PN-ABK-683
76102

A Report on

FOCUS GROUP DISCUSSIONS HELD WITH MIDWIVES AND THEIR SUPERVISORS

Regarding

SUPERVISION IN THE DEPARTMENT OF HEALTH and the implementation of an

INTEGRATED SUPERVISORY CHECKLIST

LETICIA D. CRUZ
MILABEL E. HO
WESTERN MINDANAO STATE UNIVERSITY

A Joint Project of the

Western Mindanao State University
and the
Department of Health, Child Survival Program

Sponsored by:

The United States Agency for International Development
under contract: #492-0406-C-00-0079-00

ACKNOWLEDGMENTS

Dr. Milagros Fernandez
Director, RHO-9 Zamboanga City

Dr. Zenaida Ludovice
Director, Health Intelligence Service

Dr. Erdulfo B. Fernando
President, Western Mindanao State University
Zamboanga City

Dr. Grace J. Rebollos
Vice-President, Western Mindanao State University
Zamboanga City

Provincial Health Offices of:
Zamboanga del Norte, Zamboanga del Sur and Basilan,
and City Health Office of Zamboanga

Miss Evangeline Savedra, RHO-9
Mrs. Marina Cabanlit, IPHO-ZDN
Atty. & Mrs. Emil Delenerio, ZDS
Mr. Joel R. Alasco, WMSU-ZC
Dr. Benjamin P. Loevinsohn, CSP-TAT
Ms. Lilian Eleazar, CSP-TAT

for giving all the support
needed to complete this project.

L.D.C.
M.E.R.

TABLE OF CONTENTS

CONTENT	PAGE
EXECUTIVE SUMMARY	1
INTRODUCTION	3
METHODOLOGY	5
RESULTS	
Focus Group Discussions of Midwives in Zamboanga City, Basilan, and Zamboanga del Sur	7
Focus Group Discussions of Supervisors in Zamboanga City and Zamboanga del Sur	18
Zamboanga del Norte Midwives Group	25
Zamboanga del Norte IPHO Supervisors' Group	36
Answers to Supplementary Questions . . .	44

EXECUTIVE SUMMARY

Focus group discussions (FGDs) were held separately with midwives and their supervisors in 3 provinces and 1 city of Region IX. These discussions were conducted to gather qualitative information about the conduct of supervision and to assist in the evaluation of an Integrated Supervisory Checklist (ISC). The ISC is a monitoring tool that examines performance of midwives on 20 objective indicators selected by program managers in the DOH. The ISC was pilot tested in 4 provinces including Basilan and Zamboanga del Sur (incorporating Zamboanga City). Zamboanga del Norte was one of 6 provinces used as control areas.

Both the midwives and supervisors in the areas where the ISC was pilot tested indicated that they thought it was very helpful. Midwives said that it helped point out where there were problems, helped motivate them to work harder, and increased the frequency of supervision. They also felt that the objective scoring system helped to improve their relationship with their supervisors.

Supervisors also thought that the ISC made their relationship with their midwives more professional, decreased the time required for supervision, and provided a clear and objective method for improving program performance.

Both midwives and their supervisors stated that other programs, such as leprosy, malaria, and schistosomiasis, should be included on the ISC. They also thought that including indicators related to levels of supplies was not fair because this was something beyond the control of the midwives. The participants also had specific ideas about improving some of the indicators chosen by central office program managers.

In Zamboanga del Norte, where the ISC was not implemented, midwives listed lack of supervision as one of the major obstacles to good performance. They expressed the desire that supervisors should come frequently, should be willing to teach the midwives, and should be honest in their ratings of the midwives' performance. They hoped that supervisors would have consistent messages, and that they should not come in large groups at one time.

The supervisors in Zamboanga del Norte felt that supervision was generally welcomed by midwives. The supervisors requested that they should receive training in monitoring and supervision and that some kind of monitoring device should be developed to provide uniform evaluation of midwives' performance.

INTRODUCTION

In connection with the Integrated Supervisory Checklist project implemented by the Department of Health under the Child Survival Program, focus group discussions were conducted in Dipolog City for the Integrated Public Health Office (IPHO) of Zamboanga del Norte; Pagadian City, for Zamboanga del Sur IPHO; Isabela, for the IPHO of Basilan; and in the Zamboanga City CHO. These discussions were conducted to gather qualitative information about the attitudes of midwives and their supervisors regarding the conduct of supervision at the DOH and to help evaluate the integrated supervisory checklist that had been implemented in Basilan, Zamboanga City, and Zamboanga del Sur.

