



STRENGTHENING AND SUPPORTING  
THE EARLY CHILDHOOD WORKFORCE:

Continuous  
Quality  
Improvement

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# Introduction

Early childhood development (ECD) services<sup>1</sup> have a strong, positive impact on children’s development. Research from diverse contexts shows that interventions that promote nurturing care in early learning environments significantly improve childhood development and later adult outcomes (Britto et. al., 2017). Despite increasing knowledge on the benefits of ECD, however, much remains unknown about the early childhood workforce, the range of individuals across paid and unpaid roles who provide services to young children and their caregivers across the health,

nutrition, education<sup>2</sup>, and social and child protection sectors (Table 1 provides a snapshot of the various roles within the workforce). Research supports that the workforce is one of the most important factors influencing the quality of ECD services. However, key questions remain unanswered, including:

- ▶ What does the early childhood workforce need to know and be able to do in order to carry out their roles?
- ▶ What types of training opportunities are most effective for building the knowledge and skills that the workforce needs?
- ▶ What types of feedback does the workforce receive on their work on a daily basis?
- ▶ What financial and non-financial incentives impact the job satisfaction of personnel?

In an effort to address these questions, the [Early Childhood Workforce Initiative](#) (ECWI), a multi-stakeholder global initiative co-led by [Results for Development](#) (R4D) and the [International Step by Step Association](#) (ISSA) that works to support and empower those who work directly with young children, is carrying out a series of **global landscape analyses** to illustrate the size and scope of the challenges faced by the early childhood workforce, while also highlighting promising practices countries have adopted in response to these challenges. Spanning a range of roles including professionals and paraprofessionals, paid and unpaid workers, and frontline workers, supervisors, and managers, from the education, health and nutrition, social protection and child protection sectors, these analyses aim to provide a comprehensive overview of the current status of the workforce worldwide.

Primary Sector	Roles
HEALTH AND NUTRITION*	<p>Roles may include:</p> <ul style="list-style-type: none"> <li>• Auxiliary nurses &amp; auxiliary midwives</li> <li>• Community health workers</li> <li>• Home visitors</li> <li>• Nurses &amp; midwives</li> <li>• Medical doctors</li> <li>• Nutritionists</li> <li>• Health educators &amp; trainers</li> <li>• Health service directors, managers, and supervisors</li> </ul>
EDUCATION	<p>Roles may include:</p> <ul style="list-style-type: none"> <li>• Child care workers</li> <li>• Early childhood teachers</li> <li>• Primary school teachers</li> <li>• Social pedagogy professionals</li> <li>• Teacher assistants</li> <li>• Teacher coaches</li> <li>• Teacher trainers</li> <li>• Supervisors</li> <li>• Education service directors/managers</li> </ul>
SOCIAL AND CHILD PROTECTION	<p>Roles may include:</p> <ul style="list-style-type: none"> <li>• Social service workers</li> <li>• Community child protection officers and workers</li> <li>• Psychologists</li> <li>• Mental health professionals/specialists</li> <li>• Residential care staff</li> <li>• Social service educators &amp; trainers</li> <li>• Community child protection officers and workers</li> <li>• Social service managers</li> </ul>

\* Hygiene is an important aspect of health and roles addressing this area are encompassed in the health and nutrition sector.

**Table 1: Roles within the Workforce**

<sup>1</sup> The term early childhood development (ECD) is used in his report to refer to services across the education, health and nutrition, and social and child protection sectors. The term early childhood education and care (ECEC) is used to refer to services encompassing early education and care from birth to the transition to primary school.

<sup>2</sup> When referring to the education sector, we are also including the child care field unless otherwise noted.

## Overview of Landscape Analyses

The four themes which are explored in this series include<sup>3</sup>:

- ▶ **Competences and Standards** – Competences and standards ensure that there are agreed requirements and expectations for what early childhood workers should know and be able to do. They also lay the groundwork for the core principles, regulations, guidelines and procedures guiding work with young children and their families.
- ▶ **Training and Professional Development** – Since the early childhood workforce is very diverse, including, for example, many volunteers or staff without formal education, training and professional development opportunities support the acquisition of necessary knowledge and skills.
- ▶ **Continuous Quality Improvement** – Creating systems for monitoring, evaluation, and assessment that are complemented with continuous feedback, coaching, and reflective supervision are important for ensuring that workers receive information that they can use to improve their practice on an ongoing basis and for linking members of the workforce to pathways for career advancement. Additionally, collecting data on the early childhood workforce can help decision makers monitor and improve the quality of ECD services.
- ▶ **Working Conditions** – Currently, the level of remuneration, working conditions, and status of the early childhood workforce are poor, even relative to primary teachers and other similar professions. Recruitment and retention challenges, unclear roles and responsibilities, high turnover, and low morale compromise the quality of provision. There is a need to explore ways to improve the attractiveness and perception of the profession, create a support system (e.g. professional networks, coalitions) for members of the workforce, and promote ways to give voice to practitioners in their daily work and in policy discussions, including through collective action.

It is hoped that a diverse group of stakeholders working in ECD, including policymakers, researchers, program managers, and practitioners can use the findings of these landscape analyses to generate lessons for countries looking for ways to support and strengthen the early childhood workforce, and enhance existing programs, policies, research, and advocacy efforts concerning the early childhood workforce. This report, the third in this series, addresses the theme of **continuous quality improvement**.

## What is Continuous Quality Improvement?

*Continuous quality improvement* (CQI) encompasses planned processes and approaches that enable members of the early childhood workforce across sectors to improve their day to day practice. Although CQI can occur in several ways, it is typically characterized by a primary emphasis on individualized feedback and guidance to a member of the workforce via a relationship with a more experienced team member, peers, or external professional and embedded in an organizational culture committed to ongoing improvement. Activities that facilitate CQI occur with some regularity, are proactive, and are generally not punitive in nature (Tout et al., 2015). CQI can take many forms, but we are focusing on those most commonly found across early childhood programs, which include supportive supervision, mentoring, coaching, and peer learning/professional learning communities.

While a form of professional development, it is important to keep in mind that these approaches are distinct from training. Training sessions, which offer opportunities for learning, may be offered on a one-off basis or as part of a series and typically focus on a discrete area of inquiry or related skills (NAEYC & NACCRRRA, 2011). Below are definitions of four common CQI approaches, explored in more depth below (see Table 2). Although these forms of CQI generally have distinct features, in reality, programs may be more fluid in their application of these approaches (Engelbrecht, 2012).

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<sup>3</sup> These themes were identified in collaboration with a group of experts convened by the Early Childhood Workforce Initiative in 2015.

