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**THE SUPERVISORY SYSTEM OF BURKINA
FASO'S FAMILY PLANNING PROGRAM:
A BASELINE EVALUATION**

FPMD

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FAMILY PLANNING MANAGEMENT DEVELOPMENT**

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LIST OF ABBREVIATIONS

MSASF	Ministry of Health Social Action and the Family
DSF	Directorate of Family Health
FPMD	Family Planning Management Development Project
FPMF	Family Planning Management Training Project
MSH	Management Sciences for Health
DPS	Provincial Health Director
DPSASF	Provincial Directorate of Health, Social Action and the Family
MOH	Ministry of Health
FP/MCH	Family Planning/Maternal and Child Health
CM	Medical Center
CSPS	Center of Health and Social Promotion
PSP	Primary Health Post
VBA	Village birth attendant
AM	Auxiliary midwife
AIS	Itinerant health worker
ACNM	American College of Nurse Midwives
GTZ	Deutsche Gesellschaft Technische Zusammenarbeit
DDC	Diarrheal Disease Control
DEP	Directorate of Studies and Planning
NGO	Non-governmental organization
CHR	Regional Hospital

I. EXECUTIVE SUMMARY

Family Planning Management Development's primary objective in Burkina Faso is to help the Directorate of Family Health (DSF¹) to increase contraceptive use through the promotion and expansion of high quality family planning services by assisting it to strengthen and institutionalize its supervisory system. In order to maximize the DSF's ability to provide quality supervision, FPMD is assisting its Burkinabe counterparts in the development of an innovative approach to supervision that will maximize its potential. Through a series of meetings DSF, in collaboration with FPMD, has explored the possibility of strengthening the problem-solving and teamwork components of the supervisory system. They agreed to initiate these activities with a comprehensive baseline study of the supervisory system.

In primary health care activities, particularly in developing countries, an overlapping interaction of different "job descriptions" can be seen; thus, performance analysis cannot be achieved solely through observing individual performance, rather it must also focus on team effort. FPMD has found that focusing uniquely on the accomplishments of individuals does not necessarily ensure that the "group" or the "clinic" is going to accomplish its goals and objectives. The project has, therefore, increasingly focused on the team problem-solving approach as a strategy to strengthen the projected scope of supervision. This approach does not preclude individual technical supervision or performance analysis based on individual objectives, but it emphasizes the individual's performance as it relates to the group's ability to achieve common goals. Within the context of limited resources and a myriad of infrastructural and cultural constraints to the delivery and acceptance of family planning services, health workers have learned that approaching situations as a team is the most viable path to problem identification and resolution. Furthermore, problem-solving and finding solutions as a team removes individual blame and builds consensus. Therefore, supervision depends upon a team's ability to work together to analyze shortcomings, identify solutions, and implement them.

This systematic study of family planning supervision at the provincial level in Burkina Faso has enabled the DSF and FPMD to come to a unique understanding of how supervision functions and how it is perceived by supervisors and supervisees. FPMD found that high awareness of the value of supervision on the part of both supervisors and supervisees suggests the emphasis placed on improving supervision in the Ministry of Health, Social Action, and the Family (MSASF²) has paid off. Despite resource constraints and lack of clear direction, supervisors often perform commendably, and, in general, the supervisee appears to play a fairly active role in decision making and feels at ease with her supervisor.

¹Direction de la Santé et de la Famille

²Ministère de Santé de l'Action Sociale et de la Famille

This study found that a strong foundation exists upon which to strengthen the participatory attributes of family planning supervision in Burkina. However, if the system is to be effective, continued priority should be given to supervision in order to build on these improvements and to help develop a sustainable supervisory system. Among FPMD's key recommendations to the MSASF are the following:

- Commitment of resources necessary to fulfill supervision as defined by the national standards and policies document
- Clarification of the Primary Health Post's (PSP³) role within the MSASF structure
- Rational allocation of supervisory responsibilities based on professional levels and clearly defined roles and responsibilities
- Exploration of a future role for auxiliary midwives and itinerant health workers within the supervisory structure
- Basic and refresher training for all supervisors including planning and organization of local activities, interpersonal communication issues, and group problem-solving and teamwork
- Management training, particularly in the areas of information and statistics and work planning
- Expansion of the participation of supervisees in training related to supervisory issues

Given FPMT/D's specific technical focus on supervision in Burkina Faso, the number of people that it has trained in supervision, and FPMD's in-depth knowledge of the DSF's supervisory system, Burkina Faso presents a unique opportunity for further understanding the effectiveness of institutionalized supervisory systems in improving the quality of care and expanding the delivery of family planning services.

³Poste de Santé Primaire

II. INTRODUCTION

The Family Planning Management Development (FPMD) Project and its predecessor project, The Family Planning Management Training (FPMT) Project, have been involved in assisting the Directorate of Family Health (DSF) with the strengthening of its supervisory system. FPMD assistance continues to focus on provincial level supervision, and builds upon interventions supported under FPMT. From 1986 to 1990, the FPMT project provided supervision and management training to more than one hundred people, and assisted the Burkinabe in the development of a supervisory curriculum and protocols for provincial level supervisors. Whereas FPMT focused on management training as a means to improve capabilities, the FPMD project was designed to promote management effectiveness through a more comprehensive organizational development approach. FPMD works with organizations to maximize institutional capabilities in key management areas.

Given FPMT/D's specific technical focus on supervision in Burkina Faso, the number of people that it has trained in supervision, and FPMD's in-depth knowledge of the DSF's supervisory system, Burkina Faso presents a unique opportunity for further understanding the effectiveness of institutionalized supervisory systems in improving the quality of care and expanding the delivery of family planning services. The project's primary objective in Burkina Faso is to help the DSF increase contraceptive practice through the promotion and expansion of high quality family planning services by assisting it to strengthen and institutionalize its supervisory system.

In order to maximize the DSF's ability to provide quality supervision, FPMD is assisting its Burkinabe counterparts in the development of an innovative approach to supervision that will make full use of its human resources. Through a series of meetings, DSF in collaboration with FPMD has explored the possibility of strengthening the problem-solving and teamwork components of the supervisory system. They agreed to initiate activities with a comprehensive baseline study of the supervisory system. The purposes of this baseline were:

- To develop a systematic description of the family planning supervisory system
- To identify the needs, constraints and problems, strengths and weaknesses of the system
- To determine the level of knowledge, attitudes and practices pertinent to supervision among both supervisors and supervisees

This report presents findings from the baseline study and outlines the key recommendations of the FPMD/DSF team.

III. FPMD's FRAMEWORK FOR SUPERVISION

Supervision aims to ensure effective and cooperative work in order to use resources more effectively (Heegaard, 1975). FPMD believes that if supervision is to function effectively it must be part of the management process and comprise planning, organizing, and staffing. Supervision is a mechanism that helps in determining the points of the system that need reinforcement in order for the entire system to reach its objectives. It is not a tool to police individuals. A supervisor's role is to guide, coordinate, and direct the work of others to ensure the achievement of organizational goals. He or she must focus attention on the internal program environment (program planning, team problem-solving, monitoring of operations, and progress made toward objectives), as well as on the external environment (policy and guideline changes, training opportunities, communication with other levels of the health system, and advocacy).

Most Ministry of Health (MOH) and Family Planning (FP) programs in the developing countries with which FPMD collaborates suffer from a severe lack of resources. Supervision is often infrequent because petrol and vehicles are not available, and provincial supervisors themselves rarely receive guidelines from the central ministry regarding supervision. Supervisors received scant training about how to conduct supervision, and supervisees are rarely, if ever, told the significance of supervision and their roles in this process. Due to such constraints, a traditional view of supervision has developed over the years that is reflected in a monitoring/control perspective and is symbolized by the supervisory checklist.

No matter how useful training, guidelines, and checklists are, personal contact with the team is essential. FPMD's supervision approach is oriented toward teamwork between supervisors and supervisees at the local level where problem-solving is the main focus of the interaction. On the part of the supervisor it involves supportiveness, genuine attentiveness, devotion to education, and disregarding conventional disciplinary attitudes; it also requires that the supervisor have some skills as a facilitator and a thorough knowledge of the actual operation of service delivery at the clinic level. With this approach, supervisors must pro-actively look toward the future, emphasizing results and outcomes rather than narrowly focusing on administrative procedures, counting inputs and checking outputs.

Effective supervision in family planning programs has primarily to do with supporting field workers in their direct interaction with the client population. An appropriate supervisory system helps the field worker to become more effective, to maintain a high morale, and to acquire a preventive orientation. Thus, supervisors are responsible for the functioning of the program at the operational level, and improvement in a supervisory system can be expected to make a major contribution toward a program's service expansion and quality of care.

Figure 1
Systemic View of Supervision

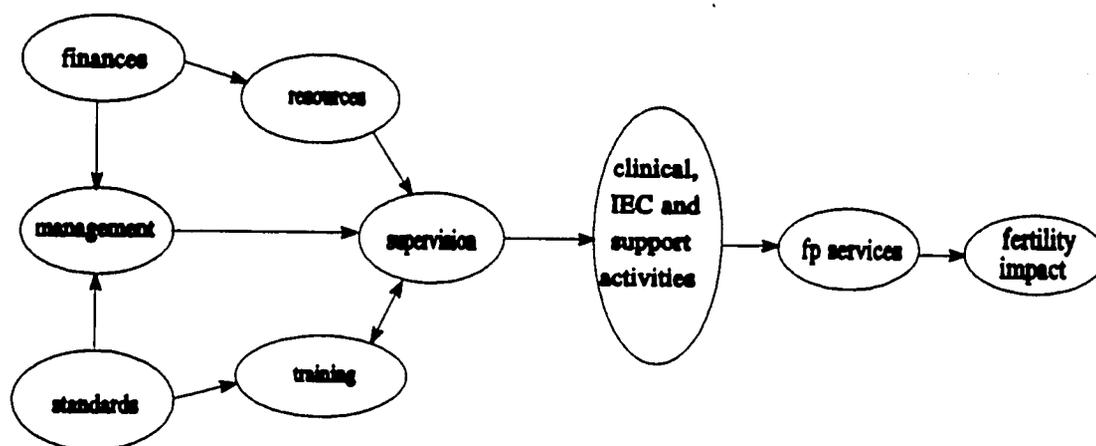


Figure 1 describes supervisory activities in family planning as a system. Essentially, it depicts supervision as the crystallization of the inputs from pre-existing subsystems (i.e. management, finances, training, medical services). Management generates the definition of the activities and the procedure for implementing them. Finances provide, in interaction with management, the resources for the actual implementation. The standards (or quality assurance), provide guidelines for making the supervision technically meaningful. And training insures that the supervisor has the basic skills to conduct a fruitful supervision and that supervisees understand the system and share the general objectives of the supervisory efforts. Prospectively, supervision focuses directly on the activities that actually produce family planning services. Indirectly it has an impact at the fertility level.

A. The Supervisory System

A clearly defined system is necessary in order to carry out supervisory activities regularly and effectively and to ensure that supervision is a priority within the larger health system. FPMD defines the institutionalization of a supervisory system based on the following criteria:

- (1) a well defined supervisory system has clearly delineated lines of authority, well defined levels and interactions and appropriate procedures and tools (guidelines, job descriptions, supervisory protocols);
- (2) health officials understand how the system functions and how it **should** function,
- (3) Personnel at all levels of the organization (in this case the DSF) know their roles and understand that supervision is important and necessary to achieve organizational goals;
- (4) the organization has defined an operational niche for the planning, implementation and monitoring of supervision,
- (5) adequate resources are allocated in the organization's annual budget to carry out supervision and to maintain the upkeep of the supervisory system, and
- (6) supervision enables health workers to more effectively and efficiently meet the needs of their clients and thus, the goals of the program.

B. A Supervision Model for Team Problem-solving

In primary health care activities, particularly in developing countries, individual "job descriptions" often do not reflect the roles and responsibilities of a person. Neither do they provide a basis for evaluation of his or her performance. As such, "job descriptions" cannot always be connected to "outputs". Often, overlapping and interactions of different "job descriptions" can be seen; thus, it is difficult to analyze programmatic performance solely through observing individual actions. Individual performance appraisal should be complemented by a focus on team effort. Research has shown that focusing primarily on an individual's performance is not valid in many contexts within which the FPMD project works.⁴

Focusing uniquely on the accomplishments of individuals does not necessarily ensure that the "group" or the "clinic" is going to accomplish its goals and objectives. The team problem-solving approach does not preclude individual technical supervision or performance analysis based on individual objectives. However, in this model, the emphasis is on the individual's performance as it relates to the ability of the group to achieve common goals. As such, this approach has a forward focus; it looks to the actual performance as a way to find aspects that

⁴For example, one of the experiences in the AID-funded Rural Health Project in Ecuador (1987-1990) was the strengthening of local planning following the PAHO's strategy of SILOS (Sistemas Integradas Locales de Salud or "Local Integrated Health Systems"). An important aspect of this strategy was the strengthening of supervision within the context of local planning. Individual supervision, however, did not help advance local planning as it did not motivate people to be involved and to participate. Only after the project decided to focus on the supervision of the local teams was it possible to find the connection between supervision and planning. Moreover, supervision became a "normal" way to monitor the activities designed in the plan and to assess the achievement of objectives. (J Benavente et al. "Supervision Evaluacion del Programa Materno-Infantil en Ecuador, MOH Quito 1990.)

can be improved rather than identifying shortcomings that must be sanctioned. Within the context of limited resources and a myriad of infrastructural and cultural constraints to the delivery and acceptance of family planning services, health workers have learned that attacking problems as a team is the most viable approach to problem identification and resolution. Furthermore, identifying problems and finding solutions as a team removes individual blame and builds consensus. Therefore, supervision depends upon a team's ability to work together to analyze shortcomings and identify and implement solutions.

C. The Supervisor's Role

In the team problem-solving model, the supervisor plays the role of a facilitator, relating supervision to group outputs. Her approach should be, What is the health unit's target and how can we reach this target as a group. How have "we" done? How are "we" progressing toward reaching our targets? If the supervisor advocates group problem-solving, then problem identification, feedback, and solution identification should occur during supervisory visits.

FPMD believes a supervisor's role is to work with her supervisees to enable them to accomplish their tasks. In order to maximize the use of human and financial resources the ideal supervisor should work to build the capacity of the people she supervises and to generate support from above. A supervisor assists staff to perform their job better by providing: motivation, training, resource and logistics support, advocacy, and monitoring. In addition, a supervisor should involve staff in decision making that affects them and should elicit their feedback on the effectiveness of the supervision they have received. A key component of collective decision making is joint development and revision of objectives. This builds support from below through collective determination of priorities rather than the imposition of objectives from the top. If supervisor and supervisee have defined objectives jointly, the supervisor is more equipped to represent the supervisee and more invested in the supervisee's situation, and therefore acts as a better advocate for individuals and for clinics supervised when issues go to higher levels.

D. The Supervisor/Supervisee Interaction

The relationship that exists between the supervisor and the supervisees is key to the success of the team problem-solving approach. As noted above, the effective supervisory relationship is based upon certain principles:

1. **Supervisees should be involved in the supervisory process.** The supervisee's participation in all aspects of supervision is vital to the successful implementation of the problem-solving model. This implies the supervisee's involvement in the development of individual and team or clinic performance objectives, decision making, and performance analysis.

2. **The supervisor and her supervisees should interact based on norms of mutual respect as defined by the supervisory system.** An atmosphere in which supervisors foster positive communication norms will cultivate the team problem-solving model.
3. **Supervision should focus on group definition of performance targets and group performance.** The team problem-solving approach does not preclude individual technical supervision or performance analysis based on individual objectives. However, in this model, the emphasis is on the individual's performance as it relates to the group's ability to achieve common goals.

E. The Lines of Authority

Supervisory activities take place within the context of three interactive levels: the central/mid-level (provincial, regional or district), the mid-level/clinic, and the clinic manager/service provider. Each of these three relationships is critical to overall program performance and each has a unique role in the larger supervisory structure. In an effective supervisory system, these key relationships are clearly defined.

1. The central/mid level interaction:

For a health supervision system to be effective, the central level must actively support it as a priority through provision of human and capital resources. Within national family planning programs, individuals or supervisory teams tend to supervise provincial offices two to three times annually. The focus is usually on performance targets, management indicators, budget control, and personnel management related to the region. The MOH's link to the provincial health system is key to the strength of the health care supervisory system. Actions the central level must undertake to support provincial supervision include:

- Development of reporting and monitoring systems to track supervision needs
- Organization and support of training in supervisory skills development for middle level supervisors and service delivery teams
- Responsiveness to service delivery needs expressed by mid-level supervisors
- Active advocacy for resources

2. The mid-level/clinic interaction:

The mid-level manager, who may be the provincial Director of Health or the Regional Medical Chief, plays a critical but often exceptionally difficult role in the supervisory system. Often, much of this person's time is spent responding to central level requests. Or, due to personnel shortages, this person may often be called upon to do direct

patient care. Both of these additional tasks reduce time allotted to provincial management. As the person responsible for the provincial supervisory process, he must ensure that the province has a trained supervision team, that the supervisors receive clear guidelines, that there is a schedule of supervisory activities covering all health units, and that supervisors produce written reports which are used to monitor changes at the health unit. In addition, the mid-level manager should motivate provincial supervisors through prompt and constructive feedback, assistance with problem-solving and regular communication. Normally, at this level, supervision teams or individuals conduct supervisory visits to peripheral health units once or twice per year. The supervisor's primary task is to continually monitor the units she supervises and to serve as their advocate at the provincial office.