The Integrated Supervisory Checklist (ISC) is a monitoring tool that examines the performance of midwives on 20 objective indicators that were selected by program managers in the central office of the DOH. For each indicator a score ranging from 0 (poorest) to 3 (best) is given following a standard method, and a total score out of 60 is calculated. Training on the use of the ISC was conducted for provincial and district level staff, as well as Municipal Health Officers (MHOs) and Public Health Nurses (PHNs). In Basilan, orientation on the ISC was also held for the midwives.

In addition to general concerns about supervision the focus group discussions were intended to answer the following questions regarding the ISC:

a) Did the midwives simply become more careful in filling up their TCLs (logbooks) to improve their scores? Did they exaggerate their accomplishments to improve their scores?

b) Did the midwives horde drugs to increase their scores?

c) For those supervisors who did not use the checklist more than twice, why did they not use it more often? Was it because of the checklist or some other reasons?

d) If the DOH implements the checklist nationwide, what changes should be made on it? Should there be changes in training and other aspects of implementation? What should these changes be?

METHODOLOGY

The make up of the seven focus group is described in Table #1.

TABLE #1: DESCRIPTION OF THE 7 FOCUS GROUP DISCUSSIONS THAT WERE CARRIED OUT IN REGION IX

PROVINCE/ PARTICIPANTS	WAS ISC IMPLEMENTED?	NUMBER AND TYPE OF PARTICIPANTS
Zamboanga Norte / Midwives	NO	8 midwives
Zamboanga Norte / Supervisors	NO	3 PHNs, 2 DNCs, 3 MHOs, 1 DHO
Basilan / Midwives	YES	8 midwives
Zamboanga City / Midwives	YES	8 midwives
Zamboanga City / Supervisors	YES	8 PHNs
Zamboanga Sur / Midwives	YES	7 midwives
Zamboanga Sur / Supervisors	YES	4 PHNs, 2 DNCs 1 MHO

The participants were chosen according to a set of guidelines suggested before the FGD, such as for midwives:

- 4 should be from remote areas
- 4 from accessible areas

Among them there should be high performers, average performers, and poor performers.

In Zamboanga City the participants were more of those from poblacion barangays to give information on working conditions in a poor neighborhood in an urban area.

Questions were formulated in advance, translated in the local dialect and discussions were generally in Visayan (Cebuano). Probing questions were formulated to support the main questions.

RESULTS

FOCUS GROUP DISCUSSIONS OF MIDWIVES IN ZAMBOANGA CITY, BASILAN, AND ZAMBOANGA DEL SUR

The midwives in all three health offices stated the checklist was used starting in August for performance done in July.

What do you think of the Integrated Supervisory Checklist? What do you like about it?

For the three health offices (Zamboanga City, Basilan, Zamboanga del Sur), the midwives gave similar observations on the advantage of the I.S.C. Among these are:

- The I.S.C. provides direction to the supervisor during her visit and she becomes more businesslike in her dealings with her supervisee. The I.S.C. provides a systematic procedure of evaluating programs in the DOH system.
- It guides the midwife in her work in the area. Through the I.S.C., the midwives think they can identify their strengths and weaknesses in terms of health care delivery and therefore gives them direction on which area to improve on.

- Because of the scoring system, they become more conscious of their responsibilities thus giving them motivation to work harder to improve their scores. It spurs one to plan out activities to improve ones performance to be ready for the next evaluation. One strives to remove a zero score because it is embarrassing ("makaulaw, mahuya").
- The midwives like the regularity of the visit of supervisors (Basilan, Zamboanga City).
- It serves as a warning to the midwives with regard to certain programs like the updating of stocks of medicines and supplies.
- The scoring system is such that the supervisor cannot use ones subjective decisions (most especially if there are strained relations or when there are extra special relations between the supervisor and the supervisee). She has to follow the guidelines as set and the supervisee has the basis for agreeing or disagreeing to the score. Fair ratings can be given by the supervisors regardless of relationships (+ or -).
- It gives them a chance to really sit down and talk with their supervisor and discuss each program, item for item. They like the "one-on-one" atmosphere.

- The I.S.C. provides a built-in validating procedure thus the possibility of falsifying entries is eliminated unless the supervisor and the supervisee connive with one another.
- One midwife in Zamboanga City observed that the I.S.C. has lessened her paperwork activities.
- The I.S.C. has provided the supervisor a uniform device for evaluating all supervisees.

What do you not like about it?

- Not all programs handled by the midwife are listed in the checklist. The midwives would like them to be included too (e.g. leprosy, malaria)
- Scoring basis for such programs as Family Planning, antepartum care, and Operation Timbang (OPT). The participants feel that the points they get on supplies (such as ORS and birth control pills) may not really be fair because the absence or presence of supplies is beyond their control. In all IPHO's and the CHO in Zamboanga City, midwife participants stated that the drug supplies are inadequate so almost always these are the items that pull their scores down. To some it is only fortunate ("suerte") if the evaluation is done right

after they have just withdrawn their supplies. To some, the supplies given are not according to the number required. It is always less. (As in the case of Oresol, "Si ya dale ya tu dos ara, necesita corre ya tu dayon saca replenishment. Baka ala manana, man-monitor contigo, zero tu dayon." "Yo, yan horde yo tiene ves".)

