are mainly the need to focus on doable activities at the health facility level and involvement of the other concerned parties especially the Woreda health office. It is important that mentoring should put more emphasis on sharing the actions plans. In addition, joint supervision with the Woreda health officials and continuous improvement of the capacity of the supervisors to practise the coaching skills and provision of tailored support.

The results do not provide a strong foundation for lessons learned workshop that can be shared at a national level with the federal government as initially planned in the ToR. The amount of time spent so far carrying out supervision that incorporates the coaching skills is not sufficient to generate enough evidence for a learning paper. Following the discussions with the managers and supervisor and the results of the assessment, it is proposed to have an internal experience sharing discussion and use of the rest of the deployment time to work with the teams to harmonize the existing tools and incorporating coaching skills checks and reminders in the tools. Activities will include:

- Experience sharing with the nutrition program managers, senior officer and supervisors
- Refresher on the coaching skills approach with focus on some of areas found to require improvement
- Session on the review and incorporation of coaching skills in the existing supervision tools
- Development of a strategy for implementation and monitoring and knowledge gathering for evidence generation.

Introduction

Concern Worldwide (Concern) started working in Ethiopia in 1973 with an emergency response, subsequently evolving to include long-term development and resilience building programmes, targeted at the extreme poor in selected woredas in up to eight of the nine regions of the country.

A large part of Concern's long-term work is supporting Government counterparts to provide high quality essential service delivery, especially in the nutrition sector. Concern is applying various health system strengthening (HSS) techniques, including a recently completed pilot CMAM Surge approach and working with Government health workers to identify key bottlenecks in systems. While NGO staff are no longer completely "substituting" health roles, there is still a tendency to resolve system problems with NGO staff or funds and to not look at local problem solving or more sustainable solutions. In other words, there is still a need to shift more from a "substituting" to "supporting" and ultimately "strengthening" approach as outlined in HSS guides¹.

As part of this work it is hoped to improve the skills of internal staff to support local problem solving through improving mentoring and coaching skills.

Concern works to address issues of sustainability and to embrace a more holistic approach to addressing multiple underlying causes of poverty and implementing integrated multisectoral projects as well as emergency response. Fulfilling the current Country Strategic Plan recognises the need to continue to enhance the capacities of staff through training and development opportunities.

In 2017 the Concern emergency team facilitated bringing one expert from the Technical Rapid Response Team (Tech RRT) to conduct a needs assessment followed by a Trainer of Trainers in coaching skills². Although this was never cascaded by UNICEF and partners within Somali Region due to various logistical and security constraints, the training methodology was highly appreciated by trainees, by regional counterparts who participated and by federal counterparts during debriefings.

The CMAM Surge work-another project that was implemented in Amhara region- also led to the recommendation to "*strengthen mentoring to reinforce capacity and encourage continuous learning*" during an external midterm review³ conducted by the Centre for Humanitarian Change (CHC).

Concern, in an effort to build these skills in-house and make coaching and mentoring capacity integral to the skillset of their staff, requested Tech RRT to continue this working relationship and commission training and remote support over a set period of time and to also use the opportunity to gain learning in which tools and techniques work the most effectively.

Purpose of the assessment

Concern Worldwide, with the support of the Tech RRT, delivered a coaching training to 12 Concern program managers and senior officers in June 2019, and then 37 supervisors (22 in Amhara Region and 15 in Somali Region) and government health officers in September 2019. The purpose of this assessment is to determine how Concern staff currently coach/supervise and evaluate whether the training is likely to have had an effect on Concern staff and programs.

¹ Health Systems Strengthening Guide. ACF. 2017.

² Trainer of Trainers: On-the-job-coaching Training Report. Jijiga, Somali Region, Ethiopia, December 11-14, 2017, Michel Goergen, Tech RRT CMAM/IYCF-E Advisor. December 2017.

³ A Mid-Term Learning Review of the Community-based Management of Acute Malnutrition (CMAM) Surge Approach in Ethiopia. Centre for Humanitarian Change, Concern Worldwide. October 2018.