CQI approach	Definition	Examples
Mentoring	Mentoring is a relationship-based experience typically offered to a member of the workforce by a more experienced colleague which allows for individualized support. This support is typically holistic in nature and less centered around achieving a specific objective in terms of improving practice when compared to coaching (Whitebook, 2016).	In Rwanda, senior nurse mentors are trained to support nurse mentees in the implementation of Integrated Management of Childhood Illness and other child health priorities. In addition to a range of other activities, mentors conduct intensive visits every four to six weeks to provide feedback on individual and systems performance. During these visits, mentors provide constructive and supportive feedback which helps in the development of a trusting relationship and model professional behavior. Mentors are also available by phone and for distance mentoring as needed. Nurse mentors supplement one on one mentoring with group teaching sessions including presentations and skills demonstrations. (USAID, 2019).
Coaching	Coaching is a relationship-based experience which can be offered in an individual or group setting. It may be provided by a more experienced colleague or peers and is focused on improving quality of practice in one or more targeted areas (Whitebook, 2016).	MyTeachingPartner is a program model which has been used in the US. It consists of three key features: a video library where pre-primary teachers can access videos of teaching best practice, college courses, and web-based coaching. The web-based coaching takes place in two-week cycles. Teachers first record themselves and send the video to a coach who reviews the video and prepares prompts for the teacher to respond. The teacher then reviews the video and the prompts which is followed by a discussion between the teacher and coach and the development of an action plan for the next cycle. This model has been adapted to the Ecuadorian context and is currently being evaluated. In order to tailor it to the early learning system in Ecuador, the model was tweaked to include more culturally relevant resources and in-person coaching rather than virtual (MyTeachingPartner, 2020; Ruzek, 2018).
Supportive supervision	Supervisors may carry out several roles including supportive, administrative, and educational functions. Supportive supervision refers to those supervisory tasks which typically involve an element of observation, feedback, and reflection and involve a process of helping staff to improve their own work performance continuously across several dimensions. Supervisors may also carry out important duties as liaisons between the program and frontline workers.	In the Reach Up and Learn framework, supervisors receive a manual that provides guidelines for supervision and an evaluation checklist for observing home visits. This manual includes the qualities of a supervisor, their responsibilities, and guidance for how to provide supportive feedback and build positive relationships with the visitors. During training, supervisors are introduced to three key elements of supportive supervision (e.g. reflection, collaboration, and consistency), and encouraged to participate in demonstrations that depict the challenges that supervisors and visitors may encounter in their roles, as well as brainstorm potential solutions (Reach Up, n.d.).
Professional learning communities/ peer learning	Peer learning offers members of the workforce the opportunity to share reflections, feedback, and advice with peers. It may be offered in different forms including through peer coaching opportunities as well as more targeted fora for sharing reflections on practice.	In Albania, Croatia, and Slovenia, a coaching tool (Wanda) is used to facilitate critical reflection among teams of 8 to 12 pre-primary practitioners on pedagogical practice. During particular reflection sessions, participants reflect on past sessions, select a case for further discussion, ask questions, analyze it from different perspectives, and share advice on tackling it (Tankersley, 2015; Peeters et. al., 2019).

**Table 2: Definitions and Examples of CQI approaches**

# Methodology

The authors undertook several steps to produce this report. First, the research team reviewed global studies on the early childhood workforce from across the education, health and nutrition, and social and child protection sectors. A framework was used to organize the data around the four previously identified themes - competences and standards, training and professional development, continuous quality improvement, and working conditions – and to identify key questions for further exploration in each of the four planned landscape analyses.

Guided by the key questions identified through this initial review, a call for evidence was circulated to early childhood researchers, program managers, and practitioners to collect the latest research and evidence related to continuous quality improvement. In addition, a targeted database search was carried out to identify published and grey literature specific to this theme across sectors. Once the literature was collected, the team reviewed it to understand the policies surrounding this topic, as well as the availability, format, structure, and delivery of the approaches being studied. Data across all sources were then reviewed to identify findings. The following research questions guided this process:

- ▶ How do members of the early childhood workforce receive feedback on their day to day practice? How do these mechanisms vary across sectors, roles, and countries? What gaps exist in implementation of these mechanisms?
- ▶ What are key factors contributing to the successful implementation of continuous quality improvement for the workforce?
- ▶ How does continuous quality improvement relate to systems monitoring and quality assurance?

In addition, brief case studies were prepared to illustrate the specific challenges and approaches to continuous quality improvement highlighted in the findings. These case studies were informed by desk reviews and key informant interviews (KIIs) with experts on the subject. Countries and programs were selected in order to reflect diverse sectors, regions, and roles within the early childhood workforce.

## Roadmap

The report begins with a rationale for the study and a discussion of how continuous quality improvement is conceptualized in this research. Following this background, the report presents five findings (listed in Box 1) that emerged from the review of literature which are further illustrated by case studies of approaches taken to supporting the workforce in this area across a range of countries and sectors. The main text is further complimented by COVID-19 related examples to illustrate methods that have been used to mitigate the negative effects of the pandemic on the early childhood workforce. The report concludes with recommendations for policymakers and areas for further research.

### Box 1: Findings on Continuous Quality Improvement

**Finding 1:** Availability and accessibility of opportunities for continuous quality improvement is uneven across roles, sectors, and countries.

**Finding 2:** The ideal length and frequency of CQI depends on the particular approaches utilized and their objectives. Pairing them with training and professional development opportunities (and other quality improvement efforts across the system) can maximize their impact.

**Finding 3:** Integrating elements of observation, reflection, collaboration, and problem solving can strengthen CQI processes.

**Finding 4:** Inadequate staff capacity is a major barrier to providing CQI. Concerted efforts to manage workload, enhance skills and provide complementary tools and resources can mitigate this challenge.

**Finding 5:** CQI approaches should be aligned with quality assurance and monitoring across the system.

# Rationale

This study focuses on the role of continuous quality improvement for the workforce given 1) the centrality of this topic to early childhood systems monitoring and 2) the important role that regular feedback plays in improving both practice and the well-being of the workforce. These two factors directly influence the quality of early childhood services and ultimately, child development outcomes.

As quality of service delivery is increasingly prioritized in the early childhood field, growing emphasis has been placed on the role of systems monitoring, which can involve the implementation of a range of quality assurance mechanisms. For example, in the context of ECEC, quality assurance is defined as the process of monitoring settings to assess and ensure the quality of children's experiences. Different quality assurance mechanisms may be utilized to ensure government and public accountability; manage/improve performance; inform parental choice; and shape policy discussions (Raikes et. al., 2019). For these mechanisms to function and ultimately impact quality, feedback loops for the workforce must be in place, and performance monitoring across the individual, service delivery, training institute, and policy level must be aligned (Peeters et. al., 2019).

Beyond their importance for quality assurance systems, feedback loops for the workforce are important given the existing gaps, challenges, and needs in the knowledge, skills, and attitudes of these personnel. Previous research, including analyses by the Early Childhood Workforce Initiative, have found that many members of the workforce come into their roles with limited training and experience, making ongoing professional development opportunities important for building further competences (Mitter & Putcha, 2018). At the same time, there is constantly new research on early childhood practices, meaning that even well-trained, experienced workers need to frequently evolve and improve.

However, pre- and in-service training and courses are not always impactful on their own, and recent evidence from LMICs underscores the importance of focusing on continuous improvement, supportive supervision, and professional development approaches that incorporate on-site observation and feedback (Richter et. al., 2017; Yoshikawa & Kabay, 2014). A recent study found a high level of expert consensus around the need for workers delivering ECD services in the education and health sectors in low-resource contexts to have ongoing mentoring and supervision, reflecting concern that existing training offerings are short-term and require follow-up support to promote effective practice among the workforce (Pearson et.al., 2017). For example, survey of 92 countries implementing the Integrated Management of Childhood Illness strategy in LMICs, found that 42% of countries shortened an 11-day training course for health workers to reduce costs and the amount of time health workers were away from their posts, necessitating post-training follow-up in the form of strengthened supervision and job aids (WHO, 2017; Rowe et al., 2018). Furthermore, evidence from the health sector suggests that when short duration training programs for community health workers are coupled with strong supervision, such as the case with the model led by BRAC in Bangladesh, services delivered are associated with improved health outcomes (GHWA & WHO, 2010). Similarly, enhanced supervision approaches in health can impact productivity for community-based workers who have high workloads, vast geographic distances to cover, limited access to equipment and supplies, and limited community trust and health service utilization (USAID, 2019). A review of evidence on community health workers delivering mental health services found that receiving supervision had a significant impact on improving parenting behavior when compared to those programs, which did not include such components (GHWA & WHO, 2010). This is made even more important in light of their increasing responsibilities (USAID, 2019) as for example, early childhood development counseling and monitoring is often added onto existing tasks that workers across sectors may already be doing. A recent review of the workforce delivering ECD interventions under the Saving Brains portfolio reinforced this finding as well as the role that supervision plays in maintaining fidelity during the scale-up phase (Kohli-Lynch et. al., 2020).