- Another instance is the problem of equipment like the need for a weighing scale or the BP apparatus, etc. One midwife from a remote area says that she does not have these equipment so how does she go about implementing the program needing these instruments. She gets a zero. She was told to use weighing scales of local rice/copra buyers, etc. but because she is in a remote area, there are no such buyers. She said her supervisor is aware of this.

- An opposite case is in Basilan where the midwives have other sources of supply aside from the Health Office. UNICEF also gives them supplies and so it can happen that they get a low score because of oversupply so if it happens after one experience they tend to hide some of it for a while ("Pa wise na lang, suerte- suerte"). The midwives feel aggrieved why they are scored this way and why be blamed for an item that is beyond their control.

(While this was stated good-naturedly by the participants in Basilan and Zamboanga City, it was so emotionally [bitterly and with hurt feelings] presented in Zamboanga del Sur).

- Another situation that affects much their score is the first trimester requirement of antepartum patients. It is quite rare for pregnant mothers to submit for a check-up in the first trimester and this was observed in all three areas. Many midwives observed that even if they go around surveying or even if they have disseminated this to the mothers in their first delivery, they still experience a very low turn-out. Some mothers would even deny at first that they are pregnant. When asked further what could be the reason for the attitude - the Zamboanga del Sur and Zamboanga City midwives think that these mothers feel they can still go on ("kaya pa") without any assistance, and because anyway, medicines will be given on the fifth month, or they are not very sure yet whether they are really pregnant, or they do not like to admit yet specially if the spacing is too close.

In Basilan, while the above reasons were also mentioned, the midwives assigned in Muslim communities added that the women in these areas still hold the negative attitude towards physical examination, taking it as an encroachment into their privacy. The midwives feel that there is a need to break through the barriers of traditional health practices and beliefs of their clients.

- They feel that the efforts of rendering services to mothers in their second and third trimester stage of pregnancy go to waste because of the early trimester requirement which they think is not fair.
- From remote area midwives, they do not like the requirement of letting them carry their records to the main center in case the supervisor fails to visit them in their areas. According to one midwife - this condition is being abused in her case because actually her area is accessible to transportation facilities although it is far. The other argued that if it is possible for her to haul her records to the center, then it is also possible for the supervisor to reach her. She prefers that the supervisor must really see her condition in the area where she is.

According to the discussion participants, generally, the I.S.C. has improved their work since it has given them an objective picture of how they are faring in their job. For their desire to increase their scores they have to exert more effort and in the process they feel that they have become more efficient. Except for some aspects, they generally like the I.S.C.

Think back to the time before the introduction of the I.S.C. What do you think about the supervision you received and how would you compare it to what you received now with the I.S.C.?

- Before the I.S.C., there was no set schedule for the supervisory visits so that many of the respondents said they were not visited by their supervisor, some said once or twice only. The visits ranged from scarce, sometimes, or none at all.
- If ever a visit was done, there was no specific guide on what to inspect. It would be like a "look around" visit and as termed in Zamboanga del Sur . . . "a tourist supervision or a police supervision", a fault-finding (scolding), or praising session depending on the mood of the supervisor. She may or may not write some comments depending on the length of time she is staying.

- Often, the visit would include 5-6 supervisors (program coordinators, the PHN and the DNC's) each demanding the midwives' attention. These kept them jittery, confused and at times irritated.
- The participants have stated what they like about the I.S.C. in the preceding discussion. Comparing it to the past practice, they feel more guided now, they like the regular visit and the systematic way of looking into their work. They feel that with the I.S.C. the scolding, fault-finding session is minimized. The supervisor has less chance to be biased in rating her supervisee because she has to stick to the guidelines.

What things did you do to improve your score?

After the supervisors' visit, the I.S.C. has shown the areas where one has a low score. Then the participants said they have to exert effort like doing more visits of clientele even to the point of carrying the weighing scale during these visits, be more aggressive and assertive by constantly visiting the district or CHO for supplies and equipment. At times, it is frustrating because even with all one's effort to have the supplies as required, the higher office cannot (does not) give them the required number and therefore they still end up getting a low score.

To increase their knowledge, they read and reread the manuals (their bible), be more serious while attending conferences, seminars and workshops and consult the nurse for more clarification.

How does the I.S.C. affect your relationship with your supervisor?

- Due to the regular visits of the supervisor the participants observed a closer relationship between them and their supervisor. Tensions are eased up since fault-finding and scolding are minimized if not eradicated and their interaction during a supervisory visit has become more professional.

