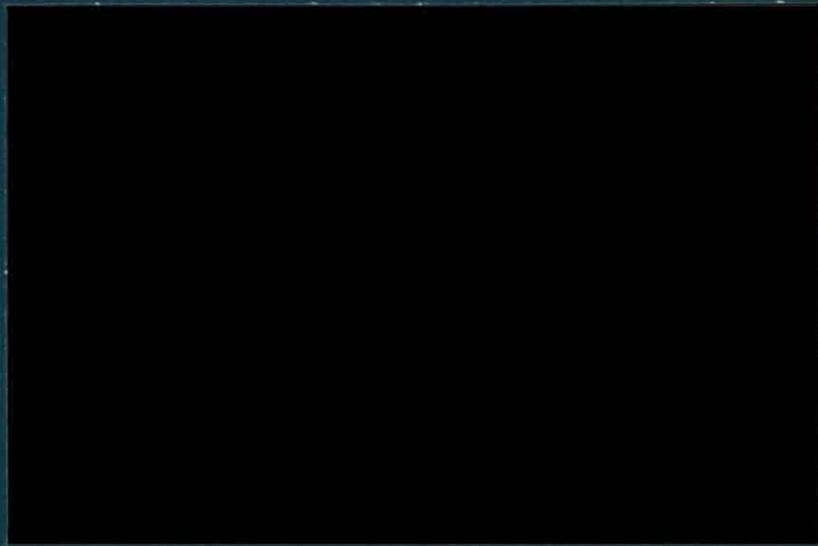


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The
Family
Planning
Management
Training
Project

PN ABG-757

Report on
Ministry of Health/Private Health Association
of Lesotho
Supervision System Implementation Workshops

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EXECUTIVE SUMMARY

The purpose of this trip was to assist the Ministry of Health, the Private Health Association of Lesotho, and the District Management Improvement Project in the implementation of a new national supervision system and the integration of the recently-developed maternal and child health/family planning checklist into the system. The initial scope of work asked the Family Planning Management Training Project (FPMT), with a buy-in from the U.S. Agency for International Development mission in Lesotho, to assess the implementation of the system; the revised terms of reference asked FPMT to assist in its implementation by working with a team to introduce it to eight pilot Health Service Areas.

This intervention was the fifth in a series by FPMT, a centrally-funded project of U.S.A.I.D. which is managed by Management Sciences for Health, a not-for-profit organization based in Boston, Massachusetts. Prior interventions included an assessment, assistance with the formation of the National Family Planning Coordinating Committee, a strategic planning and situational analysis workshop, and the development and delivery of a supervision workshop for district public health nurses, health service area trainers, and others.

The objectives of the major activity - four, two-day workshops for the pilot Health Service Areas - were to: (1) increase awareness, understanding, and commitment to the implementation of the "HSA Supervision Manual"; (2) identify constraints and issues which must be resolved in order to implement the system successfully; and (3) train the participants to use the major forms and procedures in the manual.

By and large, the workshops were successful. Participant response was positive and the training team observed that participants were able to understand and apply the system and its tools to simulated and real-life situations. However, the two-day format was insufficient to work on the supervisory skills so essential to implementing the system with confidence. For that reason, the District Management Improvement Project intends to do follow-up consulting and training in pilot areas. The other drawback was that several of the Health Service Area teams were not well-represented meaning many key people have not received the support needed to implement the system well.

To achieve successful implementation, the Ministry of Health, the Private Health Association of Lesotho, and the District Management Improvement Project need to: (1) develop an explicit strategy for reinforcing the implementation of the system; (2) ensure that health service area personnel realize that the system has been established by policy and that it is not a "project" which will go away; (3) find ways to create networks so that learnings, innovations, and experiences are disseminated to those involved in implementing the system; and (4) consider how to strengthen the capacity of Health Service Area trainers and others to support the implementation of the system in the field through training and coaching.

The major recommendation is that Lesotho consider extending the work begun under the Family Planning management Training Project as part of the Family Planning Management Development Project recently awarded to Management Sciences for Health (MSH). The focus of this project, which began in October, 1990, is on institutional and systems development rather than training. The proposed first activity would be a needs assessment in the first quarter of 1991.

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I. INTRODUCTION

This report describes the results of the fifth intervention in Lesotho by the Family Planning Management Training Project (FPMT) under a buy-in from the Family Health Initiatives II Project (FHI). The primary focus of the consultancy was to assist the District Management Improvement Project (DMI) in the implementation of the new Ministry of Health (MOH)-Private Health Association of Lesotho (PHAL) supervision system and the integration of the Maternal and Child Health (MCH)/Family Planning (FP) checklist into that system. The major activity was a series of two-day workshops for personnel from eight pilot Health Service Areas (HSAs).

II. BACKGROUND

In 1987, a centrally-funded project of the U.S. Agency for International Development (USAID) managed by Management Sciences for Health (MSH), a not-for-profit firm located in Boston, agreed to support the family planning program in Lesotho. Since that time, the Family Health Division (FHD) has worked with FHI II, USAID, and FPMT on four interventions. The first took place in February, 1988. Ms. Jennifer Huddart from MSH conducted an assessment to identify management development needs in family health and family planning programs in Lesotho. The result was the establishment of the National Family Planning Coordinating Committee (NFPPC) in August, 1988. Comprised of most agencies and organizations involved in family planning and related activities in Lesotho, the NFPPC's purpose is to improve cooperation and coordination in the national family planning program.

In October, 1988, Dr. Michael Merrill came to Lesotho to help complete more detailed plans for FPMT activities in Lesotho, including the development of a buy-in agreement under FHI II. These first interventions were supported with central funds; the buy-in monies funded subsequent interventions.

The third intervention took place in January, 1989. The major activity was a four-day "Situation Analysis and Strategic Planning Workshop" for selected members of the NFPPC. Members of that workshop:

- (1) completed an analysis of the strengths and weaknesses of the national program;
- (2) created a vision of how the program would look in 1994;
- (3) produced plans for follow-up activities;
- (4) completed a functional analysis of the roles and responsibilities of the various organizations and agencies involved in family planning activities; and
- (5) suggested steps the NFPPC could take to strengthen its work.

Since that workshop, the NFPPC, according to discussions we had in Lesotho during the January, 1990, trip, has sustained some momentum. For example, the NFPPC, chaired by

Dr. Moteetee and Mrs. Ntholi for Dr. Moji, attempts to convene its 40+ members on a quarterly basis. In addition, it organized three task forces: I/E/C (information/education/communication), management, and contraceptives. Each, as well as the NFPCC itself, operates with specific terms of reference. The groups have tried to find ways to work on such practical problems as the coordination of training events, the planning of various donor inputs, and so on. Although participation, especially from non-governmental organizations (NGOs), is not as active as desired, the NFPCC seems to be creating a role for itself as a focal point for the national program.

At the end of the third intervention, FHD, USAID, and several NGOs identified some possible activities for the fourth intervention:

- a workshop on the development and management of supervisory systems
- a three-day follow-up meeting to continue the strategic planning work of the NFPCC and its task forces
- a two-day seminar on coordination to continue the work on roles and responsibilities completed in the January workshop
- a one-day meeting on managing donor relations and inputs more effectively.

The reports for each of the first three interventions are on file at the FHD, USAID Lesotho, FPMT, and USAID Washington.

The fourth intervention was delayed for almost a year because of the heavy scheduling of other activities involving FHD and NFPCC people, for example, the new World Bank project, personnel changes, and leaves of absence. FPMT had hoped to be able to do both the three-day follow-up on strategic planning work and a workshop on the management of supervisory systems but this was not possible for the same reasons. However, another consideration turned out to be more important.

The District Management Improvement Project (DMI), also funded by USAID, had been working with MOH, PHAL, and many of the same people we were working with on the development of an MOH/PHAL national supervision system for health personnel. DMI was in the process of developing policies, guidelines, and tools for the implementation of this system in Lesotho's 10 administrative districts and 18 health service areas (HSAs). Since maternal and child health and family planning personnel would be included in this system, the link between our work and DMI's work was obvious. In addition, FHD was in the middle of developing an MCH/FP supervisory checklist for its personnel throughout the country. Because of these parallel efforts, FPMT suggested that it design its fourth intervention to support DMI and FHD in a useful way.

The result was a decision to limit FPMT's work to a four-day supervision workshop for public health nurses, nurse clinicians, primary health care (PHC) coordinators, nursing sisters, HSA trainers, and Lesotho Planned Parenthood Association (LPPA) branch coordinators from most of the districts and HSAs in the country, the same people who would

be involved in the implementation of the MOH/PHAL and FHD supervisory systems. Our strategy was to review these two systems, design and conduct a generic workshop on supervision which used and tested some of the concepts and tools being developed, and provide feedback to interested parties after the workshop. This approach helped integrate FPMT activities into the work that was underway in a way which could benefit FPMT's work and enhance FPMT's contribution to the work of others.

This intervention - the fifth - is described in Part III below.

III. WORKSHOP DESIGN, IMPLEMENTATION, AND EVALUATION

The official scope of work for the September, 1990, consultancy specified three tasks:

1. Visit selected HSAs to assess the implementation of the MOH-PHAL supervision system, assist HSA teams with problem-solving, and provide feedback to MOH and PHAL on how to improve implementation.
2. Assist with the integration of the MCH/FP supervision checklist into the MOH-PHAL system.
3. Follow-up where possible with participants from the January, 1990, supervision workshop.

The implementation of the system in the field had not yet taken place prior to my departure for Lesotho. Therefore, MOH, USAID, and MOH agreed that I would assist with the implementation itself rather than complete Item #1 in the scope of work.

MOH and PHAL planned to begin the implementation of the system in eight (8) pilot HSAs in four (4) districts. The DMI team intends to conduct follow-up activities in each HSA in the second half of 1990. MOH and PHAL will extend implementation to other districts in late 1990 and early 1991.

The first step was to conduct four, two-day workshops for members of these HSA teams. The membership of these teams varied but the typical team included the HSA medical director, the senior nursing officer, the administrative officer, the public health nurse or primary health care coordinator, the principal pharmacy technician, and the laboratory technician. In addition, personnel from the district level, for example, the district medical officer, the district public health nurse, and others also attended. In several instances, hospital personnel were also in attendance.

A. Workshop Design

These were the objectives of the workshop:

1. To increase awareness, understanding, and commitment to the implementation of the HSA Supervision Manual.
2. To identify constraints and issues which must be resolved in order to implement the HSA Supervision System.
3. To train the participants to use the major forms and procedures in the Supervision Manual.

This is a sample of the design used for the four events. Since circumstances varied we altered the design as needed. (See Annex 1 for a sample of a more detailed design and teaching notes) The actual events and times in the detailed design may differ some from the design summary presented below. We found that we needed to simplify and shorten the initial design.