Aside from improving quality of service delivery, ongoing professional development opportunities can improve the well-being of the workforce, by reducing stress and improving job satisfaction, which ultimately improves retention. For example, in the health sector, evidence points to the role



that ineffective supervision plays in low community health worker morale and poor productivity (Jaskiewicz & Tulenko, 2012). Similarly, a study of child welfare workers in the U.S. found that support from supervisors was predictive of turnover and can enhance retention more than other factors such as caseload (Jacquet et. al., 2008).

Lastly, the COVID-19 pandemic has had an unprecedented effect on young children and early childhood educators worldwide. In the Asia-Pacific region for example, an estimated 93 million pre-primary students in 34 countries and 4.4 million pre-primary teachers in 24 countries are affected by the pandemic. Although additional research is required to determine the long-term effects of COVID-19 on the ECCE sector, it is expected to be most damaging for children and workers from the most disadvantaged, vulnerable, and poorest communities (UNESCO,2020). Prioritizing CQI during COVID-19 can help ensure that members of the workforce continue to receive the support they need to advance in their roles as they navigate through the challenges of working with young children and their families during times of crises.

Based on the above, this landscape analysis endeavors to expand on a [previous review](#) of evidence and experience within the early childhood workforce on training and professional development completed by the Early Childhood Workforce Initiative (Mitter & Putcha, 2018). **While the previous review focused on training and professional development at large, this landscape analysis focuses particularly on those approaches which aim to provide ongoing feedback to the workforce for the purpose of quality improvement.** While we recognize their importance as part of an overall quality assurance system, this review does not cover approaches that do not directly focus on feedback for the workforce such as external approaches to evaluation, inspections, and monitoring by third parties.

## Findings

### 1. Availability and accessibility of opportunities for continuous quality improvement is uneven across roles, sectors, and countries.

**Data on continuous quality improvement opportunities are not consistently available across countries, sectors, and roles. This may reflect availability of offerings, but also inconsistent reporting, as these forms of ongoing support are captured under broader categories for continuous professional development. Where data are available, there is variation in the types of opportunities as well as who has access to them.** Results from the Starting Strong survey in the early childhood care and education sector (ECCE) sector survey demonstrate this point. Across all nine countries surveyed, a majority of staff (more than 75%) report having participated in professional development in the prior twelve months with attendance at courses or seminars being more common than opportunities for CQI such as coaching, mentoring, peer learning, and supportive supervision. Across all activity areas, teachers participated at higher rates than assistants (OECD, 2019). In addition, across OECD countries, ECCE staff with less pre-service education tend to report fewer opportunities for professional development (OECD, 2019). While data from low- and middle-income countries in the ECCE sector are limited, country examples help illustrate the situation. In Ghana, in-service training and professional development for kindergarten teachers have traditionally been offered at the school and cluster (a grouping of schools in a particular geography) levels. Within schools, teachers may organize to address skill gaps with the support of Curriculum Leaders who may also facilitate sharing of good practices at the cluster-level. However, there is recognition that these opportunities do not consistently foster coaching, mentoring, and reflection (Gratz and Putcha, 2019).

**One program that places a priority on CQI in the form of supportive supervision and reflection sessions (although there is wide variation in practice) is home visiting. Given the limited duration of pre-service training, supportive supervision can help to provide on the job coaching and mentoring which is commonly in the form of reflective supervision. This may be provided by supervisors during individual or group sessions and includes home visitors reflecting on**

**interactions with families and discussing challenges encountered in order to provide support on the content of visits, strengthen relationships with families, and reduce staff turnover (Paulsell et. al., 2010).** In the home visiting component of the Cuna Mas program in Peru, home visitors participate in planning meetings with supervisors on a bi-monthly basis during which they analyze progress with their families, discuss challenges, and develop plans and practice for upcoming visits. In addition to support provided on an as needed basis, home visitors are also accompanied by supervisors on two home visits per month after which a reflection session follows where supervisors offer feedback and suggestions (Josephson et.al., 2017). In contrast, Lady Health Workers in Pakistan receive ongoing training one day each month following their initial 15-month training period. In these sessions, they receive refresher courses and are able to discuss any ongoing challenges they face in the field with their supervisors (Hafeez et. al., 2011). Despite these offerings, in reality, supervision may focus more on the administrative aspects of home visiting. For example, a key challenge identified in a study of community health workers in South Africa delivering first thousand days services was the compliance-based nature of supervision, which focused more on satisfying administrative requirements rather than supporting workers. This affects the quality of services provided to the community and prevents workers from receiving the support and guidance they need to progress in the field (Hatipoglu et. al., 2018). Similar experiences have been reported in the social service workforce where supervisors are not always seen as individuals who provide constructive feedback but rather as authority figures who oversee their duties and assign tasks that undermine opportunities for continuous quality improvement (GSSWA, 2018).

In the health sector, many early childhood interventions are delivered by community health workers in low- and middle-income countries. Their access to supervision can be quite varied based on the country and program. For example, in small-scale projects, there might be more effective supervisory structures in place, where national programs may experience more challenges in consistently providing needed support (GHWA & WHO, 2010). A global survey of countries implementing IMCI further demonstrates this point as it found gaps in regular supervision, with 33 out of 66 countries reporting that less than 25% of first level health facilities had had at least one supervisory visit in the last six months (WHO, 2017).

## **2. The ideal length and frequency of CQI depends on the particular approaches utilized and their objectives. Pairing them with training and professional development opportunities (and other quality improvement efforts across the system) can maximize their impact.**

**Across sectors and roles, there is consensus that, to be meaningful, CQI should be provided on a regular basis; however, what this means for length and frequency is unclear.** The UNICEF and GSSWA guidelines for the social service workforce call for both regular supervision and support to be provided on an as needed basis (UNICEF, 2019) and several early childhood programs incorporate these two types of support. For example, supervisors in a home visiting program in Colombia met with home visitors every 7-10 weeks in person. During these meetings, supervisors used checklists to discuss the progress of children, and in between these meetings, they utilized text messaging and short bulletins with key messages to communicate with home visitors (Yousafzai and Aboud, 2014). The Where There are No Preschools (WTANP) project was designed to provide high quality preschool education to children from socially disadvantaged backgrounds in rural areas of Poland. Each month, the program provides supervision visits to preschool teachers on the pedagogy and enforcement of teaching standards in childcare centers. These supervisory visits are individualized to the teachers' particular needs and emphasize continuous evaluation and improvement (Sun et al., 2015).