This is the general picture presented by the group although one isolated case is not happy about her situation. She is in the same building as her supervisor and she said what she is supposed to do in terms of recording is done by her supervisor and her superior fills up her checklist without her. Her scores are high but she is not happy about it because it is not really how she fares. Because of this practice, when an evaluation was done by another supervisor from a higher office, she was embarrassed for she could not answer many of the questions regarding her records for she did not do it herself.

- There is a need to look into the relationship between the midwives and the supervisors in Zamboanga del Sur because at the start of the FGD with them, they seemed to be angry. It is in this area where the midwives were exposed to the ISC 2 times or less so it can be too early to evaluate the effect of the I.S.C. on relationship.

As a whole, the I.S.C. has given a better supervisory environment between the supervisor and the supervisee and they feel that this time the supervisory visit is done not to "judge but to improve one's work".

What things could be done to make the I.S.C. more useful to you?

These are among the suggestions given by the three group of midwives to improve the I.S.C.:

- Add more space to put in programs not found in the checklist.
- Look into the scoring regarding supplies, OPT and prenatal care.
- Explanation on how scoring is done on every item.
- It would be better if an orientation is done on the use of the checklist before its implementation and subsequent follow-up explanations by the PHNs, DNCs, etc.

- The I.S.C. would be more realistic if enough support is also given to the midwife like the provision of supplies and equipment, facilitation in the processing of TEVs, looking into the transportation problems of those in the remote areas as well as the support in relation to facing the problem of cultural practices, beliefs and attitudes.

The Basilan midwives found the orientation given them before the use of the I.S.C. as very useful.

For Zamboanga City midwives assigned within the city limit, they found difficulty in getting a high score due to the presence of other health facilities like the public and private hospitals/ clinics and private practitioners although these are the ones also that lightens their workload in terms of delivering health care. The problem lies more on the scores they get. Their population is also quite large.

FOCUS GROUP DISCUSSION OF SUPERVISORS IN ZAMBOANGA CITY AND ZAMBOANGA DEL SUR

A little deviation was done in the discussion procedure of supervisors in Zamboanga del Sur due to the distance of assignments of the participants. Three PHNs were interviewed in the morning and the 4 came in the afternoon.

What do you like about the I.S.C.?

All the seven supervisors of Zamboanga del Sur and the PHNs of Zamboanga City who participated in the discussion liked the checklist because:

- It provides bases/specific guidelines for supervising the midwives.
- It serves as a guide in setting up priorities in the activities of the workers.
- It encourages the updating of records regularly.
- Because of the guide, it takes less time to supervise and prevents us to be subjective in our ratings. ("You are there in business. Alli masque tiene tu personal grudge hindi tu puede con ele dale bajo el score - kasi we have to follow de amon standards - si good performer le, masque contra de tu yo, alto siempre de su yo score. No hay tu chance con ele desquita").

- It serves as a standard for uniform supervision of all midwives in one's area.
- It gives us a true picture as to which personnel need more attention.
- The recording procedure is less taxing.
- The progress of the midwife's work is specifically determined and she can openly inquire and easily understand why she got such score.
- It serves as an instrument to improve the program since it is a way of encouraging the midwives to work harder (e.g. FP drop outs are followed up).
- It has less chance of the supervisors' looking into petty things which could disturb the relationship of the supervisor and the supervisee.
- The validating procedure is a very good check on the veracity of the midwife's report and the supervisor's entry.

What do you not like about it?

Like the midwives, the supervisor participants observed that:

- Some programs implemented by the midwives are not in the checklist.

- The scoring guide for supplies and equipment is quite unfair to the midwife who only depends on the amount of supply available ("Maluoy mi nga sila ma-zero"). Zero score is quite discouraging.
- The questions for testing knowledge on CDD and nutrition can easily be memorized so it would be better if the questions are changed from time to time.

Generally, the I.S.C. has helped improve their supervisory practices and has stopped the so-called "tourist" and "police" supervision. It has improved the communication line between the supervisor and the supervisee. Remarks are more quantitative rather than qualitative.

What do you think of the supervision you performed before the introduction of the I.S.C.? How do you compare it to what you do now with I.S.C.?

BEFORE:

Conducted supervision without direction and oftentimes end as a social visit (more story-telling, talks on trivial things).

Supervision was done more through remote control since there were less visits done (Zamboanga del Sur). Zamboanga City had already the monthly visit although at the time of the visit, it would be more on assisting the midwife attend to the patients if she has many at the time of the visit and/or finding faults as well as praising depending upon the mood of the moment.

AFTER:

As already mentioned in their reasons why they like the I.S.C.,the participants feel that the I.S.C. is one device that has improved their supervisory skills and helped to monitor their own progress in relation to health delivery in their area of assignment, although they also voiced their sentiments regarding the scoring system in fairness to the midwives who do all the dirty work.