Day #1

9:00-9:20	Overview of the Workshop
9:20-12:30	Introduction to the HSA Management Manual
12:30-1:00	A 12-Step Model for Supervising the Performance of Health Care Workers
1:00-2:00	Meal
2:00-4:30	Simulation on the Use of Supervisory Tools
4:30-5:00	Preparation for Field Work on Day #2

Day #2

8:00-8:15	Orientation to Field Work
8:15-9:00	Travel
9:00-10:45	Field Work
10:45-11:30	Preparation of Reports
11:30-1:00	Presentations and Group Discussion
1:00-2:00	Meal
2:00-2:45	Group Discussion (continued)
2:45-3:45	Overcoming Constraints and Implementation Problems
3:45-4:00	Evaluation

B. Workshop Implementation

DMI was responsible for conducting workshops for eight pilot HSAs. The four workshops were held in Leribe (for Buthe-Buthe and Leribe HSAs and approximately 50 participants), the National Health Training Center near Maseru (for St. James and St. Joseph's HSAs and approximately eight participants), Morija (for Scotts and Mafeteng and approximately 33 participants), and Mohale's Hoek (for Mohale's Hoek and Quiting HSAs for approximately 23 participants).

Some HSAs fielded the appropriate teams and some did not. For example, one HSA had a well-represented and expanded HSA team at the workshop, including many district-level personnel, while another had a three-person team without the HSA medical director.

IV. OUTCOMES OF THE INTERVENTION

I conducted a debriefing for MOH, PHAL, USAID, and DMI on the last day of my consultancy. Below is a summary of my debriefing notes:

A. Benefits and Drawbacks of the eight Pilot Workshops

I. Benefits

1. Approximately 100 people were exposed to the new system.
2. Health center staff were involved - many for the first time in their careers - in discussions on supervision. The idea of supervision was communicated to them, along with a sense of how a supervision system works.
3. The workshops were practical, thus supporting the idea that the system itself is practical.

B. Observations

- I. The MOH-PHAL supervision system is practical and realistic enough for the people who use it.
 1. Mrs. Pitso, a public health nurse from the Buthe-Buthe HSA in the Leribe District who participated in the January supervision workshop, reported success in implementing the MCH/FP checklist. The participants in the Leribe workshop gained practical insights into how the system could work for them when we asked her to present her experiences as part of the second day of the workshop.
 2. Participant feedback about the workshop was positive and the training staff observed that people could use the system and its tools in simulated and real-life situations.
 3. DMI's simplification of the system over the past several months has been useful and positive.
 4. MOH has integrated the MCH/FP checklist into the system. This demonstrates that different parts of MOH and PHAL can develop their own tools for supervising without compromising the integrity of the system.
 5. The system focuses on the involvement of people and the resolution of problems. Although Lesotho will experience considerable difficulty in preparing supervisors to change the way they supervise, the system itself will facilitate that change. For example, the core form in the system, the "Health Center Supervision Report", if used properly, builds the involvement of personnel and problem-solving into supervisory interactions. This means that using the system as it is intended to be used will help supervisors alter their practices because the system demands it.

II. The skills of many supervisors fall short of the system.

1. The two day workshops were sufficient to orient participants to the system and to practice using it but more training and careful follow-up are essential to successful implementation.
2. Training and follow-up should focus on these skills: (a) conducting a supervisory visit; (b) problem-solving with the involvement of staff; and (c) delegation strategies. The training manual for the supervision workshop conducted in January, 1990, could be used as a resource.

III. The supervision manual needs to be revised but not now.

1. DMI knows that this task needs to be done. To do so now, however, would interfere with implementation and cause confusion among staff.
2. One problem is that the "Health Center Management Checklist for HSA Supervisors" and the "Health Center MCH/FP Checklist for HSA Supervisors" can communicate the idea that they are data collection and reporting tools versus supervision tools. For example, the management checklist asks only close-ended question and asks for a tick mark; the MCH/FP checklist asks for two signatures.
3. The workshop training staff collected information from participants about their reactions to the various tools so that information is in DMI hands and will be useful when it comes time to revise.

IV. Benefits and Drawbacks of the Workshop

1. Benefits:
 - a. More than 100 people were oriented to the new system.
 - b. Many health center staff were involved in discussions about supervision for the first time in their careers.
 - c. DMI learned a lot about implementation issues and concerns and will take those into account in future planning.
 - d. Although the average workshop had only 12 hours of instructional time, the training staff was able to orient people to the system, practice applying it, and communicate the idea of supervision.

- e. Participant evaluations were positive. (Results of the evaluation are in DMI's office) Specifically, participants felt that there was a significant increase in their awareness of the system and their commitment to it and that they were able to help MOH and PHAL identify constraints, and that they had learned to use the actual forms.
- f. The potential benefits of the system seem to be understood by participants. For example, one HSA medical director realized that access to information on the health center supervision report forms completed by other people would help him supervise more effectively as a medical officer.

2. Drawbacks

- a. The mixture of HSA and district-level staff, people who will be using the system as supervisors, and health center staff was helpful because the latter group was involved in discussions on supervision and the system itself. However, they were not the primary users. Since the workshop design had to account for this difference, the training staff was unable to deal adequately with skill training, implementation strategies, and other content.
- b. As I stated above, some HSAs, at least three, were not well-represented. This means that three of the eight pilot HSAs have not been oriented. DMI follow-up activities will help but will take more time.
- c. There was some concern that the mountain HSAs were not involved in the pilot group. Although travel and logistics were legitimate concerns, some HSA medical directors questioned whether MOH, PHAL, and DMI could learn about how to make the system work there in such HSAs without at least one pilot.

In summary, the workshops achieved much of what they set out to do. Ideally, the future workshops should be at least four days long, although DMI staff may choose to conduct two, two-day events spaced a month or so apart. This would give HSA teams an opportunity to deal with implementation issues and receive further training in problem-solving, delegation, and the management of supervisory meetings.

V. Implementation Issues.

As I said above, DMI has compiled a summary of the major issues, concerns, and constraints MOH and PHAL may face in the implementation of the system. I discussed these items with Dr. Metsing, the new director of the Family Health Division, and others who attended the debriefing meeting on Monday of the week after the last workshop:

1. MOH and PHAL need to develop an explicit strategy for reinforcing the implementation of the system at the HSA-level.

Discussion. There are three ways senior management people can reinforce the use of the supervision system: modeling the use of the system (that is, senior managers use it in interaction with district-level and HSA staff), recognizing people when they use it well (that is, rewarding people when they succeed in applying the system to their work), and working with field staff to solve problems associated with its use (that is, involving staff in regular discussions about how the system is working, how it is not, and what can be done about it).

Specific strategies may include:

- a. Dr. Moji and PHAL senior staff could urge DMOs and HSA medical directors to send in forms and observations in the first three months of the implementation period. By reviewing them and discussing what they find with their field people, the central-level would reinforce the use of the system.
- b. MOH could encourage its central-level staff to use the system, or parts of it, when they visit HSAs.
- c. MOH and PHAL could set aside time in their routine management meetings to discuss how implementation is going.

The point is that senior people must keep field people focused on the use of the system. If they don't, the system won't work, or it will be applied in bits and pieces without clear results.

2. DMI must take care not to be seen as the "implementer" of the system and not to communicate to HSA-level people that the system is a "project".

Discussion. The "implementers" are MOH and PHAL and the system is not a "project". Some participants were confused by these distinctions. This means that a senior staff member from MOH and PHAL should attend all future implementation workshops. During this pilot series, Mrs. Molapo represented MOH but no one represented the PHAL central office in three of the four workshops.

3. MOH and PHAL should set up a networking system to disseminate information about the implementation of the system in the pilot and other HSAs.

Discussion. Such a system should be as simple as possible. Its basic function is to collect the experiences, learnings, innovations, and tools of various HSAs and communicate them to other HSAs. For example, Mrs. Pitso's experience in Buthe-Buthe was obviously useful to participants in the workshop.

4. MOH and PHAL could consider giving additional training to HSA trainers and others who may be able to assist in the implementation of the system at the HSA level.

Discussion. HSA trainers have some preparation already. An additional three to four days would strengthen their ability to train and coach others to implement the new system. The resources used in the January and September workshops would be adequate for this purpose. They would learn the system itself and how to develop supervisory skills in others.

V. RECOMMENDATIONS FOR FUTURE WORK

Most of my recommendations are included in the section above. The question now is whether and how to involve the Family Planning Management Development Project (FPMD), the successor project to FPMT which MSH also manages, in the continued development of the national family planning program. FPMD began operations on October 1, 1990.

The FPMD Project is a 5 year project designed to promote institutional development and management effectiveness of family planning organizations worldwide. The project builds on the experience of the The Family Planning Management Training (FPMT) Project, but has a broader focus, looking at overall organizational development. This shift is the result of one of the lessons learned early in FPMT: that training and technical assistance are most successful when the management needs of the overall organization are taken into consideration.

The project is unique in several respects:

- It will work in both the **private and public sector**, offering an opportunity to develop a more complete understanding of the interrelationships between these sectors.
- It has a specific mandate to work with the **more economically advanced developing countries** as well as the less developed countries in order to provide assistance to those countries which may still benefit from high level management expertise but are not beneficiaries of other types of donor assistance.
- It will focus on a number of **key management issues** which will be of increased importance as programs develop in sophistication. These include sustainability, quality of care, decentralization, and intersectoral coordination.
- It has a specific emphasis on the development and institutionalization of a comprehensive **evaluation** system, with the development of specific indicators which enable the linkage of management effectiveness and program impact. This system will be used initially to monitor the effectiveness of the project activities, but will offer the possibility of developing a unified system of evaluation of family planning activities worldwide.
- It will provide **training materials, issues papers, and manuals** for a wide variety of management uses which can be made generally available to family planning program managers. These outputs will be designed so that they can be used in a variety of geographic and cultural settings rather than for individual countries.
- It will provide both **ad hoc and intensive assistance** to recipient organizations. The former provides a flexible mechanism to provide immediate assistance to country

programs and USAID missions on an ad hoc basis. Intensive assistance, which will follow a comprehensive needs assessment, entails a larger commitment to recipient organizations over a multiyear period, which may include the placement of long term advisors. The needs assessment will include a review of the operating environment in a given country, the potential resources which are available, and the key management issues which need to be addressed.

FPMD would like to explore the possibility of continuing work in Lesotho. Since FHI and DMI will end in 1991 and the new World Bank project will begin there may be a way for FPMD to continue to contribute to the development of Lesotho's national family planning program in partnership with other organizations.

