

**STRENGTHENING OF
SUPERVISION MANAGEMENT IN
THE HEALTH SECTOR
SNNPR: PHASE 1**

Facilitators' Guide

ESHE – JSI/Initiatives
May 2002

Workshop Programme

Day 1

Day/Time	Session	Topic	Format	Facilitator
3.00 – 3.30		Registration		
3.30 – 4.30	1	Opening Introductions, Participants' expectations and fears	Keynote address Plenary	Dr. Shiferaw, RHB Dr. Yetnayet, ESHE/JSI
4.30 – 4.45		TEA BREAK		
4.45 – 5.15	1	Workshop Objectives and Overview of Program	Plenary	Dr. Yetnayet, ESHE/JSI
5.15 – 5.30	2	Developing Effective Teams	Plenary Presentation	Dr. Yetnayet, ESHE/JSI
5.30 – 6.15	3	Communication skills	Brain storming in small groups	Dr. Yetnayet, ESHE/JSI
6.15 – 7.00	3	Communication skills, continued	Facilitator Synthesis	Dr. Yetnayet, ESHE/JSI
7.00		Close		

Day 2

Day/Time	Session	Topic	Format	Facilitator
8.30 – 9.00	4	Review of Day 1	Plenary Presentation	Dr. Yetnayet, ESHE/JSI
9:00 – 10:00	5	What is Supervision?	Group Work	Dr. Melaku, ESHE/JSI
10:00 – 10:15		TEA BREAK		
10:15 – 11:15	5	What is Supervision? Continued	Group Presentations & Discussion Facilitator Synthesis	Dr. Melaku, ESHE/JSI
11:15 – 12:30	6	The Components of Effective Supervision	Group Work - Case Analysis	Jenny, ESHE/JSI
12:30 – 1:30		LUNCH BREAK		
1:30 – 2:20	6	The Components of Effective Supervision	Group Work - Case Analysis Continued	
2:20 – 3:30	6	The Components of Effective Supervision	Group Presentations/Discussion Facilitator Synthesis	Jenny, ESHE/JSI
3:30 – 3:45		TEA BREAK		
3:45 – 4:45	7	Assessment of team performance	Group work	Dr. Yetnayet, ESHE/JSI
4:45 – 5:15	7	Assessment of team performance	Plenary	
5:15 – 6:15	8	Completion of Questionnaire on Current Practices and Problems with Supervision	Group Work	Drs. Shiferaw, RHB
6:15 – 6:30		BREAK		
6:30 - 7:30	9	Results of the Questionnaire	Plenary Presentation and Discussion	Dr. Shiferaw, RHB
7:30-	7	Assessment of Team Performance	Group Self-Assessment	

Day 3

Day/Time	Session	Topic	Format	Facilitator
8.30 – 9.00	10	Review of Day 2	Plenary Presentation	Participant
9:00-9:30	9	Results of the Questionnaire Continued	Facilitators Synthesis	Dr. Shiferaw, RHB & Dr Yetnayet, ESHE/JSI
9:30 – 10:00	11	Links between Organisational Responsibilities, Performance Standards and Supervision	Plenary Presentation	Dr. Melaku, ESHE/JSI
10:00 – 11:00	12	Review of Responsibilities of RHB, ZHD and WHO's	Group Work	Ato Bassamo, RHB
11:00 – 11:45	12	Review of Responsibilities of RHB, ZHD and WHO's	Plenary Discussion	Ato Bassamo, RHB
11:45 – 12:30	13	Review of Draft Standards for Management Performance at RHB, ZHD and WHO Levels	Group Work	Ato Bassamo, RHB
12:30 – 1:30		LUNCH		
1:30 – 2:30	13	Review of Draft Standards for Management Performance at RHB, ZHD and WHO Levels, cont.	Group work Continued	Ato Bassamo, RHB
2:30- 3:30	13	Review of Draft Standards for Management Performance at RHB, ZHD and WHO Levels, cont.	Group Presentations and Discussion	Ato Bassamo, RHB
3:30 – 3.45		TEA BREAK		
3:45 – 4:15	14	Tools Available to Supervisors	Plenary presentation and Discussions	Ato Meskele, RHB
4:15 – 6:00	15	Review of draft Integrated Supervisory Tools	Group Work	Ato Meskele, RHB
6:00 – 6:15		BREAK		
6:15 – 7:00	15	Review of draft Integrated Supervisory Tools	Group presentation & Discussion	Ato Meskale, RHB
7.00		Close		