3. The clinic/service provider interaction:

The clinic supervisor's job is to ensure that family planning clients receive quality service for which they are satisfied. She should promote a preventive approach to health by taking active responsibility to ensure that problem-solving strategies are developed at the clinic level. In collaboration with her team she should ensure that these solutions are implemented, monitor day to day operations and progress toward meeting clinic performance objectives, and communicate with the external supervisor when outside resources or support are needed. The clinic supervisor plays a particularly critical role in ensuring that clients receive quality care. Supervision at this level is often referred to as internal supervision.

An important issue regarding the implementation of supervision is that the system be able to determine "why", "when", and "how" supervision is being effective. This is especially important in the application of a problem-solving/teamwork approach where the measures for assessing performance are not exclusively related to the information a supervisor can provide. In this case, performance analysis requires continuous information coming from different operational levels (individual, health center team, district and/or province level). The most appropriate strategy for securing this information is the design and implementation of a system to monitor the supervisory process. This system must be organized around the expected results and objectives of discrete activities and must generate continuous measure-of-performance indicators that reflect these objectives.

IV. BACKGROUND

From 1986 to 1990 the FPMT project provided technical assistance to the DSF in the development of the components of an effective supervisory system. Together with USAID the DSF identified a lack of systematic supervision as a key difficulty in the delivery of effective family planning services. Assistance focused on training key provincial and central level health personnel in supervision. Specific activities included six supervision workshops for a total of 95 people, the development of supervisory protocols, and a standard

supervision curriculum for training of central and provincial level supervisors. The training plan, however, was not completed during the life of the FPMT project.

A follow-up study of health workers trained under FPMT was carried out in April 1990. Based on these interviews, FPMT and the MSASF prepared an assessment of the supervisory training carried out in Burkina. In general, they found that USAID, the MSASF, and workshop participants were satisfied with the training and technical assistance they had received, and with the tools and training materials developed. Unfortunately, this follow-up did not consider the usefulness of the training in changing the "practice" of supervisors and in improving services. Problems and constraints that were identified included constant turnover of personnel, lack of resources, and inability to apply practical solutions to problems identified through supervisory visits. Thus a need to reinforce supervisory training through an increased focus on problem-solving tools was identified. Results and recommendations from this follow-up study guided the most recent FPMD assessment and the determination of the project's focus in Burkina⁵.

The FPMD assessment team recommended:

- The completion of supervisory training, refresher training focused on problem solving and team building skills
- The finalization, replication and wide distribution of all supervisory protocols
- The development and wide dissemination of a comprehensive guide to supervision for provincial level supervisors
- Assistance with the institutionalization of supervisory training at the provincial level
- Evaluation of supervisory interventions

Based on the recommendation for a systematic assessment, the Director of Evaluation in collaboration with the Africa Division of FPMD designed a general framework to evaluate FPMD activities in supervision.⁶ In March 1992 the team submitted the preliminary evaluation design to the DSF and USAID/Burkina. At the request of the DSF, the original evaluation methodology was expanded to include both a baseline study of the supervisory system and a post intervention study to allow assessment for change and on-going monitoring of the supervisory process. This approach will ultimately enable the DPSASFs to give immediate and continuous feedback to supervisees, and if expanded, it will provide a tool

⁵Rapport sur le suivi des participants et sur l'évaluation des activités du projet FPMT au Burkina Faso, April 1990, Heise and FPMD's Burkina Faso Management Assessment, July 1991, Mitchell and Madden.

⁶ Standards and Protocols Workshop and Evaluation Design, Burkina Faso, March 1992, Benavente and Madden.

which provincial and central level supervisors can use to determine resource and training needs. The general outline for evaluating the supervisory efforts follows:

1. A baseline comprising: (a) an intensive review of available data to typify the supervisory system, and (b) limited primary data collection from supervisors and supervisees
2. A monitoring system, developed in conjunction with the operations guide for supervision
3. A post intervention survey at the end of the project, enabling DSF/FPMD: (a) to obtain data for comparison with baseline measurements, and (b) to associate changes in the process with level of performance measured in the second survey

At the FPMD home office in Boston, the FPMD Evaluation Unit, in collaboration with the FPMD Africa Division, the Management Sciences for Health (MSH) Management Training (MT) Division, and a specialist in family planning in francophone Africa, designed the primary data collection instruments: (1) a protocol for interviewing provincial directors of the DPSASF, (2) a questionnaire addressed to supervisors, and (3) a questionnaire addressed to supervisee (See Annex II). Through a series of group meetings the team developed, discussed, and reviewed the questionnaires based on four variable dimensions:

1. Characteristics of the DSF supervisory system
2. The family planning program
3. The roles and skills of the supervisor
4. Operational aspects of supervisory visits to health centers

The questions were then prioritized and, to reduce duplication and overlap, several original questions were removed from the instruments. The instruments were then translated into French and forwarded to USAID/Burkina, the DSF, and the Population Council Ouagadougou office for comments and recommendations.

During July, a team from the Family Planning Management Development (FPMD) project Boston office comprised of Claire Madden, Africa Program Officer and Barbara Seligman, Senior Evaluation Officer travelled to Burkina Faso to assist in the overall implementation of fieldwork. The objectives of the visit were threefold:

1. In collaboration with Mrs. Félicité Bassolet, DSF, and two interviewers seconded from other Directorates in the MSASF, Mrs. Jeanne Nyameogo and Mr. Roland Benon, to discuss, refine, and finalize design of a baseline survey of the family planning

supervisory system in the Directorate of Family Health (DSF) in Burkina Faso's Ministry of Health Social Action and the Family (MSASF)

2. To assist in conducting a baseline survey of the family planning supervisory system in five USAID sponsored provinces: Bazega, Kadiogo, Oubritenga, Seno, and Yatenga
3. In collaboration with Burkinabe counterparts, to analyze data and present preliminary results from the supervision survey to the DSF and USAID/Ouagadougou

During a three day seminar FPMD staff discussed with Burkinabe colleagues the existing supervisory system, and the evaluation study design. The FPMD/DSF team then reviewed and refined the survey instruments, selected the sample of health centers and pretested the questionnaires at non-sample health centers in Ouagadougou.⁷

V. THE STUDY DESIGN

A. Objectives of the Supervisory Study

General Objective:

To identify the major issues affecting supervision of family planning activities at the provincial level in the MSASF so that supervision interventions and resources may be targeted to achieve greater impact.

Specific Objectives:

1. To systematically describe the supervisory system for family planning services at provincial level facilities in the MSASF from the perspectives of both supervisors and supervisees.
2. To identify areas of need, constraints, problems, strengths and weaknesses of the supervisory system.

⁷ There are some key words or terms used in the questionnaires that, given the rural West African setting, resulted in misunderstanding of certain questions, as evidenced by apparent inconsistencies in the responses. Commonly misunderstood terms include:

- a. Lack of Planning. Question did not specify the level at which lack of planning might present a constraint to effective supervision. While only a few supervisors identified this as a constraint it remains difficult to interpret responses to this question.
- b. Motivation and advice ("conseil"). These two terms may have been understood differently by supervisors and supervisees. The term that supervisors use to describe their role is often "motivation" of their supervisees. Supervisees, on the other hand, tend to think of their supervisors as sources of advice or "conseil". However, the responses that supervisors and supervisees gave for these two elements are very close, suggesting that the semantic differences may not be significant in the aggregate.
- c. In the examples they chose to give of how supervision improves family planning, supervisees repeatedly chose to describe supervision in terms of inspection or correction of faults. These examples seemed to contradict the high percentages of supervisees who said that their supervisor solicited their feedback and encouraged them to participate in the analysis of their performance. The open-ended questions, which got surprisingly high response rates, were more clear and not subject to bias.

3. To determine the level of knowledge, attitudes and practices related to supervision among both supervisors and supervisee.

B. The Study Sample and Data Collection Methodology

In collaboration with FPMD, the DSF developed a general framework to evaluate external supervisory activities at the provincial level in Burkina Faso. Because the FPMD project is funded by USAID the study sample was limited to the fifteen provinces currently receiving USAID funding. From among those fifteen provinces, five were chosen at random for this study. An important focus of this survey was external supervision, or supervision performed by a person who comes from the outside, usually from a health unit of a higher level of complexity than the one being supervised. For external supervision the key issues are coordination, preparation of the supervisory visit, and linking the outcomes and recommendations of the previous visit to future visits.⁸

The design of the supervision study called for interviewing the personnel in 14 CMs, 19 CSPS/Isolated MCH Centers, and at the DPS in Kadiogo, Bazega, Yatenga, Seno, and Ouhritenga. The interview instructions identified supervisory positions for different types of facilities. Interviewers tried to interview the people occupying the specified positions, although it was occasionally the case that either the person was not available or that he/she did not actually perform external supervision. In each province, a team interviewed the supervisors, supervisees and provincial health directors.⁹ Interviews were conducted at the following types of facilities according to the criteria specified: in the Provincial Directorates of Health, Social Action and the Family (DPSASF) the team interviewed the DPS, the head of MCH/FP and the Head of IEC, in the Medical Centers (CM) they interviewed two supervisors, preferably, the chief doctor of the CM and a midwife, and two supervisees, a senior nurse and a junior nurse or any other person supervised from the exterior; and in the Health and Social Promotion Centers (CSPS) and isolated MCH Centers they interviewed the clinic manager which was usually a state nurse, and preferably two supervisees. The teams interviewed personnel responsible for the supervision of family planning activities at the

⁸Because the study's central focus was on external supervision, the sample should have been limited to service delivery points that were actively involved in supervising external sites. In addition, in Kadiogo, supervision is conducted in a different manner than supervision in other provinces. Supervision of the CMs and CSPSs is done by the Responsible for MCH/FP in the DPSASF of Kadiogo, and therefore Burkina's theoretical supervision model does not function. And because Kadiogo, which is largely urban, differs from other provinces in that the number of PSPs is negligible. If this survey is replicated in other provinces, sample selection should specify external or internal supervision, and Kadiogo should be treated as a special case with respect to its supervisory system.

⁹The interviewing of both supervisors and supervisees to provide independent observations about the supervisory event worked well for describing the supervisory event at the levels DPS - CM and CM - CSPS, but only allowed for supervisors' descriptions of the event at the level CSPS-PSP. Because PSPs are not part of the formal public health system, no supervisees from the PSPs were interviewed. Future studies should either include supervisees from the PSP level in the sample design or limit the design to describing the supervisory event at the levels DPS - CM and CM-CSPS.

health centers one level below theirs in the organizational hierarchy. The supervisees interviewed were personnel who had been supervised from the exterior, by someone coming from a clinic at the next level of the system. In each province except for Kadiogo¹⁰ the provincial health director and, if available, the provincial director for information, education and communication activities were interviewed.

Fieldwork was carried out by two teams over a 12 day period, from July 8-21, 1992. Together, the two teams visited 38 sites where they interviewed 37 supervisors, 52 supervisees, and four provincial directors of the DPSASF (See Table 1). Though priority was placed on interviewing supervisors and supervisees who participated in external supervision of family planning activities, the sample ultimately included supervisors and supervisees who were supposed to supervise or be supervised from the exterior but who, in fact, had never actually participated in external supervision. Also, supervisors and supervisees who were supposed to be supervising or providing family planning services but who were not doing so (usually because of lack of training or transportation) were also included in the sample. The team chose to integrate the ten cases of supervisors who only supervised within their own health unit in the sections of the analysis that concern subjects equally pertinent to internal and external supervision.

Both supervisors and supervisees were asked about their perceptions and practices. This allowed for comparison of supervisors' and supervisees' perspectives about: the objectives of supervision; how the supervisory visit is conducted; whether the visit is effective; and the constraints to more effective supervision. Reports from interviews with the provincial health directors were intended to provide a context in which to interpret survey results. Supervision policies and priorities, which are influenced by the provincial health director, vary by province. The seriousness of resource constraints (for example, the availability of petrol, frequency of staff turnover, and shortages) also varies by province.

Table 1
Types of Sites Interviewed by Province

	Yatenga	Bazega	Kadiogo	Oubritenga	Seno	Total
Medical Center	3	3	4	3	1	14
CSPS/SMI ¹¹	4	8	4	1	2	19
DPSAFS	1	1	1	1	1	5
Total	8	12	9	5	4	38

¹⁰ The DSP was not available for interviews in Kadiogo at the time of the survey.

¹¹ Due to the reduced number of isolated MCH centers in the study sample (2) and to the fact that they both offer family planning services and are similar in nature to the CSPS, they were combined in this table.

VI. ANALYSIS

The following section includes a presentation of data analysis and baseline results divided into four focus areas: the supervisor, the supervisee, supervisor/supervisee perceptions of one another, and the supervisory system. In Section D, The Operationalization of the Burkina Supervisory System, the analysis incorporates data gleaned from the supervisor and supervisee questionnaires and from the protocols administered to the Provincial Directors in each of the five provinces studied.

A. Burkina Faso Theoretical Supervisory System

In the DSF's supervision curriculum, supervision is defined as: "a process that consists of collecting information on the performance, the motivation and the work conditions of the supervised agent in an effort to ensure the best service delivery possible according to the objectives of the organization."¹² The DSF realizes the importance of supervision and has, over the past several years, worked toward improving its system. In meetings to develop the National Strategy for the Family Planning Program, a strong family planning supervisory system was identified as one of Burkina's top two priorities in institutional strengthening.¹³

The supervisory system of family planning service providers in Burkina Faso is based on the existing organizational structure of the Ministry of Health, Social Action, and the Family (MSASF) whereby each level is supervised by the level immediately above it. Ideally, personnel from the DSF supervise the Provincial Directorate of Health, Social Action, and the Family (DPSASF), the DPSASF supervises the Medical Center (CM), and the CM supervises the Center for Health and Social Promotion (CSPS). It should be noted that the Primary Health Post (PSP) is considered part of the health system but is neither financed nor staffed by the MSASF. However, de facto, the PSP is periodically supervised by the CSPS in certain provinces. As the DSF moves toward an emphasis on reaching the periphery with family planning services, the role of the PSP will need to be more clearly defined.

Burkina Faso's National Policies and Standards Document for MCH/FP defines supervisory activities as follows: the supervision of provincial health workers in the field will be ensured by competent teams put in place at the intermediary level by the provisional health director, while the central level will ensure the supervision of program management and follow up; supervision will be carried out once a year from the central level to the provinces and twice a year from the provincial level to the health centers. More frequent supervision will be carried out at the initiation of new programs as needed; immediate feedback will be given to supervised agents; and supervisory reports will be written by supervisory teams and

¹²Guide Pour les Formateurs: Formation en Supervision des Prestations de Santé Maternelle et Infantile/Planning Familial, MOHSAF 1990, designed in collaboration with FPMT

¹³ The DSF is currently in the final stages of developing a 5 year National Family Planning Program Strategy document. In the strategic planning analysis, supervision was identified as deserving priority attention.

transmitted to the supervisee and the superior level no later than one month after the supervisory visit takes place.¹⁴

In August 1992 a presidential decree formally acknowledged the initiation of the restructuring of the MSASF. A system of medical districts will be developed around the 54 existing medical centers. By December 1993, twelve CMs will have a core team of five health personnel, of which two will be doctors. These Doctors will coordinate all supervision activities in the districts at the CSPS level. This decentralized model, coupled with the national family planning strategy's emphasis on improved quality and frequency of supervision, contribute to Burkina's move toward a more operationally defined and more sustainable system. Within this restructured context, the Provincial Director of Health (DPS) should play a key role in the management and planning of provincial supervision.

B. Functionality of the Supervisory Chain

An important issue in analyzing supervisory activities is to determine to what extent the supervisory chain and the cascading supervisory system are functional in Burkina Faso?

A supervisory chain by profession is functional when staff at each level supervise personnel at the level immediately below their own, and at most, two levels below their own. This supervisory chain ensures adequate supervision based on a person's knowledge and skill base, and minimizes the utilization of overqualified (and often scarce) staff in unnecessary supervisory interactions. The effectiveness of a supervisory relationship among equals depends upon the supervisory structure. If a system is more hierarchical than participatory in nature then conditions exist for creating conflict. However, in a participatory system, supervision among professional equals (midwives in Burkina, for example) will often work well because supervisors and supervisees have the same skill base and can therefore communicate on the same technical level. Furthermore, though two people have the same professional training, it is completely acceptable that the one who has more experience in the field or has specialized in a certain technical area would supervise a professional peer who has just finished school.

Similarly, a cascading organizational supervisory system functions in a rational manner when the health center at each level of the supervisory system supervises the level immediately below it, and occasionally two levels below it.