My recommendation is that FPMD conduct a comprehensive needs assessment in Lesotho in the last half of January and early February. One senior staff person from FPMD would accompany me to do this assessment. The purpose of the needs assessment would be to:

1. Review existing studies, policies, and other documents on Lesotho's national family planning program.
2. Determine what needs to be done to strengthen the development and management of the national program.
3. Assess the institutional development needs of selected public and private organizations involved in family planning in Lesotho.
4. Review the goals, objectives, strategies, and resources of current and planned interventions and projects, for example, the new World Bank project.
5. Determine how FPMD can complement, supplement, or contribute to these and other efforts to strengthen the family planning program.
6. Develop a short-term and long-term strategy for the involvement of FPMD.

The intent of the assessment is to build on what is already known about the development needs of the national program. It will be simple and straightforward but will involve as many people as possible.

Annex 1: Workshop Design and Teaching Notes

This is a sample design for the two-day workshop, including teaching notes for the simulation and the field trips. The training staff adapted the design to fit the needs and circumstances of each event. The reference numbers refer to sections of the HSA Supervision Manual, HO identifies a hand-out, and TR denotes a transparency.

Day #1

9:00-9:20 Opening and Overview of the Workshop

1. Explain background.
2. Review objectives and design.
3. Share norms of starting on time and participating in discussions.

9:20-12:30 Introduction to the HSA Management Manual

1. Ask group what they know or have heard about the manual or MCH/FP checklist.
2. Share the history of the manual and the major reasons that management analyses.
3. Explain the General Policy Statement and PHC Organization Structure - 1.1. (Hand-out or transparency)
4. Define supervision and a typical supervisory job to demonstrate the complexity of supervision - 1.2. (TR)
5. Show the District/HSA Supervisory Structure - 1.3.3. (HO or TR)
6. Describe the typical HSA team and ask each management to introduce itself - 1.3.4.
7. Review the Health Center Supervisory Structure and ask representatives to introduce themselves and their job - 1.3.5.
8. List the Supervision Management Guidelines. (TR listing 1.4.1-1.4.11.)
9. Review the HSA Annual Plan of Supervision Visits and tell the group that they will prepare such a plan on Day #2 to help them with the implementation of the system - 1.5. (TR or HO)
10. List the 11 supervisory practices that supervisors should use - 1.7. (TR of 1.7.1-1.7.11)
11. Ask the group to tell you what they now know that they didn't know before and list on newsprint. Then, ask them what questions or concerns they have. Conduct a brief discussion and say that we will come back to many of the items during the workshop.
12. Share the eight tools in the system. Review each briefly by going to the examples in the manual. Stress that we will work with four: the HSA Annual Plan of Supervisory Visits, the Health Center MCH/FP Checklist for HSA

Supervisors, the Health Center Management Checklist for HSA Supervisors, the HSA Medical Officer's Supervision Report, and the Health Center Supervision Report. Explain that the last two are the core of the system.

12:30-1:00 A 12-Step Model for Supervising the Performance of Health Care Workers

1. Review the 12-Step Supervision model. (TR)
2. List the questions to ask in deciding what to control. (TR)
3. Stress these key concepts: selective supervision, checklist as tool, systematic and simple, and participation/involvement. (NP)

1:00-2:00 Lunch

2:00-4:50 Simulation on the Use of HSA Supervision Tools

Set-Up Simulation (15")

1. Divide group into two groups - health center staff (A) and HSA management team members and others (B). (For example, in a group of assume that 15 will be in (B) and 25 in (A))
2. Organize people in (A) into five groups of three (mixing HSAs and ensuring that M.O.s and SNOs are in different groups. These groups become the supervisors.
3. Organize the other 25 into five health center groups.
4. Assign tasks to (B) sub-groups as follows: two groups work with M.O.'s form, one with MCH/FP checklist, one with the management checklist, and one with the health center report form. Faculty and guests can be used as needed to add to the benefit of the simulation.

Prepare (25")

1. Tell the (B)s which parts of the tool to use and tell (A)s how to prepare a case.
2. Groups prepare.
3. Review preparations in total group to ensure they are adequate.
4. Provide input on effective ways to conduct a supervisory visit, stressing the importance of problem-solving.

Simulation (40", followed by 15" break; see below for trainer notes)

1. Each (B) group conducts visit with one (A) group.

Preparation of Report by Small Groups (20")

1. (B) groups use M.O. form or health center supervision form to prepare a report.
2. (A) groups prepare two lists: what did the supervisors do that was effective? Ineffective?

Plenary Session (55")

1. Ask each group - (A)s and (B)s - how they felt during the process.
2. (B) groups present a 3-4" summary of the visit. Faculty make comments to teach important points. (Maximum time per group is 7")
3. Faculty lists effective-ineffective behaviors by asking (A) groups to give one example of effective behavior until all points are listed. Does same for ineffective behaviors.
4. Faculty closes simulation by asking group to help develop a list of benefits of using this approach to supervision.

4:50-5:00 Preparation for Field Work on Day #2

1. After a review of possible sites and participant mix, faculty will explain the plan for the visits, form teams, and assign the appropriate tools for review during the evening.

5:00 Close of Day #1

Day #2

8:00-8:30 Orientation to Site Visits and Planning for the Day

1. Faculty clarifies logistics and plan for the visits.
2. Each group prepares for visits.
3. Faculty asks for last minute questions to ensure clarity on assignments.

8:30-9:00 Travel

9:00-10:15 Site Visits (time will vary by site and travel time)

10:15-10:45 Return to Training Site

10:45-11:30 Preparation of Reports (including time for tea)

11:30-1:00 Presentation of Reports and Discussion of Learnings

1. Each group presents a 5" report and faculty and participants discuss key points for 5". (Maximum 10" per group)
2. Faculty asks group to list major learnings from the site visits.

1:00-2:00 Lunch

2:00-2:45 Overcoming Constraints and Implementation Problems

1. Faculty asks group to list questions, concerns, and other issues that need attention.
2. Lead discussion accordingly, but be sure to list major constraints and discuss ways to deal with them.

2:45-3:45 Preparation of HSA Supervision Plans

1. Divide the group into two HSA groups.
2. Review the form for developing the HSA supervision visit plan.
3. Ask the members of each HSA management team to prepare a plan for the next three months. If they already have a plan, ask them to refine it by revising it and discussing which tools to use. Also, ask them to develop a simple plan for introducing the new system their own staffs. (Give them about 45" for this) Since each group is large, one way to do it is to let the management team members work while health center staff observe. Every 10" the management team leader should ask for comments from health center staff.

3:45-4:00 Evaluation

Trainer Notes on the Design for Simulation

1. Divide two HSA teams into two mixed teams. (5")
2. Assign one team the role of supervisor and the other the role of health center. (1")
3. Brief each team: (5")
 - a. The supervisor team will divide into three sub-groups. Sub-group A (which must include the M.O.) will use the "HSA Medical Officer's Supervision Report." Sub-group B will use the "Health Center Management Checklist for HSA Supervisors." Sub-group C will use the 'Programme Progress' section of the "Health Center MCH/FP Checklist for HSA Supervisors". Its task is to plan how to review the form and plan a visit to the corresponding sub-group of the health center team.

- b. The health center team will divide into three sub-groups. Sub-group A will use their own experience to make up a case example for the "HSA Medical Officer's Supervision Report." (See p. 21 for example of performance notes) Sub-group B will do the same for the "Health Center Management Checklist for HSA Supervisors." (See p. 23 for examples of yes and no answers) Sub-group C will complete case examples for the 'Programme Progress' section of the "Health Center MCH/FP Checklist for HSA Supervisors." (Make up examples of how a typical health center staff might respond).

✦

Its task is to prepare the examples and decide how to meet the supervisor team.

4. Run the simulation according to this schedule:
 - a. Sub-groups complete their preparation tasks. (20")
 - b. Each team meets to review overall plan. (10")
 - c. Each supervisor sub-group meets with its counterpart to complete a supervisory visit. (30")
 - d. Supervisor sub-groups meet to review their data using the "Health Center Supervision Report" form. (See example on p. 22) The supervisor team meets to prepare a summary "Health Center Supervision Report" form for presentation. (25" total - 10" for sub-groups and 15" for the team)

and

Health center group meets as a whole to assess its experience of the supervisory visits. It will list on newsprint these items: things the supervisors should keep on doing because they were effective, things they should stop doing because they were not effective, and things they could consider doing to make themselves more effective. (25")

5. The supervisor team presents its 'needs/problems identified' and its 'recommended actions'. (15")
6. Group discussion. (24")

Sample Design for Field Experience

1. Divide group into teams of four. Each team is assigned to use one of the three forms used in the simulation. The team prepares for its field visit from 1630-1700 on Day #1 of the workshop after a briefing by workshop faculty.
2. Conduct field visit. Arrive at site at 0800 and leave at 1000. Each team has from 1000 to 1130 to take tea and meet to prepare a "Health Center Supervision Form" which summarizes its findings from the supervision visit.
3. Teams present 10" reports.
4. Group and workshop faculty discuss the experience, concerns, and questions from 1200-1300.

H S A

MANAGEMENT MANUAL

SECTION I: SUPERVISION SYSTEM

SUPERVISION

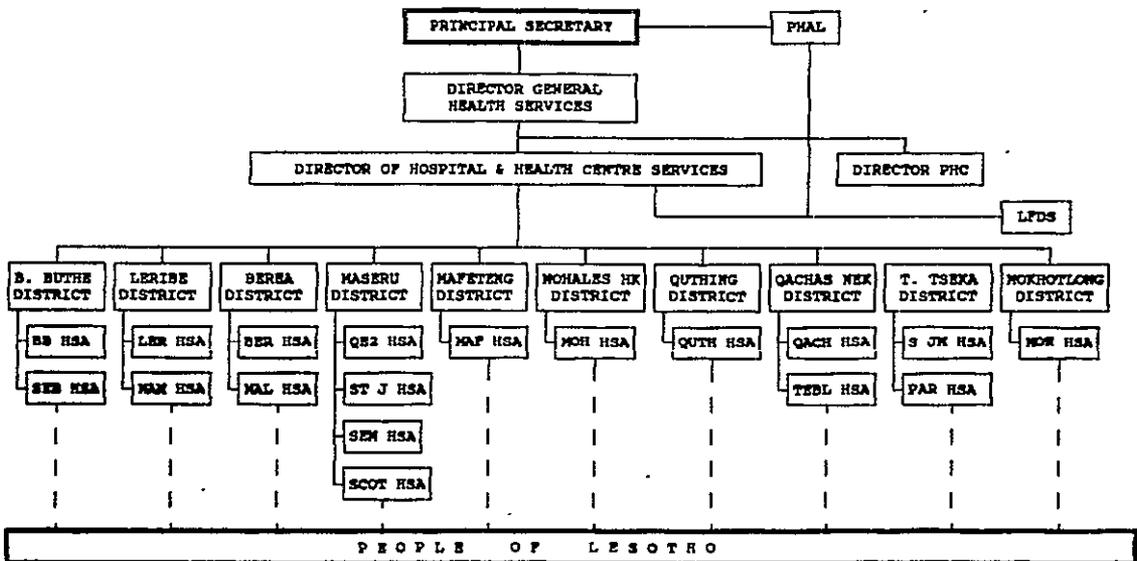
1.1 INTRODUCTION AND GENERAL POLICY STATEMENT

MOH AND PHAL INSTITUTIONS WILL PROVIDE REGULAR, SUPPORTIVE SUPERVISION FOR ALL HEALTH FACILITIES AND FOR ALL HEALTH EMPLOYEES.