Day 4

Day/Time	Session	Topic	Format	Facilitator
8.30 – 9.00	16	Review of Day 3	Plenary Presentation	Participant
9:00 – 10:00	17	Preparing for Supervision: Part 1	Plenary Presentation & Group Work: Case Analysis	Dr. Gera, ESHE/JSI
10:00-10:30	17	Preparing for Supervision: Part 1	Group presentation	Dr Gera, ESHE/JSI
10.30 – 10:45		TEA BREAK		
10:45 – 11:30	17	Preparing for Supervision: Part 1	Group Presentation continued Facilitator Synthesis	
11:30 – 12:30	18	Preparing for Supervision: Part 2	Plenary Presentation and Group work	Dr. Gera, ESHE/JSI
12.30 – 1.30		LUNCH BREAK		
1:30 – 2.15	18	Preparing for Supervision: Part 2	Group Presentations & Discussion	Dr. Gera, ESHE/JSI
2:15 – 3:30	19	Helpful behaviours in Supervision	Plenary, role plays, summary	Jenny, ESHE/JSI
3.30 – 3.45		TEA BREAK		
3:45 – 4:30	19	Helpful behaviours in Supervision	Plenary, role plays, summary	Jenny, ESHE/JSI
4:30-5:30	20	Problem Identification, Analysis and Action Planning	Group Work	Dr. Shiferaw, RHB & Dr. Yetnayet, ESHE/JSI
5:30 – 7:00	20	Problem Identification, Analysis and Action Planning	Group Presentations & Discussion Facilitator Synthesis	Dr. Shiferaw, RHB & Dr. Yetnayet, ESHE/JSI

Day 5

Time	Session	Topic	Format	Facilitator
8.00 – 8.15	21	Review of Day 4	Plenary Presentation	Participant
08.15 – 10.15	22	Agreement on follow-up actions by RHB, ZHDs and hospitals to strengthen supervision in the SNNPR	Group Work	Ato Meskale, RHB & Dr. Yetnayet, ESHE/JSI
10.15 - 10.30		TEA BREAK		
10:30 –12.00	22	Agreement on follow-up actions by RHB, ZHDs and hospitals to strengthen supervision in the SNNPR	Plenary Discussion	Ato Meskale, RHB & Dr. Yetnayet, ESHE/JSI
12.00 – 12.30	23	Agreement on needs for roll-out of the supervision training to WHOs and health facilities	Plenary Discussion	Ato Bassamo, RHB
12.30 – 13.30	24	Review of Workshop Objectives and Accomplishments Workshop Evaluation	Plenary Presentation Feedback questionnaire	Dr. Yetnayet, ESHE/JSI
13.30 – 14.30		Workshop Closure Lunch		

Session 1: Introductions, Objectives and Overview of Programme

Session Objective

1. To review the objectives of the course and the course schedule and content.

Session Guide

Topic	Format	Timing
Welcome to the Workshop	1. Plenary presentation	10 mins
Introduction to Facilitators	2. Plenary presentation	5 mins
Introduction of Participants	3. Self-introduction	30 mins
Participants' Expectations and Fears	4. Small group discussion, cards	45 mins
Overview of Workshop Objectives and Programme	5. Plenary presentation	15 mins.
		Total: 1 hr. 45 mins

Preparation

- Prepare participant folders with overall course schedule, course objectives and session guides
- Arrange seating assignment
- OH Projector
- Coloured cards, markers, newsprint
- OH 1.1 - Course Objectives

Facilitators' Notes to Session 1: Introductions, Objectives and Overview of Programme

1. Welcome to the Workshop

This should be done by a senior officer of the RHB.

