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REPORT OF SUPERVISORY SKILLS DEVELOPMENT FOLLOW-UP/TA

ENUGU/ANAMBRA STATES

APRIL 4TH TO 10TH 1992

BY

EMMANUEL OKOCHI (PO MTD)

Mrs. S.A. Adisa	- Network Consultant
Mr. Kingsley Akhigbe	- Network Consultant
Mrs. Sola George	- Network Consultant
Mrs. Dari Hennah	- Network Consultant
Mrs. Esther Nuhu	- Network Consultant

 **Pathfinder**  
INTERNATIONAL

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## EXECUTIVE SUMMARY

### Background:

The Family Health Services (FHS) is a joint project between the United States Agency for International Development (USAID) and the Nigerian Government, to assist the Nigerian government to implement the health programme in the areas of maternal and child health/family planning.

The Pathfinder International gives support in the areas of manpower development, equipment supply to Clinics, and finance.

Supervisory skills development workshop which was organized in collaboration with the Federal and State Ministries of Health in Enugu/Anambra from October 28 to November 2 1991.

The workshop was attended by 17 participants from Enugu and 20 participants from Anambra, were PHC Coordinators, F/P supervisors and State M.O.H. officials. Altogether, 37 participants attended.

### PURPOSE AND OBJECTIVES OF VISIT

1. To strengthen the capability of Network members in consulting by exposing them to practice the following skills - Interviewing data collation/analysis and interpretation, report writing, verbal reporting (feedback) and debriefing with appropriate authorities so that they will be competent to carry out such activities after fading out of FHS.
2. To assess the impact of supervisory skills development workshop on the supervisory practice of the participants, supervisors and on the family planning programme of the States.
3. To identify the problems encountered by supervisors in the course of their supervisory duties and give technical assistance.
4. To utilize information from the interview to report on findings and make recommendation to the appropriate government authorities (Local Government Area, State, Politicians) for system changes that will improve F/P services.
5. Work with some new members to review the SSWFU questionnaire.
6. Work with Mrs. Ann Buxbaum to develop LGA management supervisory sequence.

## SUMMARY OF ACTIVITIES

The team of Mr. E.O. Okochi, Pathfinder Program Officer who also offered TA , Mrs. S.A. Adisa, Mrs. Dari Henah, Mr. Kingsley Akhigbe, Mrs. Sola George and Mrs. Esther Nuhu, worked for six (6) days in the States. Mrs. Ann Buxbaum accompanied the team to enable her obtain information that was used to develop LGA Management Supervisory sequence, not as a consultant to the follow-up team.

On the whole 12 LGAs out of 19 LGAs of Enugu State and 9 out of 16 LGAs of Anambra State were visited. Total number of interviews conducted were 32 among whom 27 were participants of the Workshop representing 73% of workshop participants (37). Among those interviewed was State FPC, 2 DFPC, 10 PHC Coordinators, 14 LGA F/P Supervisors and 5 clinical Service Providers.

Technical Assistance was provided to supervisors in their areas of need especially those actually seen at their duty posts. The SMOH and LGA policy makers were given orientation to functions of supervisors and the need for the follow-up.

Debriefings were done at each LGA where possible during which findings were highlighted and recommendations made. Debriefings were held with the State F/P Coordinators on Thursday 9th April 1992. A final debriefing meeting was held for both States with Senior officials of both SMOH in attendance. The officials pledged their support to effect change.

## FINDINGS/ACTION TAKEN/RECOMMENDATIONS:

### FINDINGS:

#### A: STRENGTH

1. Most supervisors interviewed including SMOH officials now practice participatory leadership approach as a result of the skills they acquired at the workshop and this has helped them to achieve more on their job.
2. Interpersonal relationship has improved tremendously and this has given room for collaboration, coordination and cooperation with other workers.
3. The use of communication technique learnt at the workshop has helped interaction even with policy makers and this has improved support from them.
4. Problem solving, skill has helped some Local Government Area Supervisor to overcome some barrier to effective supervision in their Local Government Areas.
5. Most of the staff are eager to effect changes in their scope of supervision and are prepared to take up more challenges.

6. In most Local Government Areas where the policy makers could be contacted they pledged their support for family planning programmes.
7. Some supervisors are so enthusiastic that they spent their money or use personal vehicle going on supervision by public transport.

### CONCERNS

1. Transport problems especially non-availability of vehicle is a major constraint to effective supervision in the State and Local Government Areas.
2. Family Planning in both States are seriously affected by creation of new LGAs/States and devolution of PHC to LGAs, this has left some LGAs with untrained family planning providers/supervisors especially in Enugu State.
3. Great majority of the participants interviewed have not developed supervisory schedule nor checklist and job description.
4. In most of the local government areas, the same person acts as provider and as supervisor (manpower shortage) participants have not received supervisory skills participant manual in which they can see samples of job description etc.
5. The State FPC has not visited some Local Government Areas since after the workshop due to transportation problem, especially in Enugu State.

### RECOMMENDATION:

1. With the creation of new Local Government Areas and political changes in the State/LGA, it is necessary that the new Policy makers are orientated to functions of the primary health care including MCH and Family Planning.
2. State Ministry/Local government Area programme manager to look into vehicle problem and see a way of collaborating with other components of PHC for use of whichever vehicle is available.
3. The FPC to organize local training for Service Providers especially for LGA now without providers (State self sponsored).
4. The FPC to re-visit Supervisors and ensure they reproduce the developed check list and use them for supervision, and offer more TA on the field.
5. The FPC should organize supervisors' meeting at least quarterly during which quarterly schedule of visit could be developed together.
6. FHS to ensure that participants get their manuals for reference purposes.

## SUMMARY OF DAILY ACTIVITIES

### PRE-VISIT ACTIVITIES:

The team comprising of Mr. E.O. Okochi, Pathfinder International Program Officer (MTD) who offered technical assistance to the team, Mrs. Ann Buxbaum, MSH Consultant, Mr. Kingsley Akhigbe, Mrs. Esther Nuhu, Mrs. Dari Henah, Mrs. Sola George - all Network members, arrived Enugu on Saturday 4th April at Modotel Hotel Enugu. An introductory session among team members took place that day.

On Sunday the 5th April 1992, Mrs. S.A. Adisa, Network member, joined the team. The team had a meeting with Mrs. Ugwu - Enugu State FPC, Mrs. Ezika - Anambra State FPC, Mrs. P.N. Egbo - Enugu State DFPC at 2.30 p.m. and Mr. Chris Onyejekwe, ZPO, joined the meeting at 4.00 p.m. The visit schedule was reviewed together.