Supervisors in question include Concern staff such as National and Regional Nutrition Managers, Nutrition Officers, and Program Officers. Supervisors supervise and coach the following staff: Health Extension Workers (HEWs), Nurses and other health centre or stabilisation centre staff (or *coachees*). Additionally, Program and Nutrition Officers are also supervised by National and Regional Nutrition Managers.

The data collected will inform Concern's on-going coaching approach. Including improving coaching of Concern staff and informing advocacy of coaching approach in Ethiopia.

Since the training in September 2019 Concern has closed operations in Somali Region, therefore the assessment did not take place in this region.

Following the coaching assessment, the Tech RRT CMAM/IYCF-E Advisor will return to Ethiopia to continue the Tech RRT coaching support to Concern. This assessment will serve to shape the modality of that support.

Overall objective

Understand current coaching practice in order to inform Concern coaching strategy, as part of the health system strengthening approach, improve coaching and advocate to expanding the coaching approach across Ethiopia.

Specific Objectives

1. Understand current coaching practice amongst Concern staff
2. Understand any possible changes in coaching practice since the coaching training
3. Document learning on coaching practices

Assessment design and methodology

A simple mixed methods assessment design was selected for this study. Data was collected through observations of supervision sessions at health facility level (quantitative and qualitative), structured interviews and semi-structured interviews (qualitative). The following four different data collection approaches were employed:

1. Observe coaching practice using checklist.
2. Following observation of supervision session, interviewing of the coachee using interview questionnaire.
3. Interview of the supervisor (after all observations and coachee interviews).
4. Conduct semi-structured interviews with nutrition managers.

Sampling

3 Senior Project Officers who received training in Amhara, were selected to be observed whilst performing supervision sessions. No Woreda experts were observed.

There are 77 different facilities supported by Concern. Twenty-four facilities were visited (8 health centres and 16 health posts), resulting in 24 different observations and interviews with coachees. Six interviews with managers were conducted of which 3 were with country level managers and 3 were with field-level managers.

Data collection and analysis

Four separate tools were developed to guide data collection; a checklist for observations (Tool 1), a structured interview guide for interviews with coachee following the supervision session (Tool 2), a semi-structure interview guides for interviews with supervisors (Tool 3) and nutrition managers (Tool 4). See Annex X for examples of all tools.

Observations, coachee interviews and supervisor interviews were conducted by four senior staff in Amhara region (the Programme Manager, two District Project Managers and one Senior Programme Officer). Visits to the health facilities took place between 10th-16th February 2020.

During the data collection days, data collectors accompanied a different Senior Project Officer as they went about their normal rounds of supervision. They visited a minimum of two health facilities in a day. The semi-structured interviews with the managers both at country and Amhara region level were conducted by the Tech RRT CMAM/IYCF-E Advisor over Skype during the period 3rd -16th February 2020. The interviews were conducted with the nutrition SBCC/IYCF specialist, Nutrition monitoring and survey technical officer and the Rapid Response Mechanism nutritionist from the country office and a program manager and 2 district project managers at Amhara region level.

The quantitative data collected during the checklists was analysed using Excel. Find and search functions were used to find common words in the qualitative responses and provided a guide to responses found to be similar. Data was calculated into percentages and low and high scores aggregated accordingly.

Risks and limitations

Limitation	Mitigation
Hawthorne effect (the fact of observation changing the activities observed)	Encourage supervisor and coachee to practice as they normally would. Make it clear that the assessment is confidential and will not be used against them.
Recall bias	Ensure a recall period is clear to respondent. Asking for examples to support responses.
Failure to observe nutrition activities due to ongoing health insurance community activities that required health workers to be in the communities	<ul style="list-style-type: none"> – The team on ground managed to request the Woreda health office to share list of facilities where the HEWs had completed the community health insurance activities and these were the ones interviewed. – Most interviews were carried out in the afternoon when the HEWs returned from the community

Results

The Assessment looked at the supervisors' understanding of the coaching approach, the use of the skills on the ground; the HEWs view of the changes since the supervisors received training on the approach and ways in which the coaching approach can be improved. Observations were carried out for 24 supervisor-coachee sessions of which 17 sessions included health extension workers and seven included nurses.