The Ministry of Health and the Private Health Association of Lesotho have agreed to decentralise and standardise supervision procedures. This policy applies to both professional and administrative supervision.

Supervision is the "glue" that holds the PHC system together. It is understood that the unique configuration of MOH, PHAL, and other NGOs within each HSA will require the adaptation of these policies to each Health Service Area.

PHC ORGANISATION STRUCTURE - KINGDOM OF LESOTHO



Health Services are delivered by HSAs. District Medical Officers coordinate HSAs where there is more than one HSA within a district. DMOs report to the Director of Hospital & Health Centre Services at Ministry Headquarters.

1.3 PRIMARY HEALTH CARE SUPERVISORY STRUCTURE

THE MINISTRY OF HEALTH, IN PARTNERSHIP WITH PHAL, WILL DEVELOP POLICIES AND PROCEDURES ON SUPERVISORY VISITS WHICH WILL APPLY TO ALL HEALTH FACILITIES IN LESOTHO.

In each district and HSA, MOH and PHAL facilities will establish clear policies and procedures for supervision that are appropriate in the local situation. These policies and procedures will be written and distributed to all health facilities in the district or HSA.

1.3.1 MOH HEADQUARTERS AND SUPERVISORY STRUCTURE

MOH HEADQUARTERS, IN CONSULTATION WITH THE PHAL OFFICE, WILL BE RESPONSIBLE FOR DEVELOPING AND MONITORING PROFESSIONAL, TECHNICAL AND ADMINISTRATIVE STANDARDS FOR THE HEALTH CARE SYSTEM IN LESOTHO.

DISTRICT MEDICAL OFFICERS (DMO) WILL REPORT TO THE DIRECTOR OF HOSPITAL AND HEALTH CENTRE SERVICES AT MOH HEADQUARTERS.

At headquarters, the senior professional position is the Director General of Health Services who reports directly to the Principal Secretary for Health. Under the Director General of Health Services is the Director of Hospital and Health Centre Services who supervises the District Medical Officers.

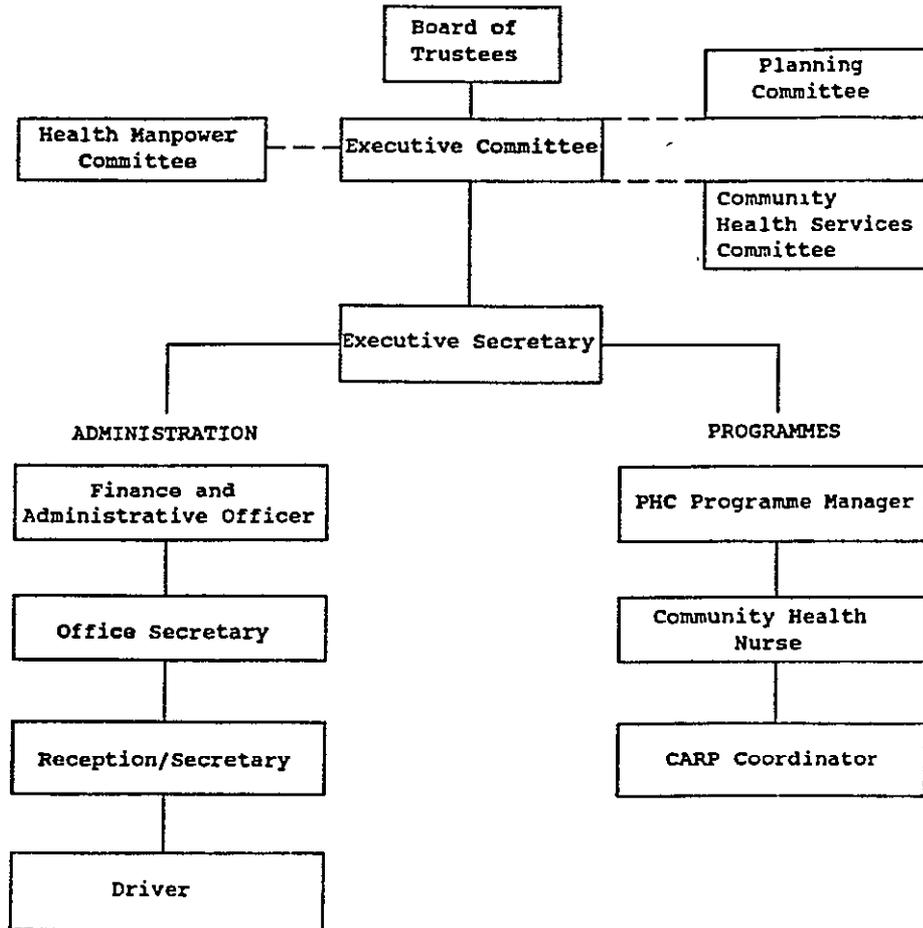
MOH department and division heads, together with the PHAL Office, provide professional supervision (technical assistance and monitoring) for districts and HSAs.

SUPERVISION

1.3.2 PHAL ORGANISATION AND SUPERVISORY STRUCTURE

PHAL is an association of seven churches established in 1974. Its aim is to coordinate the health activities of members and to promote cooperation with the government health service. Approximately 5 percent of the health services in Lesotho are provided by PHAL institutions through nine HSA hospitals and 67 health centres. In addition to providing direct health care, some PHAL health institutions train registered nurses, midwives, nurse assistants, and village health workers/TBAs. The PHAL Headquarters at Maseru provides coordination and technical assistance to PHAL HSAs. The following diagram shows the PHAL organisation structure.

ORGANISATION STRUCTURE OF PHAL



The composition of the District Health Team varies from district to district, but generally consists of the following members:

District Medical Officer (Team Leader)
District Nursing Officer
District Health Inspector
District Public Health Nurse
District Health Administrator
District Psychiatric Nurse
District Pharmacy Technician
District Laboratory Technician

Coordination of health services in the district and technical assistance are the responsibilities of this team. Because of the shortage of health personnel, members of the District Health Team perform hospital and HSA duties in addition to coordinating the health services throughout the district. In other words, the District Medical Officer may have the additional title and responsibilities of HSA Medical Director. The responsibilities and authority of all District Officers extend to all HSAs in the district.

1.3.4 HEALTH SERVICE AREA ORGANISATION AND SUPERVISORY STRUCTURE

THE HSA MANAGEMENT TEAM WILL HAVE RESPONSIBILITY FOR DIRECT SUPERVISION OF ALL HEALTH SERVICES WITHIN THE HSA, BOTH GOVERNMENT AND NON-GOVERNMENT.

THE HSA MEDICAL DIRECTOR IS THE LEADER OF THE HSA MANAGEMENT TEAM AND SERVES AS OVERALL HSA SUPERVISOR. HSA MEDICAL DIRECTORS RECEIVE PROFESSIONAL AND ADMINISTRATIVE SUPERVISION FROM DISTRICT AND HEADQUARTERS LEVELS.

Each HSA hospital has a defined health service area within which all health services are coordinated and supervised by the HSA Medical Director and the other members of the HSA Management Team. Each health centre in Lesotho is assigned to a specific HSA for supervision and management support.

While the HSA Medical Director receives general administrative supervision from the DMO, the HSA is the core of the Lesotho health care delivery system and the level at which the full range of management activities (planning, organising, leading, supervising, monitoring) takes place.

SUPERVISION

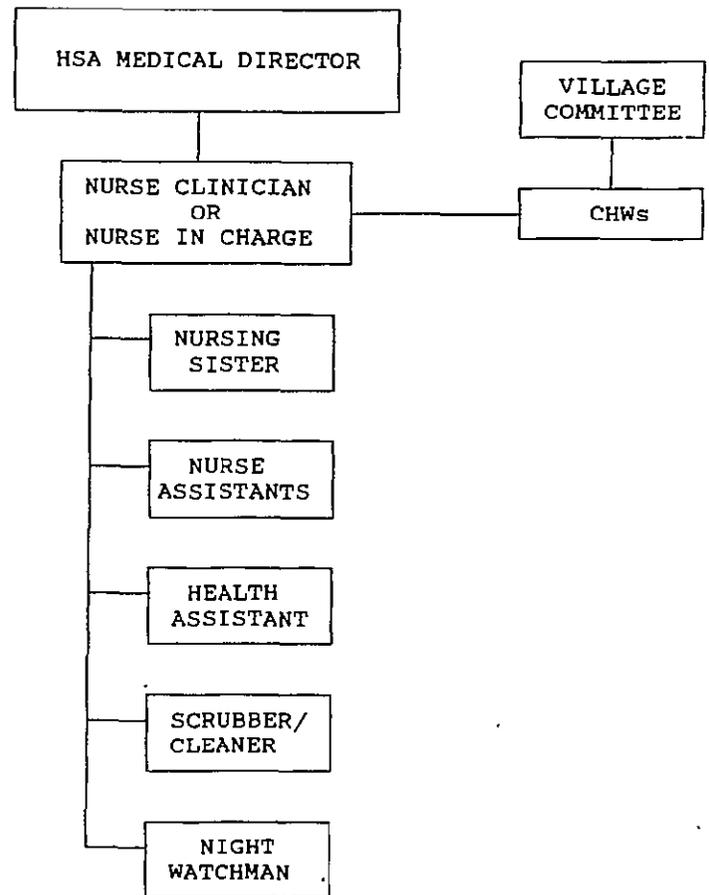
1.3.5 HEALTH CENTRE SUPERVISORY STRUCTURE

THE HSA MEDICAL DIRECTOR SUPERVISES THE NURSE CLINICIAN OR NURSE IN CHARGE OF HEALTH CENTRES WITHIN THE HSA.

The health centre provides curative, preventive and promotive services for communities in its catchment area. The team leader for the health centre (HC) is a Nurse Clinician or experienced Nursing Sister. The HSA Medical Director supervises the HC team leader. Other HSA Management Team members provide professional supervision and assistance to health centres.

Members of the HC team most often include a Nurse Clinician, Staff Nurse, Nurse Assistant, Health Assistant, Scrubber, and a Watchman. The Nurse Clinician/Nurse in Charge supervises other members of the HC Team as well as all village health workers in the catchment area. She also works closely with local health providers, village health committees and other village extension workers.