Later, team members made their norms and did orientation to questionnaires. At the end the visiting teams were formed to visit Enugu and Anambra States respectively.

### THE VISITS: DAY 1 - MONDAY 6TH APRIL, 1992 - ENUGU

The team paid courtesy call on the States Ministry of Health officials.

The team briefed the Ag. Director PHC on purpose of the visit. He pledged his support from the visit and F/P programme and promise to implement recommendations from the findings. Thereafter visit to the LGAs commenced.

### LGA VISITED PER DAY - ENUGU STATE DAY 1 6-4-92: SMOH

#### CONTACTED PERSON:

Dr. Linus Onoh - Ag. Director PHC  
Mrs. Ugwu - State FPC  
Mrs. P.M. Egbo - DFPC  
Mrs. Beatrice Ibekwu - Asst. Chief CHO

#### ENUGU NORTH LGA

CONTACTED PERSONS: Mrs. I. Aneke - Senior Health Sister, FP Supervisor

ENUGU SOUTH LGA: Mrs. C.E. Idoko, Senior Health Sister, FP Supervisor  
Mrs. B.N. Okolo, Senior Health Sister, Supervisor  
Mrs. Kejuah Ano - Family Planning Provider

NKANU LGA

CONTACTED PERSON: Mrs. Angelina E. Ude - Principal CHO/FP Supervisor  
Mrs. F.I.S. Ezejiofor - SHS FP Supervisor

DAY 2 - 07-04-92

ISHIELU L.G.A

CONTACTED PERSON: Mrs. C. Onyejekwu - PHC Coordinator, FP Supervisor  
Mr. Nwokpa - LGA Secretary

OJI RIVER LGA

CONTACTED PERSON: Mrs. B.N. Onyia - FP Supervisor

UDI LGA:

CONTACTED PERSON: Mrs. C.I. Ochie - FP Supervisor

IGBO ETITI LGA:

CONTACTED PERSONS: Mrs. C.O. Ozoemena - PHC Coordinator/FP Supervisor  
Arch. Chris Offor - Deputy Chairman

AWUGU LGA

CONTACTED PERSON: Mrs. Eunice Anyanwe - Service Provider

NSUKKA URBAN

CONTACTED PERSON: Mrs. C.N. Okechi - Service Provider

DAY 3 - 08 - 04 - 92:

IZZI L.G.A.

CONTACTED PERSON: Miss C.U. Ogbu - PHC Coordinator

DAY 4 - 09-04-92:

ABAKALIKI LGA

CONTACTED PERSON: Miss Amadike - Provider  
Dr. Aderibigbe - NYSC

ISU UZO L.G.A.

CONTACTED PERSONS: Miss C.C. Eze - FP Supervisor  
Mrs. Ann M. Udo - Provider

12 LGAS out of 19 - 18 people interviewed in LGAs. 2 People interviewed SMOH.

LGA VISITED PER DAY IN ANAMBRA STATE

DAY 1 - 6/4/1992

SMOH - Mrs. E.O. Ezika, State Family Planning Coordinator  
- Dr. Obionu - Director PHC  
- Mrs. Chukwudili - Deputy Family Planning Coordinator

AWKA SOUTH LGA Mrs. Monica Ozin - Family Planning Supervisor  
Mrs. Nrieliike - FP provider not interviewed.

AWKA NORTH LGA Mrs. C. U. Nwalusi - PHC Coordinator FP Supervisor  
Chief M. N. Arunzie - LGA Chairman

DAY 2

NNEWI NORTH LGA: Dr. M.C. Egbosi - PHC Coordinator  
Mrs. C.O. Ezeigwe - FP Supervisor  
Mrs. Nwaokafor - FP Provider  
Mrs. Esotu - LGA Secretary

DAY 3

ANAOCHIA LGA: Mrs. Ogbunidee - FP Supervisor

ONITSHA NORTH LGA: Mrs. V.C. Ejoh - FP Supervisor  
Mrs. E.N. Egunike - FP Supervisor MCH Coordinator

DAY 4

<u>NJIKOKA LGA:</u>	Mrs. Grace Ekweozoh - CSP
<u>OYI LGA:</u>	C. N. Obi - FP Supervisor
<u>ORUMBA LGA:</u>	Mrs. V.C. Nzeduba - PHC Coordinator, FP Supervisor Chief C.I. Okechukwu - Chairman, LGA

9 LGAs out of 16 LGAs were visited. 16 people were interviewed.

SMOH CONTACTED PERSONS:

Dr. Linus Onoh - Ag. DPHC  
Mrs. Ugwu - Enugu State FPC  
Mrs. P.N. Egbo - DFPC - Enugu  
Mrs. Ezika - Anambra State FPC  
Mrs. Ibekwe

The three of them who attended the workshop were interviewed (P.N. Egbo, Ezika and Ibekwu)

FINDINGS:A. STRENGTH:

- Since after the workshop, the relationship with other PHC members have improved.
- Has been able to supervise more effectively with records
- Able to communicate freely and effectively.
- Visit on schedule basis

B. CONCERNS:

- Lack of vehicle for effective supervision
- Has not been able to produce check-list to be given to LGA Supervisors for use.
- Has not visited some of the LGAs since after the workshop.

C. ACTION TAKEN/RECOMMENDATION:

The team had discussion with FPC on the need for adequate coverage of LGAs. To approach the PHC Coordinator to see if the monitoring vehicle could be repaired.

## VISITS TO ENUGU STATE LGAS

### ENUGU NORTH L.G.A.

The participants were interviewed in this LGA namely Mrs. C.U. Ogbu - PHC Co-ordinator based LG Headquarters, Mrs. I. Aneke - Senior Health Sister based at a Health Centre, Mr. L. Ozobu - Head of Health Department in the LGA was also contacted for debriefing.

### FINDINGS:

#### STRENGTH:

Both participants boast of improvement in their communication skills with their supervisor and subordinate which has greatly fostered understanding among them and improved productivity.

There is cooperation and collaboration among staff/s.

The policy makers are ready to assist in achieving the objectives of the programme.

Check-list is being used for supervision especially at the managerial level.

The use of counselling techniques has helped to improve interpersonal relationship.

### CONCERNS

1. Lack of vehicle for effective coverage of areas to be supervised.
2. Lack of trained personnel which resulted into only 3 out of the ten available centres offering family planning services.
3. Non-reproduction of Supervision schedule.

### TECHNICAL ASSISTANCE GIVEN:

The team worked with Mrs. Ogbu to draw a supervisory schedule for May and advised to draw for the rest of the quarter. The use of the "1" message was re-emphasized with greater understanding and appreciation.