What things did you do to improve the score of your supervisee?

We act on their requests for supplies monthly and also helped them follow-up such requests although there is not much we can do in this because it is all up to the availability of the supply in the higher office. We help the midwife do some of her routine activities by attending to some deliveries, collect sputum, etc. ("ayudahan" - help each other).

We can give them more help in the knowledge phase by:

- o giving clear information during the supervisory visits.
- o plan out activities well in staff meetings, entertain their questions willingly and share updates.
- o encourage them to always attend seminars/workshops and/or conferences.

How does the I.S.C. affect your relations with your supervisees?

The I.S.C. has established closer relations, relaxed atmosphere between the supervisor and the supervisee because of regular contact and clear cut issues to talk about.

Communication is better because the supervisee can clearly see how she was scored and the supervisor has definite guides when answering questions of the supervisee regarding her score.

What things could be done to make the I.S.C. more useful to you?

a. Give an orientation to the midwives before the implementation of the checklist.

b. Revise the scoring basis with regards to some programs like supplies, OPT and antepartum care.

c. Include other programs handled by the midwives such as malaria, leprosy, dental services or provide a space for them.

d. Look into the formula used in determining target population. The DOH planning formula is different from the I.S.C. ("We are confused with the targets included in the I.S.C.").

For example:

OPT:

Formula used in planning:

- Actual population X 20% X 85

Formula used in monitoring (I.S.C.):

- Actual population X 16% X 85

Drop-out Rate: BCG-FIC

Planning: -------

BCG

FI last month

I.S.C. : ----------

reaching 1st birthday

e. Supply a form which will contain a summary of activities.

What would you suggest to improve the supervision of remote health facilities?

a. Provide transportation facilities.

b. Increase travel allowances and reduce hassles in claiming for it.

c. Consider geographical locations in apportioning catchment areas.

d. Increase supply allocations and distribute such regularly; it is better to have such supplies delivered instead of having it withdrawn by the midwives themselves.

It can be noted that the observations by the supervisors and the supervisees have similarities and they are one in the idea that with some revisions, the Integrated Supervisory Checklist (I.S.C.) is one good device to assist them in their activities of delivering good health services.

ZAMBOANGA DEL NORTE

MIDWIVES GROUP

What things most interfere with the midwives providing good service to the community?

According to the participants, many situations upset the Zamboanga del Norte midwives in the course of carrying out their duties. Among these are:

1. Distance of jurisdiction - The distance of one catchment barangay is quite far from the next as well as from their place of work.
2. Lack of transportation facilities - to be able to cover more area in a shorter duration as expected of midwives. As a result, the midwives have to do a lot of hiking causing them to run out of pairs of shoes!

   Some remote areas do have transportation but very seldom thus causing them to wait 3-4 hours for such rides. If the ride is available, it is full and to be accommodated, one has to stand, sit on cargoes or even to "kabit" (hold on to any part of the jeep).

One midwife recounted her frustrating experience of a delivery patient who needed hospital care but no transportation was available and the area was too far off to transport the patient on foot. Eventually, the patient died.

In remote areas, the means of transportation may include horse-back riding, pumpboat, motorized tricycles, jeepneys, occasional private panels, vans, cargo trucks, logging trucks, etc. There is no regular trip and usually one has to charter at a very high cost like P300-P400 per trip if necessary.

3. Related to the midwives' mobility is the travelling expenses allowed them which they said was drastically reduced to P275.00 from a ceiling of P500.00. They also feel that the guidelines on meal allowance is unrealistic and unreasonable when applied to them because when they do delivery calls they usually stay not less than an overnight (at most 2-3 days) in the patient's residence even if the distance is less than 7 kilometers. Most often the patient is indigent and could not provide a decent meal for her own much more for the midwife. In some cases, the midwife herself will have to dig into her pocket for some broth or anything hot to give to her patient. She herself goes hungry, ("Mag-daguok gud among tiyan").

In some instances, the midwives use their own money for emergencies because in conscience they feel they are morally obliged to exert all efforts to save a patient (e.g. for medicines to control bleeding).

The midwives further feel that too much hassle is involved in claiming travel allowances.

4. Lack of drug supply and equipment - The midwives think that the supplies and medicine allotted them are inadequate, the manner of distribution is defective and there is no set schedule for distribution.

   With this situation they tend to do what is not right like:

   - recycling of disposable articles/materials e.g. - gloves used in IE's are recycled during delivery calls.
   - syringe needles are overused (boiled and reboiled) thus not sharp anymore, at times causing infection or abscess

5. The attitude of hospital personnel with regards to referrals - At times, the midwives experience indifference in the attitude of hospital personnel receiving patients referred to them. The patient is not attended to right away.