Result 1: Knowledge on coaching skills

All the assessed supervisors had an understanding of what coaching is. They all could explain the four steps of the coaching process (Step One: Introduction, Step Two: Identify strengths and gaps, Step Three: Develop action plan and Step Four: Follow-up). They mentioned that coaching is about ensuring a good transfer of skills and knowledge and creating a relationship with the coachees.

The limitations of the traditional approach as compared to the coaching approach mentioned include;

- Centered on the supervisor (the supervisor identifies the gaps, he/she is the boss, is the one that identifies gaps and provides the solutions)
- In cases where an action plan was developed, it was done so by the supervisors only
- Challenges were not prioritized, and neither was the focus on the root causes of the challenges
- Previously the frequency of supervision was low

Result 2: Implementation of supervision with coaching skills incorporated

A supervision observation checklist that scored each supervisor in action the way the supervision was done using a scoring scale of 1 to 5 (see Results in Table 1). The observations focused on whether and how the supervisor was incorporating the coaching skills during the visit at a given health facility. Overall in most of the facilities, the supervisors scored highly as highlighted below and shown in the table.

In 17 of the 24 health facilities, the introductory part of the supervision was scored at a 4 or 5 which is good/very good. This indicates that the supervisors were dressed appropriately, ensured good rapport and explained the purpose of the supervision and the approximate time the whole session would take. Some of the supervisors did not explain the purpose of the visits and in some facilities, they jumped straight into reviewing the registers and forms.

No observations were done for OTP activities taking place (activities were halted following the health insurance premiums collection) and this contributed to the very low performance on this step. The supervisors were able to ask the health workers to explain the different aspects of the program e.g. anthropometry. There were mixed results on the use of the forms and tools (action plan template, strengths and challenges forms, supervision checklist, logbooks). Some of the supervisors used the tools while others did not or used a few of the tools, not all. The tool consistently used in all the facilities was the supervision checklist.

There is still more that needs to be done to improve the coaching approach. It was observed that information (the action plan) is not shared beyond the health facility and the supervisor.

Table 1: Summative results from the observation of supervisors carrying out supervision/coaching

Coaching process	Score				
	1	2	3	4	5
Step 1a: Introduction (Overall score: 81.5%)					
Dressed appropriately	0%	0%	8%	17%	58%
Greeting & introduction	0%	0%	10%	23%	54%
Explained purpose of visit	0%	8%	3%	20%	50%
time availability	0%	5%	10%	27%	38%
Mentioning approximate time for coaching	2%	5%	10%	40%	21%
Step 1b: Behaviour (Overall score: 82.9%)					
calm and cordial	0%	0%	10%	33%	42%
eye contact	0%	2%	8%	37%	33%
repeat/clarification	0%	0%	10%	30%	42%
paying attention	0%	0%	8%	40%	25%
body posture (attention)	0%	2%	8%	37%	42%
appropriate gestures	0%	2%	13%	37%	33%

