

PPC/CDI ←

21

936 3039

11-1111-695

140 = 49001

**REPORT
SUPERVISION WORKSHOP
PROJET SANTE FAMILIALE ET POPULATION
SENEGAL**

Prepared by:

Management Sciences for Health
Boston, Massachusetts USA
January 1987

PN-AAW-645

IAN-49001

REPORT

SUPERVISION WORKSHOP

PROJET SANTE FAMILIALE ET POPULATION

SENEGAL

Thomas C. Leonhardt

CEDPA

Submitted to:
Family Planning
Management Training
Project

MAR 16 1987

TABLE OF CONTENTS

	<u>Page</u>
Acknowledgements	i
Executive Summary	ii
I. Background Project Information	1
II. Preliminary Activities	3
III. Information on Participants and Facilitators	7
IV. Training Program	9
V. Evaluation	11
VI. Findings and Recommendations	22
VII. Other Recommendations	26
VIII. Appendices	
A. Participant List	
B. Programme	
C. Handouts Distributed (on file at MSH)	
- Definitions of Supervision	
- Regional, Departmental, National Supervisory Tasks	
- Supervisory Protocols	
- Supervisory Planning Tools	
- Characteristics of a Good Supervisor	
- Miscellaneous Definitions	
D. Documents Produced (on file at MSH)	
- Evaluation Instruments	
- Case Study	
- Miscellaneous Information on Supervision	

ACKNOWLEDGEMENTS

The consultant wishes to express his thanks to the following people who helped make the Supervision Workshop a success. Without their assistance, the results would not have been as significant.

Dr. Mary Ann Micka
Dennis Baker
Fatimata Hane

Director HNP USAID Dakar
Health USAID Dakar
Health USAID Dakar

Ousmane Samb
Masek Seck
Fallou Guèye

Director, PSF
Financial Officer PSFP
Logistics Support PSFP

Ousmane Fall
Anne Mare Mané

Trainer (MOH)
Trainer (OMS)

Cilla Randall
Laura Evison
Vieux Kane and Fofana
Ousmane Faye

ISTI
ISTI
ISTI
ISTI

And to all others too numerous to mention...Thanks

Tom Leonhardt

Executive Summary

From November 17, 1986 to November 27, 1986, the Projet Santé Familiale et Population (PSFP) conducted a workshop on supervision at Saly Portudal, Sénégal. The seminar took place at the Novotel. Participating at the workshop were the national and regional I.E.C. and clinical coordinators for the project, the project director and other clinical and I.E.C. staff involved with the project at various levels, including the VSPP (private sector office). A complete list of participants will be found in the appendices. (Appendix A.)

The workshop was facilitated by Ousmane Fall (DRPF/MSP), Anne Marie Mané (MSP/OMS) and Tom Leonhardt (CEDPA/FPMT). Mr. Fall and Ms. Mané were on loan from their agencies and Mr. Leonhardt participated as part of the Family Planning Management Training Project's technical assistance to the PSFP. (Projet Santé Familiale et Population.)

The principal objectives of the workshop were to increase the supervisory skills and capabilities of the participants and to design supervisory tools for use in the field. Based on the results of the pre-workshop needs assessment, the seminar was judged a success and the objectives were met.

The two main recommendations stemming from the final evaluation, to be regarded as lessons learned for future PSFP trainings, were:

- o Inform participants well in advance of seminar dates, location and financial provisions so they may make necessary arrangements before arriving on site

- o Establish clear terms of reference for outside technical assistance and make sure that host country nationals and outside consultants as well as all project personnel are clear about respective roles

I. BACKGROUND

USAID/Senegal Family Health and Population Project

The Senegal Family Health and Population project is a seven-year, \$27.4 million project of which \$20 million will be provided by USAID and \$7.4 million by the GOS. The project is presently in its second year.