She was encouraged with the use of check list for supervisory visit and to keep adequate records of past ones.

**RECOMMENDATION:**

During debriefing with the HOD, Dr. L. Ozobu, following were recommended:

1. Training of personnel to make services available in remaining Centres, not having presently. This could be done locally with sponsorship and collaboration with FPC and State trainers.
2. To look for areas in which other departments could be of help in solving transportation problems.
3. To solicit for support for vehicle from meaningful Nigerians and donor bodies.

**ENUGU SOUTH LGA**

**CONTACTED PERSON:** Mrs. C. F. Idoko - LGA F/P Supervisor  
 Mrs. Kejoh Ane - Provider  
 Mrs. B.M. Okolo - FP Supervisor

There are centres in the LGA and 2 provide family planning services.

**FINDINGS:****A. STRENGTH:**

1. As a result of the workshop, both supervisor, supervisee and client can communicate better.
2. There now exists a good inter-personal relationship between the supervisor and the LGA Management people.

**B. CONCERNS:**

1. Lack of vehicle
2. Lack of F/P equipment at the centre e.g. injection
3. Non use of supervisory checklist due to lack of fund to produce one.
4. Non availability of job description at centres.

**C. TECHNICAL ASSISTANCE:**

The importance of using checklist and schedule were re-emphasized.

**D. RECOMMENDATION:**

1. Personal vehicle or public transportation could be used since the LGA lies within Enugu township. Claim could then be made from appropriate quarters.
2. The supervisor to liaise with state F/P coordinator for procurement of equipments.
3. The Local Government Area Chairman should be made aware of the need for production of the checklist and solicit for funds to produce the supervisory checklist. Supervisor should endeavour to make job description for her supervisors and paste where they could read for reference purposes.
4. One of the two supervisors could be transferred to another LGA that has no supervisor to give them equal opportunity to practice the acquired skills.

**ENUGU STATE****DAY 2 - 7-04-1992****1. ISHIELU LGA**

The LGA has 4 centres and only 1 offer FP services because there is only 1 provider who is also the supervisor for the LGA.

**CONTACTED PERSONS:**

Mrs. C. Onyejekwu - LGA Supervisor  
Mr. Nwakpa - LGA Secretary

**FINDINGS:****A. STRENGTH:**

The supervisor despite the fact that she had no provider to supervise utilized the skills in other areas e.g. communicate better now with her LGA Policy makers which has yielded her general support from them.

- Has been able to use the problem solving technique to get the policy makers employ one doctor and a nurse to start work this week.
- She is now able to give cooperation of her junior workers (auxiliary, extension workers, etc.)

**B. CONCERNS:**

Lack of transport to enable her mobilize other centres to enhance family planning services and for her effective coverage of such areas.

Manpower shortage - a supervisor need supervisee to practice her skills.

TECHNICAL ASSISTANCE/RECOMMENDATION:

The team debriefed the policy makers with findings and solicited for getting more trained personnel into the system.

OJI RIVER L.G.A.

Although the team missed the FP supervisor at the LGA Basic Health Centre, she was interviewed at FP Unit at Bishop Onyanbo Enugu where the FP meeting was being held. The L.G.A. has 2 centres and only 1 offers FP services. Mrs. B.N. Onyior PHC Co-ordinator FP Supervisor.

FINDINGS:

STRENGTHS:

The communication skills acquired during the supervisory skill workshop are properly being used which makes her now relate very well with both superior, subordinates and clients.

CONCERN:

There is a shortage of stationeries, lack of trained personnel and also the transport problem, all affecting effective supervision of the centres.

TECHNICAL ASSIST/ACTION TAKEN:

The problem solving skills learned during the workshop was revised with the supervisor and advised to approach the policy makers in the LGA for assistance.

RECOMMENDATION:

There is need for FP training for the personnel at the LGA and Family Planning Coordinator from the Ministry to visit the LGA to discuss with the policy makers the importance of family planning.

UDI LGA

The Family Planning Supervisor was interviewed at the Family Planning meeting held at Bishop Onyambo in Enugu. The LGA has 2 centres and the 2 offer family planning services.

CONTACTED PERSONS MRS. C.I. OCHIE - FP SUPERVISORFINDINGS:STRENGTH:

The inter-personal relationship of the FP supervisor with staff and clients has improved and now communicate freely with superiors and subordinates since the supervisory skills workshop.

CONCERNS:

Transport problem is affecting the adequate supervision of the centres.

TECHNICAL ASST./ACTION TAKEN:

The team re-emphasized usefulness of the collaboration and cooperation skills to the supervisor.

RECOMMENDATION:

There is need for the FPC to revisit the LGA to solicit for assistance they can render to the FP Unit as regards transport from the policy makers.

IGBO ETITI LGA

The family planning Supervisor was interviewed and the LGA has 5 centres and only 2 offer family planning services.

CONTACTED PERSON:

1. Mrs. C. O. Ozoemene
2. Arch. Chris Offer - LGA Deputy Chairman

FINDINGS:STRENGTH:

The supervisor has used the communication skills acquired during the workshop to increase the number of acceptance.

**CONCERNS:**

There is problem of transport that hinders effective supervision, lack providers and also family planning kits/instrument.

**TECHNICAL ASSISTANCE/ACTION TAKEN:**

Enough time was spent with the provider to discuss how and why she needs to relate well with the clients and how to put across to her supervisor the problems she encounters in the clinic.

The Supervisor was reminded of the collaboration and cooperation skills during the workshop and also the problem solving skills was revised with the supervisor.

**ACTION TAKEN:**

The team members met with the Vice-Chairman of the LGA but could not grant us full audience due to a political crisis in the LGA, however he was told of the problems facing the family planning Supervisor in the LGA and he promised to contribute in their own little way as soon as there was stability in the LGA.

**RECOMMENDATION:**

There is need for service providers to be retained and sent to the various centres. The FP Coordinator from the Ministry should improve the number of visits to the LGA.

There is need for frequent and regular visit by the supervisor to the Clinic.

**AWGU L.G.A.**

A Service Provider was also interviewed at the FP meeting at Bishop Onyambo in Enugu. The Provider is attached to MCH Awgu Clinic.

**CONTACTED PERSON:**

Mrs. Eunice Anyonwe - Provider

**FINDINGS:****STRENGTH:**

The provider has been in the clinic for more than 1 year and has a Supervisor in the same clinic, she gets encouragement from the Supervisor when necessary.