Figure 2 depicts the theoretical and actual supervisory relationships among personnel in the Burkinabe system. Certain relationships appear to signal the irrational use of human resources. Figure 3 shows the theoretical and actual supervisory links that exist among different structural levels of the health system. These two figures depict the particularities that exist in the Burkinabe Family Planning supervisory system.

¹⁴Document de Standards et Politiques de SMI/PF de Burkina Faso 1991

A distance between a supervisor and a supervisee that is too vast represents an irrational supervisory pattern. Based on data gathered, it appears that in Burkina the delegation of authority for supervision of health activities is at times based on where people are located, rather than on a rational hierarchical supervisory model. This fairly ad hoc delegation of supervisory responsibilities could lead to an ineffective use of scarce trained personnel.

The survey team acknowledges that the differences between the formal and actual systems can be explained, at least in part, by the fact that each DPS modifies the cascading system (by structure or by profession) according to the availability of human and material resources in his province. Even so, it is clear that the cascade system does not function as it was intended to function, and the most direct supervisory relationships among personnel do not always exist.

Figure 2
Levels of the Supervisory Structure by Profession

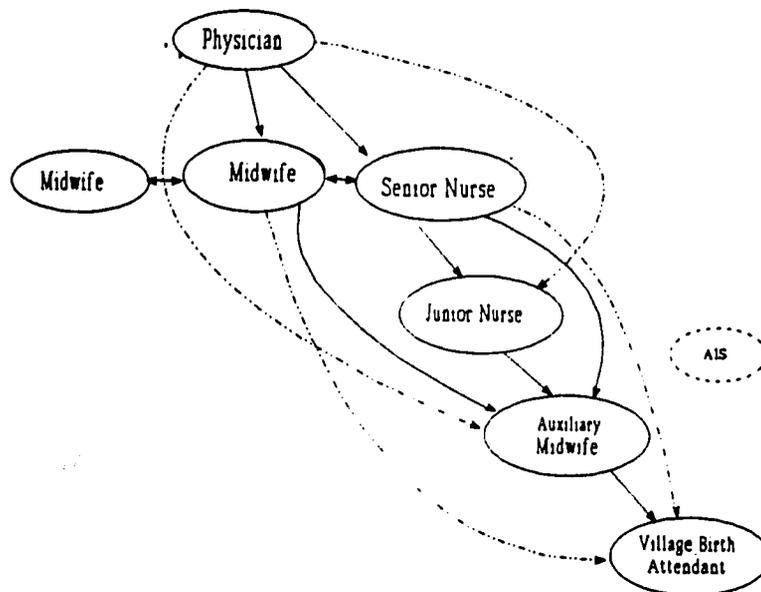
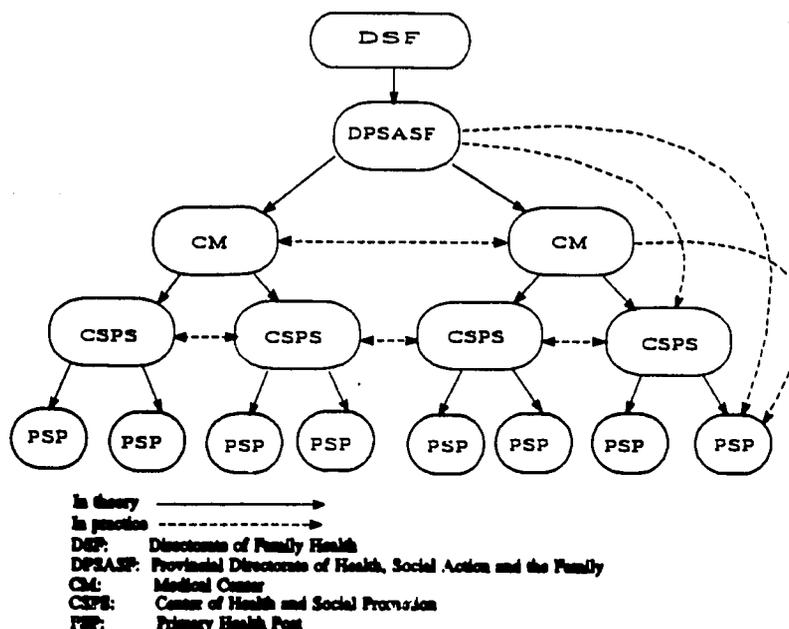


Figure 3
Levels of the Supervisory Structure by Organizational Structure



Examples of cases in which the theoretical cascade system by profession or by structure is not respected:

- Fifty percent of personnel supervised by Senior nurses are village birth attendants. In general this is a supervisory role that could be attributed to auxiliary midwives or itinerant health workers, neither of whom seem to play substantial roles in the current supervisory system.¹⁵
- More than fifty percent of supervision conducted by doctors involves junior nurses and auxiliary midwives.
- The supervisory chain itself is dysfunctional because, though the PSP is supervised, its role within the structure is not clearly defined.
- In several cases CMs supervise CMs, CSPS supervise CSPS; CMs even supervise PSPs

¹⁵The ACNM project in Bazega is training both auxiliary midwives and nurses to play a more active supervisory role in family planning activities. If results from the evaluation of this project (conducted by Population Council) are positive, the DSF might consider training auxiliary midwives in other provinces.

These examples illustrate interactions in the Burkinabe system that may represent a misuse of precious human resources, an example is high percentage of time spent by physicians and midwives who are supervising personnel two or more levels below them in the supervisory system hierarchy. On the other hand, the fact that a high percentage of midwives are supervised by midwives in the Burkinabe structure may indicate that there exists a solid base upon which to strengthen the participatory nature of the Burkinabe supervisory system.

C. Supervisor and Supervisee Profiles

The analysis of supervisory systems and supervisory interventions tends to revolve around the role of the supervisor. Supervisory training is offered to supervisors, however supervisees are seldom informed about the rationale for supervisory activities: what to expect from supervision, how to benefit from it, and how to improve it. Moreover, most technical approaches to supervision do not seriously consider the supervisee's role and perceptions as a key component of an effective system. This lack of programmatic attention to supervisees' role in the supervisory system and their attitudes and perceptions regarding their interaction with supervisors has, in general, reinforced the idea that the supervisee is a passive and powerless player in the supervisor/supervisee interaction.

FPMD believes that both supervisor and supervisee roles are equally important in the supervisory process. Therefore, the FPMD/DSF study considered both roles by interviewing 37 supervisors and 52 supervisees. This section summarizes the findings of this study regarding the general profile of Burkinabe supervisors and supervisees involved in the health system.

1. The Supervisor

In the Burkinabe health system no-one is "only" a supervisor. For most personnel, supervision is an addition to their regular activities and a function of their role within the health system at any given time. In the Burkinabe system, and others like it, personnel have not necessarily been trained in supervision, nor has supervision been formally listed as part of their job description. Therefore, it is not surprising that many supervisors do not perform their supervisory activities in a systematic way and do not necessarily considering them a high priority.

Thirty-one of the 37 supervisors interviewed claimed that supervisory activities were part of their job description. Less than half of the supervisors interviewed (16, or 43 percent) had received some sort of training in supervision.¹⁶ Twenty-eight actually carried out a supervisory visit to an external facility over the course of the last year.

¹⁶If supervisors responded yes to the question, "have you been to a workshop that dealt with the supervision of health programs within the past five years?" the evaluation team asked the supervisor the subject of focus of the training course they had attended. Many of them gave responses other than "supervision." This indicates that the majority of training received by those interviewed was not specialized in supervision.

Of the 37 supervisors interviewed, 12 were senior nurses, 15 were midwives¹⁷ and 5 were doctors. Seventeen of the supervisors interviewed were based at CMs and 13 at CSPS. Among the 28 supervisors who were actively involved in external supervision 11 are senior nurses, 7 are midwives, 5 are doctors, and 1 is a junior nurse. Nine of the supervisors had only supervised within their own clinic, despite the fact that five of those nine should have been conducting external supervision.¹⁸ The rest were involved in supervising information, education, and communication activities.

Table 2
Number of Supervisors by Profession: External and Internal¹⁹

PROFESSION	TOTAL NUMBER	EXTERNAL	INTERNAL
Doctor	5	5	-
Midwife/health attaché	15	7	8
Senior nurse	12	11	1
Junior nurse	1	1	-
IEC manager	2	2	-
Other	2	2	-
Total number	37	28	9

¹⁷Due to the insignificant number of health attachés in this sample (1) and to the fact that the professional qualifications for a health attaché are similar to the qualifications for a midwife, the two categories were combined for the purpose of table 2.

¹⁸The four midwives that did not conduct external supervision and who were not supposed to conduct external supervision were all from Kadiogo province. In Kadiogo province supervision is different from the cascade system that is used in the other provinces. In Kadiogo, a team from the DPSASF does supervision at all the levels of the system.

¹⁹The subjects of this study was supervisors who conduct supervision in the field. Thirty-three of the supervisors interviewed should have done external supervision. Four were midwives from Kadiogo who were based in CMs and CSPS who do not normally do external supervision.

Table 3
Distribution of Supervisors and Supervisees
by health center and province²⁰: External and Internal

Province	Total		CM		CSPS		Other	
	Supervisor	Supervisee	Supervisor	Supervisee	Supervisor	Supervisee	Supervisor	Supervisor
Bazega	11	13	4	6	6	7	1	0
Kadiogo	9	15	5	8	3	7	1	0
Oubritenga	4	6	2	4	1	2	1	0
Seno	4	6	1	2	1	2	2	2
Yatenga	9	12	5	6	2	6	2	0
Total	37	52	17	26	13	24	7	2

Of the twenty-eight supervisors who do external supervision, fourteen are based at CMs, seven in CSPS and the remainder in "other" types of facilities. The average number of sites supervised by supervisors responsible for external supervision is 12 per supervisor, with a range of between 2 and 35. The average is highest for external supervisors based in CMs(14), while for supervisors based in CSPS the average is 9 sites. For supervisors based in other types of facilities such as the provincial directorates, the average number of sites supervised is 11. External supervisors based in CMs supervise on average the highest number of personnel (41) while supervisors based in CSPS only supervise an average of 17 health workers. (For number and profession of supervisees who were supervised by supervisors who were interviewed, See Table 22 at the end of Annex I.)

Doctors: Of the 332 sites supervised by the external supervisors interviewed, the five doctors interviewed supervise 13% (43).²¹ Almost one third of these were family planning sites. They supervised less than one fifth of the CMs, and 22% of CSPS. The doctors supervised a total of 149 people for an average of 30 each. Their supervisees were, junior nurses, senior nurses, midwives, and auxiliary midwives respectively.

Senior Nurses: The eleven senior nurses interviewed supervise 43% (143) of the total sites supervised (332) of which nearly 20% provide family planning services. They supervised

²⁰Description of the entire sample including supervisors who supervise externally, supervisees who are supervised externally, supervisors who supervise only in their health center, and supervisees who are only supervised in their health center.

²¹The 332 site referred to in this section represent the sites supervised by supervisors interviewed for this study who conduct external supervision.

11% of CMs, 29% of CSPSs and 69% of PSPs. Senior nurses supervised a total of 219 people with an average of 20 supervisees each. The principal supervisees were village birth attendants, auxiliary midwives, and senior nurses respectively.

Midwives: The seven midwives supervise 35% (116) of total sites. Eighty percent of the sites they supervised offered family planning services. They supervise MCH/FP services in 52% of the CM, 42% of the CSPS, and 25% of the PSP. Midwives supervised a combined total of 395 health workers for an average of 56, by far the highest number of supervisees per person of any professional group. The supervisees were auxiliary midwives, midwives, and senior nurses respectively.

The data gathered clearly indicates that senior nurses and midwives are the primary force that drives the provincial supervisory system. Midwives are more involved in supervisory activities at health units that offer family planning services. This involvement is a conscious effort on the part of the MSASF and indicates an increased emphasis on the integration of MCH/FP activities at the provincial level.

Of particular interest in this study, is the number of Primary Health Posts (PSPs) supervised and the type of personnel who supervise them. There are currently approximately 6000 PSPs in Burkina Faso. In principle, a PSP is staffed by a village health agent and a village birth attendant. They are considered part of the MSASF health pyramid, though they receive no financial support from the MSASF. At present PSP health workers are trained at the initiative of the Provincial Health Directors, and the MSASF neither finances them nor supports their training. Because the PSP is not financially supported by the health system the survey did not interview supervisees at this level. However, the study confirms that PSPs play a significant role within the service delivery system; their supervision is, therefore, an important issue. Table 4 shows the breakdown by province.

Table 4
Breakdown by Province of PSP's Supervised

Province	Number of PSPs supervised by supervisors interviewed
Bazega	73
Yatenga	18
Oubritenga	7
Seno	32
TOTAL	130

Of the 28 external supervisors interviewed, more than a third (10), including all senior nurses and midwives, stated they supervised activities at the PSP level. Of those 10, seven are posted in Bazega, one each in Yatenga, Seno, and Oubritenga. Together, they supervise

a total of 130 PSPs, 72 of which they stated offer family planning services.²² Supervised PSPs offering family planning services were only cited in Bazega province.

2. The Supervisee

As indicated earlier, in addition to interviewing family planning and health supervisors, the team interviewed a sample of supervisees assigned primarily to CMs and CSPSs. Improvements of the conventional components of a supervisory system (i.e. logistics, norms and standards, methodologies, protocols and checklists) will not have a significant impact if supervisees are not considered during the design of technical interventions. Main factors to consider in analyzing the supervisees' role include: their position in the supervisory system vis-a-vis the supervisor, their perceptions regarding the importance and usefulness of supervision, and their understanding of the nature of the supervisory system (i.e. a vertical versus integrated or participatory vs authoritative system).

Table 5
Number of Supervisees by Profession: External and Internal

Profession	Total Number
Senior Nurse	1
Midwife/Health Attaché	17
Junior Nurse	4
Auxiliary Midwife/Matrone	28
Itinerant health worker	1
Cleaning person	1
Total number	52

In total, 52 supervisees were interviewed; 26 of them were based at CMs, and 24 at CSPS and two in isolated MCH centers. Forty-three supervisees reported that they were supervised by an individual assigned to a different unit. Twenty-eight supervisees were auxiliary midwives, 17 were midwives and four were junior nurses. The final three were a cleaning girl, an itinerant health worker and a senior nurse.

²² Note that Bazega province represents a special case vis-a-vis the supervision of PSPs. The American College of Nurses Midwives (ACNM) is managing a project in Bazega which is attempting to implicate village birth attendants in MCH/FP activities and to strengthen the link between the CSPS and the PSP. The project includes funding supervisory training of FP activities for auxiliary midwives and nurses who are assigned to supervise VBAs. Therefore, ACNM finances monthly supervision of the PSPs by the CSPS. The auxiliary midwives and senior nurses in Bazega are trained to conduct these supervisory activities. In addition, in Seno Save the Children, a non-governmental organization, supports supervisory activities at the periphery.

Forty-three of the 52 supervisees had received a visit from a supervisor from an external facility over the past year. These supervisees were primarily auxiliary midwives (25, or 58 percent) or midwives (14 or nearly one-third). Nineteen of these supervisees were based at CMs, 23 at CSPSs, and one in an isolated MCH Center.

One of the subjects addressed in the supervisees interview was the frequency of supervision received. (See Table 6.) In nine cases (17%) the interviewees had never been supervised externally; the remaining 43 indicated they had received at least one visit. Among those visited, six indicated their last visit was more than a year prior to the interview; eleven between one year and six months and twenty-six in the last six months. Three supervisees indicated they had received twelve visits during the past year. These cases were from Bazega province, and the study team concluded that these supervisees were probably among those supervised by health personnel supported by the ACNM project. Those who had received a visit in the past six months, 50% of interviewees, is comparable to the percent reported in the Situation Analysis, an estimated figure that is representative on a national level.

Table 6
Date of Last Supervisory Visit Reported by Supervisees

Date of the Last Visit	Percent (N=52)
Never received a visit	17.3
Received last visit more than a year ago	11.5
Received last visit between six months and a year ago	21.1
Received last visit in the past six months	50.0
Percent of health centers that had received at least one supervisory visit in the past six months ²³	55.0

According to reported frequencies (See Table 7.), the average number of supervisory visits is 2.6 visits per year including the three cases reporting 12 visits, and 1.7 visits per year excluding those cases. If we exclude the twelve exceptional cases, the average number of supervisory visits per year (1.7) is below the MSASF norm of two visits per year from the provincial level to the periphery.

²³ Analyse Situationnelle du Programme de Planification Familiale au Burkina Faso, Direction de la Santé et The Population Council, Fevrier 1992.

Table 7
Frequency of Supervisory Visits among supervisees
who received their last visit during the past year²⁴

Frequency .	Percentage (N=37)
One visit	40
Two visits	40
Three visits	5
Four visits	5
Twelve visits	8
Average number of visits	2.6
Average number of visits excluding the twelve exceptional cases	1.7

Nearly one-third of the 52 supervisees who were supervised reported they had recently attended a course on supervision. Given that the MSASF does not train supervisees in supervision, those who were trained are probably supervisors as well as supervisees. Furthermore, because the DSF is not informed about training of health personnel conducted at the provincial level, it is difficult to determine the quality of the training. According to a 1992 inventory of training conducted by the DSF, 190 health personnel have been trained in supervision at the provincial level without the use of the standard curriculum used by the DSF. It remains clear that more training is needed as is a mechanism to control the quality of supervisory training at the provincial level.