**A review of studies on community health worker programs in low-income countries found there was little data to suggest that increasing the frequency of supervision improves its quality (Hill et. al., 2014).** For example, in a study in Brazil, supervisory visits were reduced from monthly to quarterly with no negative impact on the number of new clients or revisits (Foreit & Foreit, 1984). A systematic review of European research on continuous professional development programs in the ECCE sector came to similar conclusions, finding that frequency of programs was dependent

on their objectives and intended outcomes. For example, an intensive program utilizing video feedback may be more effective at achieving short-term outcomes while an initiative incorporating coaching and peer learning may be more impactful in achieving quality objectives in the long-term (Eurofound, 2015). A review of English language literature on coaching interventions in ECE found that dosage was one of the most important features of coaching interventions though it identified wide variation in studies (from 1 week to 3 years and 1 to 70 sessions across studies reviewed) making it difficult to determine the appropriate amount. The researchers conclude that multiple factors including the goals of a coaching program and educator's skills influence the intensity of coaching needed (Elek and Page, 2018).

An **additional factor to consider beyond aligning frequency and dosage with intended outcomes is the suitability of pairing CQI approaches.** As described earlier, though distinct from training, CQI approaches are one element of professional development opportunities at large. These approaches are commonly paired with training, as is the case in several examples of coaching, which can maximize their impact (See Box 2 for case study on Un Buen Comienzo in Chile). A review of studies on coaching approaches in ECE in the U.S. found that, in over half of 44 studies examined, coaching support was provided alongside classroom training or workshops. In some cases, practitioners attended training at the start of the intervention, which was then followed by coaching to support implementation of knowledge gained (Isner et. al., 2011). Similarly, in the Quality Preschool for Ghana program, there is a focus on building teachers' skills and knowledge of the play-based components of the kindergarten curriculum. In addition to a five-day in-service training, and refresher trainings four and eight months later, kindergarten teachers also received on-going coaching and mentoring sessions (Gratz and Putcha, 2019). Training and coaching sessions focused on pedagogical approaches to teaching including topics such as incorporating activities and games (Wolf et. al., 2018). These examples complement research in the health sector where a review of health worker performance (including studies looking at services delivered to both children and adults) found that while training or supervision alone had zero to modest effects, training coupled other components like supervision and group problem solving were more effective (Rowe et. al., 2018). In addition, there is evidence to suggest that pairing CQI with other activities can be beneficial. A study of early childhood centers in the U.S. found that centers using observation tools and mentoring demonstrated significant gains in language development and socioemotional skills when compared to programs without mentors (Guernsey and Ochshorn, 2011).

### Responding to COVID-19

To continue providing support to early childhood educators during the pandemic, Learning Forward, an international association of learning educators, has started offering a virtual coaching academy that focuses on developing coaches' skills in building relationships, leading professional learning, and carrying out individual and team coaching. The coaching academy offerings include:

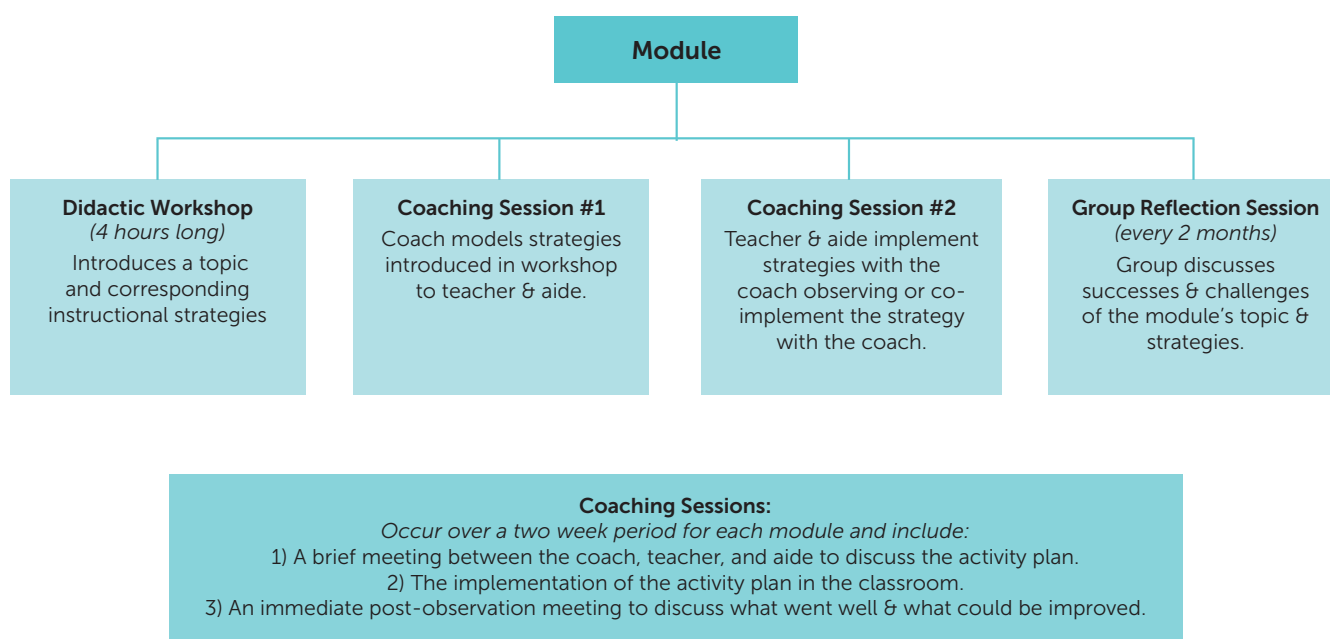
- ▶ Live facilitated sessions with an expert coach.
- ▶ Collaborative learning communities to reflect on learning, reinforce strategies, and share progress.
- ▶ Tools and strategies specific to coaching in a virtual context.
- ▶ Individualized support on how to work virtually with educators.

(Learning Forward, 2020)

## Box 2: Pairing coaching sessions with ongoing observations, peer reflection, and quality improvement tools to strengthen the workforce.

In 2007, the Ministry of Education in Chile, Fundacion Educacional Oportunidad (Educational Opportunity Foundation), and Harvard University piloted Un Buen Comienzo (UBC), a two-year intervention intended to provide coaching to preschool teachers in Chile, with the goal of enhancing children's developmental outcomes. Initially piloted in 22 prekindergarten and kindergarten classrooms in one lower-income municipality of Santiago, it was eventually expanded to a full experimental impact evaluation (Leyva et al., 2014). From 2010 onwards, the UBC intervention integrated quality improvement and an improvement network to increase professional development opportunities for the workforce (Arbour et al., 2016).

The UBC model consists of twelve modules which are delivered over the course of two years and touch on various themes (e.g. oral language) related to child developmental outcomes. Each module includes a didactic workshop, along with a series of coaching sessions and group reflection as described below:



An initial evaluation of UBC showed that, while it had positive effects on the quality of pre-school classrooms (e.g. supportive emotional climate, learning support), it did not seem to have a significant effect on child outcomes (e.g. language and early literacy skills) (Yoshikawa, 2015). To address this challenge, UBC began integrating quality improvement - ongoing observations and interventions to promote measurable improvements in outcomes- into its approach. Under this strategy, *Fundacion Educacional Oportunidad* brings teams together that consist of school leaders, teachers, teacher aides, parents, and local education officials three times a year, and trains them on how to use quality improvement tools. One such tool is the "Plan-Do-Study-Act" (PDSA) rapid cycles, which allow teams to identify what they are trying to accomplish (e.g. improve students' language skills), develop actionable steps for achieving their goals (e.g. introducing one new vocabulary word every day with rotating strategies for learning the new word), and determine how they will know that a change leads to an improvement (e.g. measuring the number of children using the new word with and without help) over time. During each training session, each team is encouraged to share what approaches are working well, and brainstorm ways to address any additional challenges with the group. A 2016 review of UBC's quality improvement approach indicated that, in addition to improving classroom quality by allowing teachers and aides to explore different ways of improving teaching practices, it also had a

positive effect on children's language skills (Arbour, 2016).