**CONCERNS:**

They lack equipment and instrument for full family planning service.

**TECHNICAL ASSISTANCE/ACTION:**

The provider was spoken with at length on how to relate very well with supervisor for more commendation and to always assist her supervisor in soliciting for assistance from the LGA.

**RECOMMENDATION:**

The supervisor to provide adequate facilities in the centre by using her supervisory skills learnt at the workshop.

**NSUKKA URBAN L.G.A.**

A service provider from Nsukka Urban Clinic was also interviewed at the FP meeting at Bishop Onyambo in Enugu.

**FINDINGS:****STRENGTH:**

The provider has been in the Clinic for over 3 years and doesn't work with a Supervisor in the same clinic. She gets encouragement from her Supervisor regularly.

**CONCERNS:**

The Supervisor visits the clinic once a month due to problem of transport. The HOD Health was encouraged to give more attention to family planning.

ENUGU, DAY III - 8TH APRIL 1992IZZI L.G.A.

The only trained personnel of the LGA was interviewed at her present area (UNTH In-Service Course. Miss J.U. Ugwu was interviewed and we came out with following findings:

A FINDINGS:STRENGTH:

Following the workshop, she is now able to :

- a) Schedule her visits to ensure equal coverage of the 12 centres for supervisor.
- b) Motivate community easily to accept family planning services.
- c) Can communicate freely with LGA officials and subordinates.
- d) Was able to practically solve the transportation problem affecting supervision.
- e) The LGA have approved more monthly imprest for her immediate use.

B CONCERNS:

The following areas are identified as those affecting effective supervision and duty.

- a. Inadequate personnel
- b. Lack of equipment

ACTIONS TAKEN:

Not much could be done as officer was interviewed outside her duty areas beside the Family Planning centre is closed down because of her absence. She was encouraged to press for training or recruitment of trained family planning Providers by the LGA.

C TECHNICAL ASSISTANCE:

More could be rendered effectively but the workshop content was renewed briefly as a reminder and their importance stressed.

SUMMARY:

Due to lack of transport, the visit to Eha-Amufu and Abakaliki was not possible. Only three people were met. The State FP Coordinator/Supervisors have been asked to re-visit the LGAs for follow up and TA.

DAY 4 - 9-04-92

ABAKALIKI L.G.A.CONTACTED PERSONS:

Miss Amadike - Provider  
Dr. Aderibigbe - NYSC Doctor

The LGA has problem with non-indigene staff which has led to transfer of the trained supervisor from the LGA. The Provider contacted has just resumed at the post last week though she was trained early in 1991.

RECOMMENDATION:

The State FPC and Director of PHC should intervene into the staff problem to ensure the populace of the LGA benefit from Health for all by the Year 2000 A.D.

ISU UZO LGA:

Mrs. C.C. Eze - FP Supervisor  
Mrs. Ann N. Udo - Provider.

The LGA has about 10 centres and 3 provide family planning services.

FINDINGS:A STRENGTH:

1. The Supervisor is enthusiastic and devoted
2. The skills acquired at the workshop has helped her to improve relationship with other staff thereby enhancing collaboration and cooperation.
3. Improved communication has led to more acceptance of family planning in the LGA as she provides services herself.

4. The delegation skill acquired has allowed the other provider she works with free hand to practice service provision which make services available even when she is away.

#### B CONCERNS:

1. Lack of equipment has made it impossible to open family planning services in other available centres (only three out of ten centres have services).
2. Bad road and lack of vehicle make supervision of other centres almost impossible. Financial constraints has led to none production of checklist and subsequent use.

#### C TECHNICAL ASSISTANCE

The team went through development of work schedule and checklist with the supervisor. She was encouraged to utilize the minimum resources available to ensure effective supervision and she promised doing so.

#### D RECOMMENDATION:

The State FPC should approach the LGA policy makers in seeing to her need.

The State FP Unit should visit the place more often so that the authorities see the need for supervision.

### VISIT TO ANAMBRA STATE LGA REPORTS

#### DAY 1:

STATE VISITED: Anambra State Ministry of Health

#### CONTACTED PERSONS:

Dr. Obionu:	Director Public Health Services
Mrs. Ezika:	State Family Planning Coordinator
Mrs. Chukwudili:	Deputy State Family Planning Coordinator

The Anambra State team went to Awka which is the State capital and met Dr. Obionu, Mrs. Ezika and Mrs. Chukwudili. The Director was briefed on the purpose of visit to the State and he gave us his support and go-ahead in the programme. He apologized for the lack of vehicle for us and promised to meet with us anytime we are ready for him. The team also fixed Friday for the debriefing with Anambra State Ministry of Health Officials.

**ANAMBRA STATE MINISTRY OF HEALTH, AWKA:****CONTACT PERSON:** Mrs. Ezika - State FP Coordinator**OFFICE:** State Ministry of Health Awka**FINDINGS:****STRENGTH:**

- Currently supervising 16 Health Centres with 15 providing family planning services.
- Effective communication with Director Primary Health Care Services.
- Collaborates fully well with the other PHC Units
- Improvement in planning supervisory visits.

**CONCERNS:**

No supervisory check list developed

No supervisory schedule

Needs more improvement on problem solving and report writing.

**RECOMMENDATIONS:**

- Advised and shown how to develop supervisory schedule and check list.
- Technical assistance given on problem solving with review of steps in problem solving.
- Encouraged to liaise more with the Director of PHC to have her work done effectively.
- Director PHC was contacted to provide office accommodation.

**AWKA SOUTH LGA**

Name of Clinic: MCH/FP Clinic Awka

**CONTACT PERSONS:** Mrs. M. Ozim - FP Supervisor  
Mrs. Nrilike - FP Provider

**FINDINGS:****STRENGTHS:**

- She is a committed and dedicated staff.
- Has her supervisory schedule pasted on the wall
- Has job description for the service providers and CHEWS drawn up
- Collaborates effectively with Policy makers to solicit for support
- Has good working relationship with supervisors and subordinates

- Has 7 health centres in the LGA with 3 centres providing FP services.
- The clinic is a practice site for CSP training.
- The clinic facility is adequate
- Has sufficient client flow
- Has sufficient and enough equipment
- Knowledge gained from the workshop has helped her in carrying out supervision.

#### CONCERNS:

- No transportation due to lack of vehicles in the LGA
- Lack of supervisory checklist
- Lack of job description for supervisors
- No supervisory visits done due to lack of transportation
- Inadequate seats for Clients.