D. The Operationalization of the Burkinabe Supervisory System

1. The View of the Provincial Directors of Health, Social Action and the Family (DPSs)²⁵

Four Provincial Health Directors (DPS) responded to an eleven question protocol designed to gain their perspectives as managers of the provincial supervisory system and as the peripheral link to the central MSASF. All four view themselves as responsible for the operationalization of supervision in their respective provinces. Two stated that health unit managers are in charge of supervision at the peripheral level; only one specified that the periphery means the PSP. Three of the DPS stated that there are no supervisory guidelines, and one said that he had received something from the Directorate of Studies and Planning (DEP)²⁶. Most mentioned receiving supervisory protocols from the central level.

²⁴Supervisees who had been in their posts for less than one year were asked the number of visits they had received since they assumed their present post. Because their reference period is censored, the number receiving fewer than two visits per year is probably slightly less than presented here.

²⁵Directeur Provincial de Santé et de l'Action Social de la Famille

²⁶Direction d'Etude et Planification

When asked about how supervision is funded in the province, each Director answered differently. One DPS stated he received no financial support for supervision, another receives assistance from Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and petrol money from the MSASF, the third receives money for petrol from the MSASF, and the fourth receives money for supervisory activities from the MSASF for several vertical programs including Diarrheal Disease Control (DDC), leprosy and from NGOs to fund certain activities such as the training of traditional birth attendants. The more populated provinces nearer to the capital appear to receive more financial and resource support. In addition, though de facto the move is toward integrated supervisory activities, many programs are funded in a vertical manner. One DPS stated that he had integrated the management of petrol for different programs in order to coordinate supervisory visits across programs to maximize utilization of resources. Another stated that there is usually not enough money unless supervision is funded by individual projects.

Three of four DPSs interviewed informed the team that they develop a calendar for supervisory visits. All DPSs had a clear understanding of the supervisory system's lines of authority as described in the Situational Analysis²⁷, that is, supervisory relationships are the most direct possible with no intermediaries. In one province, the DPS supervises the Regional Hospital (CHR)²⁸, though this is not normally the case. In remote provinces DPS have this responsibility, whereas in the larger system, the CHR is independent from the DPS.

In general, DPS's state they use information collected during supervisory visits to plan activities and determine training needs. Three of four DPS were able to very basically describe the problem-solving approach. When asked how supervision can be improved in their province they mentioned: training of personnel, standardized supervision by program, adequate resources, avoidance of uncoordinated actions from the central directorates, and the implementation of supervision teams.

2. The Supervisory Event

Sixty-five percent of all supervisors (and 67% among those who do external supervision) do not receive precise guidelines for the organization of family planning supervisory visits. However, only one-fourth identify "lack of guidelines" as a principal constraint. Nevertheless, all supervisors who receive guidelines of some sort say that they use them. The DPS's acknowledgement that there are no supervisory guidelines confirms this finding. The low priority that supervisors appear to accord to guidelines may be more a reflection of the multitude and severity of the constraints which face them (i.e. no petrol, few vehicles, untrained personnel) than of their lack of need for guidelines. If they have no petrol, there will be no external supervision; however, if they have no guidelines, they will attempt to muddle through.

²⁷ *Analyse Situationnelle du Programme de Planification Familiale au Burkina Faso, Février, 1991* Bakouan, Sebgo, Askew, et. al.

²⁸ Centre Hospitalier Régional

Eighty-two percent of the supervisors interviewed who have done at least one external supervisory visit said they develop an annual calendar for supervision. Of those, sixty-eight percent use it "almost all of the time" or "all of the time." Almost half of the supervisors interviewed alert their supervisees in writing one week in advance of a supervisory visit, while 29 percent notify "in writing one month in advance." Less than 5 percent of supervisors said they give no advance notice. Seventy percent of supervisees supported this by stating they had been notified in advance before their most recent supervisory visit. However, though most supervisees say they are notified in advance about their supervisor's visit, the majority of supervisors do not take advantage of this advance notice to request that the supervisees prepare materials or information for their visit.

Over half (57 percent) of the supervisory visits are conducted in an integrated manner whereby supervisors supervise multiple activities at each site during a visit. One-third of the supervision is conducted in a vertical fashion (supervisor supervises a different program during each visit).

The majority of supervisors state that supervision is part of their job description. Similarly, 65% of these supervisors report that their supervisees have job descriptions, and most of these supervisors claim they use them to organize supervision. However, it is not clear that their understanding of the concept "job description" corresponds to the formal definition used in this study, nor does this formal definition match the one used in the MSASF.

As defined by FPMD, a job description outlines and employee's tasks and responsibilities, defines his or her position on the chain of commands and, with this, his or her authority and accountability; these basic definitions are determinant in specifying the skills and qualifications necessary to execute the job at an appropriate level within the organization.

In the case of the Burkinabe health system, there seems to be a somewhat generic list of tasks for each professional function, but these tasks generally do not constitute the primary input for organizing and orienting the work, nor for evaluating performance. Those interviewed tended to have a set of tasks that they regularly performed, which were not necessarily written down anywhere but which were understood as a "job description." This situation is even more unintelligible as people do not have even a vague description of their duties. At this level, the tendency is the periodical --even daily-- allocation of responsibilities; authority and accountability for specific tasks and interactions with other co-workers are not defined. Several service delivery sites had small wall charts with simple grids that detailed which person would focus on which general programmatic activity during a given period of time. These were often referred to as the "job description."

When asked how they determine what activities to supervise, only fourteen of thirty-seven supervisors responded. Of those who did respond, 50% gave no clear explanation regarding how they determine what to supervise: one person views supervision as a response to a problem and only one person responded that they would help the team with problem-solving and with improving their activities. The lack of clarity in response to this question appears to indicate that supervisors do not have a firm sense of how to determine what activities to supervise. Only 24 supervisees reported that their supervisors start the supervision by assessing what had been done regarding the recommendations made during the last visit.

The inability to express how they determine what to supervise may be partially explained by the fact that in many cases the responsibilities of the health worker are not formally described.

Thirty-six percent of the supervisors stated that if a problem is identified during a supervisory visit, they will help their supervisee identify a solution, while 46% will encourage the supervisee to devise a solution on her own. A minority of supervisors interviewed help their supervisee implement solutions to problems identified during supervisory visits, and even fewer help the supervisee plan for the implementation of a solution. These responses to assistance with problem-solving may reflect the lack of resources available for regular supervision rather than the lack of interest on the part of the supervisor in assisting her supervisee with problem-solving. This theory is supported by the participative style supervisors use in decision making and teamwork. Over 90% of supervisors state that they involve supervisees in most decision making.

According to a majority of supervisees receiving external supervision, supervisors tend to gather information about the operation of the unit through meetings with all people assigned to the unit, not only with the person in charge. Only five supervisees reported that their supervisors only met with the person in charge. Only one person reported that the supervisor did not meet with anyone in the unit and only inspected to determine if the health unit met the MSASF standards. Finally, two-thirds of supervisors who had done at least one external supervisory visit stated they emphasize teamwork during supervision, and 32% emphasize both the team and the individual.

3. Constraints Identified in the Supervisory System

Table 8 shows the percentage of supervisors who identified each item as one of the principal constraints to supervision. Supervisors, like provincial health directors, report that transportation constraints present the greatest obstacle to effective supervision. This is followed by the lack of training in supervision for supervisors or lack of training in family planning service delivery for supervised staff. Shortages of personnel are another constraint affecting the external supervision system. Supervisors tend to have other responsibilities in addition to external supervision, and when clinics are short-staffed these responsibilities increase. Lack of technical materials (for example, supervision forms), was identified as a fourth constraint to effective supervision.

Table 8
Principal Constraints to Supervision

Constraint	Total	
	Freq.	%
Transportation (petrol, vehicles)	26	70.3
Training/refresher training	24	64.9
Personnel	19	51.4
Technical material (forms, protocols, etc.)	17	45.9
Guidelines	9	24.3
Per Diem	8	21.6
Planning	6	16.2
Other (Rainy Season)	1	2.7

To add to transportation difficulties encountered by external supervisors, the average distance they have to cover is 39 km with a range of from 4 to 120 kilometers. The average for supervisors in CMs is 39, while that for supervisors in CSPs is, as one would expect, much less: 14 kilometers. Supervisors in other types of facilities, for example provincial DPSASF offices, tend to travel the farthest with an average greatest distance of 67 kilometers. Forty-eight percent of supervisors must travel more than 40 kilometers to reach their supervisory sites. (See Table 9). For Burkina Faso standards, an average distance of 39 km represents nearly an hour on a motor bike. Estimating the average round trip at two hours and the duration of a supervisory visit at 2.5 hours, and given that supervisors or supervisory teams will take a "journée continue,"²⁹ a supervisor (or a supervisory team) could not cover more than one unit, or at most two per day.

Half of the 28 supervisors who supervise external facilities rely on motor bikes for transportation. The remainder rely on either a vehicle belonging to a project or one that is going to the field for some other purpose (for example, a vaccination campaign) for transportation.

²⁹In Burkina Faso, if a worker starts work at the regular time but does not take a break for lunch, then they will finish their work day early.

Table 9
Distance from Work Site to Supervisee

Distance in km	Percentage	Frequency
< 0	27	9 ³⁰
1-10	8.0	3
11-20	19.0	7
21-30	5.4	2
31-40	5.4	2
41-50	26.0	7
51 >	22.2	6
	100	36

E. Supervisor and Supervisee Perceptions of One Another

1. Supervisory Support

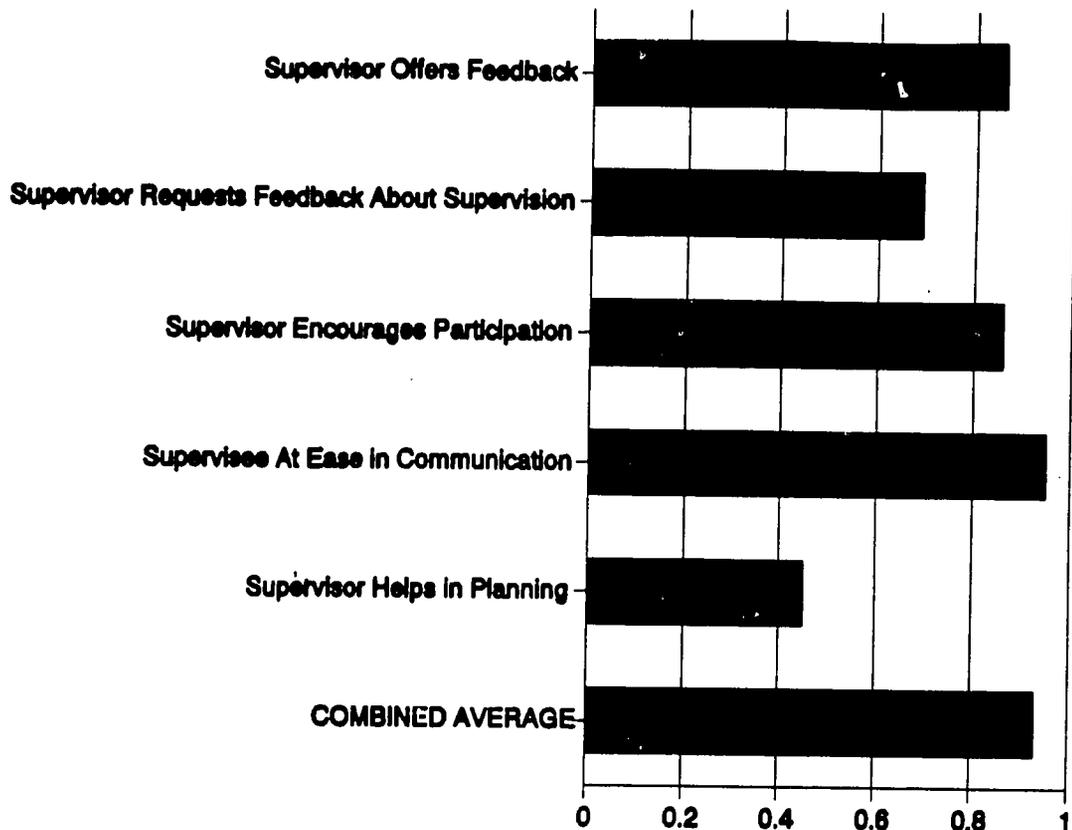
An important aspect considered in the survey was the perception that supervisees and supervisors have of one another. The supervisee's perspective will help define the impact of the supervisor-supervisee relationship on the supervisee's capacity to effectively deliver services. These perceptions constitute key issues in determining the potential for developing a more significant teamwork strategy. In the supervisee interviews, five key questions were posed:

- Does your supervisor help you to plan activities in your health unit?
- Do you feel at ease when you communicate with your supervisor?
- Does your supervisor encourage you to take an active role in your own performance analysis?
- Does your supervisor ask for your feedback regarding his/her supervision?
- Do you receive feedback from your supervisor?

Each question represents a different variable. In order to analyze the information, these variables representing supervisee's perceptions of their supervisors are presented in terms of the percentage of supervisees who responded "yes" to each question. Below is a graphic presentation of the results. To obtain an overall picture of the supervisee's perception of their supervisors, the team determined the combined average of all the percentages for the 43 supervisees who responded. This average, 78%, indicates that, in general, supervisees feel supported by their supervisors in the key areas considered.

³⁰Represents the supervisors who only supervise within their health unit. There is one supervisor who did not respond to the question.

Graph 1³¹
Index of Supervisor Support: Supervisee Perception



Three of the five variables reached impressive average values: the variable representing the ease with which supervisees can communicate with supervisors reached an average value of .95, as 41 supervisees reported to have a very easy or fairly easy time communicating with their supervisor; the variable related to the supervisor's feedback reached a value of .93 where 40 supervisees receive feedback immediately following supervision; the third highest variable characterizing the role of the supervisor in promoting the supervisee's role in his/her own performance analysis reached an average value of .86, as 37 supervisees indicated that their supervisors facilitated and promoted this behavior.

In the case of the two remaining variables, their combined average value is under .60. The variable describing the supervisor's request for feedback from the supervisee reached a value of .69, as 29 of 43 supervisees reported that their supervisors asked their feedback regarding the supervisor's performance; the variable reaching the lowest average value, .45,

³¹Information is based on responses of supervisees who received at least one visit from exterior.

is that describing the supervisor's attitude toward helping the health workers in planning activities in their health units.

It is noteworthy that nearly all of the supervisees reported they felt comfortable with their supervisor, and vice-versa. While these responses are subject to a certain amount of bias, they are consistent with other findings from the study that suggest that the supervisor-supervisee relationship is an interactive one.

The high rating received among indicators highlighted in Graph 1, indicates a strong basis on which to build a participatory supervision system. However, certain skills integral to a supervisor's ability to foster participation need reinforcement. For example, though most supervisees feel at ease with supervisors and participate in their own performance analysis, they receive little guidance in key communication areas. A participatory system requires health personnel who possess the capability to transfer skills in team strengthening, conflict resolution and motivation. Other data indicates that supervisor feedback, though frequent, rarely touches upon any of these vital areas. In a system that lacks basic resources, these skills are tantamount to continued program improvement. (See Annex I, pg. 18, table 12.)

The reluctance or inability of half the supervisors interviewed to help plan activities at local health units is a weakness in the system. The data analysis team determined that this weakness may reflect a lack of supervisory training in planning, or the supervisor's perception that planning is not a priority task in his/her role as supervisor. Given that a detailed five year plan is developed and monitored at the provincial directorate of health, perhaps the supervisors do not perceive the necessity to speak with supervisees about planning local activities.