The RHB Officer should explain that this workshop has been organised so that senior RHB and ZHD officials have an opportunity to participate in the design of improved management and supervisory systems, and to develop their understanding of and their skills in effective supervision.

2. Introduction to Facilitators

The Facilitators should be introduced by name and job title.

3. Introduction to Participants

The Participants should be introduced by name, work place and job title.

4. Participants Expectations and Fears

The main purpose of this activity is to assess alignment of participants' expectations with the workshop objectives as well as address their fears. This is done by asking participants to write down on a piece of card what they have intended to accomplish by participating in the workshop and to list down their fears regarding the workshop process or its outcome.

5. Workshop Objectives and Overview of Programme

Present the Workshop Objectives using Overhead 1.1. Tell participants that they will find a copy of the Workshop Objectives in their folders.

Refer participants to the Workshop Programme in their folders and briefly take them through each day.

Explain that the Workshop is aimed at using their experience to make recommendations on how supervision can be strengthened within the SNNPR and to help them to develop the understanding and the skills which can help them make supervision more effective. Therefore, presentations by the facilitators will be kept to a minimum. Most of the work will be carried out within working groups and they will be asked to perform a variety of practical exercises which will help them to deepen their understanding and to practice their skills.

Tell the participants that each day they will be formulating recommendations on how the supervisory system should be strengthened. They will then present these recommendations to members of the RHB Management Team on the final day of the Workshop.

End by telling the participants that one of them will be asked to present a short review of the previous day's experiences and lessons learned and ask one person to volunteer to present the review of Day 1 at the start of Day 2 at 8.30 in the morning.

OH 1.1

Workshop Objectives

1. To develop a common understanding of what effective supervision means and the supervisory roles and responsibilities of each level: RHB, the ZHDs and the WHOs
2. To develop skills in preparing for supervision, conducting supportive supervision and developing agreed plans for follow-up action.
3. To agree a set of standards for the functioning of the supervisory system at each level (when, who and how)
4. To familiarise participants with the integrated supervisory tools appropriate for their level (RHB → ZHD, ZHD → WHO, WHO → Health Facility) which are to be used as a key tool for supervision in the SNNPR.
5. To provide constructive feedback on outstanding issues in relation to supervision in the SNNPR and to make recommendations on how to improve these problems to the RHB Top Management Committee.

Session 2: Developing Effective Teams and Committees

Session Objectives

1. To develop an understanding of what promotes effective teamwork.
2. To introduce participants to a tool, which they can use to promote the effectiveness of their teamwork during the present workshop.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation and discussion	3 mins
Guidelines for promoting effective teamwork	2. Plenary presentation and discussion	40 mins
Introduction to the checklist for assessing team performance	3. Plenary review of the checklist.	22 mins
		Total: 60 mins

Preparation

- OH Projector
- Flip Chart, Stand and Markers
- OH 2.1 – Session Objectives
- OH 2.2 - “Promoting Effective Teamwork”.
- Sufficient copies of the Handout “Guidelines for Effective Teamwork” for all participants.
- Sufficient copies of the Checklist “ How can our team perform more effectively?” for each participant to receive 3 copies.

Facilitators' Notes to Session 2: Developing Effective Teams and Committees

1. Session Objectives

Start the session by reviewing the Session Objectives, using OH 2.1

2. Guidelines for Effective Teamwork

Explain to participants that there have been many studies carried out to observe team work and to define the characteristics of effective teams.

Creating effective teams requires hard work by team leaders and a sensitivity to the working relationships of team members.

The studies carried out have indicated that there are certain characteristics of the way in which effective teams behave. These characteristics are represented as “Guidelines” on OH 2.2.