#### RECOMMENDATIONS/TECHNICAL ASSISTANCE GIVEN

- She should arrange a supervisory visit in collaboration with other PHC units.
- She was advised to prepare a checklist for supervisory visits
- She was advised to use an exercise book for the checklist if stationeries are not available to prepare the checklist, she was shown how to use the exercise book.
- Technical Assistance was given on the preparation of the check list.
- The State FP coordinator is to revisit LGA clinic to offer Technical Assistance.

#### AWKA NORTH L.G.A.

Name of Centre: MCH Achalla

CONTACT PERSONS: Chief Arinze - LGA Chairman  
Mrs. C.U. Nwalusi - PHC Coordinator/FP Supervisor

#### FINDINGS

#### STRENGTH

- Has used problem solving skills to a great extent.
- Collaborates effectively with other staff and supervisor officers.
- Have effective communication with subordinates and PHC Policy makers
- Had an audience with the LGA Chairman who pledged financial support for PHC services

**CONCERNS:**

- No transportation for supervisory visits
- There is no job description for all the staff
- This is a new LGA, which has nothing on the ground.

**RECOMMENDATION:**

Technical assistance was given to develop job description supervisory schedule and checklist. Advised to open a file for communication on findings from his supervisory visits and submit a copy to the policy makers.

State FPC to revisit the LGA for more Technical Assistance.

**DAY 2.****IHALA L.G.A.**

**Name of Centre:** LGA Health Office, M.C.H. Eziani

**Contact Persons:** Mrs. D.T. Mevnya PHC Coordinator  
Mrs. F. Ezenobi - FP Supervisor  
Mrs. H. Ojimba -FP Supervisor

**FINDINGS:****STRENGTHS:**

Has adequate infrastructure; collaborates with other PHC Team e.g. the EPI Unit. LGA has 6 health centres and 2 dispensaries with only 2 centres providing family planning services. There is increase client flow. Solicits for support from policy makers.

**CONCERNS:**

- No job description due to lack of stationeries.
- Lack of good working relations.
- Conflict on who should be the family planning supervisor
- No proper supervision due to existing conflict.
- Supervisor appeared frustrated due to conflict.

**RECOMMENDATIONS:**

T/A given on how to prepare supervisory schedule and checklist. Advised to train more CSP for family planning programmes in the LGA. Advised to solicit for support from the Policy makers.

The organizational relationship between the FP supervisors in LGA need be clarified and described in writing to assist supervisors and providers in gaining access to scarce resources using appropriate channel of communication.

The state FP Coordinator to revisit LGA to offer technical assistance.

The team had audience with Supervisor for Health over the conflict, the supervisory promise to meet with the Chairman to resolve the issue.

### DAY 3.

#### LGA VISITED - ANAOCHA LGA

Name of Centre: Anaocha LGA Health Office  
Contact Person: Mrs. R. Ogbunide - FP Supervisor

#### FINDINGS:

#### STRENGTHS:

- Has 10 Health Centres with one providing Family Planning Services.

#### AWKA NORTH LGA (NEW LGA)

Name of Centre: Awka North LGA Health Office  
CONTACT PERSONS: Mrs. C.U. Nwalusi - PHC Coordinator & FP Supervisor  
 Chief M.N. Arunzie - LGA Chairman

#### FINDINGS:

#### STRENGTHS:

- She is a committed and hard working coordinator
- Has five functional health centre with only one providing family planning services.
- Communicates effectively with policy makers for support.
- Chairman supports FP Programme, he pledged for financial support.
- Arrangements are being made to recruit personnel that are indigenes of the LGA
- Has only one trained CSP.

CONCERNS:

- No supervisory schedule and checklist for supervisory visits
- No transportation for supervision being a new LGA.
- No trained personnel
- No job description since there are personnel
- No commodities since it is a new LGA
- Has no knowledge of content of workshop

RECOMMENDATIONS:

- Advised to have partial FP Services at some strategic areas within the LGA.
- Advised to have job description done for all cadres of staff.
- She was given technical assistance on how to draw up supervisory checklist and schedules.
- It was recommended that a file be opened for communication between the office and the policy makers.
- Content of the supervisory skills development workshop was reviewed and discussed with her to enable her recapitulate some of the skills discussed during with workshop.

DAY 2.NNEWI NORTH L.G.A.

CLINIC: Nnewi LGA Health Officer

CONTACT PERSONS:

Dr. M.C. Egbosi, PHC Coordinator  
 Mrs. C. O. Ezeigwe - FP Supervisor  
 Mrs. Nwaokafor - Snr. Health Sister  
 Mr. Esotu - LGA Secretary

FINDINGS:STRENGTHS:

- He oversees 15 health centres only 3 providing family planning services..
- Had supervisory schedule for visits.
- Has developed checklist for supervisory visits.

**CONCERNS:**

- Supervision has not started due to lack of transportation
- No adequate equipments to start FP Program in other centres of the LGA.
- No supervisory checklist due to lack of stationeries.
- No job description for staff of all cadres
- LGA Chairman has just resumed office and not yet settled.

**RECOMMENDATIONS:**

- Advised to solicit for support from policy makers
- Collaborate with other units e.g. EPI Unit to ease transportation problem
- Make arrangement to train more service providers to start family planning programs in other centres
- Make a job description for staff of all cadre
- Prepare a supervisory schedule for supervision.

**ONITSHA NORTH LGA**

**Name of Clinics:** Onitsha North Health Office; Island Town FP Clinics

**Contact Persons:** Mrs. V.C. Ejoh - FP Supervisor  
Mrs. E.N. Egbunike - FP Supervisor, MCH Coordinator

**FINDINGS:****STRENGTHS:**

- Has developed supervisory schedule and checklist which were not seen.
- Has job description written for cadres.
- Uses the problem-solving skills to solve some of the problems
- Has 3 health centres and the 3 provide family planning services
- Has effective communication skills
- Has better planning capabilities
- Two supervisors in the LGA
- Collaborates very well with colleagues.
- Plan and implement supervisory visit with other supervisors from PHC component

**CONCERNS:**

- No transportation due to the creation of states and has affected supervision
- Needs more technical assistance in filling MIS forms
- Inadequate trained personnel to help with supervision
- No adequate facility for storage of commodities.

RECOMMENDATIONS:

- To liaise more with other PHC units for vehicle planning supervisory visits together.
- Policy makers should be contacted by the State FPC to resolve the conflict between the supervisor and medical officer.
- State FPC to revisit the LGA for more technical assistance on supervision. Technical assistance given on how to use exercise book for checklist for supervisory visits.