2. Key Roles of the Supervisor

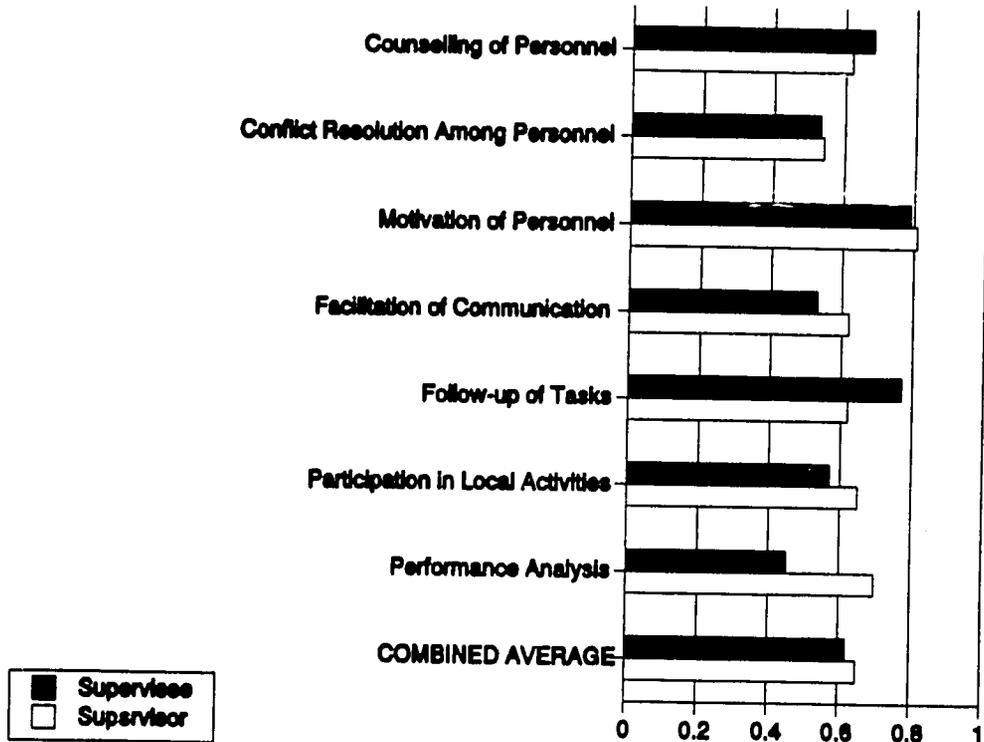
To understand both supervisors and supervisees perceptions of the supervisor's key tasks, a set of indicators were considered which included:

- Performance analysis
- Participation in the organization of local activities
- Guidance and follow up of the supervisee's tasks
- Facilitation of communication among team members
- Motivation of personnel to explore alternatives to improve services
- Conflict resolution among personnel at the health facility
- Counseling to personnel in the health facility

These variables are presented in terms of the percentage of supervisors and supervisee's who responded affirmatively to the question, "Is this a key element of the supervisor's role." Below is a graphic representation of the individual variables. To further analyze the information, the percentages of supervisors and supervisees who responded "yes" to each individual variable were combined to determine an average of all variables for both supervisors and supervisees. This average enables one to draw conclusions about the overall level of agreement among supervisors and supervisees with regard to a supervisor's role.

The average percentage for the thirty seven supervisors is estimated at 65% of maximum value and among the 49 supervisee cases it is a close 62%.

Graph 2
Index of Key Elements in Supervisor's Role
as Perceived by Supervisors and Supervisees³²



As Graph 2 shows the perceptions of supervisors and supervisees regarding a supervisor's key tasks coincide remarkably. This appears to indicate that supervisors attempt to communicate their role to their supervisees, and that supervisees confirm that supervisors are focusing in the areas they say they are focusing on. The variable for which the difference is the greatest is performance analysis. Seventy percent of the supervisors consider performance analysis a key task while only 45% of supervisees share their view. As Graph 1 shows, supervisees interviewed confirmed that over 70% of supervisors do encourage the supervisee to participate in performance analysis. However, this high percentage contrasts with the relatively low percentage of supervisees who view performance planning as a key task. This may indicate that supervisees do not have a clear understanding of what "performance analysis" is or that supervisees simply do not view the analysis of their performance as a key role for supervisors.

³². The percentages presented here represented data gathered during interviews with all of the supervisors and supervisees in the sample.

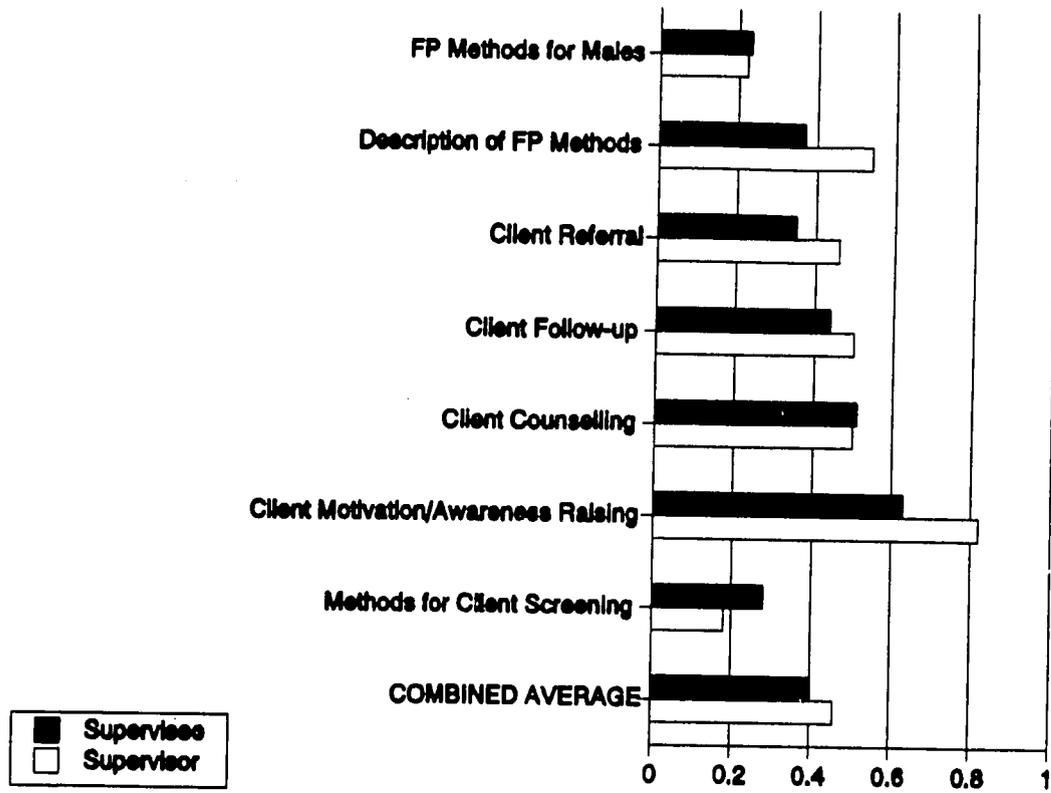
3. Informal Training in Family Planning

In focussing on how supervisors assist supervisees with problems related to health unit operations linked to service provision, the study attempts to discern whether supervisors train or re-train providers in technical family planning issues during supervision. In the study sample, supervisors do try to assist their supervisees via informal training. However, while 82% of supervisors interviewed stated that they train supervisees informally in technical matters, only 54% of supervisees felt that they actually received any training during supervisory visits. To explore the supervisor's and supervisee's perceptions of the informal training in technical areas provided during supervision, the study considered the following seven indicators:

- Screening of client for contraceptive methods
- Awareness raising and motivation of client for using family planning
- Client counselling
- Client follow-up
- Client referral
- Description of contraceptive methods
- Description of contraceptive methods for men

Below is a graphic representation of the comparative variables for the 28 supervisors and 43 supervisees involved in external supervision. The average combined percentage of "affirmative" responses for all variables is 46% for supervisors and 40% for supervisees. This indicates that supervisors and supervisees agree that technical issues related to family planning are discussed in less than half of supervisory interactions.

Graph 3
Index of Informal Training Provided During Supervision
Comparing Supervisor and Supervisee's Perspective



The strong correspondence between the perspectives of supervisors and supervisees of the technical assistance provided over the course of the supervisory visit suggests that informal training activities, when provided, are of fairly high quality and respond to the needs of the supervisees. Graph 3 illustrates that both supervisors and supervisees identify awareness raising and client counseling as the technical areas most frequently treated during the supervisory visit. The subject matter which supervisors pay the most attention to, and in which 63 percent of supervisees had received some kind of training, is helping their supervisees build family planning awareness of clients. Fifty-one percent of supervisees cited counseling of clients making that the second most frequently discussed technical area.

Counseling and awareness raising are closely related. The fact that both present the highest frequencies suggests that supervisors are helping health workers to improve their interaction with clients, which in turn assists clients considering family planning options to make an informed choice. However, it appears that efforts in awareness raising and client counselling are not matched by equal efforts in case management and clinical exams. Only 28% of supervisees reported receiving training in screening, 35% in referral of clients, 37 percent in description of contraceptive methods, and only 23% in contraceptive methods for males.

Initial counseling efforts will not prevent high discontinuation rates among contraceptors if referral systems are not in place and health workers are providing incorrect information.

4. Management Assistance

In Burkina Faso, as in many francophone African countries, there is a gradual movement toward the decentralization of certain components of the public health care system. An important requirement for an effective decentralization is the strengthening of management at mid and local levels. Among the needs for management, personnel management, monitoring of outputs, and quality assurance (all intimately related to supervision) are key factors. However, as this and other studies have shown, the skills required to effectively manage are infrequently the focus of formal training activities.³³

Supervision is an ideal opportunity to brief health workers and clinic managers on aspects related to effective management. The indicators researched in this study focus on key management areas that ultimately have impact on the quality and availability of services. Through these indicators, the team sought to determine whether supervisors address key management issues during supervision.

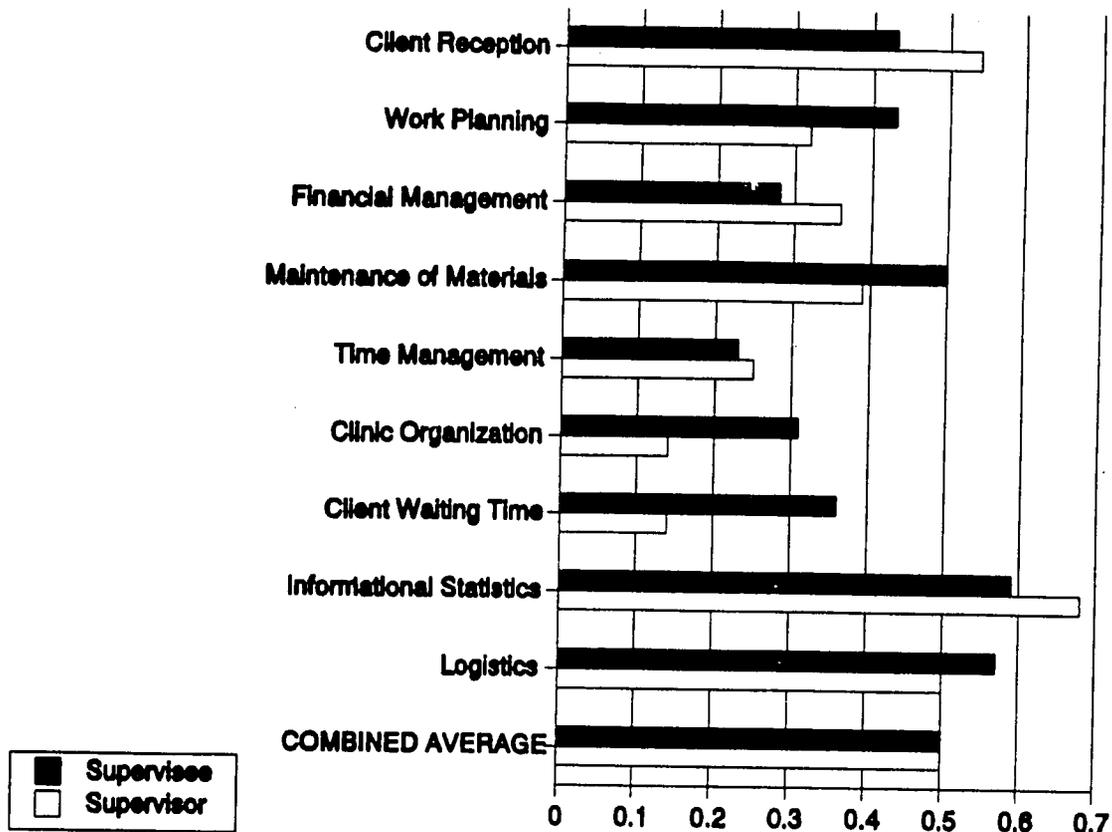
To capture the correlation between supervisor's management concerns and their actual practices as reported by supervisees, Graph 4 was developed. Summative averages of all variables were estimated for both supervisors and supervisees. These averages were calculated by combining the percentage of affirmative responses for the following variables:

- Logistics management
- Clinic organization
- Financial Management
- Informational statistics
- Time Management
- Work Planning
- Client waiting time
- Maintenance of Materials
- Client Reception

There is a strong correspondence between the supervisor and the supervisee which indicates agreement that in only half of supervisory visits is there a discussion of issues related to clinic management. The averages for supervisors and supervisees indicate that in the case of management support there is no difference in the perceptions between the supervisor and the supervisee. Supervisors and supervisees answered affirmatively respectively on average of 50% of the time. This clearly indicates that it is an area requiring further attention. Supervisors claim that they most frequently address information and statistics and client reception. Supervisees claim that information and statistics and logistics management are the priority management areas, while supervisees see time and financial management as the two areas least frequently addressed during supervisory visits.

³³Analyse Situationnelle du Programme de Planification Familiale au Burkina Faso, Février, 1991 Février 1992, Bakouan, Sebgo, Askew, et. al., 25% of 79 service providers interviewed had received training in the management of MCH/FP programs.

Graph 4
Index of Management Issues Discussed During Supervision
as Perceived by Supervisors and Supervisees²⁴



Supervisors, in general, place more importance on activities that involve an interaction with the health center being supervised and other levels of the structural hierarchy, such as logistics management and information and statistics. However, supervisors do place a higher priority than supervisees on client reception. This difference in perspective may reflect the generally low priority placed on client reception by providers at the lower levels of the health care system (supervisees) and, by contrast, the relatively high importance placed on it by program managers at the highest levels of the system.

In general, Burkinabe supervisors have a fairly positive relationship with their supervisees. Though certain differing perceptions among certain categories indicate the need for further improvement in key areas such as general management areas and client referral systems, we found a surprising amount of agreement in key comparative indicator categories. Furthermore, 26 of the interviewed supervisees indicated that supervision is very useful and 19 that it is somewhat useful. Moreover, 12 supervisees reported to be very satisfied with

²⁴. The index is based on responses of supervisees and supervisors involved in external supervision.

the performance of their supervisors while 29 supervisees indicated they were satisfied. Only six reported some level of dissatisfaction.

F. Family Planning Progress: Supervisor Perspective

Finally, as part of their interview, supervisors were asked to identify areas in which they had observed progress in family planning over the past year. All supervisors interviewed agreed that effective supervision contributed to improved service delivery. As presented in Table 10 nearly seventy percent identified new clients as an area of progress³⁵; about half identified extension of family planning services and increased participation of men in family planning as progress areas. Less than ten percent said that they had observed no progress over the course of the last year.

Table 10
Supervisors Perceptions of Progress in Family Planning Over the Past Year

Areas of Progress	Percentage of supervisors who perceived progress in the area
Extension of services	51
Increase in method choice	38
Improvement in referral system	27
Increased participation of men in family planning	46
New clients	68
No progress	8

In response to the question, "How does supervision improve the delivery of family planning services" 44% of supervisors answered that it helped the health worker to correct or perfect a practice or procedure that they performed incorrectly, while 29% stated that supervision enabled the supervisor to encourage and motivate the supervisee which in turn improved performance.

VII. DISCUSSION OF RESULTS AND PROGRAM IMPLICATIONS

This study of family planning supervision at the provincial level in Burkina Faso has enabled FPMD and the DSF to have a unique purview of how supervision functions and is perceived by supervisors and supervisees. Interviews with DPSEs complemented the findings and further clarified the extent to which supervisory strengths and weaknesses are a function of

³⁵New clients are particularly indicated as an area of progress among supervisors based in CSPSs. In this study sample the majority of supervisors interviewed at the CSPS level were based in either Kadiogo or Bazega. In the case of Bazega, this may indicate that efforts made in collaboration with the ACNM to strengthen family planning services are in the process of achieving some positive results.

resource availability, adequately trained personnel, a province's proximity to the capital, demographic importance, individual project support, and individual initiative. Supervisor failure to address certain issues, particularly related to management, reflects insufficient training and the lack of guidelines emanating from the Central level. If the system is to be effectively and progressively decentralized, provincial directors must possess not only the will to implement supervision, but also the technical ability and the resources necessary.

The high awareness of the value of supervision on the part of supervisors and supervisees suggests that the emphasis placed on improving supervision in the MSASF has paid off. Continued effective programmatic priority should be given to supervision in order to build on these improvements and to help develop a maintainable family planning supervisory system. As we have seen in Burkina Faso, despite resource constraints and lack of clear direction, supervisors try to perform their jobs well. In general, the supervisee feels at ease with her supervisor. This can be attributed, in part, to supervisors' efforts to advocate team spirit and to involve supervisees in the development of performance objectives. A firm foundation exists upon which to strengthen the participatory attributes of family planning supervision in Burkina.

VIII. CONCLUSIONS AND RECOMMENDATIONS

FPMD/DSF recommend a focus on the following:

1. **Commitment of resources necessary to fulfill supervision as defined by the national standards and policies document.** While supervision at the provincial level appears to be of fairly sound quality, serious obstacles inhibit its effectiveness. Although training and technical assistance have a positive impact on supervision, in the absence of increased resources, especially petrol, this impact will be limited. It is recommended that each province receive ample funds to both buy petrol and repair vehicles as necessary.
2. **Clarification of the PSPs role within the MSASF structure.** The PSP represents an important link to the community, and as the MSASF attempts to expand the distribution of information and contraceptive supplies to the periphery, these links should be strengthened. The MSASF is at a critical juncture both in terms of the expansion of family planning services and in the development and strengthening of its supervisory system. Now is the time to clarify several key issues vis-a-vis the PSP structure including: its link to the formal health system (How can a structure be monitored by a system effectively if that system does not financially support the structure?), the Auxiliary midwife and itinerant health worker's roles in relation to the PSP, the possibility of auxiliary midwives or the itinerant health workers supervising PSPs, and the appropriateness of health system personnel supervising a structure that is not financially supported by the MSASF. According to the Strategie pour le Developpement de Planification Familiale, the itinerant health workers and auxiliary midwives will play a much broader role in future family planning initiatives. As the family planning program grows and develops, this will certainly have an impact on the supervisory system.