In some instances, the midwives get hurt with some comments made by hospital personnel such as: "Normal ra man diay, gi-refer pa" (It's just a normal delivery, still it was referred to us) - done within hearing of the patient.

The midwives feel belittled by these comments when they think that at the time of their examination, there was a need for further evaluation by a medical practitioner for a more thorough examination of the patient.

6. Midwife-population ratio - While the ideal ratio is 5,000 population per midwife, this is not observed. Added to this is the problem of proximity, thus quality health service expected of a midwife is hampered.

7. Hazards and dangers - The midwife- respondents feel that their work is quite hazardous because they are exposed to such incidents as:

- ambushes while on foot or on a motor vehicle
- accidents such as falling from a horse
- some encounters by lawless elements or by irate relatives of patients
- crossing rivers with strong current

No monetary allowance/incentive/insurance has been thought of like hazard pay, for instance.

8. Too many duties not in line with functions - While they receive the lowest pay in the system, the midwives feel that they are the workhorse andthat they are made to implement all programs of DOH in the field so much so that even if their training is only as a midwife, they end up doing activities as if they are nurses, medical technologists, doctors in a place working 24 hours without overtime pay. (Magpa-doctor-doctor na lang").

9. Clientele's misconceptions - Another aspect which the midwives feel interferes with their work is the misconception of clients regarding the existence of the RHU Health Centers in the area. They always connect it with the concept of being a center for dole-outs of medicine, FP supplies, and some food commodities.

10. Unrealistic targets - While the midwives do actual survey of their area, the DOH give them targets not based on their survey and they feel that the targets are unrealistic and difficult to achieve.

11. Lack of supervision - While most of the rritants came from midwives having to cover remote areas, one midwife from a poblacion barangay lamented the fact that she was never visited by her immediate superior and therefore did not receive any on-the-spot supervision so much so that the only visit she got during the year (at year end) from

a national DOH personnel was a disaster because she was told there were many things wrong in what she was doing. She herself rationalized that the reason why the midwife supervisor could not see her is because the supervisor was burdened with paperwork in the City Health Office. Also, in her area, even if she has to campaign hard, her clientele will only be the poor section of the area because the affluent ones will go to private clinics/practitioners.

What things make your work easier? What things make you happiest about your work?

The participants cited the fringe benefits given them (as given to all employees) such as the 13th month pay and cash gift, the PERA, and the longevity pay.

They are also sometimes happy about the appreciation shown by the client (sometimes in the form of cash ranging from P50.00 to P200.00 in deliveries for those nearby or are in the poblacion). The remote area midwives do not have these.

They feel happy when full cooperation/enthusiastic responses are shown by clients during the course of their treatment/therapy.

Support from health officials and barangay leaders during the implementation of programs can make their day and most of all if they are appreciated and given commendations by their superiors.

What do you think about the supervision you receive? What do you like about it?

"We like a supervisor who will come and teach us ('tudloan ta') and also gives his sincere ratings."

"We also like if the supervisor will show some samples or demonstrations for better understanding."

"We like a supervisor who leaves a supervisory note indicating areas that are satisfactorily done as well as those areas that need improvement, specifically stating what must be done. We expect our reports to be checked against the ledger book regularly."

The Zamboanga del Norte midwife-participants were asked about the frequency of the supervisory visits done on them in 1991. Six of them received monthly visits from their direct supervisor, aside from 1 or 2 visits from personnel higher than their immediate supervisor while 1 never had any but got a year end visit from a national office personnel.

All participants preferred a monthly visit from their immediate supervisor with the following observations as they answered this question:

What do you not like about it? (the supervision)

a. Each program has a coordinator and 5 to 7 coordinators came to visit at one time for only 2-3 hours. Each coordinator would demand the midwife's attention making the midwife confused who to attend to first as each would demand for this and that form. The midwife ends up jittery and confused. She would not have much time to react and ask questions.

b. Some supervisors scold the midwife in the presence of the patients. "We like to be told our mistakes but in a nice and clear way".

c. Program coordinators in different levels sometimes give different directions to midwives on how to accomplish certain forms or how to meet certain program requirements causing confusion to the midwife.

d. Irregular visits by a group that is like a "dropping by" visit only.

What things should be done to improve the supervision that you receive?