DAY 4NJIKOKA LGA

Name of Clinic: PHC Clinic Nwafia  
Contact Persons: Mrs. Grace Ekweozoh CSP

FINDINGS:STRENGTHS:

- Adequate space
- Supervisor pays monthly visit to clinic and stays for 3 mins with provider. SFPC gives technical assistance, good working relationship with SFPC

CONCERNS:

1. Lack of equipment
2. Lack of trained personnel
3. Lack of water
4. Clinic compound not maintained and kept clean
5. Clinic not yet fully taken off. She could not recall most of the topics discussed at the workshop.

RECOMMENDATIONS:

Asked to put all her problems in writing to the policy makers through her Chief Health Sister.

SFPC to revisit the LGA to give technical assistance to the Provider and solicit for political support from LGA policy makers. Some topics covered at the workshop were briefly discussed with her as a reminder.

DAY 4.

Name of Centre: Oyi LGA

Contact Persons: C. N. Obi, F/P Supervisor  
Mr. Okpala, Supervisor for Health

FINDINGS:STRENGTHS:

Committed and dedicated staff have adequate personnel and equipment. Maintains cordial working relationship with other teams e.g. EPI Unit.

CONCERNS:

Lack of transportation.

No checklist for supervision due to lack of stationeries. Job description has not been made for staff of all cadre.

Lack of effective communication with the policy makers to get support.

RECOMMENDATIONS:

Advised to prepare checklist for supervision. Told to prepare job description for staff of all cadre. She should delegate duties to other members of staff for smooth running of the centre.

Advised to improve on effective communication, between her unit and the policy makers.

ORUMBA LGA

Clinic: Orumba LGA Health Centre

Contact Persons: Mrs. V.C. Nzeduba - PHC Coordinator FP Supervisor  
Chief C.I. Ikechukwu - Chairman, LGA

FINDINGS:STRENGTHS:

Has 8 Health Centres with two (2) providing family planning services. Communicates effectively with policy makers, supervisors, subordinates.

Liaise fully well with agencies and got a UNICEF vehicle for use in LGA for supervision. Chairman pledged financial support for the family planning programmes/PHC.

LGA has accommodation to start off FP services in the health office.

LGA has two new health centres built by the autonomous communities.

**CONCERNS:**

- No supervisory checklist and schedule yet because no proper services going on.
- No transportation because it is a new LGA
- Shortage of manpower
- No drugs and furniture in existing clinics
- Needs more information on MIS

**RECOMMENDATIONS:**

- Advised to produce supervisory checklist and schedule
- Advised to write a job description for all cadres in her clinics
- Encouraged to liaise more with the Chairman for more support and effective program.
- To collect commodity from State Ministry of Health FPC Unit and start partial services.

APPENDIX IANALYSIS OF QUESTIONNAIRE SHOWING  
THE NATURE OF PERSONNEL INTERVIEWED

<u>Date of Interview:</u>	4th to 10th April, 1992
<u>Location:</u>	Enugu and Anambra States
<u>Number of L.G.As.:</u>	35
<u>Number of L.G.As visited:</u>	21
<u>Total No. of Interviews conducted:</u>	32

Representing 76%

Based on the statistics of the number of people interviewed as shown in table 1 below, it shows the nature of the personnel interviewed:

Table 1

<u>Position/Rank</u>	<u>No. of Responses</u>	<u>Percentage %</u>
State PHC Coordinator	1	3.1
PHC Coordinators	10	31.2
SFPC Coordinators	2	6.25
LGA F/P Supervisors	14	43.75
Clinical Service Providers	5	17.9
	<u>32</u>	<u>100%</u>

From the statistics obtained from table one above, it shows that majority of the people interviewed are Family Planning Supervisors with 43.4% followed by PHC Coordinators 31.9% and (CSP) Clinical Service Providers 17%.

Asked if those interviewed were holding the same position as they were before the workshop, the responses were as follows:

15 said No and 12 persons said Yes.

It shows that 57.7% of those who attended the workshop were promoted afterward, 42.3% however maintain the same position. The increase in number of people promoted may not be unconnected with the vacancies created by the additional new states, and local government areas.

When asked on the number of centres supervised by the individuals, the answers varied from one person to the other. On the whole, about 12 supervisors oversee an average of 1-3 centres and 14 respondents supervise between 1 - 15 centres.

Out of the centres being supervised, only 1 - 2 centres in a Local Government offer F/P services, which is inadequate for the areas concerned.

When asked if they use supervisory schedule and checklist on the visit, a great number of them said yes in many cases the supervisory schedule checklist were not seen and some said no because enough copies were not produced mostly due to financial constraints. See Table 2 below for use of supervisor schedule and checklist.

RESPONSES	NUMBER	%
Number of responses	Yes - 20	62
Number of responses	No - 12	37.5
<b>TOTAL</b>	<b>26</b>	<b>100%</b>

**NOTE:** The total number of respondents shown in this column includes those working in the States Ministry of Health, who were interviewed.

On neither the supervisors do go on frequent supervisory visit the clinics weekly and every two months. One person visit yearly and one not at all. These reasons might be due to the geographical locations and accessibility. Other reasons might be lack of transport, no vehicle, no driver, or money to fuel the vehicle.

On the use of checklist, more than half of the respondents stated that they haven't been using any checklist for supervision because they haven't received any copy from the top management of F/P services.

On the average a good number also stated that they have been using the checklist, but keep them at home. It can be concluded that it has not been used since no copy is available to be seen as a physical evidence.

When interviewed on the use of problem solving skill acquired during the workshop, majority of the respondents claimed, that they have been using the skill with great success in the fueling areas:

1. Transportation (partially).
2. Filling MIS forms

3. Overcoming communication problems
4. Delegation of duty
5. Provision of family planning equipment
6. Commodity storage
7. Solving financial problems.
8. Improvement in family planning service delivery
9. Increase in family planning client flow.

On the problem areas still needing solution, the respondents on the average stated the following:

Transportation  
 Shortage of equipment  
 Lack of trained F/P personnel  
 Establishment of new f/p centres  
 Financial problems.

Most of the respondents interviewed also stated that the Zonal/State Supervisors have rendered a lot of assistance to them when on supervisory visit in the following problem areas:

Drawing up supervisory schedules together  
 Assist in negotiating help from LGA officials  
 Assist in training motivators and supply of equipment and commodities.  
 Budgeting proper filling and supply of MIS forms.

On the whole, the supervisory visit is irregular mainly due to transportation problem (no vehicles, no money for fuelling) affecting all the LGAs. The visit is carried out every 2 weeks and one month.