3. **Rational allocation of supervisory responsibilities based on professional levels and clearly defined roles and responsibilities.** At present, certain supervisory relationships within the Burkina system appear dysfunctional. The survey identified several cases in which a functional group with a vastly superior professional background was supervising very junior workers. Though, at times in peripheral areas people supervise "who they can when they can," whenever possible, staff should be supervised by the professional category immediately superior, or in some cases two levels superior to their own. In this study, while in some cases the doctor supervised auxiliary midwives, in no cases did auxiliary midwives supervise village birth attendants. If doctor's are alleviated of their supervisory responsibilities of very junior staff, they will be able to focus on other pressing provincial program management issues.
4. **Exploration of the future role of the auxiliary midwives and itinerant health workers within the supervisory structure.** Based on the data gathered for this study, the auxiliary midwives and itinerant health workers appear to play a very minimal, if any role at all in the family planning supervisory system. With regard to the supervision of VBAs, data indicates that most are supervised by senior nurses who are three levels above them within the supervisory system. A more functional way of addressing the PSP where most VBAs work would be to develop the supervisory capabilities of the auxiliary midwives and itinerant health workers.
5. **Training for supervisors who haven't had it, refresher for those who have.** Training should emphasize problem-solving, feedback and follow up of supervisees, and trainees should be monitored on a continuous basis. When the supervision curriculum is finalized and disseminated, supervision training and refresher training should be conducted, whenever possible, at the provincial level, by the core training groups designated by the MSASF.
6. **Training in supervision should emphasize the following areas:** (a) encouragement of supervisors in training to assist supervisees with planning and organization of local activities, (b) handling interpersonal communication issues, and, (c) group problem-solving and teamwork rather than inspection and authoritative supervisory practices.
7. **Development of management skills as they relate to supervision, particularly information and statistics and work planning.** Clinic managers and supervisors need training in basic management skills including work planning and use of information. However, information and statistics issues cannot be addressed at the supervisory level in a systematic way until a system is operationalized at the central level and provincial managers have been trained in its use. Only then, can provincial managers initiate the training of local supervisors.
8. **Expansion of supervisee participation in training related to supervisory issues.** This study highlights the importance of the supervisee in a successful supervisory system. The data indicates that supervisees place a high value on supervision and are able to clearly express their needs when given the opportunity. Supervisees at the peripheral level are the backbone of the family planning service delivery system. The

supervisor's ability to address her supervisee's needs is tantamount to the maintenance of quality service delivery. For this reason, it is in the best interest of managers, supervisors and clients, that supervisees be considered equal players in the supervisory system. All health workers require training in supervision, with a particular emphasis on team problem-solving and monitoring.

9. **Clear definition of operational guidelines for provincial level supervisors.** There are no official, central level operational guidelines for supervision in Burkina Faso. The development and distribution of a comprehensive guide should be a priority of the MSASF. This guide should be distributed to all supervisors and provincial and central level managers should monitor the impact the guidelines have had on supervisor's ability to plan and carry out effective supervisory visits.
10. **Integration of supervisory activities and maximization of financial resources.** As was noted in the case of Bazega province, funds allocated for supervision for various vertical programs were pooled and the DPS developed an integrated provincial plan for supervision in order to maximize utilization of petrol and vehicles. Such a model should be encouraged by the central level and implemented in all provinces.
11. **Development of a human resource tracking data base.** When FPMD conducted its management assessment in July 1991, it found that at least one third of those who had been trained under FPMT in supervision had changed jobs. Since we are unable to formally track those people, there is no simple way of determining where they are now, whether or not they are still utilizing their supervisory skills, how the needs in provinces have shifted since they transferred, or if the person who replaced them is trained in supervision. At the central Ministry there should be a simple human resource data base that tracks health personnel, which would specify among other things, their name, their formal training, any supplementary training they have received, and where they have been and are posted. Though individual DPSEs were able to give certain numbers of people they believe need training in supervision in their provinces, they are not equipped with the necessary tools and systems to do such tracking in a systematic way.
12. **Development of a continuous monitoring system for provincial supervisory activities.** Currently, supervisors most often provide immediate feedback to supervisees, but no written report or follow up happens. Furthermore, half of supervisees reported that at the beginning of a supervisory visit, the supervisor does not follow up on what had been decided or recommended during the previous visit. A simple monitoring system should be developed and used as a tool by supervisors to provide effective and on-going feedback to supervisees on specific issues identified during supervisory visits. This would enable supervisors to track progress and needs, and allow supervisees to receive useful follow up on specific issues that affect them. This might also positively impact the supervisees' sense of motivation. In addition, the monitoring system, if expanded, will provide a tool for provincial and central level supervisors to determine resource and training needs.

13. **Consideration of impact of service delivery expansion on supervisory system.** The average number of people supervised by midwives is much higher than the number supervised by supervisors of other professional backgrounds. Furthermore, the percentage of sites offering family planning supervised by midwives is much higher than the number for senior nurses. Given that Burkina Faso is focusing on the expansion of family planning service delivery, especially at the CSPS level, the responsibilities for supervisors who supervise family planning activities will rise appreciably in the future.³⁶ In order to ensure supervisory coverage of the increased number of CSPS equipped to offer family planning services, the DSF will need to closely monitor the supervisory burden of midwives and plan for increased training of midwives in family planning supervision. Furthermore, the DSF will need to increase the numbers of family planning supervisors by training a more diverse group of professionals. (Auxiliary midwives, itinerant health workers, etc.).

³⁶See Strategie pour le Developpement de Planification Familiale au Burkina Faso

ANNEX I

TABLES EXTRACTED FROM QUESTIONNAIRES

ANNEX I

TABLES EXTRACTED FROM QUESTIONNAIRES

I. Tables Extracted from Supervisor Questionnaires

The following tables represent responses from Supervisors to the questionnaire administered during team field work in Burkina Faso in July 1992:

Response	Freq.	Perc (%)
Only in this health unit	9	24.3
Only in the field	18	48.6
Both in health unit and field	10	27
Total	37	100

Response	Freq.	Perc (%)
5 to 6 years	3	8.1
4 to 5 years	3	8.1
3 to 4 years	6	16.2
2 to 3 years	7	18.9
1 to 2 years	15	30.5
6 months or less	3	8.1
Total	37	100

¹Q_n refers to Question *n* of the Supervisor's Questionnaire where *n* is the number of the question (See Annex II)

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Table 3. Supervision is part of job description (Q3)

Response	Freq.	Perc (%)
Yes	31	83.8
No job description	6	16.2
Total	37	100

Table 4. Frequency of supervision (Q8)

Response	Freq.	Perc (%)
Once per year	2	6.1
Every 6 months	4	12.1
Every 3 months	10	30.3
Other	17	51.5
Total	33	100

Table 5. Importance MOHSAF accords to supervision of FP activities in opinion of respondents (Q10)

Response	Freq.	Perc (%)
Very important	19	51.4
Important	13	35.1
Less important	5	13.5
Total	37	100

Table 6. Receive guidelines for supervision (Q12)

Response	Freq.	Perc (%)
Yes	13	35.1
No	24	64.9
Total	37	100

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Table 7. Use received guidelines for supervision (Q13)

Response	Freq.	Perc (%)
Yes	13	100.0
Total	13	100

Table 8. Participation in course featuring supervision of health programs within last 5 years (Q14)

Response	Freq.	Perc (%)
Yes	16	43.2
No	21	56.8
Total	37	100

Table 9 Specific courses taken (Q15)

Response	Freq.	Perc (%)
Supervision	7	46.7
ACNM	1	6.7
FPMT Supervision Training	1	6.7
INTRAH Supervision	1	6.7
Management	1	6.7
Nutrition/FP	1	6.7
SMI/FP/Nutrition	2	13.4
Total	15	100

Table 10. Progress realized in province during the past year in FP in one of the following areas (Q16)

Response		Freq.	Perc (%)
Expansion of services	Yes	19	51.4
	No	18	48.6
Method mix	Yes	14	37.8
	No	23	62.2
Referral system	Yes	10	27.0
	No	27	73.0
Male participation	Yes	17	45.9
	No	20	54.1
New clients	Yes	25	67.6
	No	12	32.4
No progress in any of above	Yes	3	8.1
	No	34	91.9
Total respondees		37	

Table 11. Job descriptions for the supervisees for supervisees who have received an external supervisory visit (Q20)

Response	Freq.	Perc (%)
Yes	18	64.3
No	10	35.7
Total	28	100

Table 12. Supervisors who do external supervision who base supervision on job descriptions (Q21)

Response	Freq.	Perc (%)
Yes	18	100.0
No	0	0.0
Total	18	100

Table 13. Development of objectives for performance evaluations: responses from supervisors who do external supervision (Q23)

Response	Freq.	Perc (%)
Develop alone	11	39.3
Develop together	16	57.1
No objectives	1	3.6
Total	28	100

Table 14. How supervisor intervenes when problem is identified: responses of external supervisors (Q26)

Response	Freq.	Perc (%)
Encourage to find own solution	13	46.4
Help identify solution	10	35.7
Help implement solution	4	14.3
Other	1	3.6
Total	28	100

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Table 15. Supervisor comfort level when communicating with supervisees: external supervisors (Q27)

Response	Freq.	Perc (%)
Very at ease	19	67.9
Somewhat at ease	9	32.1
Total	28	100

Table 16. Supervisor's perception of participation of supervisees in decision-making process: external supervisors (Q28)

Response	Freq.	Perc (%)
Very involved	6	21.4
Involved	21	75.0
Less involved	1	3.6
Total	28	100

Table 17. Supervisor emphasis: team work / individual performance (Q29)

Response	Freq.	Perc (%)
Teamwork	18	64.3
Individual	1	3.6
Teamwork and individual	9	32.1
Total	28	100

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Table 18. Supervisor informally training supervisees in technical aspects of FP during supervisory visits (Q30)

Response	Freq.	Perc (%)
Yes	23	82.1
No	5	17.9
Total	28	100

Table 19. Supervisor solicits feedback from supervisees on supervision methods: external supervisors (Q33)

Response	Freq.	Perc (%)
Yes	22	78.6
No	6	21.4
Total	28	100

Table 20. Manner of providing feedback to supervisees: external supervisors (Q34)

Response	Freq.	Perc (%)
Simple written summary	1	3.6
Talk directly	13	46.4
Send final report	1	3.6
Immediate feedback	11	39.3
Do nothing	2	7.1
Total	28	100

11)
5

Table 21. Sentence that best describes programming of supervisory activities for external supervisors (Q35)

1. I supervise all programs in a health center during one visit.
2. I supervise a different program during each visit.
3. I only supervise the family planning program.

Response	Freq.	Perc (%)
All programs in one visit	16	57.1
Different program each visit	10	35.7
FP program only	2	7.1
Total	28	100

Table 22. Annual calendar for supervisory visits for external supervisors (Q36)

Response	Freq.	Perc (%)
Yes	23	82.1
No	5	17.9
Total	28	100

Table 23. Extent of following established calendar: responses from external supervisors (Q37)

Response	Freq.	Perc (%)
All the time	8	36.4
Most of the time	7	31.8
Sometimes	7	31.8
Total	22	100

Table 24. Advance notice of supervisory visits: external (Q38)

Response	Freq.	Perc (%)
No warning	1	3.6
Sometimes warn them	1	3.6
Send agent 1 week ahead	2	7.1
1 week written notice	13	46.4
1 month written notice	8	28.6
Have visit schedule	3	10.7
Total	28	100

Table 25. Mode of transport for visits (Q39)

Response	Freq.	Perc (%)
Project assistance	5	17.9
MOHSAF moped	14	50.0
other MOHSAF vehicle	5	17.9
MOHSAF vehicle reserved for the visit	4	14.3
Total	28	100

Table 26. Discussion after a visit with supervisees: external supervisors (Q41)

Response	Freq.	Perc (%)
Only managers	10	35.7
Manager and staff	16	57.1
Individually	1	3.6
Other	1	3.6
Total	28	100

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Table 27. Satisfaction with support received from Ministry of Health for supervision: both internal and external supervisors (Q42)

Response	Freq.	Perc (%)
Very satisfied	3	8.1
Satisfied	10	27.0
Not satisfied	24	64.9
Total	37	100

Table 28. Effective supervision improves delivery of FP services: both internal and external supervisors (Q43)

Response	Freq.	Perc (%)
Yes	37	100
No	0	0
Total	37	100

II. Tables Extracted from Supervisee Questionnaire

The following tables represent responses from Supervisees to the questionnaire administered during team field work in Burkina Faso in July, 1992:

Response	Freq.	Perc (%)
Yes	43	82.7
No	9	17.3
Total	52	100

Response	Freq.	Perc (%)
Auxiliary midwife	28	53.8
Midwife/Health attache	17	32.7
Senior nurse	1	1.9
Junior nurse	4	7.7
Itinerant health worker	1	1.9
Cleaning girl	1	1.9
Total	49	100

¹Qn refers to Question n of the Supervisee's Questionnaire where n is the number of the question (See Annex II)

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Table 3. Times supervised per year: all supervisees (Q3)

Response	Freq.	Perc (%)
0	9	17.3
1	20	38.5
2	16	30.8
3	2	3.8
4	2	3.8
12	3	5.8
Total	52	100

Table 4. Attended Supervisory Course: All supervisees who responded (Q4)

Response	Freq.	Perc (%)
Yes	16	32.7
No	33	67.3
Total	49	100

Table 5. Received advance notice of visits: supervisees who received an external visit (Q6)

Response	Freq.	Perc (%)
Yes	30	69.8
No	13	30.2
Total	43	100

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Table 6. Supervisor helps plan activities: supervisees who have received an external visit (Q9)

Response	Freq.	Perc (%)
Yes	19	45.2
No	23	54.8
Total	42	100

Table 7. Feel at ease talking with supervisor: supervisees who received a visit from the exterior (Q11)

Response	Freq.	Perc (%)
Very at ease	13	30.9
At ease	28	66.7
Ill at ease	2	4.6
Total	43	100

Table 8. Supervisor encourages supervisee to take active role in performance analysis: supervisees who have received a visit from the exterior (Q12)

Response	Freq.	Perc (%)
Yes	37	86
No	6	14
Total	43	100

14
5

Table 9. Supervisor requests feedback on supervision:supervisees who have received a visit from the exterior (Q13)

Response	Freq.	Perc (%)
Yes	29	69
No	13	31
Total	43	100

Table 10. Type of feedback from supervisor after a visit: supervisees who have received a visit from the exterior (Q14)

Response	Freq.	Perc (%)
Talks directly with supervisee	37	86
Gives a summary	3	7
Leaves without saying anything	3	7
Total	43	100

Table 11. Informal training on FP techniques during supervisory visit: supervisees who have received a visit from the exterior (Q15)

Response	Freq.	Perc (%)
Yes	23	53.5
No	20	46.5
Total	43	100

Table 12. Areas in which supervisor gives technical assistance to supervisee: supervisees who have received a visit from the exterior (Q17)

Response		Freq.	Perc (%)
Interpersonal Communications	Yes	16	37.2
	No	27	62.8
Professional Development	Yes	22	51.2
	No	21	48.8
Team Reinforcement	Yes	19	44.2
	No	24	54.8
Problem-solving	Yes	11	25.6
	No	32	74.4
Motivation	Yes	8	18.6
	No	35	81.4
None	Yes	11	25.6
	No	32	74.4
Total		43	100

Table 13. Discuss recommendations made during last visit and progress made towards implementing same with supervisor: supervisees who received a visit from the exterior (Q19)

Response	Freq.	Perc (%)
Yes	24	57.1
No	10	23.8
Don't know	8	19
Total	42	100

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Table 14. How supervisor discusses/shares information during a visit: supervisees who have received a visit from the exterior (Q20)

Response	Freq.	Perc (%)
Everyone at general meeting	35	83.3
Only with clinic manager	5	9.5
Other	3	7.1
Total	43	100

Table 15. Supervision improved performance:supervisees who recieved a visit from the exterior (Q21)

Response	Freq.	Perc (%)
Yes	41	97.6
No	1	2.4
Total	42	100

Table 16. Rate contribution of supervision towards progress in FP in Health Facility: supervisees who received a visit from the exterior (Q23)

Response	Freq.	Perc (%)
Very useful	23	56.1
Useful	16	39
Less useful	1	2.4
Other	1	2.4
Total	41	100

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Table 21. Satisfaction with supervisor's performance and support received from supervisor: supervisees who had received a visit from the exterior (Q25)

Response	Freq.	Perc (%)
Very satisfied	11	26.8
Satisfied	24	58.5
Less satisfied	5	12.2
Not at all satisfied	1	2.4
Total	41	100

Profession of Supervisee	Profession of Supervisor					TOTAL
	Doctor	Midwife ¹	Sr. Nurse	Jr. Nurse	Other ²	
Senior Nurse	39	46	16	0	0	101
Midwife	38	193	4	0	0	235
Junior Nurse	45	10	36	0	0	91
Auxiliary Midwife	20	114	48	1	0	183
Village Birth Attendant	0	32	107	14	0	153
AIS	7	0	8	0	0	15
PSP Agents	0	0	0	9	0	9
Social Agents	0	0	0	0	15	15
Cleaning Personnel, Monitrices, Social Ajoins	0	0	0	0	102	102
TOTAL	149	395	219	24	117	904

¹ Includes one Attache de Sante

² Includes 1 Social Assistant, 1 Advisor, and 2 IEC Managers

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ANNEX II
PROTOCOLS AND QUESTIONNAIRES

ANNEX II

PROTOCOLS AND QUESTIONNAIRES

I. Protocol for the Provincial Director of Health

This protocol will serve as a guide for the Provincial Health Director's interview of which the results will enable us to develop a description of the supervisory system in each province evaluated.