To ensure that these positive effects were sustained at the end of the two-year intervention period, in 2018, UBC started implementing an improvement network for schools that had successfully completed the program. Under this network, school leaders are coached on how to observe and provide continuous feedback to teachers and aides to ensure the continued implementation of UBC strategies once the intervention is over. They also participate in district meetings with other school leaders to reflect and exchange ideas on the continuous implementation of these strategies. Teachers, aides, and school leaders are also encouraged to participate in learning sessions with other members of the network to discuss lessons learned from the application of the strategies, discuss challenges, and support each other in planning new interventions (HundredED, 2020).

**The UBC experience highlights how pairing traditional coaching sessions with other interventions such as ongoing observations, peer learning sessions, and quality improvement tools that promote problem-solving can improve the quality of preschool classrooms and child developmental outcomes. It also highlights how coaching towards the achievement of specific objectives can guide practitioners in making sustainable and measurable change in the field. Lastly, continuously engaging stakeholders in the professional development process allows them to become active change agents in their roles. As UBC works to ensure the long-term sustainability of its approach, it could serve as a useful model for other countries looking to strengthen coaching approaches for the early childhood workforce.**

### 3. Integrating elements of observation, reflection, collaboration, and problem solving can strengthen CQI processes.

It can be difficult to disentangle the exact components of CQI which have an impact on children's outcomes because many studies seek to modify several program aspects at the same time (Behrman, 2013). A review of implementation processes in integrated nutrition and psychosocial stimulation interventions in low- and middle-income countries found that supervision was a key feature of effective services delivered through home visits or groups sessions, with aspects of modeling, problem solving, peer to peer learning, supervisory checklists, and feedback being particularly important (Yousafzai and Aboud, 2014). **A review of English language literature on coaching in ECE found four common elements of interventions - observation, feedback, goal-setting, and reflection. In addition, the study identified several important structures and processes for coaching, including its dosage, whether it takes place in an educator's own context, its individualized nature, and its emphasis on participatory learning (Elek & Page, 2018).**

A summary of some of these successful elements, including how they are incorporated in different CQI approaches, follow:

- ▶ **Observation** may involve classroom or clinical observation (in-person or virtually), or joint household visits. For example, guidelines for Accredited Social Health Activists (ASHA) who provide home visits in India stipulate that supervisors make 1 visit per quarter to ASHAs and provide joint home visits with ASHAs to at least 10% of newborns in their sub center zone (MOHFW & MWCD, 2018). Observation may be conducted with the aid of checklists or other tools and help to ground feedback provided in the day to day practice of personnel. For observation to be successful in improving practice, a shift from using it as a tool for monitoring to its value for strengthening feedback is critical.
- ▶ **Reflection** refers to the fostering of an environment where one or more people can step back from an experience and sort through their thoughts and feelings about what has occurred (University of Minnesota, 2019). Opportunities for reflection can support practitioners to think critically about their work and identify what drives children's learning and development (Peeters et. al., 2019). This may take place between a supervisor and supervisee in an individual meeting or between personnel in larger groups such as learning communities or professional networks. For example, in the Madrasa Early Childhood Program in East Africa, time for reflection is built

into the program. Within regional clusters facilitated at Madrasa Resource Centers, staff from different preschools come together on a monthly basis to share their experiences. In addition to reporting on challenges within their communities, these meetings allow staff members the ability to carry out joint problem-solving (Aga Khan Foundation, 2018). Beyond allowing personnel to think more critically about their work, troubleshoot responses, reflection may also enable conversations that can help improve job satisfaction and avoid burnout. A recent study of home visitors and supervisors in the U.S. describes how both visitors and supervisors value reflective supervision for facilitating open conversations, which enable sharing that can prevent burnout (Sandstrom et. al., 2020).

▶ **Problem-solving** approaches may encourage members of the workforce to identify challenges in supporting beneficiaries, explore potential solutions, and experiment with their application. Similar to reflection, these approaches allow workers to use critical thinking to address any ongoing challenges they are facing in their work, which can ultimately help improve job satisfaction in their roles. These approaches have shown promise particularly in the health sector, where there has been experience with quality improvement and problem-based approaches (USAID, 2019). (See Box 3 on Reach Up and Learn in the Syria response).

▶ **Collaboration** is essential for CQI approaches to be effective. To provide useful feedback, cultivation of a participatory and collaborative environment is essential as top-down supervision can emphasize the social distance between supervisor and supervisee (GHWA & WHO, 2010). Relatedly, a partnership approach may also help in fostering other key elements such as reflection, which can allow for meaningful conversations (University of Minnesota, 2019).

### Responding to COVID-19

The COVID-19 pandemic has required some child welfare professionals to carry out their duties from home. To help workers navigate these challenges, the Quality Improvement Center for Workforce Development (QIC-WD) recommends that supervisors:

- ▶ Administer **self-assessments** to determine how to best supervise teleworking employee.
- ▶ **Define expectations and set realistic goals** for working remotely with supervisees, while acknowledging that priorities might change as the situations evolve. This might include establishing “office hours” for supervisees to receive ongoing support and determining a process for receiving regular updates on work.
- ▶ Schedule **regular and consistent check-ins** with supervisees, during which both groups discuss upcoming priorities, reflect on work-related challenges, and engage in supportive supervision.

(QIC-WD, 2020)

### Box 3: Facilitating multiple opportunities for feedback to support home visitors working in response to the Syrian refugee crisis

**The International Rescue Committee (IRC) began piloting Reach Up and Learn (RUL) in the Middle East to support children and caregivers affected by the Syrian refugee crisis in 2016.** The Reach Up and Learn curriculum, which lays out weekly and biweekly visits for children ages 6-42 months, was adapted from the Jamaica Home Visiting Program (see reachup.org). Starting in 2016, RUL was piloted in three countries in the Middle East – Jordan, Lebanon and Syria. Between April 2017 and August 2019, the program reached over 4,089 households, and initial research shows that the program has alleviated caregiver stress and allowed for more positive caregiver-child interactions (Vachon & Wilton, 2020).

**In addition to the outcomes for children and caregivers, RUL supports home visitors (HVs) and supervisors to continuously improve their practice through an integrated combination of supportive supervision, peer learning and problem-solving approaches.**

An initial intensive 2-day practice-based supervision and coaching training acts as the foundation for developing their coaching and mentoring skills. Supervisors reported that they particularly appreciate the training's focus on how to give feedback and how to identify HVs' own strengths. Supervisors also participate in the standard 10-day training that covers all other aspects of the home visiting program. **Once in their roles, supervisors are required to carry out an observation and coaching visit once per month with HVs. During these visits, supervisors utilize a checklist in addition to feedback gathered from their observations to guide reflective conversations with HVs.** HVs expressed interest in more frequent coaching and support from supervisors, leading to IRC to pilot a peer learning model of "home visitor learning circles" in Lebanon, modeled after similar approaches utilized by IRC with teachers. Circles are led by experienced IRC staff who use templates to guide sessions which cover challenges such as building relationships with families, communicating the importance of consistent family participation, and troubleshooting toy making (Vachon & Wilton, 2020). There are plans to roll out a similar tactic in Jordan and Syria in the future.