When asked if they have supervisory schedules and checklist, a greater number states that YES they have i.e. the copy they obtained during the workshop but usually could not produce a copy when asked as evidence see table 3 below.

**TABLE 3:**  
**POSSESSION OF SUPERVISORY SCHEDULE AND CHECK LIST**

RESPONSES	NUMBER	%
YES	9	28.1
NO	21	65.0
Neutral response	2	7.69
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

Almost all the respondents stated during the interview that they find the use of problem solving skills as very useful in their day to day activities. Many of them stated that they have been using the skill to some extent in the following areas (according to priority):

1. Solving communication problem e.g. using the "1" message
2. Proper filling of MIS Forms
3. Solving problem of supervision
4. Interpersonal relationship
5. Delegation of duty.

On the relationship between the supervisors and other PHC team, the respondents expressed satisfaction on the relationship and described it as very cordial. See Table 3 below.

Table 3  
RELATIONSHIP BETWEEN PARTICIPANTS AND  
MEMBERS OF THE PHC TEAM

NATURE OF RELATIONSHIP	NUMBER OF RESPONDENTS	Perc.
Very Satisfactory	13	40
Satisfactory	19	39.4
Somewhat Satisfactory	0	0
Not at all	0	

The improvement between the participant and other PHC team is somehow related to the communication skill and other skills acquired during the workshop and have brought about many positive changes in relationship to their duties.

These other skills include:

- Communication skills
- Problem solving skills
- Counselling
- Collaboration and cooperation
- Delegation of duty

Since the workshop experience, most of the participants have stated that they have learnt a lot of things more especially the use of "1" message, successful establishment of a F/P centre at Ishilu LGA Team and Building.

On areas that need follow-up, many of them said that they need more talk on problem solving, collaboration communication skills and monitoring and evaluation.

On whether there are some topic that would be of use to them, but not covered during the workshop, some of them answered yes and listed the following areas that they need:

- \* Filling of MIS forms
- \* Personnel Management
- \* Workshop Management

The respondents were asked to rate the performance of the Zonal/State supervisors. Table 4 below explains their responses:

TABLE 4  
RATING OF SUPERVISORS PERSONNEL

RATING	NO. OF RESPONDENTS	PERCENTAGE
Excellent	1	20
Very good	4	30
Good	0	0
Fair	0	0
Poor	0	0
<b>TOTAL</b>	<b>5</b>	<b>100%</b>

The total number of providers interviewed are 5 and Table 4 above shows they have rated their supervisor and their reasons why.

On the whole 1 provider rated her supervisor as very excellent, because they do a lot of things in common and receives a lot of assistance from her supervisor.

Four of the respondents stated that their supervisors are very good, this is an indication that they really went through the workshop and the workshops went through them. This attitude is healthy development and good working relationship. Out of the five services providers interviewed, 3 stated that they are working with the supervisor in the same clinic and two are supervised by external supervisor.

Duration of time spent in the Clinic:

LENGTH OF TIME	NO. OF RESPONDENT	PERCENTAGE %
5-6 months	3	60%
6 months - 1 year	-	-
1 - 3 years	1	20%
Over 3 years	1	20%

From the table shown above it is very clear that most of the providers are relatively young in their practice areas with the exception of one who have been in the Clinic for more than 3 years.

Table 5

REGULARITY	NO. OF RESPONSE	PERCENTAGE
Daily	3	65%
Weekly	-	-
Every two months	-	-
Monthly	1	20%
2 months	-	-
Quarterly	-	-
Every Six months	1	20%

On the regularity and duration of the visit, 3 respondents stated daily supervision by their supervisors because they work in the same clinic.

For those having external visits, the duration of visit by the Supervisor last for about 30 - 45 minutes, this gives them time to do a lot together.

Most of the providers claimed that their supervisors tell them what they have done well and what to improve on.

Table 6  
Supervisors letting providers know the strong and weak points

RESPONSES	NO. OF RESPONSES	PERCENTAGE
Yes	3	60%
No	2	40%
TOTAL	<u>5</u>	<u>100%</u>

The above table shows that some providers have not been given feedback on their performances. It is therefore necessary for supervisors to commend job well done and correct all anomalies.

IMMEDIATE FOLLOW UP  
ANAMBRA STATE

S/No.	ACTIVITIES	WHEN	BY WHOM
1.	Resolve conflict in Ihiala LGA over appointment of LGA FP supervisor in the LGA	May 1992	State Family Planning Coordinator, ZPO, LGA Policy Maker
2.	Allocate office to Family Planning Unit in the SMOH	Immediately. May 1992	Director of PHC in State Ministry of Health
3.	Organize F.P. Supervisory meeting for LGA FP Supervision	May, June, 1992	State Family Planning Coordinator
4.	Provide Family Planning Equipment to LGAs lacking equipment e.g. Nnewi L.G.A.	June 1992	State FPC, Africare
5.	Develop supervisory checklist, and supervisory visit schedule	May 1992	LGA MCH/FP supervisors, State FPC
6.	Send Supervisory participants manuals to LGA FP Supervision	July 1992	FHS, Public Sector
7.	Organize Orientation Seminar for new LGA Policy Makers on PHC/FPC	July 1992	SMOH/DPHC

IMMEDIATE FOLLOW-UP  
ENUGU STATE

S/NO.	ACTIVITIES	WHEN	BY WHOM
1.	Train more CSP more Quota to LGAs without CSP	June/July batch	State FPC, DPHC, ZPO
2.	Organise FP Supervisory meeting for LGA FP Supervisory	May/June	State FPC, ZPOs
3.	Develop supervisory checklist, visit schedule	May/June	LGA FP supervisors and SFPC
4.	Send supervisory participants manual to LGAs	July/August	Pathfinder International Lagos
5.	Repair broken down family planning vehicles	June/July	SMOH/DPHC and SFPC
6.	Pay Supervisory Visit to LGAs	May/June	SFPC

FOLLOW-UP QUESTIONNAIRE FOR PARTICIPANTS IN SUPERVISORY SKILLS  
WORKSHOPS: PHC COORDINATORS/FP SUPERVISORS

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CENTRE/CLINIC/LGA: \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_ INTERVIEWER: \_\_\_\_\_

- How many centres do you currently supervise? \_\_\_\_\_  
1a. How many have family planning clinics/programmes? \_\_\_\_\_

Do you have a job description? Yes No

If yes

2a. Can you show it to me? Does so Does not

2b. Did you have it before the workshop?

Yes No

If no

2c. Can you tell me what has made it hard for you to prepare  
one? \_\_\_\_\_

Do you have a supervisory schedule? Yes No

If yes

3a. Can you show it to me? Does so Does not

3b. Did you have it before the workshop?