HEALTH CENTRE SUPERVISORY STRUCTURE



1.4 SUPERVISION MANAGEMENT GUIDELINES

THE MINISTRY OF HEALTH, THROUGH ITS DEPARTMENT OF PRIMARY HEALTH CARE AND DEPARTMENT OF HOSPITAL AND HEALTH CENTRE SERVICES, TOGETHER WITH PHAL, WILL DEVELOP POLICY GUIDELINES AND CHECKLISTS FOR SUPERVISORY VISITS AT ALL LEVELS.

MOH AND PHAL WILL REGULARLY MONITOR THE SUPERVISORY PROGRAMME TO EVALUATE ITS EFFECTIVENESS AND TO MAKE NEEDED ADJUSTMENTS.

SUPERVISION POLICIES AND PROCEDURES WILL BE UNIFORMLY APPLIED IN MOH AND PHAL INSTITUTIONS.

1.4.1 SEMI-ANNUAL HSA MEDICAL DIRECTORS MEETINGS

All HSA Medical Directors will be invited to participate in regular, semi-annual meetings with the Director General of Health Services where supervision policies and procedures, among other topics, will be discussed. At present, only DMOs attend such meetings, but in future HSA Medical Directors will also be invited.

1.4.2 QUARTERLY DISTRICT/HSA COORDINATION MEETINGS

Where more than one HSA exists within a district, DMOs will hold quarterly meetings of District/HSA management teams to coordinate health programmes and to resolve supervision problems.

1.4.3 SUPERVISION PROBLEM SOLVING

Whenever issues arise regarding supervision policies and procedures, the appropriate health team (District, HSA, or Health Centre) will discuss the issue and reach a decision by consensus. If consensus cannot be reached, the team leader will seek advice and assistance from the next higher level. Should the DMO not be able to resolve a supervisory issue, he should first consult the PHAL Office if the problem concerns a PHAL facility before referring it in writing to MOH Department of Hospital and Health Centres Services.

Leaders of health teams should not refer all supervisory issues to HQ, as this delays decision-making in the health system. Normally, supervision issues should be resolved at district and HSA levels in accordance with the policies and guidelines contained in this Manual.

1.4.8 SUPERVISION CHECKLISTS

The MOH, together with PHAL, will develop a number of supervision checklists to be used as guides by supervisors. A Health Centre MCH Checklist and a Health Centre Management Checklist are included in this Manual in Section 1.6. Additional checklists are being developed and will be introduced later. Checklists are a valuable tool for supervisors because they remind supervisors what to look for when making supervisory visits. Checklists also help to standardise supervisory practices throughout the health system.

1.4.9 ANNUAL AND MONTHLY WORK SCHEDULES

Each HSA hospital and health centre will prepare both Annual and Monthly Work Schedules. The Annual Work Schedule is prepared in December each year; the Monthly Schedule is prepared on the last Friday of every month. The Team Leaders at each facility are responsible for preparing these Work Schedules, but they will always seek advice and assistance from other team members to ensure that the schedules are complete and accurate.

The Annual and Monthly Work Schedules show all major events that affect the facility and for example, special campaigns, training courses (either at the facility or elsewhere), budget deadlines, meetings, conferences, and supervisory visits. The more detailed Monthly Schedules are based on the Annual Schedule.

The reasons why facilities prepare Work Schedules are:

- a) to ensure all events can be accommodated given the time, personnel, and other resources available
- b) to communicate a comprehensive summary of the facility's work programme to all staff and to Headquarters
- c) to provide the senior officers with a management tool to coordinate and evaluate the facility's activities and thus ensure a health service of high standard.

Sample Annual and Monthly Work Schedules are shown.

MOH/PHAL ANNUAL WORK SCHEDULE

YEAR 1990LOCATION Quithing HSA

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Annual Budget Prep (2-10)	CHW TRAINING AT Village A (12)	Annual Visit From HQ Team (13)	HSA Meeting (15)	HSA Meeting (28)	HSA Meeting (25)	HSA Meeting (26)	HSA Meeting (29)	HSA Meeting (26)	HSA Meeting (29)	HSA Meeting (30)	Annual Performance Appraisal Reports (10-15)
Budget Workshop IN Maseru (22-26)	HSA Meeting (26)	HSA Meeting (26)	HSA TRAINERS WKshop (20-24)	Nutrition Survey (14-20)	Supervision Workshop AT Maseru (11-15)	CHW TRAINING AT Village B (2)	EPI Survey (6-10)	HSA TRAINERS WKshop (24-26)	ARI Workshop AT Maseru (29-31)	CHW TRAINING AT Village C (14)	Maintenance Workshop AT Maseru (17-18)
HSA Meeting (29)		Semi-Annual MO. CONF AT Maseru (28)			ORT Workshop AT Maseru (18-20)	Health Ed Conference (5-6)	Nurse CLINICIAN CE. WKshop (20-24)	Semi-Annual MO CONF. AT Maseru			
Health Centre Supervision visits EVERY month:											
Health Centre 'A' First Tuesday of Month											
Health Centre 'B' Second Tuesday of Month											
Health Centre 'C' Third Tuesday of Month											

SUPERVISION

1.4.11 AD HOC SUPERVISORY VISITS BY HEADQUARTERS

In addition to regular supervisory visits, PHAL and MOH HQs are expected to visit HSAs on an ad hoc basis as problems arise. The following procedures will be used for such visits:

- a) MOH or the PHAL Office or the HSA will decide on the need for a visit from HQ and the objectives to be achieved.
- b) A mutually convenient date for the visit will be set. Information on purpose of visit and persons to be seen will be provided to all concerned. The PHC Department and PHAL will have joint responsibility for coordinating such ad hoc visits.
- c) Following each such supervisory visit by HQ staff, written reports will be provided to the HSA Medical Director. Reports are limited to a brief statement of the purpose of the visit, persons seen, problems identified, and follow-up action to be taken.

HSA PARAY

Year 1990

MOH/PHAL
HSA ANNUAL PLAN OF SUPERVISORY VISITS

Month	<u>MOLUANAPENG</u> Health Centre	<u>ST. THERESA</u> Health Centre	<u>LINAKENG</u> Health Centre	<u>HAMAKOTO</u> Health Centre
Jan	5 MO Supervisory Visit 7 PHN Visit (EPI) 1 AND 22 Holidays	12 MO Supervisory Visit	19 MO Supervisory Visit	26 MO Supervisory Visit
Feb	2 MO Supervisory Visit	9 MO Supervisory 11 PHN Visit (EPI)	16 MO Supervisory	23 MO Supervisory
Mar	2 MO Supervisory 12 AND 23 Holidays	9 MO Supervisory	16 MO Supervisory 18 PHN Visit (EPI)	24 MO Supervisory
Apr	6 MO Supervisory 13 AND 16 Holidays	14 MO Supervisory	20 MO Supervisory	27 MO Supervisory 29 PHN Visit (EPI)
May	4 MO Supervisory 6 PHN Visit (EPI) 2 AND 24 Holidays	11 MO Supervisory	18 MO Supervisory	25 MO Supervisory
June	1 MO Supervisory	8 MO Supervisory 11 PHN Visit (EPI)	15 MO Supervisory	22 MO Supervisory
July	6 MO Supervisory	13 MO Supervisory	20 MO Supervisory 22 PHN Visit (EPI)	27 MO Supervisory
Aug	3 MO Supervisory	10 MO Supervisory	17 MO Supervisory	24 MO Supervisory 26 PHN Visit (EPI)
Sept	7 MO Supervisory 9 PHN Visit (EPI)	14 MO Supervisory	21 MO Supervisory	28 MO Supervisory
Oct	6 MO Supervisory 1 AND 5 Holidays	12 MO Supervisory 14 PHN Visit (EPI)	19 MO Supervisory	26 MO Supervisory
Nov	2 MO Supervisory	9 MO Supervisory	16 MO Supervisory 18 PHN Visit (EPI)	23 MO Supervisory
Dec	7 MO Supervisory 25-26 Holidays	14 MO Supervisory	21 MO Supervisory	28 MO Supervisory 30 PHN Visit (EPI)

Note: For each health centre, write the dates it is to be visited, the primary purpose of the visit, and the person(s) who will make the visit.

**MOH/PHAL
HSA MEDICAL OFFICER'S SUPERVISION REPORT**

Name of Facility: St. Mark's H.C. Person Supervised: N./C. T/Ali
 Date of Visit: 10/2/90 Prepared by: M. Choko, M.O.
Medical Officer

PERFORMANCE NOTES	RECOMMENDED ACTION (IF ANY)
1. Review of Selected Cases with NC/Nurse-in-Charge <i>Good management of 3 cases reviewed</i>	ONE patient referred to HSA Hospital with severe Burns
2. Review of Patient Register: Diagnosis, Treatment and Medications Given <i>Register maintained well, but a new Register book is needed</i>	N/C should reduce the prescribing of antibiotics for common cold symptoms
3. Review of Preventive Services: Immunisations, MCH, Health Education, etc. <i>Low attendance at ante-natal clinics</i>	Urge CHWs to refer more ante-natal cases; PHN to assist in monitoring CHWs
4. Review of Community Health Services: VHW Visits, Sanitation TB Follow Up <i>CHW supervisory visits cancelled last month</i>	Nurse Assistant should be trained to make CHW supervisory visits so she is able to assist N/C
5. Review of Management Operations: Drugs, Fees, Maintenance, Work Schedule, Statistics <i>Some expired drugs found in the storeroom</i>	Expired drugs brought back to HSA hospital for disposal
6. Number of Referred Patients Seen: <u>5</u>	Referrals Made: <u>1 patient with severe burns</u>

Follow-Up Actions Needed	From Whom	When
<u>1. Provide new Patient Register Book</u>	<u>HSA Admin</u>	<u>Feb 90</u>
<u>2. PHN to assist with motivating CHWs</u>	<u>PHN</u>	<u>Feb 90</u>

1.5.9 SUPERVISION REPORTS TO HC MANAGERS

If a health centre is not under the ownership of the HSA Hospital, matters needing follow-up and action will be referred to the facility manager in writing. In most cases, a copy of the Supervision Report will be sufficient to alert the manager to the problem. The HSA Medical Directors will also maintain regular communication with these managers regarding programme and staff performance, so they too can follow up on action that needs to be taken. If action is not taken, the HSA Medical Director may, as a last resort, refer the matter to MOH/PHAL Headquarters. However, every effort should be made to settle the matter locally.

1.5.10 HSA SUPERVISION CHECKLISTS

HSA Supervisors are provided with a series of Checklists to assist them in supervising health centres. These Checklists are to be used as guides to remind Supervisors what to look for when visiting a health centre. A sample of page one of the Health Centre Management Checklist for HSA Supervisors is shown. Other Checklists are found in Section 1.8.