**The trainings and other program components have required adaptation and flexibility given political challenges and the COVID-19 situation. In response, phone calls have replaced in-person support provided by HVs, with supervisors listening to these calls and providing follow-up support to HVs over the phone.** Learning circles have required continuous adaptation given the changing political environment. Due to political upheaval in Lebanon in October 2019, home visits had just begun when roadblocks prevented HVs from being able to gather for meetings, requiring sessions to be conducted over WhatsApp instead. Staff reported that the small size of these groups enabled interactive discussions. Similarly, due to COVID-19, sessions were moved to an online platform in Jordan. In addition to these learning circles, the program initiated a 9-month pilot investigating and testing Continuous Quality Improvement (CQI) ideas in Jordan. **They have established an online platform where small groups of coaches receive virtual training to conduct personal improvement projects as a way of building skills in carrying out "Plan-Do-Study-Act" (PDSA) cycles. Initial experience has been positive, and staff have found this framework to be effective for structuring conversations about quality improvement. As the program adapts to COVID-19, and resumes through phone calls, CQI tools will be piloted to learn and improve the service collaboratively.**

**In the future, the program managers see an opportunity to integrate new and varied approaches to support HVs and supervisors. Plans include developing a dashboard or other systems to integrate feedback and data from supervision checklists into monthly meetings, and infusing concepts such as PDSA in one-on-one supervisory visits and home visitor learning circles to encourage deeper reflection.** Program staff are also eager to increase opportunities for peer support among supervisors and develop a reporting template which can identify technical needs and capacity gaps, which can feed into a broader capacity building plan. The case of RUL in Syria highlights the value and importance of utilizing multiple approaches for feedback and ongoing support for the workforce which focus on problem-solving, while also illustrating the need to align approaches to support improvements in quality, and adapting delivery mechanisms in response to challenges.

*Sources:* Vachon, A. and Wilton, K. (2020). Reach Up and Learn in the Syrian Response: Adapting and Implementing Evidence-Based Home Visiting Program in Lebanon, Jordan, and Syria. New York: International Rescue Committee.; Key Informant Interviews with IRC staff.

## 4. Inadequate staff capacity is a major barrier to providing CQI. Concerted efforts to manage workload, enhance skills and provide complementary tools and resources can mitigate this challenge.

**Lack of staff capacity can create barriers in providing CQI.** For example, a high workload can make it difficult for frontline staff to participate in CQI activities. In a survey of OECD countries, common barriers to participation in professional development for staff working in ECCE was a lack of back-up staff to compensate for absences and conflicts with work schedules (OECD, 2019). Offering these staff release time from working with children in order to attend professional development during regular working hours increases the likelihood of participation (OECD, 2019). Similarly, workload for both frontline personnel and supervisors may make it challenging to prioritize supervisory or reflective sessions. In these cases, reducing and specifying supervisory caseloads can help. For example, in the social service sector in South Africa, a supervision framework specifies ratios of 1:10 if supervision is the only performance area of a supervisor and 1:6 if supervisors have their own caseload (UNICEF, 2019). Similarly, ILO guidelines for the ECE sector recommend that policies set out ratios of less-qualified staff to be supervised by fully qualified practitioners, and the minimum number of hours of supervision (ILO, 2014).

**In other cases, opportunities may be limited and/or lacking in quality because experienced staff are not clearly assigned these tasks or available within a program or system to deliver them.** A recent survey of the social service workforce found that of countries with worker survey data in East Asia and the Pacific and in the Middle East and North Africa, about 20% did not have a supervisor (GSSWA, 2018). Similarly, in Malawi, senior Health Surveillance Assistants (HSAs) who supervise HSAs do not have a clear job description with respect to supervisory responsibilities, failing to incentivize their work in this area (Phuka et al., 2014). Additionally, a review of CHW programs found that supervisors were frequently formal health staff from the health services who do not understand the role of CHWs and also resent additional tasks related to supervision on top of existing responsibilities (GHWA & WHO, 2010). In other cases, supervisors may come from a more technical background in early childhood and lack specific know-how related to supporting frontline staff. However, there are some cases where CHW programs have full-time supervisors without other duties, including Bangladesh's Family Welfare Assistants and Health Assistants, Pakistan's Lady Health Workers, and Liberia's Community Health Workers (Perry 2020).

**Several CHW programs have mitigated challenges by creating a new cadre of supervisors recruited from among previously high-performing CHWs, as done in Rwanda and Sierra Leone (Perry, 2020).** In still others, supportive supervision may take on different forms in the absence of a supervisor. For example, in the absence of trained supervisory support in Myanmar, a group of child protection workers agreed to a peer group supervision model which involves case managers meeting together to regularly discuss cases and exchange ideas (Roby, 2016). While peer learning is valuable on its own, this example highlights how it can also fill gaps when other forms of support are unavailable. Other barriers encountered in offering supervision may include lack of transportation, with some programs utilizing a combination of virtual and in-person offerings to mitigate challenges. For example, in the *Sugira Muryango* program in Rwanda, a home visiting intervention focused on violence prevention, supervision is provided as a combination of in-person and telephone along with peer support groups and group supervision (Betancourt et al., 2020). Challenges in implementing effective supervision and CQI approaches may also reflect broader systems issues. Aside from staff capacity in terms of availability, knowledge and skills, there is evidence from the health sector that supportive supervision requires motivation, leadership, and changes in mindset that can be difficult to put in place (Hill et al., 2014).

**Experience also suggests that the knowledge and skills of supervisory staff need to be strengthened. At a foundational level, programs should focus on clarifying the roles of supervisors and the activities for which they are responsible (Jaskiewicz & Tulenko, 2012). Training for supervisors should follow, reflecting the key activities for which supervisors are responsible.** For example, a review of home visiting programs in the U.S. identified training for supervisors usually covers some of the following key topics: developing coaching skills, troubleshooting problems, navigating forms/reporting, implementing parallel process in supervision such as strength-based approach or reflective practice, exploring one's own supervision style, and



conducting home visit observations (Coffee-Borden and Paulsell, 2010). Guidelines can help to ensure that training activities are prioritized; for example, in South Africa, social work supervisors must be registered with a minimum of 3 years of experience and complete a course on supervision although an auxiliary worker with 5 or more years of experience may mentor other auxiliary workers (UNICEF, 2019). In terms of the specific skills and attributes that should be encouraged, it is important for mentors, coaches and supervisors to have experience working with young children. Aside from specific knowledge related to the work at hand, there is a strong emphasis in guidelines and existing research on skills that enable a strong relationship between these leaders and frontline staff. For example, ILO guidelines on promoting decent work in the ECE sector encourage leaders to have competencies for empathy, communication, dialogue, collaboration, and team building in the creation and maintenance of a decent work environment for all staff (ILO, 2014). A study of supervision in the child protection sector in Australia emphasizes the need for supervisors to encourage a safe environment while a review of community health worker productivity in developing countries underscores the need for supervisors to serve as role models and encourage two-way communication (McPherson et. al., 2016; Jaskiewicz & Tulenko, 2012).