Present OH 2.2, giving at least the following explanations:

1. ***Selecting a team leader.*** Sometimes the team leader will automatically be the most senior member of the team or the committee. In other cases, (such as during this Workshop) team members may be of equal seniority and they will be able to select a team leader who they are confident can lead them well.
2. ***Agreeing working rules.*** Under the leadership of their team leader, all team members need to agree on the “rules” that they will follow to complete their job. These rules should cover when each stage of their work needs to be completed if the team is to meet their deadline. The rules should also cover the hours that team members are expected to contribute to the work of the team. Finally, the team members should also agree on which individuals will take responsibility for specific tasks, such as who will take notes of decisions made, who will make a final presentation of the team’s work, etc. As team members get to know each other, they should ensure that the tasks are given to individuals who are likely to perform the task well on behalf of the group.
3. ***Ensuring that all team members agree on what they have to achieve.*** Many groups fail to perform well because there is no common understanding of what has to be done. To promote active participation of all team members towards the same goal, it is essential that before work starts the team leader should make sure that all the team members agree on their goal. If there is any uncertainty about what is required of the team, then the team leader should seek clarification from a knowledgeable person/officer.

4. **Team Process.** An effective team requires that all its team members have the chance to participate actively in the work and that team members listen to each other and respect different views within the group. The most important scientific discoveries are often made by individuals whose ideas and views were initially considered impossible or ridiculous by their professional colleagues. The team should also regularly review its progress so that it can make necessary adjustments to its work so that it can meet its goals within the specified time.
5. **Self Examination.** Work teams usually take some time to become consistently effective in what they achieve. An important means of improving your team's performance is for the team members to review their experiences after they have completed a task. As long as team members are permitted and encouraged to be honest (and not to hide their views from their team leader), they should be able to identify things that they could have done better and decide how to improve their performance on future tasks.

3. The Checklist for Assessing Team Performance

Now hand out 3 copies of the Checklist to each participant. Explain that the questions on the right hand side of the Checklist are taken from the Guidelines for Effective Teamwork that they have been reviewing.

Tell participants that during this Workshop, there will be many tasks that they will be asked to accomplish in groups (or teams) and that this will give them an opportunity to practice their teamwork skills – either as team leaders or as effective group members.

At least 3 times during the Workshop (or more often if they wish), the group members should jointly review their experiences in their team after completing their task. The Checklists are to help direct their self assessment and to enable them to make notes about what happened and what they would like to change in the next group work.

Groups should therefore find the time to conduct these assessments, either as soon as they have finished their task, or during lunch or at the end of the day.

Make sure that all participants understand the questions on the Checklist.

DEVELOPING EFFECTIVE TEAMS & COMMITTEES

Session Objectives

1. To develop an understanding of what promotes effective teamwork.
2. To introduce participants to a tool which they can use to promote the effectiveness of their teamwork during the present workshop.

OH 2.2

GUIDELINES FOR EFFECTIVE TEAMWORK

1. For each task, the team should select a person to be their leader.
2. For each task, the team should agree on it's "working rules":
 - a) the deadlines for each stage of the work;
 - b) when the group will work;
 - c) who will take responsibility for specific tasks (eg. taking notes of decisions). Make sure that you build on team members' strengths.
3. Before starting work ensure that all Team members have a common understanding of what they have to achieve.
4. As the team proceeds with its work:
 - a) Make sure that everyone has a chance to contribute;
 - b) Listen to what others say;
 - c) Don't immediately reject others' views; discuss different views and try to reach consensus. Often a person with a different view can help the team to consider new ideas and become more effective;
 - d) Regularly check on the team's progress and agree what should be done if problems come up.
5. After the task is completed, the team should review their experiences as a team and agree what changes would make them more effective.

Note: All teams experience problems as time goes by - this is normal. At first team members all try to work well together and learn about each other. Then team members often start to disagree and get irritated with each other. Then team members (with good leadership from their team leader) can begin to use strategies to deal with problems and the team becomes really effective.

Checklist
How Can Our Team Perform More Effectively? (Page 1)

Team Effectiveness Indicator	Team Performance	Actions to Take to Increase Team Effectiveness
1. Did your team accomplish its task and were you satisfied with your team's performance?		
2. Was the whole team clear and in agreement about the task before work started?		
3. Did your team follow its working rules?		
4. Were team members asked to do tasks that were appropriate to their strengths?		
4. Was everyone on your team given the chance to participate?		