Focus	0%	0%	8%	30%	50%
Step 1c: Observations (Overall score: 28.2%)					
Asked for demonstration on weight measurements	3%	3%	3%	17%	21%
Asked for demonstration on MUAC measurements	2%	0%	10%	30%	33%
Asked for demonstration on appetite test	3%	0%	5%	27%	33%
Asked for demonstration on feeding session in SC	1%	0%	5%	10%	8%
Step 2: identification of strengths and challenges (Overall score: 81%)					
used strengths and challenges form	0%	2%	20%	13%	33%
used action plan form	0%	3%	18%	10%	50%
used supervision checklist	0%	0%	8%	30%	46%
used logbook	3%	0%	0%	27%	46%
used supervision plan template	0%	7%	28%	7%	42%
highlight strengths	0%	0%	10%	37%	29%
share examples/experiences	1%	5%	5%	23%	42%
identify & prioritise challenges	0%	0%	8%	50%	25%
probe for causes of challenges	0%	2%	18%	50%	63%
Step 3: Initiate Action plan (Overall score: 77.8%)					
develop action plan together	0%	0%	13%	33%	29%
support coachee develop measurable outcomes	1%	7%	15%	23%	25%
Action plan completed	1%	7%	15%	23%	25%
follow-up of previous action plan	3%	5%	10%	13%	38%
Step 4: Commitment and Follow-up (Overall score: 71.4%)					
establish a follow-up and communication plan	0%	0%	15%	23%	42%
organise follow-up visit	0%	2%	10%	37%	33%
commit to action plan	0%	0%	15%	27%	29%
Action plan shared with Health Facility	1%	0%	8%	40%	25%
Action plan shared with Woreda	9%	8%	0%	0%	17%
Action plan shared with Concern office	0%	0%	8%	27%	46%

Result 3: Views of the health workers.

Health workers were asked how happy they were with the supervision, what changes they had seen since September 2019 when the training on coaching skills was done and questions directed at finding out whether the coaching approach was being incorporated in the supervision. The interviewers were done in 24 health facilities among 4 nurses and 18 health extension workers.

Results show that 100% of the interviewed MoH staff were happy with the supervision visits. The reasons for appreciation of the supervisions included gaining technical knowledge, good relationships and communication, focusing on results and not fault-finding and the supervisors generally being supportive.

All respondents said they were free to ask questions and find no communication barriers-10 said were free and 14 said they were very free. They find the Concern supervisors approachable, friendly and do not shame them but rather encourage productive communication and allow for follow-up communication by use of mobile phones.

The changes they have seen include; improvement in frequency of supervision, sharing of information, team work in finding challenges and solutions, better supervision such as asking about the program, using checklists, developing action plans together, and availing more time to clarify any issues/concerns.

“Concern and government staff were directly checking the documents and did not ask why or how we work. After September, they started asking us how to manage the OTP, use the different checklist and develop action plan together.” Health worker

Health facility staff (both health workers at health centers and health extension worker in the health posts) mentioned that challenges are now addressed in a coordinated manner and done as a team. They mentioned the need for other stakeholders (Woreda health office, Kebele leaders) in implementing the actions plans, workload, staff turnover and limited financial and other resources are some of the factors that affect the ability to implement some actions plans.

The respondents indicated that what they find most helpful about the support provided are the shared practical examples and experiences, demonstrations as part of on-job training, constructive comments, identifying strengths and gaps and discussing the way forward.

Additional expression of the coaching skill practices being practiced was that all the respondents were involved in coming up with solutions and found their involvement useful. The table below summarizes the views of the MoH health workers.

“The supervisors allow us to make suggestions when some of the solutions suggested are difficult.”
Health extension worker

Table 2: Perception of health workers on changes following the coaching skills training

Question	Scoring	Respondents comments
Feeling about the supervision visit and the support from the supervisor	Happy 37.5% (9), Very happy 62.5% (15)	<ul style="list-style-type: none"> • The supervisors are very supportive and not fault-finding • There is good rapport and communication • The supervisors are considered part of the team. • Provide technical support especially recently on the revised CMAM guideline.
Freedom to ask any questions during supervision sessions	Free 42.7% (10), Very free 58.3% (14)	<ul style="list-style-type: none"> • Free to ask questions and see Concern staff as part of the team • The supervisors are very approachable, friendly and allow for questions to be asked • The supervisors encourage productive communication including follow-up communication using the phones • The supervisors are patient.
Involvement in finding solutions to challenges	Involved 69.6% (16), Very involved 30.4% (7)	<ul style="list-style-type: none"> • Jointly making prioritization and creating solutions • There is working together as a team • There is involvement in asking solutions that are doable • Together with the supervisors, the gaps are seen and commitment to solving the challenges is made

