

CBRM Best Practice Guide: Mainstreaming Supervision

Embedding CBRM into the day-to-day work of providers involves careful follow-up and supervision. For sustainability, best practice is to **integrate this CBRM supervision into mainstream quality assurance processes**.

The goal: CBRM is integrated into existing supervision processes

Because CBRM implementation is often a stand-alone project, separate CBRM supervision processes are usually set up and sometimes managed by M&E rather than clinical quality assurance (QA) staff.

However, CBRM is not an administrative or M&E initiative, it's a fundamental change to clinical record-keeping practices. In order to ensure the sustainable integration of CBRM into day-to-day clinical practice, **supervision of CBRM should be done via mainstream QA processes**, managed by clinical QA staff.

Best practice to achieve this goal

1. Ensure CBRM supervision is undertaken by clinical quality assurance (QA) staff

Initially implementing CBRM and rolling-out of new record-keeping tools was seen as the responsibility of the of non-clinical staff (M&E team). Over time and with experience it has been realized that the QA team needs to be engaged at every level (implementation, roll out and supervision, In order to properly embed CBRM, and reinforce the message that it is a core clinical practice, supervision should be undertaken by the same QA staff that manage other clinical QA processes.

2. Incorporate CBRM into HNQIS

In order to help integrate it into mainstream QA processes, CBRM supervision should also be incorporated into HNQIS. To help you do this, we've developed a [model CBRM checklist](#) for HNQIS, which you can easily adapt and implement. (This checklist has been successfully piloted in Uganda.)

Structure of the model HNQIS CBRM checklist

The CBRM HNQIS checklist is designed to assess the 3 guiding principles of CBRM:

- Unique Identifier Code (UIC)
- Unique Client Record
- Routine and Smart Filing (client follow-up)

The checklist also assesses CBRM infrastructure, data completeness, and the process used for reporting to head office.

Most questions include physical verification of responses, by sampling client records.

3. Where possible, incorporate CBRM into existing HNQIS checklists, rather than using a separate HNQIS checklist

Although the model HNQIS CBRM checklist we have provided is a standalone module, in the longer term CBRM questions should instead be incorporated into other HNQIS modules, with record-keeping questions incorporated into the FP, CaCx, PAC and Maternal Health checklists, and CBRM infrastructure questions incorporated into the Work Environment checklist.

This removes the need for separate supervision sessions for CBRM, and helps further reinforce it as a core part of clinical practice, and not just an 'additional' task.

In countries where HNQIS module is not available it is suggested to use the paper checklist (with same questions as HNQIS) periodically to assess the implementation and provide recommendations.

Measuring Success

The core measure of success is that in a given year, every clinic receives supportive supervision from clinical QA staff on CBRM practices. Where HNQIS is used, all scheduled assessments should be done.