**Tools and resources can help to provide support to supervisors and other staff providing ongoing support (see Box 4 for a case study on the Reflection Interaction Observation Scale).** For example, observation checklists can help structure supervisory visits and enhance reflection. To be most effective, these resources should focus on facilitating conversation and feedback rather than being punitive in nature, and also minimize subjectivity. In some cases, valid and reliable observation tools may be appropriate and enable collection of data that can be shared with the workforce. Similarly, manuals can also support supervisors, mentors and coaches in their tasks. These resources may help staff in understanding their own roles so that they can deliver services consistently. For example, a component of the Reach Up and Learn program is a supervisor manual, which gives guidelines on the responsibilities of the supervisor and appropriate observation of the home visits (Reach Up and Learn Policy Brief).

#### **Box 4: The Reflection Interaction Observation Scale (RIOS): Integrating reflective supervision and consultation into the roles of supervisors**

The Reflective Interaction Observation Scale (RIOS), developed by the Alliance for the Advancement of Infant Mental Health, the Minnesota Association for Infant and Early Childhood Mental Health, and the University of Minnesota, is a tool that is being used by individuals and organizations in the U.S. interested in understanding and strengthening implementation of the reflective supervision and consultation (RS/C) process in the field of infant mental health (University of Minnesota, 2019).

RS/C is a specific form of reflective supervision that allows practitioners, with the help of a supervisor or consultant, to examine the thoughts, feelings, and reactions evoked while working closely with pregnant women, infants, young children, and their families. During this process, frontline workers learn techniques such as how to manage their emotional responses while serving families, problem solve challenges, and better understand familial situations (University of Minnesota, 2019). To support those objectives, the RIOS tool lays out five key components of reflective supervision:

1. *Understanding the Family Story* - Examining the relationship between the adults surrounding the baby;
2. *Reflective Alliance* - Establishing and maintaining the relationship between the supervisor and supervisee;
3. *Holding the Baby in Mind* - Examining the baby's relationships with others;
4. *Professional Use of Self* - Paying attention to the relationship the practitioner has with others; and
5. *Parallel Process* - Noting the way in which one relationship affects, and is affected by, other relationships (e.g. between the child, parent, practitioner, and supervisor).

It also identifies five key tasks (Describing, Responding, Exploring, Linking, and Integrating) that supervisors and supervisees can engage in together during the reflective supervision process (Watson et al., 2016).

Following its development in 2017, the tool has been used by individuals and organizations interested in strengthening the relationship between supervisor and supervisee(s) in the context of RS/C in a number of ways. For example, the tool has been used in training sessions for early childhood workers across different sectors (e.g. child welfare, mental health, foster care). During these trainings, participants observe a live and unscripted RS/C session, and then reflect on what they observed, bearing in mind the key components of the RIOS tool. Following the training, they are divided into small groups to engage in a collaborative reflective experience, guided by a reflective supervisor or consultant. In their groups, participants share their experiences working with infants, toddlers, and their families, highlighting in particular the joys and successes of their work, as well as the worries, fears, and conflicts they have faced. Participants have reported that the trainings and reflective experience helped them feel more connected to their peers, and allowed to have a shared sense of purpose in their roles, and a new understanding and compassion for the families with whom they work (Edison and McDonough, 2018). In addition to increasing peer engagement and collaborative learning, the tool has also been used to develop a shared understanding, and bridge the gap, between supervisor and supervisee. For example, when using the RIOS tool as a framework to discuss themes pertaining to trauma, separation, and loss, practitioners found that it helped create a safe space for them to feel heard, validated, and affirmed in their work, and to address the strong feelings they had when discussing difficult topics with the support of their supervisors (Mendez et al., 2015).

**The reflective supervision and consultation process can be an important means of supporting workers in their roles. Within this framework, the RIOS tool helps unpack the key components of the reflective supervision process and educate supervisors on the best ways to support supervisees in their roles.** The tool allows supervisors to determine whether they are promoting all essential components of reflective supervision (e.g. allowing supervisees to describe their experiences and reflect on their emotional responses while supporting children), and provides concrete guidance on how to manage difficult conversations during this process. It has also helped create a space in which practitioners can engage with their peers and share lived experiences, as well as tackle difficult subjects that may be encountered in the field. As more practitioners use the tool, and researchers begin to train individuals and organizations on how to use it as a framework for better understanding the reflective supervision process, it could serve as an important resource for those looking to further support and strengthen the early childhood workforce.

## 5. CQI approaches should be aligned with quality assurance and monitoring across the system.

**Programs may face resource constraints in supporting CQI approaches, as in the health sector, where supervision is generally not funded in national budgets and there is a strong reliance on NGOs to deliver these services (USAID, 2019).** At the same time, supervision is often devolved to the district level, which means that there are limited resources available given the lack of support from the national level (USAID, 2019). Relatedly, many programs in rural areas may experience challenges in deploying and providing supervisory support due to availability of staff and the associated costs of travel. In Latin America and the Caribbean, parenting programs are better suited to offer support to caregivers in rural areas compared to childcare services given lower operational costs, though this makes it difficult to invest in supervisory support for the workforce (Araujo, Boo & Puyana, 2016). Additionally, some CQI approaches are by their nature very resource intensive. For instance, coaching requires dedicated and trained staff to provide support and while robust cost data is not widespread, data from the U.S. illustrates the scope of the challenge as one study found per teacher costs in the range of USD 3300-5200 (Kraft et. al., 2018). However, despite the cost of

CQI, investments can help to ensure that funding for training and other professional development opportunities are well-targeted.

**Considering the costs of these approaches, finding ways in which CQI can be aligned with overall systems for quality assurance can not only ensure coherence within a system but also help in generating efficiencies. Linking CQI to systems monitoring can help in identifying challenges and monitoring progress toward national and global goals while also helping decision-makers better target their resources to areas of greatest need.** However, in the ECCE sector, for example, there is little information on how most countries are monitoring quality and existing data and experience suggests that this is not happening on a regular basis. There is often a greater focus on monitoring structural quality and less on sharing results with the workforce for the intention of improving their day to day practice (Anderson et. al., 2017). However, in some cases, there is an emphasis on staff quality and direct feedback to them on their practice, as in Chile, where the Centro de Perfeccionamiento, Experimentación e Investigaciones Pedagógicas (CPEIP), part of the National Early Childhood Care and Education Quality Monitoring Systems at the Ministry of Education, is in charge of developing instruments to assess teachers at public schools, implement the instruments, and inform staff about their own results and society at large (Anderson et. al., 2017).

**Health and/or education management information systems can help with efforts to align data across the system including information collected through CQI approaches (See Box 5 on Supervision Tools in Mozambique).**

For example, if supervision data is integrated in broader information management systems within a sector, there might be more cost-effective opportunities to provide real-time information to supervisors and supervisees (USAID, 2019).

### Responding to COVID-19

The Children's Bureau, an administrative agency dedicated to improving the health and wellbeing of children in the U.S, encourages child welfare agencies to use Online Monitoring Systems (OMS) to remotely enter quality assurance data during the pandemic. OMS is a web-based application that child welfare staff members can use to enter case-level review data (e.g. stakeholder interviews, case reviews), accessible to childcare agencies in other states. The information gathered can then be used to inform child welfare decisions related to continuous quality improvement.

(Children's Bureau, 2020)

### Box 5: Strengthening Mentoring and Supervision Tools to Improve Provider Performance and System Quality

In recent years, Mozambique's Ministry of Health (MOH) has started prioritizing the training and supervision of health facility (HF) workers to improve health service quality and humanize the services delivered to Mozambican families. Similarly, PATH has been supporting the adaptation and piloting of the WHO/UNICEF Care for Child Development (CCD) package used by health facility providers to promote developmental monitoring and counseling in the Maputo and Nampula provinces. In the last four years, the piloting of the CCD package has prompted the MOH to begin integrating nurturing care content into supervision tools for health facility providers.