		<ul style="list-style-type: none"> • Solutions are developed together thus allowing shared responsibility
Usefulness of the development of an Action Plan.	Useful 43.5% (10), Very useful 56.5% (13)	<p>The action plan:</p> <ul style="list-style-type: none"> • Eases daily management of work • Serves as a guide • Helps in time management as the gap identified are worked on in the agreed time frame. • It acts as a reminder • It helps in ensuring that activities are prioritized and make changes when needed • Allows for allocation of tasks to different responsible individuals • Acts as a monitoring tool • During the development, there is gain of knowledge as the challenge is discussed.
Ease of achieving the actions/recommendations in the Action Plan.	Not very easy 12.5% (3), Neutral 20.8% (5), Easy 56.2% (13), Very easy 12.5% (3)	<p>This received the most diverse scoring. The health workers said the reasons for not achieving the recommendations are; some recommendations require involvement of the Woreda and other stakeholders, workload, limited resources.</p> <p>In some facilities, the recommendations are easy to achieve as they are practical and are formulated by the team</p>

Result 4: Changes in practice post the coaching skills training.

The managers, field supervisors and the health workers mentioned having seen positive change since the training was conducted. Changes has been seen among the staff and the quality of work. Some of the changes mentioned include:

- Improved communication skills and relationships between the supervisors and the MoH staff.
- Identification of root cases of the challenges
- Improved service provision in the health facilities. One supervisor said, “The staff changed due to following appropriate coaching techniques, frequent visits and the development of solutions together.”
- Improved skills and knowledge among the staff as the challenges related to implementation of the protocol such as defaulter tracing, proper anthropometric measurements are resolved on site as part of on-job demonstrations.
- There is improvement in other program aspects such as documentation and timely supplies requests.
- The supervisors (2 out of 3) reported that their ability in identifying challenges and working as a team in finding solutions improved.

“Previously I had a checklist, going with someone and supervisor in that area. I would focus on the gaps or only look for the gaps and tell them to do the right thing. After the training, now I discuss with them the gaps but also look beyond to find out why the gaps are there. We discuss and set action points.” Concern staff

Result 5: Views of the technical support and supervising teams.

Six Concern Worldwide staff were interviewed-the nutrition SBCC/IYCF specialist, Nutrition monitoring and survey technical officer and the Rapid Response Mechanism nutritionist who are the technical support team and a program manager and 2 district project managers at Amhara region level who supervise the senior project officers.

The interviews were designed to assess the supervision practices from the perspective of the technical support team at country level and the program and project managers. The technical support team carry out field visits and provide technical support while the managers ensure effective implementation of the projects. The focus was on the current status of coaching techniques and any changes observed since the coaching training in September 2019. They were asked what changes they have seen among the supervisors’ practice since the training, the strengths and weaknesses of the coaching approach and recommendations for improvement by the supervisors and on the approach itself.

Managers noticed improvement in supervision skills, communication, teamwork and overall improved links and coordination between the staff, the health workers at the health centre and the Woreda and zonal health offices. Adds Ababa team that do not support staff directly in the field noticed the same changes aforementioned, during their support supervision visits and also mentioned that the training improved their supervision skills as individuals. Key changes include the development and use of the action plans, documentation of gap and recommendations.

“Feedback I got from the project staff was that my supervisory skills have now become good and have helped them.” A manager.

The approach helps the staff to effectively utilise their other supervisory skills. Some managers mentioned the skills being applicable to other sectors, focusing on health workers and improving relationships between supervisors and coachees as the strengths. The only weakness mentioned was that the approach requires more time than the traditional supervision. This is due to increased engagement with the staff. The challenge is that it may require more manpower resources and/or project time to ensure facilities receive the support needed and within an acceptable level of frequency. Other weaknesses mentioned include the need to do it often and repeat trainings. These should not be seen as a weakness of the approach as engagement, time and are key to knowledge and competences transfer.