The goals of the Project are: a) to improve the health and well-being of Senegalese families by the provision of family planning and family health services, and b) to help provide the information necessary to examine the relationship between economic development and the rate of population growth.

The project will consist of three major groups of activities:

- a) Expansion of the current Senegal Family Health Project, which is a clinic-based program organized by two GOS ministries, the Ministry of Health and the Ministry of Social Development;
- b) Expansion of family planning/family health services into the private sector;

c) Assistance to improve Senegal's demographic data base so that more effective development planning can take place and to help increase the awareness of the relationship between rapid population growth and development.

Project objectives are:

a) Family planning/family health services will be available in all GOS health centers at the regional and departmental level and 25 percent of the dispensaries in the rural communities.

b) Approximately 15 percent of married women of reproductive age will be using modern methods of contraception. (Current contraceptive prevalence is estimated at about three percent).

c) The role of the private sector in delivering family planning will be greatly expanded such that services will be made more available in regions not covered by the GOS project and in highly populous urban centers.

d) The results of the next census will be processed, analyzed and published within three years of taking the census.

II. PRELIMINARY WORK

The workshop facilitators met with USAID and Project officials to try and gain a better understanding of the supervision needs of the participants and of the Project. These meetings served as a type of needs assessment, but unfortunately, due to time constraints, the facilitators were unable to meet with any of the participants themselves before the workshop, in order to gain some first hand knowledge of their specific needs for the training.

During this preliminary phase, various issues and questions were raised about supervision within the framework of the PSFP:

1. At present, there are no supervisory tools available for use in the field (check lists, protocols, job and task analyses).
2. What is the structure of the supervisory hierarchy? Who supervises whom? Where do the supervisory data and reports go?
3. What is the nature, definition and role of supervision in the Project? (Teaching, monitoring, evaluation, job enrichment, task/performance improvement.)

4. Is it possible to supervise across ministry lines? Do Project supervisors have the authority to supervise MOH nurses when they are delivering FP services?
5. Related to number 4, can Project supervisory visits be coordinated with those of the MOH?
6. Problem-solving is an important part of supervision, and there needs to be a formal mechanism for this process during supervisory visits.
7. During the Journées de Reflexion held in Dakar from 21 to 23 August 1986, the national and field staff expressed a strong need for a supervision workshop, since little formal supervision had taken place during Phase I of the Project.
8. As the Project expands into all ten regions of the country, supervision of clinics and IEC activities will play a critical role in assuring the quality of FP service delivery.
9. Supervisors should have a clear idea of the criteria used for describing the ideal service delivery clinic.

Based on the meetings, the issues and questions raised and on information gathered from reading project documents, the consultants set up the goal, objectives and program for the supervision workshop, aware that not all issues could be addressed during the ten days allotted for the workshop.

The overall workshop goal was to help the participants improve their supervisory abilities by increasing their skills and knowledge of basic supervision theory and practices. As workshop products, the participants designed supervisory tools specifically tailored to help them with their tasks in the field.

The educational objectives were:

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

1. Give an operational definition of supervision within the framework of the Project.
2. Describe the qualities and characteristics of an effective supervisor.
3. Describe the three main styles of supervision and the circumstances in which they are applied.
4. Determine the tasks of national, regional and departmental supervisors (IEC, clinical)

5. Analyze at least one IEC and clinical task.

6. Develop supervisory instruments

The consultants pooled their respective documents on Supervision and examined each one to see if it might help support the themes of the workshop. The handouts can be found in the appendices.

Using the objectives as guidelines, a program was developed with the understanding that it would remain flexible (see Appendix B).