1. Who is responsible for the operational aspects of supervision in your province? What are the qualifications of the members of the team that do supervision in the field?
2. Do you receive supervision guidelines from the central level? If yes, what are those guidelines?
3. In your opinion, how many people, in total, should be trained in supervision in your province?
4. How many people are actually trained in supervision in your province?
5. How is training planned? (What are the criteria for selection of a participant for supervision training? seniority? responsibility?, etc.)
6. How is supervision financed in your province?
7. How do you organize supervision in your province? (logistic aspects: enough vehicles, enough petrol, per diem, a calendar?)
8. Please describe the supervisory system's organigram (the link/relationship between the supervisor and the supervisee in your province)?
9. At the provincial level, how do you use the results (information) collected during your supervisory visits? Do you use them to plan activities or to strengthen the programs? How?
10. What are the steps that you follow to resolve a given problem?
11. In your opinion, how can supervision be improved in your province?

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II. CHARACTERISTICS OF THE MOHSAF SUPERVISORY SYSTEM

QUESTIONS	CODING CATEGORIES	
<p>1. Have you done at least one family planning supervisory visit during the last year?</p>	<p>1. YES, only in this health unit [end interview]¹</p> <p>2. YES, only in the field</p> <p>3. YES, in this health unit and in the field</p> <p>4. NO [end interview]</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>2. [If YES to Q. 1] When did you begin work in this province?</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year </p>	
<p>3. Is supervision part of your job description?</p>	<p style="text-align: center;">[Read aloud and check one response]</p> <p>1. YES</p> <p>2. NO</p> <p>3. Not part of the job description</p> <p>4. Don't know</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>4. What type of service delivery sites do you supervise?</p>	<p style="text-align: center;">[Check all appropriate responses]</p> <p>1. National hospital</p> <p>2. Regional hospital</p> <p>3. Medical center</p> <p>4. Center of Health and Social Promotion</p> <p>5. Isolated MCH center</p> <p>6. Isolated dispensary</p> <p>7. Isolated maternity center</p> <p>8. Primary health post</p> <p>9. Social Services</p>	

¹Originally the team had envisioned interviewing only supervisors who supervised externally, however the decision was made in the field to interview both internal and external supervisors.

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QUESTIONS	CODING CATEGORIES																
<p>5. What type of personnel do you supervise in these health facilities?</p>	<p>[Check all the appropriate responses]</p> <table border="1"> <tr> <td>1. Village birth attendant</td> <td>1</td> </tr> <tr> <td>2. Auxiliary birth attendant</td> <td>2</td> </tr> <tr> <td>3. Junior nurse</td> <td>3</td> </tr> <tr> <td>4. State midwife^(nurse??)</td> <td>4</td> </tr> <tr> <td>5. Doctor</td> <td>5</td> </tr> <tr> <td>6. Medical specialist</td> <td>6</td> </tr> <tr> <td>7. Social worker</td> <td>7</td> </tr> <tr> <td>8. Other (specify) _____</td> <td>8</td> </tr> </table>	1. Village birth attendant	1	2. Auxiliary birth attendant	2	3. Junior nurse	3	4. State midwife ^(nurse??)	4	5. Doctor	5	6. Medical specialist	6	7. Social worker	7	8. Other (specify) _____	8
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8. Other (specify) _____	8																
<p>6. How many health facilities do you supervise?</p>	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>																
<p>7. How many people, total, do you supervise in your area?</p>	<table border="1"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>																
<p>8. How many times a year do you supervise personnel?</p>	<table border="1"> <tr> <td>1. Each trimester</td> <td>1</td> </tr> <tr> <td>2. Each semester</td> <td>2</td> </tr> <tr> <td>3. Once per year</td> <td>3</td> </tr> <tr> <td>4. Other (specify)</td> <td>4</td> </tr> </table>	1. Each trimester	1	2. Each semester	2	3. Once per year	3	4. Other (specify)	4								
1. Each trimester	1																
2. Each semester	2																
3. Once per year	3																
4. Other (specify)	4																
<p>9. How far away is the most distant center that you supervise?</p>																	

QUESTIONS	CODING CATEGORIES																
<p>10. In your opinion, what importance does the MOHSAF accord to the supervision of family planning activities?</p>	<p style="text-align: center;">Read aloud [Check one response]</p> <table border="1" style="width: 100%;"> <tr><td>1. Very important</td><td style="text-align: center;">1</td></tr> <tr><td>2. Important</td><td style="text-align: center;">2</td></tr> <tr><td>3. Less important</td><td style="text-align: center;">3</td></tr> <tr><td>4. No response</td><td style="text-align: center;">4</td></tr> <tr><td>9. I don't know/it's not important</td><td style="text-align: center;">9</td></tr> </table>	1. Very important	1	2. Important	2	3. Less important	3	4. No response	4	9. I don't know/it's not important	9						
1. Very important	1																
2. Important	2																
3. Less important	3																
4. No response	4																
9. I don't know/it's not important	9																
<p>11. In order of priority, what are the principal constraints that hinder the realization of effective supervisory activities?</p>	<p style="text-align: center;">[SHOW CARD # 1] [Check the three appropriate responses] In order of priority</p> <p>Lack of:</p> <table border="1" style="width: 100%;"> <tr><td>1. Guidelines</td><td style="text-align: center;">1</td></tr> <tr><td>2. Training/refresher training</td><td style="text-align: center;">2</td></tr> <tr><td>3. Planning</td><td style="text-align: center;">3</td></tr> <tr><td>4. Transportation (petrol, vehicles)</td><td style="text-align: center;">4</td></tr> <tr><td>5. Per diem</td><td style="text-align: center;">5</td></tr> <tr><td>6. Personnel</td><td style="text-align: center;">6</td></tr> <tr><td>7. Technical material (forms, protocols, etc.)</td><td style="text-align: center;">7</td></tr> <tr><td>8. Other (specify)</td><td style="text-align: center;">8</td></tr> </table>	1. Guidelines	1	2. Training/refresher training	2	3. Planning	3	4. Transportation (petrol, vehicles)	4	5. Per diem	5	6. Personnel	6	7. Technical material (forms, protocols, etc.)	7	8. Other (specify)	8
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7. Technical material (forms, protocols, etc.)	7																
8. Other (specify)	8																
<p>12. Do you receive precise guidelines (standards, policies, operations guide) for family planning activities?</p>	<table border="1" style="width: 100%;"> <tr><td>1. YES</td><td style="text-align: center;">1</td></tr> <tr><td>2. NO</td><td style="text-align: center;">2</td></tr> </table> <p style="text-align: right;">[Go on to Q. 14]</p>	1. YES	1	2. NO	2												
1. YES	1																
2. NO	2																
<p>13. [If YES to Q. 12] Do you use these guidelines to organize supervision?</p>	<table border="1" style="width: 100%;"> <tr><td>1. YES</td><td style="text-align: center;">1</td></tr> <tr><td>2. NO</td><td style="text-align: center;">2</td></tr> </table>	1. YES	1	2. NO	2												
1. YES	1																
2. NO	2																

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QUESTIONS	CODING CATEGORIES				
<p>14. During the past five years, have you participated in a course that featured the supervision of health programs?</p>	<p>1. YES</p> <p>2. NO [Go on to Q. 16]</p>		<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> </table>	1	2
1					
2					
<p>15. [If YES to Q. 14] Please indicate where and in what year you attended this course and describe the subject covered during the course.</p>	<p>[Put all the information in this table]</p>				
	<p>Title of Training</p>	<p>Year/length</p>	<p>Description</p>		

III. FAMILY PLANNING PROGRAM

QUESTIONS	CODING CATEGORIES	
<p>16. [If NO to Q. 14] Please describe the progress realized in your province during the past year in family planning service delivery.</p>	<p>[SHOW CARD # 2] [check all appropriate responses]</p>	
	1. Extension of service	1
	2. Increase in method	2
	3. Improvement of reference system	3
	4. Increase in the participation of men in family planning	4
	5. New clients	5
	6. No progress	6
	7. Other (specify)	7
	9. Don't know/not relevant	9
<p>17. In your opinion, has supervision contributed to the progress realized in family planning in your province?</p>	1. YES	1
	2. NO	2
	9. Don't know/not relevant	3
<p>18. Can you list and briefly describe the instrument that you use to do your supervisory activities?</p>	[Write the name of the instrument and describe it]	
	Name	Description
	a.	
	b.	
	c.	
d.		

IV. THE ROLES AND SKILLS OF THE SUPERVISOR

QUESTIONS	CODING CATEGORIES
<p>19. In your opinion, what are the three essential tasks of a family planning supervisor?</p>	<p style="text-align: center;">[SHOW CARD # 3]</p> <p style="text-align: center;">[Check all appropriate responses]</p> <ul style="list-style-type: none"> 1. Performance analysis 1 2. Participation in the organization of local activities 2 3. The guiding and follow-up of a supervisee's tasks 3 4. Facilitation of communication among members of the team 4 5. Motivation of personnel to explore alternatives for improving service delivery 5 6. Resolution of conflicts among team members at the health center 6 7. Advising the personnel at the health center 7 8. Other (specify) _____ 8
<p>20. In general, do all of the people that you supervise have a job description?</p>	<p>1. YES 1</p> <p>2. NO 2 [Go on to Q. 22]</p>
<p>21. [If YES to Q. 20] Do you base your supervision on these job descriptions?</p>	<p>1. YES 1 [Go on to Q.23]</p> <p>2. NO 2</p>

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QUESTIONS	CODING CATEGORIES										
<p>22. [If NO to Q. 20] Please describe briefly how you determine which activities to supervise.</p>											
<p>23. How do you develop your objectives of performance evaluation for your supervisees?</p>	<p>[Read the responses aloud] [Check one response]</p> <table border="1"> <tr> <td>1. Develop alone</td> <td>1</td> </tr> <tr> <td>2. Develop together</td> <td>2</td> </tr> <tr> <td>3. No objectives</td> <td>3</td> </tr> <tr> <td>4. Other (specify)</td> <td>4</td> </tr> </table>	1. Develop alone	1	2. Develop together	2	3. No objectives	3	4. Other (specify)	4		
1. Develop alone	1										
2. Develop together	2										
3. No objectives	3										
4. Other (specify)	4										
<p>24. Do you encourage your supervisees to take an active role in the evaluation of their performance?</p>	<table border="1"> <tr> <td>1. YES</td> <td>1</td> </tr> <tr> <td>2. NO [If NO, go on to 26]</td> <td>2</td> </tr> </table>	1. YES	1	2. NO [If NO, go on to 26]	2						
1. YES	1										
2. NO [If NO, go on to 26]	2										
<p>25. [If YES to Q. 24] How?</p>											
<p>26. If your visit leads to the identification of a problem, how do you intervene with your supervisees accordingly?</p>	<p>[SHOW CARD # 4] [check all appropriate responses]</p> <table border="1"> <tr> <td>1. I encourage them to find a solution themselves</td> <td>1</td> </tr> <tr> <td>2. I help them to identify a solution</td> <td>2</td> </tr> <tr> <td>3. I help them to plan for the implementation of the solution</td> <td>3</td> </tr> <tr> <td>4. I help them implement the solution</td> <td>4</td> </tr> <tr> <td>5. Other (specify) _____</td> <td>5</td> </tr> </table>	1. I encourage them to find a solution themselves	1	2. I help them to identify a solution	2	3. I help them to plan for the implementation of the solution	3	4. I help them implement the solution	4	5. Other (specify) _____	5
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4. I help them implement the solution	4										
5. Other (specify) _____	5										

QUESTIONS	CODING CATEGORIES
<p>27. Do you feel at ease when you communicate with your supervisees?</p>	<p>1. Very at ease <input type="checkbox"/></p> <p>2. Somewhat at ease <input type="checkbox"/></p> <p>3. Somewhat ill-at-ease <input type="checkbox"/></p> <p>4. Very ill-at-ease <input type="checkbox"/></p>
<p>28. How would you describe the participation of supervisees in the process of decision making?</p>	<p>[Read aloud and check one response]</p> <p>1. Very involved <input type="checkbox"/></p> <p>2. Involved <input type="checkbox"/></p> <p>3. Less involved <input type="checkbox"/></p> <p>4. Not at all involved <input type="checkbox"/></p> <p>5. Other (specify) <input type="checkbox"/></p>
<p>29. Do you put the emphasis on team work or individual performance during your supervisory visits?</p>	<p>[Check one response]</p> <p>1. Teamwork <input type="checkbox"/></p> <p>2. Individual <input type="checkbox"/></p> <p>3. Teamwork and Individual <input type="checkbox"/></p> <p>4. <input type="checkbox"/></p>
<p>30. During a supervisory visit, do you at times informally train your supervisees in technical aspects of family planning?</p>	<p>1. YES <input type="checkbox"/></p> <p>2. NO <input type="checkbox"/></p>

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QUESTIONS	CODING CATEGORIES																						
<p>31. Please indicate the three technical areas that you discuss most frequently with your supervisees.</p>	<p style="text-align: center;">[SHOW CARD # 5]</p> <p style="text-align: center;">[Check the three relevant responses]</p> <table border="1"> <tr><td>1. Screening</td><td>1</td></tr> <tr><td>2. Awareness raising/mobilization</td><td>2</td></tr> <tr><td>3. Client counseling</td><td>3</td></tr> <tr><td>4. Client follow-up</td><td>4</td></tr> <tr><td>5. Client referral</td><td>5</td></tr> <tr><td>6. Description of family planning methods</td><td>6</td></tr> <tr><td>7. Contraceptive methods for men</td><td>7</td></tr> <tr><td>8. None</td><td>8</td></tr> <tr><td>9. Other (specify)</td><td>9</td></tr> </table>	1. Screening	1	2. Awareness raising/mobilization	2	3. Client counseling	3	4. Client follow-up	4	5. Client referral	5	6. Description of family planning methods	6	7. Contraceptive methods for men	7	8. None	8	9. Other (specify)	9				
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<p>32. Please indicate the three management areas that you discuss the most frequently with your supervisees.</p>	<p style="text-align: center;">[SHOW THE CARD]</p> <p style="text-align: center;">[Check the three appropriate responses]</p> <table border="1"> <tr><td>1. Logistics and supply management</td><td>1</td></tr> <tr><td>2. Information and statistics</td><td>2</td></tr> <tr><td>3. Client waiting time</td><td>3</td></tr> <tr><td>4. Organization of the clinic</td><td>4</td></tr> <tr><td>5. Time management</td><td>5</td></tr> <tr><td>6. Material maintenance</td><td>6</td></tr> <tr><td>7. Financial management</td><td>7</td></tr> <tr><td>8. Work planning</td><td>8</td></tr> <tr><td>9. Client reception</td><td>9</td></tr> <tr><td>10. None of the above</td><td>10</td></tr> <tr><td>11. Other (specify)</td><td>11</td></tr> </table>	1. Logistics and supply management	1	2. Information and statistics	2	3. Client waiting time	3	4. Organization of the clinic	4	5. Time management	5	6. Material maintenance	6	7. Financial management	7	8. Work planning	8	9. Client reception	9	10. None of the above	10	11. Other (specify)	11
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9. Client reception	9																						
10. None of the above	10																						
11. Other (specify)	11																						

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QUESTIONS	CODING CATEGORIES
<p>33. Do you solicit feedback from your supervisees about the manner in which the supervision was conducted?</p>	<p>1. YES <input type="checkbox"/> 1</p> <p>2. NO <input type="checkbox"/> 2</p>
<p>34. Please describe the manner in which you provide feedback.</p>	<p>[Check all appropriate responses]</p> <p>1. Mail individual a simple written summary <input type="checkbox"/> 1</p> <p>2. Talk directly with the individual <input type="checkbox"/> 2</p> <p>3. Send a final report <input type="checkbox"/> 3</p> <p>4. Ask for explanations <input type="checkbox"/> 4</p> <p>5. Give immediate feedback <input type="checkbox"/> 5</p> <p>6. Do nothing <input type="checkbox"/> 6</p>