The Zamboanga del Norte midwives suggested the following:

a. Use the "team approach" so that instructions would not be diversified but synchronized. The different level supervisors should give the same direction to the midwife. If 5-6 coordinators come in one visit they must consider each other most specially the midwife.

b. Make frequent supervisory visits to the RHU's so that midwives would know their strengths/ weaknesses in terms of implementation of programs, recording and reporting from time to time.

c. Provide opportunities to listen to midwives or make interactions/inquiries regarding Center happenings and activities.

d. Device a way of simplifying forms and recording procedures because the present one takes much time that it is necessary to take home some forms to accomplish them at certain occasions.

e. Provide enough blank forms so that midwives will not buy the paper and spend time drawing lines or reproducing the forms.

f. Maximize the assistance given by trained hilots and the barangay health volunteers by giving incentives such as an honorarium or an allowance.

g. The midwives in the center cannot operate their schedule "bank style" because calls can come at anytime so that the suggestion of using the afternoon for record and report activities cannot be followed strictly.

h. Hospital personnel to whom midwives refer patients who need further attention must be kinder and refrain from making comments like "Normal ra man! refer-refer pa!".

How is your personal relation with your supervisor(s)?

Personally, the Zamboanga del Norte midwives are on cordial relationships with their supervisors but to due to irregular supervisory visits:

- not much personal contacts are made because the weekly staff meeting does not give any opportunity for a one-on-one communication.
- not much openness in communication.
- due to lack of visits, some midwives do not have a chance of coming face-to-face with their supervisors;plainly no direct contact.

What things could be done to improve your supply of medicine and equipments? What things could you do?

The Zamboanga del Norte midwives did the following:

a. Anticipate possible number of clients for program served

b. Organize information drives together with barangay leaders and other important persons regarding the role of the center in relation to drug supply and other center activities

c. In case of medicine shortage or lack of supplies, introduce herbal medicines available in the community.

d. Establish linkages with socio/civic and religious organizations for possible coordination for medical supplies and nutrition

What things could higher ups do to improve your supply of medicines and equipment?

Health agencies must link with other government and non-government organizations to help educate the residents that medicines are not purely the reason for the existence of health centers.

ZAMBOANGA DEL NORTE

IPHO SUPERVISORS' GROUP

What things most interfere with midwives providing good service to the community?

What things make them most upset about their work?

The supervisors see many hindrances to midwives delivering health services to the community. These are:

a. Uncertain peace and order condition in some communities (NPA infested areas)

b. While the midwife-participant to the FGD stated that they reside in their area of assignment because of the order "reside or resign", the supervisors observed that some midwives do not reside in their area of assignment. The supervisors were asked why they cannot check these midwives in relation to the requirement. The supervisors informed us that they cannot check the midwives because they are "holy cows/children of the gods" (i.e have important political connections). An MHO mentioned political interference in the assignment of some midwives.

c. The cut in the per diems and TEV's of the midwives was also a factor that interferes in health delivery (e.g., meal allowance as ordered by COA regulations).

d. There are emergency purchases that midwives are forced to make (also mentioned by the midwives themselves) because in conscience they cannot just sit back and say there is nothing one can do ("Mao pa'y mopalit ug tambal, awayon pa" - has to buy the medicines, at times quarreled by clients).

e. The inadequate drug and equipment supply also disturbs the midwife making them disappointed and frustrated in their work. There is also an unequal sharing in the distribution of goods for "dole-outs" to clients in their area of assignment. The supervisors also wonder why drug supplies and equipment are dwindling.

f. Due to the nature of assignment area (e.g. distance between catchment areas) transportation facilities are most wanting, causing midwives to do a lot of walking. One PHN exclaimed that the midwives need good pairs of shoes on the process but they can not afford to buy the expensive ones ("wala'y sapatos").

g. As frontliners of health care, the financial remuneration is not compensating.

h. The system does not provide any room for midwives to be promoted but stay as frontliners for always.

i. One MHO feels that too much is being dumped into the midwives' laps - too numerous programs for implementation with too many forms to fill up which are time-consuming. This MHO sympathized with the midwife considering the kind of training she has compared with the demands now being presented to her. This MHO feels the workload is too heavy for the midwife.

Both the Zamboanga del Norte supervisor and midwife participants to the FGD had similar notions on what interferes with the midwife's efficiently delivering health services to the community.

What makes your midwives happy about their work?

The Zamboanga del Norte supervisors hesitated for some moments trying to think what in the system makes the midwife happy.

Later, an MHO thought that the usual fringe benefits given in December such as the bonus, 13th month pay, etc., make the midwife happy.

Another is the "tokens/gifts" given by appreciative clients for satisfactory services as well as the full cooperation/response and comments of satisfaction derived from the services received by the client.

Support from supervisors and other health and barangay officials in the implementation of programs and projects also made the midwives happy as in:

- being there during launching or culminating programs.
- commendations and citations for a job well done.
- doing extra effort in following up the release of supplies.
- giving clear instructions and guidance periodically.

How do midwives react when you do supervision? What do they like about it?

A midwife is happy to see a supervisor visit her center for this is her chance to show her accomplishments like how she has improve the surroundings of her health center or her relationship with the client. It is also her chance to communicate and really show her needs and be able to ask questions.