III. INFORMATION ON PARTICIPANTS AND FACILITATORS

The Project was well represented at the Supervision Workshop. The Project Director was able to attend almost every session. This was very helpful, especially during discussions on matters of policy and procedure. The two national-level IEC Coordinators were also participants, although one was called away to man the Project booth at the Foire de Dakar. The National Clinical Coordinators from Dakar, Thiès, Fatick, Kaolack and Casamance completed the delegation from the Project. The VSPP (private sector) was represented by the nurse from SOTRAC (bus company), the head of child services for the Social Security Fund and a representative from the Red Cross. The ASBEF (Association Sénégalaise du Bien Etre Familial) sent its program officer and ISTI (Technical Assistance to the Project) was represented by Laura Evison, Clinical Technical Advisor and Aminata Niang, Project Liaison Officer for Clinical Services.

The Senegalese workshop facilitators were kindly loaned from their offices to help with the workshop. Ousmane Fall works for the MOH in its Division of Research, Planning and Training. He has taken courses at the WHO Training Center in Lomé and has worked with the Project before. Anne Marie Mané is on loan to WHO/Dakar from the MOH where she acts as liaison between the two organizations.

Tom Leonhardt, representing the Family Planning Mangement Training/Management Sciences for Health, is presently Training Director for the Centre for Development and Population Activities in Washington, D.C. CEDPA is a member of the FPMT consortium.

IV. TRAINING PROGRAM

Overall Procedure

During the pre-workshop activities, the facilitators designed a program to help the participants meet the objectives set out for the workshop. It was agreed that the program would remain flexible and changes made if necessary. (See appendix B for actual program and schedule.)

The workshop ran daily from 9:00 to 13:00 and from 15:00 to the completion of the activity, which was often late at night. A typical day began with a presentation of the preceeding day's evaluation results and a clarification of the task to be done in small groups. A reporter announced the highlights of the work accomplished the day before. After working in small groups, the large group reconvened and after each group presented, a "synthese" was conducted.

The session on supervisory styles was greatly enhanced by three excellent role plays and a film "Le Tournant" which portrays various management and supervisory styles in a corporate setting.

The sessions devoted to designing supervisory instruments were the highlight of the workshop and the participants did a superb job of developing a complete supervisory checklist outline (for eventually monitoring the performance of service delivery agents and for managing equipment and supplies) and three different types of supervisory calendars.

Since several sessions took longer than originally planned, the final case study and simulation, designed as wrap-up activities, were not done.

A participatory approach to training was adopted as the overall methodology and this was modified slightly as a result of participant requests for more structure and guidance.

Difficulties

One small group activity (defining national, regional and departmental tasks) was too broad to be easily digested by the participants in a small group setting, and it took 3 1/2 days to complete. It should have been broken down into smaller tasks.

The participants were often frustrated by what they perceived as imprecise definitions, particularly words such as "task", "activity", and "function" as they apply to job descriptions and task analyses. It was difficult for them to conceptualize the definitions proposed by the trainers and as discussed in the group. More time should have been spent dealing with the definitions, even if it meant sacrificing certain other activities.

V. EVALUATION

Several different types of evaluation were done during the workshop:

1. An initial "needs assessment" was administered to the participants before the workshop itself started. The assessment asked each participant to rate his or her own degree of confidence in each skill area (the skill areas were translated into behavioral objectives) that was treated during the workshop. At the conclusion of the program, the same inventory was again administered. The results, shown in Table 1, Page 13, and in Table IA, Page 14 indicate that not only were the objectives met, but that a substantial increase in the skills and knowledge of the participants in the area of supervision occurred during the course.
2. A second evaluation was carried out on a session-by-session basis (évaluation journalière). At the conclusion of each session, the participants were asked to evaluate the session on three levels: a) the usefulness of the session for their work (very useful to not useful), b) the effectiveness of the training techniques (very effective to not effective), and c) the time devoted to the topic (too long, too short or just right). These evaluations were useful in helping the trainers reorient their training strategies. As can be seen from the results in Table II A, B, and C, pages 15, 16, and 17 the participants deemed all of the sessions to have been useful. This was due, in part, no doubt, to the fact that they had requested the workshop during the Journées de Réflexion in August 1986.