Checklist
How Can Our Team Perform More Effectively? (Page 2)

Team Effectiveness Indicator	Team Performance	Actions to Take to Increase Team Effectiveness
5. Did team members listen to what others said?		
6. Was your team able to explore different views and reach consensus?		
7. Did you regularly review progress of the team members and fix any problems that arose?		
Other Problems Experienced:		

Session 3: Communication Skills

Session Objective

1. To analyse the key features of effective communication and identify barriers to effective communication.
2. To practice 2 forms of communication to experience the differences in their effectiveness in sharing information and influencing performance.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	10 mins
Barriers to communication	2. Activity in groups	30 mins
Key features of effective communication	3. Plenary discussion	30 mins
	5. Facilitator synthesis	20 mins
		Total: 90 min.

Preparation

- OH Projector
- OH 3.1 – Session Objective
- OH 3.2 – Common Barriers to Communication
- OH 3.3 - Key Points in Communication

Facilitators' Notes to Session 3

Communication Skills

1. Session Objective

Using OH 3.1, share the session objective with the participants. Tell them that they are going to be given a chance to practice the most fundamental skills in supervision – clear communication.

2. Key features of Effective Communication and Barriers to effective communication

Ask participants to form groups, each group comprising not more than 15 persons. Assign two groups to brainstorm and identify the key features of effective communication. Similarly, assign two groups to discuss about barriers to effective communication. Ask participants to reassemble for plenary presentation after twenty minutes of group work.

Synthesize barriers and key features using OHs 3.2, and 3.3.

If there is adequate time left, use the activity below for participants to exercise on a one-way and two-way communication.

3. Paired Activity on Communication – One-way Communication

Ask all the participants to get into pairs and to sit opposite each other across a table. Each person should place a clean piece of paper in front of them and have a pen or pencil. One person is to be the “supervisor” the other person the “supervisee”. If possible, a way should be found to block the view of the other’s piece of paper (a file could be placed upright between them, for example. Or the “supervisor” should hold up a file to block the other’s view of his piece of paper).

Tell them that for this first exercise, the “supervisor” of each pair is going to draw a simple picture on a piece of paper, without showing it to his/her work partner. The picture must consist of at least 3 separate lines (in other words, when drawing it, a person has to lift his pen off the paper at least twice). The supervisee must not be allowed to see the supervisor’s picture.

When the “supervisor” has drawn his picture, he now has to instruct the supervisee to draw the same picture on his own piece of paper. The “supervisor” can give instructions, but must not look at what the other is doing (or comment on it, if he happens to see). The supervisee must not speak at all.

After 10 minutes, tell the pairs to stop work and to look at each other’s pictures to see how similar they are.

Then ask the pairs to switch roles, with the previous “supervisor” now becoming the “supervisee” and to repeat the exercise.

Again, after 10 minutes, tell the pairs to stop work and to examine how they did.

4. Paired Activity – Two-way Communication

Still in their pairs, now tell participants that the exercise is going to change a little bit. The “supervisor” is still going to draw a picture under the same rules (the picture must consist of at least 3 separate lines (in other words, when drawing it, a person has to lift his pen off the paper at least twice. The supervisee must not be allowed to see the supervisor’s picture). However, this time, the supervisee is allowed to ask the supervisor questions at any time and the supervisor is allowed to answer them.

Tell the “supervisor” to draw his picture and then to instruct the “supervisee” to draw the same picture. After 10 minutes, tell the pairs to stop work and to look at each other’s pictures to see how similar they are.

Then ask the pairs to switch roles, with the previous “supervisor” now becoming the “supervisee” and to repeat the exercise.

Again, after 10 minutes, tell the pairs to stop work and to examine how they did.

5. Plenary Discussion on Experiences and Lessons Learned

Start the discussion by asking participants how they did on the first part of the exercise, when only the “supervisor” could speak:

- How well was the “supervisee” able to perform?
- How closely did the “supervisee’s” picture resemble the original picture drawn by the “supervisor”?
- How clear were the “supervisor’s” instructions?
- What did the “supervisee” feel during this exercise?
- What did the “supervisor” feel during this exercise?