One supervisor's observations is some midwives who have stayed long in the service seem to prefer non-supervision. To them, the less visits made, the better. Asked why, the supervisor thinks they do not want to be instructed anymore, feeling that their experience have taught them enough. The supervisor observes that one has to be more tactful in dealing with these kind of midwives if new programs are to succeed, she said.

The group thinks they are generally welcome. The PHN's said they visit midwives once a month, the DNC's lesser (once in two months), and the MHO's much less maybe 3 to 4 times a year and upon invitation.

What do they not like about it?

On the other hand, midwives do not like visitations made only once a year and also hurried visitations like 2-3 hours with program coordinators coming together with PHN's. "Mataranta ang midwife". She would not know who to attend to first.

Instructions that do not tally from one supervisor to another also irks the midwife and also when they are treated as the lowliest personnel without considering their self-esteem.

What things could be done to improve supervision that you yourself receive?

The supervisors suggested the following:

a. Follow protocol in supervising. Personnel from the higher office must not bypass immediate supervisors for better coordination.

b. There should be uniform instructions for every program for more clarity and reliability in the implementation.

c. District offices should be provided with a copy of the remarks, comments, feedbacks and recommendations given to midwives by other supervisors and program coordinators to guide DNC's in following-up and checking strengths and weaknesses for improvement.

d. There should be some kind of training, workshop to set up guidelines or monitoring devices to be used to uniformly evaluate and monitor the activities of midwives.

What is your personal relationship with your supervisors?

All the Zamboanga del Norte supervisors unanimously feel a generally good relationship between them.

What things could be done to improve your supply of medicines and equipment? What things could you do?

The Zamboanga del Norte supervisors suggest that they can help by:

a. having frequent contact with the midwives to know the status of their supply.

b. being up to date in forwarding requests for supplies to higher office

c. being assertive in following-up these requests

d. helping the midwives conduct information drives regarding the status of medicines and health centers and the clients' counterpart in establishing healthful conditions in the community to stop the notion that the medicines are "dole outs" and therefore everyone feels they should have a share of it.

The supervisors feel that the midwives can do the following to increase medical supplies:

a. be assertive and establish more linkages

b. constantly inform the higher office of their supply needs

c. put up herbal garden for herbal medicines in case they ran out of supplies

d. solicit donations

e. organize community resources

f. be frugal and reasonable in the distribution of medicines

What would you suggest to improve the supervision of remote health facilities?

The Zamboanga del Norte supervisors suggested the following:

a. Provide transportation facilities for MHO's, DNC's, PHN's and midwives for better visitations and monitoring.

b. Increase TEV's or turn these into allowances to be given monthly or released as cash advance subject to liquidation processes.

c. Device some kind of progression for the midwives like midwife 1, 2,or three basing on their length of experience, performance, work area, etc. to give recognition to their efforts and to give them some kind of promotion as an incentive.

ANSWERS TO SUPPLEMENTARY QUESTIONS:

Some secondary questions were looked into in the responses of the participants. Here are some of the insights on their responses:

1. *Did the midwives improve their score through "cheating", i.e. Did they simply record things more carefully in their TCLs (logbooks) or did they actually falsify their records?*

The midwives verbalized that they could not falsify their entries in their TCLs because name of clients served must be consistent in all of the required recordings.

Comments like the following were given:

- "dili ma-doctor"
- "mag-kuha na kami ug zero (0) gane kasi we cannot falsify antepartum cases in the first trimester"
- "ano kung the DNC or PHN or any higher up will come. Mabisto during the evaluation"

Meaning, the I.S.C. gives them better chances to be honest in their recordings because they are afraid to be caught off-handed when their supervisors come like when a case is randomly chosen for purposes of evaluating the care given, then the midwife charted in her records, but when the patient or client is asked as to the veracity of the services rendered, there was no truth to her entries.

Both the supervisors and the midwives were asked whether the midwives could have a chance of presenting a table report ("tumoy" [tip] of the ballpen report). The midwives said that due to the many reports to be made, they would not be able to do it although it is possible. Both groups agreed that if supervision is done systematically, this practice can be avoided most especially if spotchecking is done.

2. ***Similarly, did they just horde drugs in order to improve their scores?***

The midwives in Basilan expressed that they hid Oresol supplies from their supervisors so that they didn't get a low score. However, they did not keep medicines from patients because this would be unfair and would lower their scores in other areas.

3. *For those supervisors who did not use the checklist more than once or twice, why did't they use it more often? Was it a question of the checklist, or they simply did not do much any kind of supervision?*

Some supervisors did not have the chance to use the checklist because their supervisory visits coincided with workshop-seminars, conferences and training. Other reasons could be that the catchment area is quite far from the district offices.