Recommendations for improvement among the supervisors focused mainly on improving certain aspects of the approach that were observed as weak (continuous follow-up sharing outcomes, improved planning) and training and regular follow-up from the country team and managers. Recommendations specific to the approach include training and incorporation of the skills in the supervision tools currently in use (this can be as reminders or instructions).

One manager mentioned a specific recommendation which is advocacy and capacity building of skills among the MoH staff from federal level to Woreda level.

The Table 3 shows response from the questions asked of the managers.

Table 3: managers’ views on practising the coaching skills and recommendations for improvement

Changes in the practice of Concern staff during supervisions visits post the training.

- Improved supervision skills e.g. working with the staff to identify the strengths and challenges faced, and support on the challenges, not telling them what to do but supporting, mentoring
- The supervisors' approach to identifying gaps has changed. They help in identifying the gaps with the health workers instead of giving instructions and come up with solutions/recommendations and develop action plans together.
- Before the training, the supervisors focused mostly on looking at the documents instead of discussing with the health worker.
- There is documentation of the gaps seen and making recommendations with the team.
- Improvement in communication and engagement between Concern Worldwide and MoH staff for example the supervisors actively try to engage Woreda health office in joint supervision.
- Joint supervision, sharing supervision schedules.
- Increased frequency of supervision visits. This arises from the plan that was done after training to ensure that all facilities are visited at least each health facility once in a month.
- Increased program quality due to prioritization of identified gaps e.g increased community mobilisation, improved commitment to work/improved attendance by the health workers, improved application of the guidelines through on-job training.

Strengths and weaknesses of the coaching approach

Strengths	Weaknesses
<ul style="list-style-type: none"> • Helps staff to use their other skills effectively and thus achieve their goals e.g staff now are more hands-on and focus on involving the healthworkers. • Communication, demonstrations and explanations have led to better outcomes e.g. staff now draft their own plans and follow these better than when they received those already done. • The approach allows one to work and give practical solutions on the ground. • It does not require additional tools if one understands the approach. • It can be applied to any sector of service. • The approach focuses on the grassroots level i.e. what is going on at the health facility and how can it be corrected. • It allows the health workers to work by themselves as they are involved in the process and know what to do. • It allows the health workers to grow as they learn more and are supported effectively. • Creates improvement in relationship between the supervisors and the coachees. • The approach has helped create a common understanding of the challenges and working with the health workers. 	<ul style="list-style-type: none"> • It requires more time than the traditional supervision approach as there is more engagement and discussion with the health workers • Priority may not be given to coaching as part of supervision as there may be many activities thus no time is allocated to coaching. • Requires continuous training, reminders <p>Challenges affecting effective utilization of the skills</p> <ul style="list-style-type: none"> • Limited resources which makes it hard to apply the recommendations/implement the action plan • Staff turnover of the trained staff- both government and Concern Worldwide thus leading to loss of the skills

Improvements needed in supervision/coaching practice, to better support HEWs in their CMAM practice.

- Need to do continuous follow-up. Supporting the coachee to achieve the objectives is not a one-time thing, there should be sharing of responsibilities and being accountable.
- Need for standard formats to be followed to supervise activities. Currently concern does not have standard formats to be used to report the coaching/supervision activities.
- Need to have a way to share outcomes/roles/responsibilities from the checklists with all parties- Concern management, health cluster and Woreda health office.
- Create and increase linkage between the series of supervisions and outcomes of the coaching- answering the question of how one coaching/supervision visit informs or relates to the other.
- Improve planning and allocate sufficient time for discussions, plan ahead and share the plans
- Trainings preferably in the local language (including refreshers) particularly for those in supervisory and managerial roles. These will include training for Concern staff especially in Tigray and Gambella and MoH including at federal level so that key decision makers can appreciate the approach and know their roles in supporting the achievement of planned actions.
- Supervisors should continue to practice and keep up to date to attain and maintain the coaching skills
- Concern Worldwide should advocate for Woreda health office to increase supervision.

Recommendations for improving the coaching approach [in terms of training, resources, type of support, frequency of support etc.]