Then ask the participants to consider how they did on the 2nd part of the exercise, when the “supervisee” could ask questions and the “supervisor” could answer:

- Was the “supervisee” able to perform any better when he could communicate?
- Were the “supervisee’s” pictures similar to the originals drawn by the “supervisor”?
- How did questioning (and the answers given) help the supervisee?
- What did the “supervisee” feel during this exercise?
- What did the “supervisor” feel during this exercise?

6. Facilitator Synthesis

Using OH 3.2, review with participants some key points in relation to communication.

OH 3.1

SESSION OBJECTIVE

To analyse common pitfalls in communication and define mechanisms that are important to promote effective communication.

OH 3.2

COMMON BARRIERS TO COMMUNICATION

Environmental

- Competing demands for attention e.g. sound, extremes of temperature
- Insufficient time

Organizational

- Inhibitive managerial philosophy
- Multiple links in the communication chain
- Discordant power-status relationship
- Failure to communicate missions, goals and objectives
- Absence of clear job descriptions and standards
- Lack of transparency
- Failure to take inputs or give feedbacks

Content of the message

- Lack of Relevance
- Lack of Timeliness
- Complexity of the message

Personal

- Frame of reference:
 - Social status, culture, education, age, sex
 - Beliefs, values, and prejudices
 - Previous experience
- Selective perception
- Disturbed emotional state – illness, financial crisis etc.
- Source evaluation
- Inconsistency between action and words
- Lack of empathy

OH 3.3

KEY POINTS IN COMMUNICATION

1. Each of us *interprets* what we hear based on our previous experiences. Therefore 2 people may interpret the same words very differently!
2. Make conscious effort to recognize barriers and minimize their impacts
3. When communicating with those we do not know well, we need to use clear and simple language, preferably using examples, to try to help the other to get our message correctly.
4. We need to check that what we have communicated means to the listener what we intended it to mean.
5. We can check the listener's understanding by:
 - Asking them to repeat what we have said in their own words
 - Asking them to apply what you have said to another situation
 - Encouraging them to ask questions

Session 4: Review of Day 1

Session Objective

1. To summarise the main issues and the lessons learned in Day 1 to reinforce learning and understanding.
2. To provide the presenting participant with the opportunity to practice their analytical and presentation skills.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation and discussion	15 mins

Preparation

- OH Projector (if required by Participant presenter)

Session 5: What is Supervision?

Session Objective

1. To promote a common understanding of what is meant by the term “supervision” in SNNPR.

Session Guide

Topic	Format	Timing
1. Review of session objective	Plenary presentation and discussion	5 mins
2. Defining “supervision”	Group work	45 mins
	Group presentations and discussion	60 mins
	The common definition of supervision.	10 mins
		Total: 2 hours

Preparation

- OH Projector
- Flip Chart, Stand and Markers for each group
- OH 5.1 – Session Objective
- OH 5.2 - A division of participants into groups for this 1st group work. Groups here should each consist of a mixture of RHB and ZHD staff, with approximately 10 members per group.
- OH 5.3 – A Common Definition of Supervision

Facilitators' Notes to Session 5: What is Supervision?

1. Session Objective

Start the session by reviewing the Session Objective, using OH 5.1

2. Defining Supervision – Group Work

Explain to participants that one of the most common problems with supervision is that everyone has their own interpretation of what “supervision” is. Therefore, if the objective of this Workshop is to improve supervision, it is important that we start off by making sure that everyone agrees on a definition of “supervision”.

Therefore, their 1st task is to create a definition of supervision consisting of not more than two sentences.

To achieve this aim, we are going to divide you into work groups for the 1st time. During this week, you will find that you are not always in the same group – group membership will depend on the task for the groups.

Show participants the groups and the group members for this 1st group task (OH 5.2). Tell each group where they should meet and make sure that everyone knows which group they are in and where to go. Encourage them to move to their groups quickly as they only have 45 minutes for this first task. Ask them to come back to the meeting room ready to present their definition of supervision to everyone on a flipchart (or on a write-on OH transparency.)