3. An overall evaluation, which touched on all relevant aspects of the seminar, was administered at the end of the program. The trainers used the evaluation instrument designed by the Senegalese Ministry of Health since it included all the items on the FMPT form plus some others, including a question on how the participants planned to use their newly acquired skills (See Appendix for copy of form). The results of this evaluation, found in Table III, Page 18, show that all aspects of the seminar except one (organization) were found to have an above average "satisfaction index".* The organization (question 11) of the seminar was found to be lacking since the participants received no pocket money and many felt that they had not been given enough advance information about the seminar.

*The satisfaction index is calculated using the following equation:

$$IS = \frac{\text{total points}}{\text{number of participants}} \times \frac{100}{\text{highest coefficient}}$$

TABLEAU I

Resultats de l'évaluation pré-seminaire du niveau de confiance des participants en ce qui concerne les compétences et les connaissances traitées pendant l'atelier.

	Beaucoup de Confiance		Un peu de Confiance		Sans Confiance
	5	4	3	2	1
1. Donner une définition opératoire de la Supervision	13%	13%	52%	17%	4%
2. Décrire les qualités d'un Superviseur efficace	13%	39%	17%	21%	13%
3. Décrire les 3 styles de la supervision	4%	13%	17%	34%	30%
4. Enumérer les Tâches (niveaux national and régional)	9%	21%	39%	4%	21%
5. Enumérer les tâches (niveau départemental)	0%	30%	34%	13%	21%
6. Analyser une tâches clinique ou I.E.C.	13%	26%	21%	17%	21%
7. Elaborer des instruments de supervision	0%	9%	39%	26%	26%

TABLEAU I-A

Résultats de l'évaluation post-séminaire du niveau de confiance des participants en ce qui concerne les compétences et les connaissances traitées pendant l'atelier.

	Beaucoup de Confiance		Un peu de Confiance		Sans Confiance
	5	4	3	2	1
1. Donner une définition opératoire de la Supervision	76%	24%			
2. Décrire les qualités d'un Superviseur efficace	76%	24%			
3. Décrire les 3 styles de la supervision	70%	30%			
4. Enumérer les Tâches (niveaux national and régional)	65%	35%			
5. Enumérer les tâches (niveau départemental)	47%	41%	12%		
6. Analyser une tâches clinique ou I.E.C.	76%	24%			
7. Elaborer des instruments de de supervision	76%	18%	6%		

TABLEAU II-A

Tableau de l'Evaluation
Journalière: Résultats

Titre de la Session	Utilité				
	Le Plus Utile			Le Moins Utile	
	5	4	3	2	1
1. Définir la Supervision	100%				
2. Décrire les qualités d'un superviseur efficace	95%	5%			
3. Décrire les trois styles de supervision	100%				
4. Enumérer les tâches	84%	16%			
5. Elaborer les instruments	100%				

TABLEAU II-B

Tableau de l'Évaluation
Journalière: Résultats

Titre de la Session	Techniques Efficaces				
	Très Efficace				Peu Efficace
	5	4	3	2	1
1. Définir la Supervision	84%	16%			
2. Décrire les qualités d'un superviseur efficace	61%	30%			
3. Décrire les trois styles de supervision	100%				
4. Énumérer les tâches	47%	52%			
5. Élaborer les instruments	88%	11%			

TABLEAU II-C

Tableau de l'Evaluation
Journalière: Résultats

Titre de la Session	Temps Imparti		
	Trop Long	Trop Court	Adéquat
1. Définir la Supervision	22%	0	78%
2. Décrire les qualité d'un superviseur efficace	39%	5%	50%
3. Décrire les trois styles de supervision	17%	17%	72%
4. Enumérer les tâches	79%	0	21%
5. Elaborer les instruments	6%	0	94%