MOH/PHAL
HEALTH CENTRE MANAGEMENT CHECKLIST FOR HSA SUPERVISORS

HSA: Botha-Bothe HEALTH CENTRE: LINAKENE
DATE OF VISIT: 16 Feb 1990 CHECKLIST FILLED BY: PHU Methabe

	Check	
	Yes	No
Personnel Management		
1. Are informal performance appraisals done regularly & formal appraisals done annually for all staff?		✓
2. Are all positions at the facility filled?	✓	
3. Does each employee have easy access to a personnel procedures manual or booklet?	✓	
4. Are job descriptions for all staff up to date and readily available?	✓	
5. Are all personnel procedures working well?	✓	
Financial Management		
1. Are fees stored in a safe place and deposited regularly with the Sub-Accountant?	✓	
2. Are correct fees collected (or waivers recorded) for all patients?	✓	
3. Is there an annual review of special budget needs with requests submitted to HSA administration?	✓	
4. Are all financial procedures working well?	✓	
Drug and Medical Supply Management		
1. Is there a regular monthly drug inventory and drug order prepared?	✓	
2. Is there regular delivery of drugs/medical supplies?	✓	
3. Are drugs and medical supplies stored safely and securely?	✓	
4. Is the dispensary free of expired drugs?		✓
5. Are all drug management procedures working well?	✓	

least once every six months, the HC Team Leader (or her deputy) will visit the CHW's village and meet with the village committee providing day-to-day supervision of CHW activities. The CHW supervisory requirement can be adjusted because of logistical constraints, but such adjustments must be discussed with the HSA Medical Officer.

During CHW supervisory visits, the Nurse Clinician will see to the replenishment of supplies, collection of statistics, follow-up of patients, and overall health activities in the village. The primary purpose of the visit will be for reviewing work, providing technical information, coping with community health problems, and most importantly, to provide support and encouragement to the CHW. A Checklist for Supervisory Visits to CHWs is being developed by the MOH and PHAL, but was not ready when this Manual was printed.

1.7 SUPERVISORY PRACTICES

Supervision of health workers is very important, especially in rural areas. Without supervision and support, health workers feel abandoned and often get into bad habits. To make good supervisory visits, supervisors must understand what they are trying to accomplish on each visit. Above all, supervisors must always remember that the primary purpose of supervision is to encourage and teach, not to find fault and criticise.

1.7.1 STUDY DOCUMENTS RELATED TO HEALTH FACILITY TO BE VISITED

Good supervision will require careful preparation, including the review of all documents relating to work objectives and operational standards. The level of performance noted during previous supervisory visits must also be reviewed. Depending on the circumstances, the supervisor may study the following:

- National health policies and programme priorities
- HSA and health centre work schedules (Annual and Monthly)
- Previous supervision reports on the health facility
- Individual performance appraisals of staff
- Statistics and reports submitted by the facility
- Recent correspondence to and from the health facility
- Budget and expenditure reports for the facility

1.7.2 SCHEDULE SUPERVISORY VISITS

The schedule of visits will depend on the number of facilities to be supervised and the number of supervisors available to make visits.

Examples of supervisory contacts with Government Officials and Community Representatives are:

- District Medical Officer attends District Development Council and reports on health activities.
- Health Inspector meets with Rural Water Supply officials to report on those communities with the most serious water problems and to request assistance.
- Public Health Nurse meets with village chief to discuss how participation in immunisation programmes might be improved.

A second target group for supervisors is the HSA Management Teams and Health Centre Teams.

Examples of supervisory contacts with a health team are:

- Head of MOH Health Education Division meets with the HSA Management Team to provide technical assistance on planning a new oral rehydration campaign.
- The HSA Medical Director meets with the rest of the HSA Management Team to plan, organise and schedule work for the month.
- The HSA Public Health Nurse attends a meeting of a HC Team to advise on reporting of statistics.

The third target group for supervisors is individual health workers (subordinates). Dialogue, observation and analysis will allow the supervisor to assess the performance of each subordinate. The supervisor must ensure that the health programmes are understood and will investigate sources of motivation or discouragement, gaps in knowledge and skills, constraints in logistical support. The supervisor will observe workers carrying out their duties with particular regard to:

- skills (technical and managerial)
- attitudes (positive attitude towards patients and staff)
- organisation of resources at the work place (staff time, supplies)

Such observation will be followed by discussion, suggestions and perhaps a plan of action for meeting identified needs. This will all be done within the framework of encouraging and teaching, not criticising and scolding.

1.7.5 ENSURE CLEAR UNDERSTANDING OF DUTIES AND WORK TO BE DONE

HSAs are required to provide new employees with an orientation that

1.7.6 EVALUATE EMPLOYEE TO IMPROVE PERFORMANCE

Evaluating performance is an ongoing process, carried out informally on a daily, weekly, and monthly basis, with the supervisor using every opportunity to encourage, teach and support the employee. It is a failure of supervision, if the employee is surprised at the observations made during the annual performance appraisal. REMEMBER THAT THE PRIMARY PURPOSE OF THE PERFORMANCE EVALUATION IS TO IMPROVE PERFORMANCE. Hence, the supervisor should maintain a positive approach and not focus only on problems, weaknesses and deficiencies. If this approach is used, there will be few instances where the employee has to be informed in writing about performance failure.

Supervisors who cannot resist the temptation to be "popular", and thus rate all subordinates as "outstanding", are not good supervisors and perhaps need to be sent to a refresher course on supervisory practices. The good supervisor is fair and impartial and realizes that the average employee is willing to accept an honest evaluation if done in a positive way and aimed at improving performance. Remember, average employees may become excellent employees if properly supervised.

1.7.7 TAKE DISCIPLINARY ACTION

HSA supervisors will take disciplinary action in cases where employee misconduct seriously disrupts the work or violates professional standards. Disciplinary action by a supervisor to correct the behavior of an employee is based upon the seriousness of the offense, how frequently it has occurred, and the attitude of the employee. (See Section 2: Personnel for procedures to be followed in disciplinary cases.)

As supervisory practices improve, less disciplinary action is usually required. However, it is essential that supervisors do not delay carrying out the appropriate steps when disciplinary action is required. The goal of "Health For All" cannot be met if the health services are full of undisciplined persons who violate professional standards.

When supervisors take disciplinary action (if fair and done according to the correct procedures), they will receive full and prompt support for their action from HSA, district and Headquarters levels.

1.7.8 FOLLOWING-UP SUPERVISION WITH ACTION

Follow-up action is based on the observations of the supervisor. The supervisor may draw on the entire Ministry and/or PHAL in getting follow up support for problems identified during supervisory visits.

For routine supervisory visits where no serious problems are identified, the supervisor will complete the Supervision Report Form, consult with the persons who are affected by the recommendations, and make the appropriate distribution of the Supervision Report. If action is needed by the HC Manager, a copy and explanation is provided to the HC manager.

1.7.11 REORGANISE WORK SCHEDULES AND DELEGATE DUTIES

Supervisors often find that the leader of the health team, as the person responsible for all the work of the team, sometimes assumes that she/he must personally be involved in every activity. The result is that the leader becomes exhausted and the work of the whole team slows down.

Decentralisation of authority to districts and HSAs is an important step in preventing such "bureaucratic paralysis", but the same problem can occur at the HSA or health centre level. If supervisors at these levels are unwilling to delegate authority to junior staff, then bureaucratic paralysis merely shifts from the central to the HSA level. HSA supervisors must themselves delegate, and encourage their subordinates to delegate, because delegation has these advantages:

- a) Delegating some duties saves the supervisor time for more important duties.
- b) When work is spread over a large area, as in rural health services, delegation allows the worker on the spot to make decisions according to the situation.
- c) Delegation of responsibility saves long delays that occur while awaiting decisions from a central office.
- d) Health workers who are allowed to make decisions are more likely to enjoy their work and become more knowledgeable and skillful.

The disadvantage of improper delegation is that the supervisor may unfairly pass on all the work, or delegate decisions to persons with insufficient skills and experience. When responsibilities are delegated, some mistakes must be expected and tolerated. However, with good supervisory support, these mistakes will be few, and the delivery of health services in a decentralized system will go on more smoothly.

To assist in delegation, a Worksheet for Delegating Responsibilities is shown. Supervisors will find it a useful tool for reviewing tasks which might be delegated, thus achieving a better distribution of work load.

1.8 HSA SUPERVISION FORMS AND PROCEDURES

An effective supervision system requires the use of forms and records. This section of the Manual contains supervision forms for MOH/PHAL HSAs. Each form is accompanied by instructions on how to use it.

These blank forms may be photocopied, or they may be copied by hand using plain stationary. Examples of completed forms can be found in the previous sections of the Manual.

- 1.6.1 MONTHLY WORK SCHEDULE
- 1.6.2 ANNUAL WORK SCHEDULE
- 1.6.3 TASK LIST
- 1.6.4 HSA ANNUAL PLAN OF SUPERVISORY VISITS
- 1.6.5 HSA MEDICAL OFFICER'S SUPERVISION REPORT
- 1.6.6 HEALTH CENTRE SUPERVISION REPORT
- 1.6.7 HEALTH CENTRE MANAGEMENT CHECKLIST FOR HSA SUPERVISORS
- 1.6.8 HEALTH CENTRE MCH/FP CHECKLIST FOR HSA SUPERVISORS

MOH/PHAL TASK LIST

TASK LIST FOR (Name): _____

POSITION: _____

PLACE OF ASSIGNMENT: _____

ACTIVITY OR DUTY	TIME/DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Special Reminders: _____

HSA _____

Year 19__

**MOH/PHAL
HSA ANNUAL PLAN OF SUPERVISORY VISITS**

Month	<u>Health Centre</u>	<u>Health Centre</u>	<u>Health Centre</u>	<u>Health Centre</u>
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				

Note: For each health centre, write the dates it is to be visited, the primary purpose of the visit, and the person(s) who will make the visit.

MOH/PHAL HSA MEDICAL OFFICER'S SUPERVISION REPORT

Name of Facility: _____ Person Supervised: _____

Date of Visit: _____ Prepared by: _____
Medical Officer

PERFORMANCE NOTES	RECOMMENDED ACTION (IF ANY)
1. Review of Selected Cases with NC/Nurse-in-Charge	
2. Review of Patient Register: Diagnosis, Treatment and Medications Given	
3. Review of Preventive Services: Immunisations, MCH, Health Education, etc.	
4. Review of Community Health Services: VHW Visits, Sanitation TB Follow Up	
5. Review of Management Operations:	Drugs, Fees, Maintenance, Work Schedule, Statistics
6. Number of Referred Patients Seen: _____	Referrals Made: _____ _____

Follow-Up Actions Needed	From Whom	When
_____	_____	_____
_____	_____	_____

MOH/PHAL HEALTH CENTRE MANAGEMENT CHECKLIST FOR HSA SUPERVISORS

HSA: _____

HEALTH CENTRE: _____

DATE OF VISIT: _____ 19 _____

CHECKLIST FILLED BY: _____

Personnel Management

1. Are informal performance appraisals done regularly & formal appraisals done annually for all staff?
2. Are all positions at the facility filled?
3. Does each employee have easy access to a personnel procedures manual or booklet?
4. Are job descriptions for all staff up to date and readily available?
5. Are all personnel procedures working well?