V. OPERATIONAL ASPECTS OF THE SUPERVISORY VISIT TO THE HEALTH FACILITY

QUESTIONS	CODING CATEGORIES
<p>35. Which one of the following sentences best describes how you program your supervisory activities?</p>	<p>[Check one response]</p> <p>1. I supervise all programs in a health center during one visit. <input type="checkbox"/> 1</p> <p>2. I supervise a different program during each visit. <input type="checkbox"/> 2</p> <p>3. I only supervise the family planning program. <input type="checkbox"/> 3</p>
<p>36. Do you establish an annual calendar for supervisory visits?</p>	<p>1. YES <input type="checkbox"/> 1</p> <p>2. NO <input type="checkbox"/> 2 [Go on to Q. 38]</p>

QUESTIONS	CODING CATEGORIES														
<p>37. [if YES to Q. 36] To what extent do you follow the calendar?</p>	<p>[Read aloud and check one response]</p> <table border="1"> <tr> <td>1. All the time</td> <td>1</td> </tr> <tr> <td>2. Almost all the time</td> <td>2</td> </tr> <tr> <td>3. Sometimes</td> <td>3</td> </tr> <tr> <td>4. Almost never</td> <td>4</td> </tr> <tr> <td>5. Never</td> <td>5</td> </tr> </table>	1. All the time	1	2. Almost all the time	2	3. Sometimes	3	4. Almost never	4	5. Never	5				
1. All the time	1														
2. Almost all the time	2														
3. Sometimes	3														
4. Almost never	4														
5. Never	5														
<p>38. How much time in advance do you announce your supervisory visits?</p>	<p>[Check one response]</p> <table border="1"> <tr> <td>1. The supervisees have a calendar of planned visits.</td> <td>1</td> </tr> <tr> <td>2. I send a written notice one month in advance.</td> <td>2</td> </tr> <tr> <td>3. I send a written notice one week in advance.</td> <td>3</td> </tr> <tr> <td>4. I try to notify them, but at times it is impossible.</td> <td>4</td> </tr> <tr> <td>5. Normally, I have no way of notifying them</td> <td>5</td> </tr> <tr> <td>6. I do not notify them</td> <td>6</td> </tr> <tr> <td>7. Other (specify) _____</td> <td>7</td> </tr> </table>	1. The supervisees have a calendar of planned visits.	1	2. I send a written notice one month in advance.	2	3. I send a written notice one week in advance.	3	4. I try to notify them, but at times it is impossible.	4	5. Normally, I have no way of notifying them	5	6. I do not notify them	6	7. Other (specify) _____	7
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QUESTIONS	CODING CATEGORIES														
<p>39. What mode of transport do you use to get to your visits?</p>	<p style="text-align: center;">[SHOW CARD # 8] [Check one response]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. An MOHSAF vehicle reserved for the visit</td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>2. An MOHSAF vehicle that is going to the field for other reasons</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. An MOHSAF moped</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4. Public transportation</td> <td style="text-align: center;">4</td> </tr> <tr> <td>5. Personal vehicle</td> <td style="text-align: center;">5</td> </tr> <tr> <td>6. Project assistance</td> <td style="text-align: center;">6</td> </tr> <tr> <td>7. Other (specify)</td> <td style="text-align: center;">7</td> </tr> </table>	1. An MOHSAF vehicle reserved for the visit	1	2. An MOHSAF vehicle that is going to the field for other reasons	2	3. An MOHSAF moped	3	4. Public transportation	4	5. Personal vehicle	5	6. Project assistance	6	7. Other (specify)	7
1. An MOHSAF vehicle reserved for the visit	1														
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4. Public transportation	4														
5. Personal vehicle	5														
6. Project assistance	6														
7. Other (specify)	7														
<p>40. Have you already had to suspend a supervisory visit because of transportation problems?</p>	<p style="text-align: center;">[Read the answers aloud and check one]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. NO Never</td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>2. YES, once or twice, generally it's not a problem</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. YES, it's a recurring problem</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4. YES, it's a serious problem</td> <td style="text-align: center;">4</td> </tr> <tr> <td>5. Other (specify) _____</td> <td style="text-align: center;">5</td> </tr> </table>	1. NO Never	1	2. YES, once or twice, generally it's not a problem	2	3. YES, it's a recurring problem	3	4. YES, it's a serious problem	4	5. Other (specify) _____	5				
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2. YES, once or twice, generally it's not a problem	2														
3. YES, it's a recurring problem	3														
4. YES, it's a serious problem	4														
5. Other (specify) _____	5														
<p>41. Who do you discuss with after a supervisory visit?</p>	<p style="text-align: center;">[Read the answers aloud and check one response]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1. Only with the head of the health center</td> <td style="width: 20%; text-align: center;">1</td> </tr> <tr> <td>2. With the clinic manager and all personnel in a group meeting</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. With each person individually</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4. With each person individually and with the clinic manager</td> <td style="text-align: center;">4</td> </tr> <tr> <td>5. Other (specify) _____</td> <td style="text-align: center;">5</td> </tr> </table>	1. Only with the head of the health center	1	2. With the clinic manager and all personnel in a group meeting	2	3. With each person individually	3	4. With each person individually and with the clinic manager	4	5. Other (specify) _____	5				
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5. Other (specify) _____	5														

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QUESTIONS	CODING CATEGORIES
<p>42. Are you satisfied with the support that you receive from the Ministry of Health to do supervision?</p>	<p>[Read the answers aloud and check one response]</p> <p>1. Very Satisfied <input data-bbox="1428 264 1481 323" type="checkbox"/></p> <p>2. Satisfied <input data-bbox="1428 329 1481 388" type="checkbox"/></p> <p>3. Not satisfied <input data-bbox="1428 395 1481 454" type="checkbox"/></p>
<p>43. In your opinion, does effective supervision improve the delivery of family planning services?</p>	<p>1. YES <input data-bbox="1428 559 1481 618" type="checkbox"/></p> <p>2. NO <input data-bbox="1428 624 1481 683" type="checkbox"/> [Go on to 45]</p>
<p>44. [If YES to Q. 43], please give an example.</p>	<p>(end interview)</p>
<p>45. [If NO to Q. 43], Why?</p>	<p>(end interview)</p>

III. **Supervisee Questionnaire**

**MINISTERE DE SANTE ET DE L'ACTION
SOCIALE DU BURKINA FASO**

**FAMILY PLANNING MANAGEMENT
DEVELOPMENT PROJECT**

FAMILY HEALTH DIRECTORATE

EVALUATION OF FAMILY PLANNING SUPERVISORY SYSTEM FAMILIALE

SUPERVISEE QUESTIONNAIRE

Hello, The Ministry of Health and Social Action has carried out a series of activities to strengthen its supervisory system. In order to evaluate progress made in supervision, the MOHSA is conducting a survey on supervision at the service delivery level. The following questions aim to analyze your experience in supervision and to judge the progress made in the supervision of health services. Please respond to all the questions. Be assured that this interview is strictly confidential and that your name will not appear on any of these documents. May we continue the interview? Thank you for your collaboration.

I. IDENTIFICATION

QUESTIONNAIRE IDENTIFICATION NUMBER		
FUNCTION _____		
NAME OF THE HEALTH FACILITY _____		
TYPE OF HEALTH FACILITY		
1. National Hospital		<input type="checkbox"/>
2. Regional Hospital		
3. Medical Center		
4. Center for Health and Social Promotion		
5. Isolated MCH Center		
6. Isolated Dispensary		
7. Isolated Maternity Center		
8. Other _____		
DEPARTMENT _____		<input type="checkbox"/>
PROVINCE _____		<input type="checkbox"/>
DATE OF INTERVIEW (day/month/year) ___ / ___ / ___		
NAME OF INTERVIEWER _____		
DATE OF DATA REVIEW (day/month/year) ___ / ___ / ___		
NAME OF REVIEWER _____		

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II. CHARACTERISTICS OF THE MSASF SUPERVISION SYSTEM

QUESTIONS	CODING CATEGORIES																		
1. Who comes from the exterior to supervise your activities? (function and home base)																			
2. What is your function in your health facility?	<table border="1"> <tr> <td>1. Medical Specialist</td> <td>1</td> </tr> <tr> <td>2. Doctor</td> <td>2</td> </tr> <tr> <td>3. State nurse</td> <td>3</td> </tr> <tr> <td>4. State Midwife</td> <td>4</td> </tr> <tr> <td>5. Social Worker</td> <td>5</td> </tr> <tr> <td>6. Junior nurse</td> <td>6</td> </tr> <tr> <td>7. Auxiliary birth attendant</td> <td>7</td> </tr> <tr> <td>8. Village birth attendant</td> <td>8</td> </tr> <tr> <td>9. Other (Specify)</td> <td>9</td> </tr> </table>	1. Medical Specialist	1	2. Doctor	2	3. State nurse	3	4. State Midwife	4	5. Social Worker	5	6. Junior nurse	6	7. Auxiliary birth attendant	7	8. Village birth attendant	8	9. Other (Specify)	9
1. Medical Specialist	1																		
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6. Junior nurse	6																		
7. Auxiliary birth attendant	7																		
8. Village birth attendant	8																		
9. Other (Specify)	9																		
3. How many times a year are you supervised?	<p style="text-align: center;">_____</p> <p style="text-align: center;">number</p>																		
4. Have you attended a course in supervision?	<table border="1"> <tr> <td>1. YES</td> <td>1</td> </tr> <tr> <td>2. NO</td> <td>2</td> </tr> <tr> <td>9. Don't know or not relevant</td> <td>9</td> </tr> </table>	1. YES	1	2. NO	2	9. Don't know or not relevant	9												
1. YES	1																		
2. NO	2																		
9. Don't know or not relevant	9																		

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QUESTIONS	CODING CATEGORIES
<p>5. When was your last visit by a supervisor?</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> month </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> year </div> </div>
<p>6. Were you notified in advance of the visit?</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <p>1. YES</p> <p>2. NO</p> <p>9. Don't know, or not relevant</p> </div> <div style="width: 25%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="9"/> </div> </div>
<p>7. What did the supervisor ask you to do before the visit?</p>	
<p>8. Please briefly describe the supervisory visit?</p>	
<p>9. Does the supervisor help you plan activities in the health facility?</p>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <p>1. YES</p> <p>2. NO</p> <p>9. Don't know/not relevant</p> </div> <div style="width: 25%; text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="1"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="9"/> </div> <div style="width: 5%; text-align: right;"> <p>[Go to Q. 10]</p> </div> </div>

QUESTIONS	CODING CATEGORIES							
10. [If YES to Q. 9] Give an example.								
11. Do you feel at ease when you talk to your supervisor?	1. Very at ease 2. At ease 3. Ill-at-ease 4. Very ill-at-ease	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table>	1	2	3	4		
1								
2								
3								
4								
12. Does your supervisor encourage you to take an active role in the analysis of your performance?	1. YES 2. NO 9. Don't know/not relevant	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>9</td></tr> </table>	1	2	9			
1								
2								
9								
13. Does your supervisor ask for your feedback on his/her supervision?	1. YES 2. NO 9. Don't know/not relevant	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>9</td></tr> </table>	1	2	9			
1								
2								
9								
14. After a supervisory visit, do you receive feedback from your supervisor?	1. Gives me a summary 2. Speaks with me directly 3. Gives me a copy of a formal report 4. Asks me for explanations 5. Leaves without saying anything 6. Does nothing	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> </table>	1	2	3	4	5	6
1								
2								
3								
4								
5								
6								
15. Do you receive any informal training on Family Planning techniques during the supervisory visit?	1. YES 2. NO 9. Don't know/not relevant	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>9</td></tr> </table> [Go to Q. 17] [Go to Q. 17]	1	2	9			
1								
2								
9								



QUESTIONS	CODING CATEGORIES																		
<p>16. Please cite the areas of technical assistance (supervisory training) that your supervisor addresses most frequently with you.</p>	<p style="text-align: center;">[SHOW CARD # 1]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1. Screening</td> <td style="text-align: center; width: 30px;">1</td> </tr> <tr> <td style="padding: 5px;">2. Motivation</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="padding: 5px;">3. Client counselling</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="padding: 5px;">4. Client follow-up</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="padding: 5px;">5. Client referral</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="padding: 5px;">6. Description of contraceptive methods</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="padding: 5px;">7. Contraceptive methods for men</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="padding: 5px;">8. None</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="padding: 5px;">9. Other (specify)</td> <td style="text-align: center;">9</td> </tr> </table>	1. Screening	1	2. Motivation	2	3. Client counselling	3	4. Client follow-up	4	5. Client referral	5	6. Description of contraceptive methods	6	7. Contraceptive methods for men	7	8. None	8	9. Other (specify)	9
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9. Other (specify)	9																		

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QUESTIONS	CODING CATEGORIES																						
<p>17. Do you receive any technical assistance from your supervisor in the following areas?</p>	<p style="text-align: center;">[SHOW CARD # 2]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Interpersonal communications</td><td style="text-align: center;">1</td></tr> <tr><td>2. Professional development</td><td style="text-align: center;">2</td></tr> <tr><td>3. Team reinforcement</td><td style="text-align: center;">3</td></tr> <tr><td>4. Problem solving</td><td style="text-align: center;">4</td></tr> <tr><td>5. Motivation</td><td style="text-align: center;">5</td></tr> <tr><td>6. None</td><td style="text-align: center;">6</td></tr> <tr><td>7. Other (specify) _____</td><td style="text-align: center;">7</td></tr> <tr><td>9. Don't know/not relevant</td><td style="text-align: center;">9</td></tr> </table>	1. Interpersonal communications	1	2. Professional development	2	3. Team reinforcement	3	4. Problem solving	4	5. Motivation	5	6. None	6	7. Other (specify) _____	7	9. Don't know/not relevant	9						
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7. Other (specify) _____	7																						
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<p>18. Please indicate the areas of management that you discuss the most with your supervisor.</p>	<p style="text-align: center;">[SHOW CARD # 3]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Stock management</td><td style="text-align: center;">1</td></tr> <tr><td>2. Information and statistics</td><td style="text-align: center;">2</td></tr> <tr><td>3. Waiting time</td><td style="text-align: center;">3</td></tr> <tr><td>4. Clinic organization</td><td style="text-align: center;">4</td></tr> <tr><td>5. Time management</td><td style="text-align: center;">5</td></tr> <tr><td>6. Maintenance of supplies</td><td style="text-align: center;">6</td></tr> <tr><td>7. Financial maintenance</td><td style="text-align: center;">7</td></tr> <tr><td>8. Work planning</td><td style="text-align: center;">8</td></tr> <tr><td>9. Client Reception</td><td style="text-align: center;">9</td></tr> <tr><td>10. None</td><td style="text-align: center;">10</td></tr> <tr><td>11. Other</td><td style="text-align: center;">11</td></tr> </table>	1. Stock management	1	2. Information and statistics	2	3. Waiting time	3	4. Clinic organization	4	5. Time management	5	6. Maintenance of supplies	6	7. Financial maintenance	7	8. Work planning	8	9. Client Reception	9	10. None	10	11. Other	11
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QUESTIONS	CODING CATEGORIES					
<p>19. Do you discuss the recommendations made during the last visit and the progress made towards the implementation of those recommendations with your supervisor during a supervisory visit?</p>	<p>1. YES</p> <p>2. NO</p> <p>9. Don't know/not relevant</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>9</td></tr> </table>	1	2	9	
1						
2						
9						
<p>20. With whom does the supervisor discuss/share information during his/her supervisory visit?</p>	<p>1. Only with the clinic manager</p> <p>2. With everyone at a general meeting</p> <p>3. With each person individually</p> <p>4. Other (specify) _____</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> </table>	1	2	3	4
1						
2						
3						
4						
<p>21. Do you think supervision helps you to improve your performance?</p>	<p>1. YES</p> <p>2. NO</p> <p>9. Don't know/not relevant</p>	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>9</td></tr> </table> <p>[Go to Q. 23]</p> <p>[Go to Q. 23]</p>	1	2	9	
1						
2						
9						
<p>22. [If YES to Q. 23], please provide an example.</p>						

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QUESTIONS	CODING CATEGORIES	
<p>23. How would you rate the contribution of supervision towards progress in family planning in your health facility?</p>	<p>1. Very useful 2. Useful 3. Less useful 4. Useless 5. Other (specify) _____</p>	<p>1 2 3 4 5</p>
<p>24. In your opinion, what are the main elements of a supervisor's role?</p>	<p>[SHOW CARD # 4]</p> <p>1. Performance analysis 2. Participation in the organization of local activities 3. Follow-up of supervisee's activities 4. Facilitation of internal communication among the personnel at the health facility 5. Motivation of personnel in improving service delivery 6. Problem solving among personnel at the health facility 7. Counselling of the personnel at the health facility 8. Other (specify) _____ 9. Don't know/not relevant</p>	<p>1 2 3 4 5 6 7 8 9</p>
<p>25. Overall, how satisfied are you with your supervisor's performance and the support you receive from him/her?</p>	<p>1. Very satisfied 2. Satisfied 3. Less satisfied 4. Not at all satisfied</p>	<p>1 2 3 4</p>

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