TABLEAU III

Questions	Accord Total			Accord			Desaccord			Desaccord			Total Score	IS
	NR	Coef.	Score	NR	Coef.	Score	NR	Coef.	Score	NR	Coef.	Score		
1	7	4	28	8	3	24	3	2	8	2	1	2	60	45
2	4	4	16	15	3	45	1	2	3				64	80
3	3	4	18	13	3	39	4	2	6				52	71
4	12	4	48	6	3	18	1	2	3	1	1	1	70	87
5	11	4	44	8	3	24							68	85
6	15	4	60	5	3	15							75	94
7	5	4	80	12	3	36	3	2	5				61	76
8	9	4	36	8	3	24	2	2	4	1	1	1	65	85
9	5	4	20	12	3	36	3	2	5				61	76
10	2	4	8	5	3	15	11	2	13	2	1	1	37	46
11	3	4	12	14	3	42	3	2	5				59	44

HOW TO READ TABLEAU III

- Questions: Refers to the question number on the overall workshop evaluation form (see Appendix D-Evaluation Instruments)
- NR: Number of responses for "complete agreement" (accord total), "agreement" (accord), "disagreement" (desaccord) and "complete disagreement" (desaccord total)
- Coefficient: Weight of the response
- Score: Found by multiplying the number of responses by the coefficient
- Total Score: Calculated by adding up all the scores
- IS: Index of satisfaction is calculated by using the following formula:

$$IS = \frac{\text{total score}}{\# \text{ of Participants}} \times \frac{100}{\text{Highest Coefficient}}$$

4. The consultant also asked the participants to evaluate the consultant's participation in the workshop. Most responded that they felt they had not really benefitted enough from his presence at the seminar. Role definition problems amongst the trainers contributed to this and suggestions for overcoming these problems can be found in the section on findings/recommendations of this report. The results of the facilitator evaluation can be seen in Table IV, Page 21.

TABLE IV

Results of the FPMT Facilitator Evaluation

Facilitator Skills	Average Score (on a scale of 1 to 5)
Organization	4.2
Knowledge	3.1
Explanation of Material	3.1
Answering Questions	3.1
Encouraging Participation	3.3
Enthusiastic, Interested	4.0
Establish a Favorable Learning Climate	4.2
Accepted Different Points of View	4.3
Summed Up Principal Ideas	3.3

What pleased you the most?

Open, enthusiastic, available

Recommendations?

Learn more about supervision.
Share.
Use more participatory methods.

VI. FINDINGS AND RECOMMENDATIONS

1. On the final evaluation form, the only question which received a less than satisfactory score concerned the "organization" of the seminar. During the oral evaluation, the participants expressed dissatisfaction with the way they had been notified about the seminar and about the per diem arrangements.

Recommendations: Participants requested that they should be given advance information about the seminar: time, place and objectives and particularly should know about the conditions of their "prise en charge". FPMT/USAID agreement was for the Project to handle all questions pertaining to workshop organization. Having this information ahead of time would allow them to make the necessary arrangements before leaving home. The project officers felt they could comply with the above requests and would make an effort to do so for the next training program. Per diem arrangements, established by AID, are not likely to change. It is recommended, however, that if participants are given room and board, some provision be made for laundry and telephone money.

2. Many of the participants were disappointed that there was no time spent during the seminar on what they considered to be "content" areas. The clinicians were especially anxious to look at FP service delivery procedures and the I.E.C. people were eager to discuss such topics as "animer une causerie". These activities were not part of the objectives for the program.

Recommendation: For the next training program, Project officials and trainers should define even more carefully the purpose and objectives of the workshop. This will be especially important for the upcoming training of trainers, since its content will be "training".

During a training of trainers, both pedagogy and content (for example, training people to deliver talks, make home visits, insert IUDs) can be covered if there is sufficient time. Experience has shown that many participants at a training of trainers tend to focus on and criticize the "content" and not on the training skills themselves. This can translate into endless discussions about facts, procedures, etc., while the "how-well-they-actually-trained" aspect is neglected. This attention to content often detracts from giving constructive feedback to the participants on their training skills. A way to avoid this is to have the facilitator process the practice training sessions on two levels: a) form: evaluating how well the participants actually did as trainers by using a skills checklist to keep feedback focused, and b) content: discussing if the practice trainer had the facts straight).