Check	
Yes	No

Financial Management

1. Are fees stored in a safe place and deposited regularly with the Sub-Accountant?
2. Are correct fees collected (or waivers recorded) for all patients?
3. Is there an annual review of special budget needs with requests submitted to HSA administration?
4. Are all financial procedures working well?

Drug and Medical Supply Management

1. Is there a regular monthly drug inventory and drug order prepared?
2. Is there regular delivery of drugs/medical supplies?
3. Are drugs and medical supplies stored safely and securely?
4. Is the dispensary free of expired drugs?
5. Are all drug management procedures working well?

Training

1. Have all professional staff had some type of continuing education in the past 12 months?
2. Has the officer-in-charge received training in supervision during the past 3 years?
3. Does the facility have a training plan/schedule for the year?

Yes	No

Facilities & Equipment Maintenance

1. Is there a safe water supply?
2. Is there an up-to-date inventory of all furniture and equipment?
3. Is there a preventive maintenance schedule for facilities and equipment?
4. Are toilets working or are latrines well maintained?
5. Are there urgent maintenance problems?

Equipment and Supplies: This section helps the supervisor check the status of basic health centre materials. Does the equipment function well? Are the quality and quantity of supplies adequate? This information can help improve logistics management between the HSA and health centre.

5. Use the information gathered to help plan health centre activities. The supervisor should share her observations in a friendly fashion with the health centre staff, preferably at the end of the visit. Indicate achievements as well as areas needing improvement. Share the Checklist findings periodically with the HSA Management Team and the relevant programmes. The findings on the Checklist should be used to develop the HSA's Annual Training Plan. Address problem areas through workshops, HSA meetings and pitsos.

b) Do you have any questions about it? (Yes/No, explain):

6. In the last two weeks, how many days were vaccinations available? _____

7. a) When did you visit your last two outstations or health posts? _____

b) What were your activities and observations?

8. What trainings has the HC conducted in the last three months?

9. Identify two women in the past month who have high-risk pregnancies. What action did the HC staff take as followup?

	<u>Case/Cause</u>	<u>Action Taken</u>
(1)	_____	_____
(2)	_____	_____

10. Identify two women who failed to reattend after delivery as requested. What followup was done?

	<u>Example</u>	<u>Action Taken</u>
(1)	_____	_____
(2)	_____	_____

11. What issues were discussed during the last meeting of the village health committees in your catchment area?

12. How many supervisory visits of VHWS/TBAs did you conduct last month? _____

EQUIPMENT AND SUPPLIES

Status of vaccine stock (in doses):

Vaccine	In Stock	Expiry Date	On Order
BCG	_____	_____	_____
DPT	_____	_____	_____
Polio	_____	_____	_____
Measles	_____	_____	_____

ITEM	YES	NO	COMMENTS
1. Present refrigerator temperature acceptable.	1. _____	2. _____	
2. Daily temperatures recorded in past month are acceptable.			
3. Vaccine monitor available and in good condition.	3. _____		
4. Vaccine storage satisfactory.	4. _____		
5. Contraceptive stocks (as appropriate) adequate for two months:			
a. orals--combined:	5a. _____		
b. orals--mini-pills:	b. _____		
c. DMPA:	c. _____		
d. condoms:	d. _____		
e. IUCD:	e. _____		
f. foam/jelly:	f. _____		
g. diaphragm:	g. _____		
6. Scales balanced.	6. _____		
7. ORT Corner equipped with adequate ORT kit.	7. _____		
8. Diarrhoeal treatment chart displayed.	8. _____		
9. Packets in good condition.	9. _____		
10. Packet stocks adequate for next month's needs.	10. _____		
11. MCH/FP supplies in stock:	11. _____		
a. BP apparatus	a. _____		
b. urine testing apparatus	b. _____		
c. diagnostic set	c. _____		
d. IUCD insertion kit	d. _____		
12. Bukana stocks adequate for three months:	12. _____		
13. MCH drugs & diet supplements adequate for 2 months.	13. _____		
14. Drug storage adequate.	14. _____		
15. Gas cylinders	15. _____		
16. If any drugs contraceptives, vaccine or supplies are close to expire or running out what actions will be taken by the staff?	16. _____		
17. TB drugs/supplies in stock:	17. _____		
a. sputum containers.	a. _____		
b. AFB request forms.	b. _____		
c. INH/TB1 300/150	c. _____		
d. INH/TB1 100/50	d. _____		
e. other TB drugs.	e. _____		

SUMMARY REMARKS

1. What are your 2 or 3 major goals for next month?

- (1) _____
- (2) _____
- (3) _____

2. To improve HC operations and support the staff:

a. What are the supervisor's comments and recommendations?

b. What are the HC staff's comments and recommendations?

3. Any other observations and comments?

Signature of Supervisor

Signature of
HC Person-in-Charge

(TO ASK ONLY DURING THE LAST HC VISIT EACH YEAR)

1. What is the estimated population served by the HC?
2. How many villages does the HC serve?
3. How many outstations does your HC support?
4. How many health posts does your HC support?
5. What is the current HC staffing level?
6. How much time was the staff away on leave in the last 3 months?
7. Is an under-fives register available?
8. Is the MCH Register available?
9. How often did the HC village health committee meet this past year?
10. How many VHWS and TBAs are in the HC catchment area?
11. Do VHWS and TBAs refer pregnant women or women in labour to the HC?
12. How many households does each VHW serve on average?
13. Do VHWS refer underweight children?
14. Do VHWS refer unimmunised children?
15. How many VHWS and TBAs were trained this past year?
16. How many VHWS have kits?
17. How many TBAs have kits?
18. How many VHWS have salter scales?
19. Are the following kits available?
 - a. VHW kit
 - b. TBA kit
 - c. Village health post kit
 - d. MCH kit
20. What were your experiences with the supermarket approach this past year?
21. What is your stock in syringes? _____ needles? _____.
22. Are the following available and in good condition?
 - a. cold box
 - b. vaccine carrier
 - c. prestige sterilizer
23. How many TB cases were registered at your health centre this past year?
24. Calculating from the TB register, what was the actual vs. theoretical number of TB attendees? (i.e., compliance rate).
25. How many TB defaulters were there this past year? What action was taken, and what was the result of this action?

1.9 HSA SUPERVISION FILES

Each HSA will maintain a complete supervision filing system, including supply of blank form, in order to provide continuity in supervision activities for each facility and to document ongoing needs, recommendations and corrective actions. The files should be organised as follows:

FILE NO.	FILE NAME
1.1	Files for Individual Health Centres
1.1.1	Health Centre A
1.1.2	Health Centre B
1.1.3	Health Centre C
1.2	Monthly Work Schedule (Forms)
1.3	Annual Work Schedule (Forms)
1.4	Task List (Forms)
1.5	HSA Annual Plan of Supervisory Visits (Forms)
1.6	HSA Medical Officer's Supervision Report (Forms)
1.7	Health Centre Supervision Report (Forms)
1.8	Health Centre Management Checklist (Forms)
1.9	Health Centre MCH/FP Checklist (Forms)

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Annex 3: Training Materials Used by Participants

The primary resource was the supervision manual. The materials below were used to supplement the manual.

CONTROLLING THE PERFORMANCE OF HEALTH WORKERS

1. **Decide what needs to be controlled.**
2. **Choose the most appropriate method for controlling.**
3. **Select the opportune moment for control.**
4. **CLARIFY THE SUPERVISORY PROTOCOL FOR CONTROL.**
5. **Conduct the supervision (control) visit.**
6. **Identify and analyze the problems.**
7. **Decide if the identified problems are important to resolve and establish the priorities.**
8. **Describe the problem.**
9. **Identify the possible causes of the problems.**
10. **Choose and put in place a reasonable solution for each problem.**
11. **Control the solution after putting it in place in order to determine if it solves the problem.**
12. **Give feedback to supervisors.**

QUESTIONS TO ASK IN DECIDING WHAT TO CONTROL

1. Which tasks are indispensable for success?
2. Of those tasks, which are new?
3. Which of the essential tasks are most difficult?
4. About which services and which contacts with health workers do recipients complain the most?
5. Which set of key tasks will give you the best picture of overall quality of services and recipient contacts?

REMEMBER: YOU ARE CONTROLLING THE TASK NOT THE PERSON!

**MOH/PHAL
HSA MEDICAL OFFICER'S SUPERVISION REPORT**

Name of Facility: _____ Person Supervised: _____
 Date of Visit: _____ Prepared by: _____
Medical Officer

PERFORMANCE NOTES	RECOMMENDED ACTION (IF ANY)
1. Review of Selected Cases with NC/Nurse-in-Charge	
2. Review of Patient Register: Diagnosis, Treatment and Medications Given	
3. Review of Preventive Services: Immunisations, MCH, Health Education, etc.	
4. Review of Community Health Services: VHW Visits, Sanitation TB Follow Up	
5. Review of Management Operations: Drugs, Fees, Maintenance, Work Schedule, Statistics	
6. Number of Referred Patients Seen: _____	Referrals Made: _____ _____

Follow-Up Actions Needed	From Whom	When

KINGDOM OF LESOTHO
 MINISTRY OF HEALTH/PRIVATE HEALTH ASSOCIATION OF LESOTHO
 HEALTH CENTRE MCH/FP CHECKLIST FOR HSA SUPERVISORS

HSA: _____ Health centre: _____
 Name of supervisor: _____ Title: _____
 Name of staff visited: _____ Title: _____
 Date of visit: _____

PROGRAMME PROGRESS

In the past three months:

	1. what were your accomplishments in:	2. what were your major problems in:
immunization		
CDD		
VHW/TBA program		
family planning		
nutrition		
PNC		
Intranatal care		
ANC		
health education		
training		
TB control		

3. Reviewing the last three MCH/FP Monthly Report Forms: what are the major areas of concern? (List them, indicate whether increasing or decreasing):

4. What morbidity/mortality trends are indicated on a catchment area map or graph?

5. a) What was the last MOH or HSA feedback report received (such as the Epidemiological Bulletin, Newsletter or other)?

b) Do you have any questions about it? (Yes/No, explain):

6. In the last two weeks, how many days were vaccinations available? _____

7. a) When did you visit your last two outstations or health posts? _____

b) What were your activities and observations?