Initially developed as a standalone training package that featured counseling cards and mentoring tools, CCD has developed into a comprehensive integrated approach that requires supervisors to observe key Maternal and Child Health (MCH) consultations, with developmental monitoring and counseling in mind. The attention to MCH consultation as a whole was a deliberate effort to make mentoring tools more relevant to the health system and to reduce the verticalization of CCD. It was also in response to the lack of other tools with which to help supervisors systematically evaluate the overall quality of services and of counseling in the

system. The mentoring process has been carried out on a monthly basis by PATH staff who: 1) observe a provider using a structured observation tool; 2) discuss the results with the provider; 3) attend to the next patient together with the provider so as to model certain practices; and 4) Ask a provider to do the steps by him/herself and check for accuracy. At the end of this process, providers receive a numeric score for each mentoring session. This mentoring process has resulted in significant improvement in provider quality of services, with providers showing higher scores over time in developmental monitoring, interpersonal communication and counseling skills. However, it gradually became apparent that mentoring could not be sustained over time due to its intensity, its cost, its reliance on partner staff, as well as due to high rotation of health providers. As a result, a shift was made to an approach more in line with the Mozambican health system, where providers receive intensive mentoring in the first three months after the training and are then followed up through less intensive routine supervision.

When PATH began supporting the adaptation and piloting of CCD in Mozambique, developmental monitoring and counseling were not part of the government's MCH norms and standards, and hence were not reflected in existing supervision tools. To address this gap, PATH started working with the provincial health department to integrate this content into the MCH supervision guide and, in 2019, the MOH agreed to integrate the proposed additions into the national tool. As a result, the national MCH supervision guide now includes items requesting supervisors to observe how a provider monitors developmental milestones and counsels on responsive care and early learning activities. It also contains indicators on child development that the supervisors must verify in the consultation registers. PATH currently works with government supervisors to orient them on how to use the MCH guide and helps districts and provinces analyze the results by generating scorecards for each supervised facility in the two pilot provinces. These scorecards reflect not only their performance on developmental monitoring and counseling but the overall quality of services in 4 key MCH areas– delivery, postnatal care, well baby and sick child services. This integration has allowed the scores to be more meaningful to government stakeholders and has promoted their ownership in this process. However, the production and use of scorecards is still limited to two pilot provinces. Expanding the use of scorecards nationally as a routine M&E practice by the national health information system will require substantial advocacy. Additionally, supervision tools are not always used at their stipulated frequency (e.g. twice a year instead of quarterly) and several partners still promote parallel supervision activities that only address specific programmatic areas.

Mozambique's experience suggests that there may be a need for both intensive but time-limited mentoring as well as routine supervision as complementary steps in strengthening health provider skills and overall performance. It also indicates that the integration of child development content into government routine mentoring and supervision is essential for enhancing the quality of the child development workforce at the national level. At the same time, it shows that there is an opportunity to aggregate and use data from supervisory visits to assess quality at a higher level. However, while nationally adopted structured mentoring and supervision tools are crucial, additional investments are still needed focusing on supervisor training, increasing regularity of supervision visits, and building the MOH's capacity to analyze and make use of mentoring and supervision results. Online platforms that can assist supervisors in easily documenting, visualizing and interpreting supervision results may hold great promise with regard to the latter issue. As countries increasingly begin to explore how to integrate all components of nurturing care in the services reaching the youngest children, Mozambique's experience supporting the quality of these services through systematic mentoring and supervision can serve as a helpful reference point.

Source: Key informant interviews with staff from PATH.

# Policy Recommendations and Areas for further research

## Policy Recommendations

The following recommendations derive from the existing research and experience on the use and potential of continuous quality improvement approaches in early childhood programs. They are intended for policymakers and program managers who are responsible for designing, managing, and allocating resources for quality assurance of ECD programs and professional development for the early childhood workforce.

- 1. Policymakers and program managers should prioritize approaches that involve regular reflection on practice and feedback when designing and allocating scarce budgetary resources for professional development programs.** Investment in professional development is critical for ensuring quality of early childhood services, and can be maximized through integrating CQI as standalone activities or as complementary to training and other forms of support. Supervisory sessions should establish expectations for the relationship, reflect ongoing challenges, and set actionable goals for the work that is being carried out.
- 2. Ensure that the workforce is able to participate in CQI activities.** This may require expanding the current roles and responsibilities of existing staff to incorporate CQI, creating new roles for supervisors, coaches, and mentors, and protecting staff time for these activities. Uptake of activities can also be encouraged through policies which allow for paid leave for participation in CQI and transportation stipends. Increasingly, this may mean exploring and implementing virtual or remote CQI approaches.
- 3. Invest in training and resources to implement CQI for supervisors, mentors, and coaches.** Training for these personnel should emphasize adult learning principles and know-how around supporting competence formation in frontline personnel. In addition, programs should invest in resources which can provide structure for CQI, including manuals, observation tools, and supervisory checklists, and ensure materials are widely accessible.
- 4. Align systems for monitoring quality with CQI.** Collection and aggregation of data on the performance of the workforce is critical for understanding quality at the personnel, program, and systems levels. It is important to communicate this information directly and regularly to personnel so that they can use it to improve their work and so that it can promote a culture of feedback and improvement across a system. While tools and benchmarks may need to be developed as services are delivered in new ways, using online information systems to collect data during times of crises can allow decision-makers to continue gathering relevant information pertinent to understanding the quality of a particular system, as well as formulate next steps for action.

## Areas for Further Research

This study reviews the current evidence base across sectors, programs, and workforce roles to provide insight on the CQI approaches available to members of the early childhood workforce. Despite wide variation in data availability, the study consolidates the evidence on how CQI approaches are delivered to members of the workforce, the gaps that exist in implementation, the factors that contribute to the implementation of CQI approaches, and the importance of aligning CQI with monitoring and quality assurance systems. While this study contributes to the knowledge base on CQI, further research is needed on:

- *What makes a particular CQI approach effective in imparting feedback so that it leads to improvements in quality and ultimately, improves child development outcomes.* This information would help programs make informed decisions to select the CQI approach aligned to their objectives, as well as who should deliver it and how (e.g. delivery format, frequency, duration) for maximum impact.
- *When to use which CQI approach and elucidate questions of cost effectiveness* in order to understand when lower cost options like virtual coaching can be utilized effectively. In situations where lower cost options are used (e.g. virtual coaching during COVID-19),

additional research could also provide insight on the efficiency and long-term effects of these newer methods on members of the workforce.

- *The competences required to deliver CQI* which can help in recruiting and training supervisors, mentors, and coaches with the knowledge, attitudes, and skills that support frontline personnel. Further research in this area would not only strengthen the professional development opportunities available to members of the workforce, but also provide them with a strong support network in their roles, which could improve practice.

Finally, this review did not focus on the needs of the workforce during times of crisis, such as the COVID-19 pandemic, and the subsequent role that CQI may play in minimizing service disruptions or maintaining service quality. However, the impact of the pandemic on mental health is without question, and the frontline workforce, many of whom are caregivers themselves, are being asked to deliver services in new ways and under evolving health guidance. Supportive supervision, peer learning, and other CQI approaches to support the workforce to deliver nurturing care services will be critical. Experience with CQI will expand as approaches and delivery methods are adapted in response to the pandemic, and additional research will be needed to understand their contribution to the development of a resilient workforce.

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