Yes No

If no

3c. Can you tell me what has made it hard for you to prepare  
one? \_\_\_\_\_

Do you have a supervisory checklist? Yes No

If yes

4a. Can you show it to me? Does so Does not

4b. Did you have it before the workshop?

Yes No

If no

4c. Can you tell me what has made it hard for you to prepare  
one? \_\_\_\_\_

5. How often do you visit each clinic (LGA) on the average?
- Once a year       Every 6 months       Every 4 months  
 Every 3 months       Every 2 months       Once a month  
 Twice a month       Once a week       Not at all

6. What are the main problems you have encountered on your visits to the clinics you supervise?
- \_\_\_\_\_
- \_\_\_\_\_

7. Have you been able to apply your problem-solving skills to help solve any of these problems?      Yes      No

If yes

- 7a. Can you describe some incidents in which you have used these problem-solving skills? \_\_\_\_\_
- \_\_\_\_\_

8. Do you report the results of your supervisory visits to anyone?      Yes      No

If yes

- 8a. To whom do you make your reports? \_\_\_\_\_

- 8b. Are these reports usually written or verbal?

Written       Verbal       Both

9. How would you describe your present relationship with other members of the PHC team?

Very satisfactory       Satisfactory       Somewhat satisfactory       Not at all satisfactory

- 9a. How would you describe this relationship before the workshop?

Very satisfactory       Satisfactory       Somewhat satisfactory       Not at all satisfactory

If change noted from pre- to post-workshop  
Can you explain the reasons for the change?

\_\_\_\_\_

\_\_\_\_\_

4  
1. What are the most important things you learned at the workshop? \_\_\_\_\_

1. Can you describe some incidents in which you have used these learnings to be a more effective supervisor? \_\_\_\_\_

12. Are there any topics or skills with which you would like more training or help in order to be a more effective supervisor? \_\_\_\_\_

**ANALYSIS FORM FOR PHC COORDINATORS/FP SUPERVISORS**

1. Range \_\_\_\_\_

1a. Range \_\_\_\_\_

2. Yes \_\_\_ No \_\_\_

If yes

2a. \_\_\_ Does so \_\_\_ Does not

2b. \_\_\_ Yes \_\_\_ No

If no

2c. (Reasons, frequency\*) \_\_\_\_\_

3. \_\_\_ Yes \_\_\_ No

If yes

3a. \_\_\_ Does so \_\_\_ Does not

3b. \_\_\_ Yes \_\_\_ No

If no

3c. (Reasons, frequency) \_\_\_\_\_

4. \_\_\_ Yes \_\_\_ No

If yes

4a. \_\_\_ Does so \_\_\_ Does not

4b. \_\_\_ Yes \_\_\_ No

If no

4c. (Reasons, frequency) \_\_\_\_\_

5.    \_\_\_ Once a year            \_\_\_ Every 6 months            \_\_\_ Every 4 months  
       \_\_\_ Every 3 months       \_\_\_ Every 2 months            \_\_\_ Once a month  
       \_\_\_ Twice a month        \_\_\_ Once a week                \_\_\_ Not at all

6. (Problems, frequency) \_\_\_\_\_ Problem

7. \_\_\_ Yes \_\_\_ No

If yes

7a. (Examples of incidents) \_\_\_\_\_

\*Note: Frequency is the number of times each answer is given.

8. Yes No

If yes

8a. (Positions, frequency) \_\_\_\_\_

8b. Written  Verbal  Both

9.  Very satisfactory  Satisfactory  Somewhat  
satisfactory  Not at all satisfactory

9a.  Very satisfactory  Satisfactory  Somewhat  
satisfactory  Not at all satisfactory

If change noted from pre- to post-workshop  
(Reasons, frequency) \_\_\_\_\_

10. (Learnings, frequency) \_\_\_\_\_

11. (Examples of incidents) \_\_\_\_\_

12. (Topics, frequency) \_\_\_\_\_

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FOLLOW-UP QUESTIONNAIRE FOR CLINICAL PROVIDERS

NAME:

POSITION:

HOSPITAL/CLINIC/LGA:

DATE OF INTERVIEW:

INTERVIEWER:

1. How long have you worked in this clinic?  
Less than 6 months      6 months-1 year      1-3 years  
More than 3 years

2. What position does your supervisor hold?  
Did he/she attend the Supervisory Skills Workshop in \_\_\_\_\_?  
Yes      No      Don't know

3. Does your supervisor work in the same clinic with you?  
Yes      No

If yes, ask questions 5-8

4. Does your supervisor also work as a provider?      Yes      No

5. Do you have regular supervisory sessions with your supervisor?  
Yes      No

6. About how often do you have such sessions?

7. About how long does your supervisor usually spend with you during one of these sessions?

If no, ask questions 9-10

8. How often do you see your supervisor?  
Once a year      Every 6 months      Every 4 months  
Every 3 months      Every 2 months      Once a month  
Twice a month      Once a week      Not at all

9. About how long does your supervisor usually spend with you during a visit? \_\_\_\_\_

(for all providers)

10. What occurred during your last supervisory visit?  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your supervisor usually use a checklist to mark off what he/she finds during supervisory visits?      Yes      No

13. Does your supervisor tell you how you are performing?

Yes      No

If yes

13a. (If yes) Please tell how he/she does this

---

14. Are there other ways in which he/she helps you solve your problems and do your work better?      Yes      No

If yes

14a. Please describe some ways he/she has helped you

15. What other kinds of help would you like from your supervisor?

16. Overall, how would you rate your supervisor?

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor

16a. Please explain why you gave your supervisor this rating.

---

ANALYSIS FORM FOR CLINICAL PROVIDERS

1. Less than 6 months      6 months-1 year      1-3 years  
More than 3 years

2. Positions, (frequency\*)

3. Yes      No      Don't know

4. Yes      No

If yes, questions 5-8

5. Yes      No

6. Yes      No

7. Range      -

8. Range      -

If no questions 9-10

9.	Once a year	Every 6 months	Every 4 months
	Every 3 months	Every 2 months	Once a month
	Twice a month	Once a week	Not at all

10. Range      -

(For all providers)

11.

12. Yes      No

13. Yes      No

If yes

13a.

14. Yes      No

If yes

14a. (Examples, frequency)

\*Note: Frequency is the number of times each answer is given.

15. (Kinds of help, frequency).

- 16.
- |   |           |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good      |
| 4 | Fair      |
| 5 | Poor      |

16a. (Reasons, frequency)

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