8. What trainings has the HC conducted in the last three months?

9. Identify two women in the past month who have high-risk pregnancies. What action did the HC staff take as followup?

<u>Case/Cause</u>	<u>Action Taken</u>
(1) _____	_____
(2) _____	_____

10. Identify two women who failed to reattend after delivery as requested. What followup was done?

<u>Example</u>	<u>Action Taken</u>
(1) _____	_____
(2) _____	_____

11. What issues were discussed during the last meeting of the village health committees in your catchment area?

12. How many supervisory visits of VHWs/TBAs did you conduct last month? _____

SKILLS PERFORMANCE

Rating scale: 1=Inadequate 2=Needs improvement 3=Satisfactory
4=Above Average 5=Excellent

TASK	RATING	COMMENTS
1. Weekly/Daily OPD forms completed properly.	1. _____	
2. Notifiable Disease Reporting Forms completed properly.	2. _____	
3. TB Clinic Register completed properly.	3. _____	
4. Vaccines handled properly to ensure unbroken cold chain.	4. _____	
5. Vaccination technique correct.	5. _____	
6. One sterile syringe/needle used for each injection.	6. _____	
7.1 (Observe 1 group health education session and 2 individual counseling sessions):		
a. messages accurate.	7.1a _____	
b. audience encouraged to ask questions.	b _____	
c. topics relevant to the current health situation in the area, to the village health committee, and to the audience.	c _____	
7.2 (If a family planning counseling session observed), add:		
a. method explained accurately to client.	7.2a _____	
b. instructions given accurately.	b _____	
8. FP method administered properly.	8. _____	
9. Data on last 3 MCH/FP Monthly Report Forms corresponds with Contraceptive Usage Forms.	9. _____	
10. Last two diarrhoea assessment forms complete and accurate.	10. _____	
11. ORS preparation demonstrated correctly.	11. _____	
12. SSS preparation demonstrated correctly.	12. _____	
13. SSS preparation explained correctly to mothers.	13. _____	
14. (Observe a growth monitoring session):		
a. scale balanced.	14a _____	
b. weight interpreted and plotted correctly.	b _____	
c. mother/caretaker counselled correctly.	c _____	

EQUIPMENT AND SUPPLIES

Status of vaccine stock (in doses):

Vaccine	In Stock	Expiry Date	On Order
BCG	_____	_____	_____
DPT	_____	_____	_____
Polio	_____	_____	_____
Measles	_____	_____	_____

ITEM	YES	NO	COMMENTS
1. Present refrigerator temperature acceptable.	1.	_____	_____
2. Daily temperatures recorded in past month are acceptable.	2.	_____	_____
3. Vaccine monitor available and in good condition.	3.	_____	_____
4. Vaccine storage satisfactory.	4.	_____	_____
5. Contraceptive stocks (as appropriate) adequate for two months:			
a. orals--combined:	5a.	_____	_____
b. orals--mini-pills:	b.	_____	_____
c. DMPA:	c.	_____	_____
d. condoms:	d.	_____	_____
e. IUCD:	e.	_____	_____
f. foam/jelly:	f.	_____	_____
g. diaphragm:	g.	_____	_____
6. Scales balanced.	6.	_____	_____
7. ORT Corner equipped with adequate ORT kit.	7.	_____	_____
8. Diarrhoeal treatment chart displayed.	8.	_____	_____
9. Packets in good condition.	9.	_____	_____
10. Packet stocks adequate for next month's needs.	10.	_____	_____
11. MCH/FP supplies in stock:	11.		
a. BP apparatus	a.	_____	_____
b. urine testing apparatus	b.	_____	_____
c. diagnostic set	c.	_____	_____
d. IUCD insertion kit	d.	_____	_____
12. Bukana stocks adequate for three months:	12.	_____	_____
13. MCH drugs & diet supplements adequate for 2 months.	13.	_____	_____
14. Drug storage adequate.	14.	_____	_____
15. Gas cylinders	15.	_____	_____
16. If any drugs contraceptives, vaccine or supplies are close to expire or running out what actions will be taken by the staff?	16.	_____	_____
17. TB drugs/supplies in stock:	17.		87
a. sputum containers.	a.	_____	_____
b. AFB request forms.	b.	_____	_____
c. INH/TB1 300/150	c.	_____	_____
d. INH/TB1 100/50	d.	_____	_____
e. other TB drugs.	e.	_____	_____

SUMMARY REMARKS

1. What are your 2 or 3 major goals for next month?

- (1) _____
- (2) _____
- (3) _____

2. To improve HC operations and support the staff:

a. What are the supervisor's comments and recommendations?

b. What are the HC staff's comments and recommendations?

3. Any other observations and comments?

Signature of Supervisor

Signature of
HC Person-in-Charge

(TO ASK ONLY DURING THE LAST HC VISIT EACH YEAR)

1. What is the estimated population served by the HC?
2. How many villages does the HC serve?
3. How many outstations does your HC support?
4. How many health posts does your HC support?
5. What is the current HC staffing level?
6. How much time was the staff away on leave in the last 3 months?
7. Is an under-fives register available?
8. Is the MCH Register available?
9. How often did the HC village health committee meet this past year?
10. How many VHWS and TBAs are in the HC catchment area?
11. Do VHWS and TBAs refer pregnant women or women in labour to the HC?
12. How many households does each VHW serve on average?
13. Do VHWS refer underweight children?
14. Do VHWS refer unimmunised children?
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16. How many VHWS have kits?
17. How many TBAs have kits?
18. How many VHWS have salter scales?
19. Are the following kits available?
 - a. VHW kit
 - b. TBA kit
 - c. Village health post kit
 - d. MCH kit
20. What were your experiences with the supermarket approach this past year?
21. What is your stock in syringes? _____ needles? _____.
22. Are the following available and in good condition?
 - a. cold box
 - b. vaccine carrier
 - c. prestige sterilizer
23. How many TB cases were registered at your health centre this past year?
24. Calculating from the TB register, what was the actual vs. theoretical number of TB attendees? (i.e., compliance rate).
25. How many TB defaulters were there this past year? What action was taken: and what was the result of this action?

MOH/PHAL
HEALTH CENTRE MANAGEMENT CHECKLIST FOR HSA SUPERVISORS

HSA: _____

HEALTH CENTRE: _____

DATE OF VISIT: _____ 19 _____

CHECKLIST FILLED BY: _____

Personnel Management

1. Are informal performance appraisals done regularly & formal appraisals done annually for all staff?
2. Are all positions at the facility filled?
3. Does each employee have easy access to a personnel procedures manual or booklet?
4. Are job descriptions for all staff up to date and readily available?
5. Are all personnel procedures working well?

Check	
Yes	No

Financial Management

1. Are fees stored in a safe place and deposited regularly with the Sub-Accountant?
2. Are correct fees collected (or waivers recorded) for all patients?
3. Is there an annual review of special budget needs with requests submitted to HSA administration?
4. Are all financial procedures working well?

Drug and Medical Supply Management

1. Is there a regular monthly drug inventory and drug order prepared?
2. Is there regular delivery of drugs/medical supplies?
3. Are drugs and medical supplies stored safely and securely?
4. Is the dispensary free of expired drugs?
5. Are all drug management procedures working well?

General Supply Management

Yes No

1. Does the HC use a standard supply list as the basis for ordering and are all supply items in stock?
2. Are CHWs supplied regularly?
3. Are supplies secure, i.e. no losses of supplies due to spoilage/theft?
4. Are all general supply procedures working well?

Communications Management

1. Is there a functioning two-way radio or telephone?
2. Are staff trained in the use and maintenance of the two-way radio?
3. Is there reliable postal service or other means for getting letters?
4. Are all communications procedures working well?

Transportation Management

1. Is there transport for use during emergencies?
2. Are staff members trained and oriented in methods and procedures for patient transport?
3. Are transport procedures working well?

Information Management

1. Are timely and accurate reports prepared each month for submitting to the HSA?
2. Is a supply of blank reporting forms available?
3. Are the files well maintained and complete?
4. Are staff using the data in their reports to help them plan their work?

Supervision

1. Does an HSA staff member visit the facility at least monthly?
2. Are there at least quarterly supervisory contacts between the NC/nurse-in-charge and all CHWs?
3. Are there monthly staff meetings at the facility?
4. Are all professional and administrative supervisory relationships clear?

Training

1. Have all professional staff had some type of continuing education in the past 12 months?
2. Has the officer-in-charge received training in supervision during the past 3 years?
3. Does the facility have a training plan/schedule for the year?

Yes No

Facilities & Equipment Maintenance

1. Is there a safe water supply?
2. Is there an up-to-date inventory of all furniture and equipment?
3. Is there a preventive maintenance schedule for facilities and equipment?
4. Are toilets working or are latrines well maintained?
5. Are there urgent maintenance problems?

Do you...

Key Activities for a Supervisory Visit

- **Set a friendly and positive tone? Don't carry your own problems and anxieties to the people you supervise.**
- **Review problems, areas of concern, and knowledge? Choose different topics for each visit.**
- **Provide staff with immediate feedback on their performance, emphasizing both their strengths and the areas that need improvement?**
- **Offer encouragement and appreciation and share information on the project's progress?**
- **Review a pre-selected topic, and perhaps areas of weakness found during evaluation?**
- **Discuss and attempt to solve specific problems facing the staff? Deal with the urgent problems immediately, and if you don't have enough time to deal with all the problems, leave the least urgent for the next visit.**
- **Check to see if new contraceptive supplies are needed and whether there are expired contraceptives in the inventory?**
- **Review records for quality and completeness?**
- **Summarize the main conclusions of the visit and schedule the next supervisory visit?**

Improving Staff Motivation

Do you...

- Give praise and appreciation often and, whenever possible, publicly?
- Provide explanations and reminders of the value of an employee's work?
- Provide the staff with symbols of the importance and/or official nature of their jobs: uniforms, hats, pins, carrying bags with the program logo, signposts for their home or post, diplomas from training courses, prizes, etc.?
- Give prompt attention to the obstacles that staff face in their work that are beyond their control?
- Direct attention during a supervisory meeting or visit to the details of the staff person's job (thus communicating that these details are important)?
- Seek their opinion on all matters related to their work? This includes seeking their insights into the problems they are facing, and into possible solutions.
- Suggest chances for advancement?
- Provide regular opportunities for refresher training and upgrading of skills, particularly if travel within or outside the country is involved?

EVALUATION FORM

SUPERVISION WORKSHOP

For each of the 3 stated goals for the workshop, indicate your opinion as to the degree to which each was achieved by circling your response. Please provide comments.

Goal 1: To increase awareness, understanding and commitment to the implementation of the supervision manual.

Excellent!

Goal was fully achieved

Good.

But needs more work to be fully achieved.

Poor.

Not achieved at all.

Comments: _____

Goal 2: To identify constraints and issues which must be resolved in order to implement the supervision manual.

Excellent!

Goal was fully achieved

Good.

But needs more work to be fully achieved.

Poor.

Not achieved at all.

Comments: _____

Goal 3: To train the participants to correctly use supervision forms including the checklists.

Excellent!

Goal was fully achieved

Good.

But needs more work to be fully achieved.

Poor.

Not achieved at all.

Comments: _____

Please comment on what impressed you most and what impressed you least about the workshop. Use the back of the page.

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