3. There was confusion about trainer role definition, who was to supply documentation for the workshop, trainer tasks and philosophy which led to some training team dynamics problems during the workshop. These did not interfere with meeting the objectives of the seminar; however, the consultant did not play as active a role in the workshop as he might have, and the Senegalese trainers were confused about their roles vis-à-vis the external consultant.

Recommendations:

- a) The Project, in collaboration with USAID, should draw up a consultant profile outlining necessary qualifications for the job (such as French level, FP experience, etc.) and establish a terms of reference statement to be shared by all parties before a request for assistance goes out. This will help eliminate confusion about roles and responsibilities and will allow USAID/PSFP to judge whether the consultants have fulfilled their obligations by using the terms of reference as an evaluation guide. Terms of reference should be supplied to external consultants as well as HCNs who have been invited to work for the project, and can be shared with all parties before the mission is undertaken.

- b) The training team, whatever its composition, should conduct a needs assessment in the field prior to the actual workshop. This is an excellent way to strengthen team dynamics, and at the same time, provides the most solid base possible for the actual training program. A detailed and precise needs assessment is probably the most critical element in helping the trainers to develop the most appropriate learning objectives (thus meeting the needs of the participants). During the execution of the needs assessment, training team members can share ideas about philosophy, methodology, and techniques. A few more days may be necessary for conducting the needs assessment, but the advantages would far outweigh the added expense.
4. The national and regional supervisors should give the supervision instruments a trial run in the field for a period of six months. During the first three months, all levels of personnel should be very supportive of efforts to work with the instruments, and information about how the instruments might be modified can be collected. During the second three-month period, specific recommendations need to be formulated about the validity of the instruments as supervision tools. In mid-1987, national and regional officials should reconvene in order to pool observations and recommendations about the instruments with an eye toward developing a standard set of forms for use in the Project.

VII. Ideas for possible future action in the area of supervision:

1. The steps involved in carrying out certain basic IEC procedures, such as "animer une causerie", "visite à domicile" and "séance de sensibilisation" should be standardized for the fiche de supervision insofar as possible. This will facilitate the supervisory process since supervisors will not have to rethink these task analyses before each field visit. These tasks will be the ones supervised most frequently by the regional-level coordinators.
2. The same holds true for certain family planning clinical services such as "pose du diaphragme" or "pose du DIU" for which the medical community and the Project have recognized and standardized procedures.
3. Based on the final evaluation of the workshop, the participants expressed some doubts about the exact tasks which the "agents exécutants" carry out both IEC and clinical. It might be useful to start developing these profiles so that supervisory strategies and calendars can be set up based on this level of service delivery.

4. As part of an overall supervisory strategy for the project, a committee might begin to look into what criteria would serve to measure whether a family planning service delivery center is successful. Examples of areas for which specific criteria can be developed are: client welcome, supplies and equipment, appearance of center, clinic floor plan, professionalism of staff, number of repeat visits, and follow-up in the field.

5. Using data from centers as guidelines for selecting sites for supervision. As the Project grows into all the regions and the number of centers offering family planning services increases, and as data from the centers become more available, a process for selecting which sites to supervise might be put into practice. This selective supervision process can be used to monitor those centers which exhibit trends such as very high acceptor rates (to see what they are doing right), very low acceptor rates (to see why people are not availing themselves of the services) or a high rate of return visits (to check on medical procedures).