- Train the MEAL unit and find a way for them to follow up the supervisors on ground
- Training of the supervisors and government staff. The trainings should be in the local language
- Regular follow-up from the country team
- Tools: The supervision checklists and other tools need to be harmonized in all field offices and the coaching steps need to be incorporated in the existing tools.
- Incorporate the techniques in all trainings e.g. CMAM, ICCM. This way it will be broadly practiced.

Conclusion and recommendations

The assessment was carried out in 24 health facilities and shows a change and the observations and targeted questions indicated that the supervisors were incorporating the approach in the supervision activities. Various recommendations were identified from the assessment. The recommendations are divided into 2 categories; 1) improvement of the coaching approach and 2) recommendations to inform the Advisor's final visit to Ethiopia to continue support to Concern with CMAM coaching techniques.

Recommendations for improving the coaching skills approach

- Based on the challenges and solutions reported in during data collection, it was noted that there is need to ensure that solutions focus on doable activities at the health facility level and involvement of the other concerned parties especially the Woreda health office thus making it important that mentoring should put more emphasis on sharing the actions plans and as much as possible joint supervision with the Woreda health officials. The challenges indicate a need to improve the capacity of the health workers on the new guidelines and improving community outreach component and coordination/strengthening the links between the health posts, health centers and the Woreda health offices.
- Provision of tailored technical and coaching support to coachees (health workers and health extension workers) depending on the challenges found in a given health facility in addition to general supervision

- Concern staff to support the MoH to ensuring availability of the necessary tools and resources in the health facilities for the action plans developed to be implemented and job aids and reference materials to guide the supervisors and the staff.
- Joint supervision with the Woreda health office, the Health Cluster at Kebele level and Concern Worldwide. This will lead to sustainability as the Woreda and Health Cluster team and engaging all health district leadership levels during the development of the action plan and allocate roles and responsibilities to ensure that the plan is executed.
- Improving the capacity of all supervisors from the MoH (Woreda and kebele levels) and Concern. These should be through regular refresher for those already trained and preferable all the training should be carried out in the local language.
- Increased frequency of supervisions that incorporate coaching. This will allow the supervisors learn and experience more thus making it a practiced behavior.
- Supervisors need to focus on some of the weak areas of the coaching skills approach. These mainly include improving focusing on specific tasks, use of the formats/tools and certain aspects of communication.
- Periodic review of the performance of the supervisors on the coaching skills approach by the senior managers

Recommendations for the Advisor's visit

The assessment revealed a positive change in supervision practice following the training in September 2019 although there is no baseline data to compare with. The information gathered provided an insight into the potential impact of having staff that have coaching skillset. From improved communication, relationships with the government health workers to program improvement all arising from a change in approach by focusing and involving the health workers who are the implementers in the review of the activities they are engaged in. This assessment was to serve to shape the modality of that support in addition to the overall objective.

The results do not yet provide a strong foundation for lessons learned workshop that can be shared at a national level with the federal government as initially planned in the ToR. The amount of time spent so far carrying out supervision that incorporates the coaching skills is not sufficient to generate enough evidence for a learning paper. Following the discussions with the managers and supervisor and the results of the assessment, it is proposed to have an internal experience sharing discussion and use of the rest of the deployment time to work with the teams to harmonize the existing tools and incorporating coaching skills checks and reminders in the tools. Activities will include:

- Experience sharing with the nutrition program managers, senior officer and supervisors
- Refresher on the coaching skills approach with focus on some of areas found to require improvement
- Session on the review and incorporation of coaching skills in the existing supervision tools
- Development of a strategy for implementation and monitoring of knowledge gathering and lessons learned.

Annexes: (see zip file)

- Coaching Skills Assessment Study Guide
- Tool 1: checklist for supervision observation
- Tool 2: Structured interview questionnaire for coachee
- Tool 3: Structured interview questionnaire for supervisor
- Tool 4: Semi-structured interviews with nutrition managers
- Health Facility List

- Coaching Assessment training slides