APPENDICES

SEMINAIRE SUR LA SUPERVISION
DU 17 AU 27-11-86
ADRESSES PROFESSIONNELLES DES
PARTICIPANTS

PRENOMS - NOMS	ADRESSE PROFESSIONNELLES
Mme Fatou Badji ARIS	Superviseur SMI/PF : Région Médicale Ziguinchor.
Mme Marie Sylla DIA	Région Médicale Fatick.
Mme Aïssata DIENG	Chef de service de la PMI de Ouagou-Niayes Caisse de Sécurité Sociale.
Mme Adama THIAM	Centre Régional de Santé Familiale, Région Médicale Kaolack, B.P. 300.
Mme Woury Kane BA	Centre de PMI Médina, Avenue Blaise Diagne, DAKAR.
Mme Cathy SALL	Croix Rouge Sénégalaise, B.P. 299 DAKAR - TEL. : 22 39 92
Mlle Nafissatou DIOP	PSFP Rte du Front de Terre USAID B.P. 49, DAKAR.
M. Fallou GUEYE	PSFP, Rte du Front de Terre, USAID B.P. 49, DAKAR.
Mme M'Bayang Ndao N'DIAYE	Service Régional du Développement Social THIES.
Mme Caroline MANE	PSFP Rte du Front de Terre USAID B.P. 49, DAKAR.
Mme Adama DIOP	Région Médicale de Dakar, B.P. 4024 DAKAR.
Mme Aminata Diallo NDIANG	I.S.T.I., B.P. 1748 DAKAR
Mme Penda Sané NDIANG	Chef de service Départemental du Développement Social de Sédhiou.
Mr. Belgasime DRAME	Coordinateur National des Programmes ASBEF - Route du Front de Terre DAKAR TEL. : 22 76 02
Mme N'Deye Arame Diouf SAO	Service Régional du Développement Social B.P. 285 KAOLACK

Mme Marie Victorine ALBIS

Mme Laura EVISON

Mme Antoinette CARLOS

Mme Ramatoulaye Sambou

Mme Seck Yacine SECK

Mme Néné SALOMON

Mme Aissatou Samb N'DIAYE

M. Ousmane SAMB

Projet Santé Familiale.

I.S.T.I. B.P. 1748, DAKAR

Dépôt Thiaroye SOTRAC, B.P. 4036 ou
B.P. Personnelle 5 201 - DAKAR/Fann
TEL. : 24 02 24

Centre Médical de KOLDA.

Région Médical de THIES.

Développement Social Ziguinchor.

Projet Santé Familiale.

Projet Santé Familiale.

SEMINAIRE ATELIER SUR LA SUPERVISION
DU 17 AU 27-11-86
ADRESSES PROFESSIONNELLES DES MEMBRES DE
L'ENCADREMENT

PRENOMS - NOMS	ADRESSES PROFESSIONNELLES
M. Ousmane FALL	D.R.P.F./M.S.P., TEL.: 22 68 18
M. Thomas LEONHARDT	1717 MASSACHUSETTS AVENUE N.W. SUITE 202 WASHINGTON, D.C. 20036 (1) (202) 667-1142
Mme Marie Mané	OMS, B.P. 4039 DAKAR

APPENDIX B

WORKSHOP PROGRAMME

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document à lire la veille	Activités d'apprentissage	Facilitateur
17-11-86 915 - 930 930 - 935 935 - 1020 1020 - 1100 1100 - 1200	01		Cérémonie d'Ouverture Détails administratifs Présentation des participants et facilitateurs Pause - café Attentes des participants Objectifs, programme et méthode de travail Evaluation des besoins Renseignements biographiques Répartition en groupes de travail Clarification des activités du jour Travaux de groupe : "Donner une définition opératoire de la supervision dans le cadre des activités SMI/PF et dégager les implications qui découlent de cette définition."	
1500 - 1515 1515 - 1630				

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
17-11-86 1630-1700 1700-1800 1800-1805			Pause-café Présentation des travaux de groupe Evaluation journalière	
18-11-86 845-900 900-920 920-1100	02	Concepts et principes de la supervision	Communication des résultats de l'évaluation journalière et questions Clarification des activités Travaux de groupe: " Décrire les qualités et les caractéristiques d'un superviseur efficace et dégager pour chaque qualité au moins un critère d'appréciation "	

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
18-11-86	02	Idem	Présentation e synthèse des TG	
1130-1300 et 1500-1630			Travaux de groupe: Préparer et présenter un jeu de rôle sur la supervision en utilisant les styles principaux	
1630-1830			Présentation des jeux et discussion	
1830-1900			Film: "Le Tournant"	
1900-1930				

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
19-11-86	04 et 05	"Les Douze Etapes pour un Contrôle Efficace de la Performance des Agents"	<p>Communication des résultats de l'évaluation de la veille et synthèse</p> <p>Clarification de lecture</p> <p>Clarification des activités</p> <p>Travaux de groupe :</p> <ol style="list-style-type: none"> 1. "Enumérer les tâches d'un superviseur niveau national IEC et clinique et celles du superviseur régional et agent départemental" 2. "Analyser au moins une tâche IEC et clinique" 	
0900-1000				
1000-1030				
1030-1300				
1500-1800				

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

13

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
20-11-86	04-05	idem	Mêmes activités d'apprentissage	
0900-1300				
1530-1900			idem	
21-11-86				
0900-1300			"Enumérer les tâches et en analyser une"	
1530-1800			Présentation des travaux	

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

26

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
22-11-86			Suite de la présentation et synthèse	
0930 - 1030			Présentation et synthèse : " Analyse d'une tâche "	
1045 - 1300				
23-11-86			Repos	

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

19

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
<p>24-11-86</p> <p>0900-0915</p> <p>0915-0945</p> <p>0945-1300</p> <p>1530-1830</p>			<p>Communication des résultats de l'évaluation journalière</p> <p>Clarification des activités du jour.</p> <p>TG: "A partir de la tâche analysée</p> <p>① Elaborer une fiche de supervision qui comportera</p> <ul style="list-style-type: none"> - une liste de contrôle de l'exécution de la tâche - une liste de contrôle de l'utilisation des ressources (renouvelables et non-renouvelables) <p>② Etablir un calendrier de supervision</p>	

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
25-11-86		Etude de cas	Synthèse et mise en commun des instruments	
0900 - 1300				
1530 - 1830			Travaux de groupe : Etablir un calendrier de supervision "	
26-11-86			Présentation des calendriers	
0900-1200				
1400 - 1830			Evaluations et Film (reprise)	

PROGRAMME DES ACTIVITES

SEMINAIRE ATELIER SUR LA SUPERVISION DANS LE CADRE DU PROJET SMI/PF
 SALY PORTUDAL DU 17 AU 27 NOVEMBRE 1986

Date et Horaire	Objectif(s)	Document a lire la veille	Activites d'apprentissage	Facilitateur
27-11-86			Résultats de l'Evaluation des besoins Résultats de l'Evaluation du séminaire Cérémonie de clôture	
1200-1300				

PROJET SANTE FAMILIALE ET POPULATION

SEMINAIRE/ATELIER SUR LA SUPERVISION DANS LE CADRE DES
ACTIVITES SMI/PF

SALY PORTUDAL DU 17 au 27 NOVEMBRE 1986

OBJECTIFS EDUCATIONNELS

A la fin de ce séminaire, chaque participant doit être capable de:

1. Donner une définition opératoire de la supervision dans le cadre du Projet SMI/PF
2. Décrire les caractéristiques et les qualités d'un superviseur efficace dans le cadre des activités SMI/PF
3. Décrire les trois styles principaux de la supervision et les circonstances dans lesquelles ils sont appliqués
4. Déterminer les tâches qui incombent aux superviseurs (coordonnatrices cliniques et IEC) -- niveaux national, régional et départemental
5. Analyser au moins une tâche clinique et IEC.
6. Elaborer des instruments de supervision.