During the group work, facilitators should walk around the groups to make sure that everyone is clear about their task and warning them about their time deadline.

3. Defining Supervision – Group Presentation/s and Discussion

Explain to participants that there are too many groups for all of them to present at the end of each group work. However, tell them that even though only one or two groups may be asked to present, all the other groups will be asked to add to or comment upon what is presented.

Ask one group to present their definition of supervision. When they have finished, ask the other groups (who did not present) if they have included other factors in their definition or if they strongly disagree with what the presenting group have included. If there is time, you could ask another group to present, especially if their definition is very different from the first group's.

In facilitating the discussion, always base your guidance or questioning upon the factors included in the definition of supervision that are included in OH 5.3. (See 4. below.)

4. Defining Supervision – A Common Definition of Supervision

Using OH 5.3, show people a common definition of supervision that is used in health services: Supervision is “the process of guiding, helping and encouraging staff to improve their performance so that they meet the defined standards of performance of their employer.”

The important factors in this definition that need to be pointed out are as follows:

1. Supervision is a “*process*”. It is not a one-time event, but is a connected series of events over a period of time.
2. Supervision involves “*guiding, helping and encouraging staff*”. This recognises that the only way of improving staff performance over the long term is to promote in them the wish to perform well (the motivation to perform well) and to give them guidance and help to perform well.
3. Supervision involves guiding, helping and encouraging staff “*to improve their performance*”. This recognises that there is only one person who can improve performance – that is the individual himself or herself. The staff member has to want to do well and has to recognise that it is important that she/he performs well. This phrase also recognises that improving performance is usually not a one-time event – it may take time for a staff member to perform well in all aspects of their job, but they can do it little by little.
4. Supervision involves helping staff to improve their performance “*so that they meet the defined standards of their employer.*” This is a crucial factor. If there is no clear statement of what people are meant to do (job description) and how they are meant to do it (the expected standard of performance) then how are they meant to know what they should be doing? And how is the supervisor meant to be able to assess whether they are doing the right things in the right way?

All the above factors are going to be covered over the next 4 days of this Workshop.

If the group presentations missed out any of the above factors, ask them if they now agree that these factors should form part of the definition of supervision. Also ask them if they think that their own definition of supervision included an important factor that is not included in the “international definition of supervision”. If their factor seems reasonable and important, congratulate them!

OH 5.1

WHAT IS SUPERVISION?

Session Objective

1. To promote a common understanding of what is meant by the term “supervision” in SNNPR.

OH 5.2

A COMMON DEFINITION OF SUPERVISION WITHIN THE HEALTH SECTOR

Supervision is “the process of guiding, helping and encouraging staff to improve their performance so that they meet the defined standards of performance of their employer.”

Session 6: The Components of Effective Supervision

Session Objective

1. To develop a common understanding of the components of an effective supervision process as a basis for establishing standards for supervision within SNNPR.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	5 mins
The Components of Effective Supervision	2. Group Work: Case Analysis	120 mins
Lunch.	3. Group Presentations	60 mins
	4. Facilitator Synthesis	10 mins
		Total: 3 hours 15 mins

Preparation

- OH Projector
- Flip Chart, Stand and Markers for each group
- OH 6.1 – Session Objective
- OH 6.2 – The Components of Effective Supervision
- Sufficient copies of the “Case of Shawa RHB” so that each participant and each facilitator has one copy

Facilitators' Notes to Session 6: The Components of Effective Supervision

1. Session Objective

Start the session by reviewing the Session Objective, using OH 6.1

2. The Components of Effective Supervision – Group Work

Explain to participants that this session is designed to help them identify all the components of an effective supervision process. To help them to do this, they will be asked to consider a description of the supervision process used by one RHB (not a real one!) for supervising its Zone Health Departments.

They will be divided into groups and each group will be expected to read the case and then answer the questions given to them. Divide the participants into groups of approximately 10 persons each, with a mixture of persons from the RHB, ZHDs and hospitals. Tell each group where they should meet and make sure that everyone knows which group they are in and where to go. Tell them that they have two hours for this task before they may be asked to do a presentation of their analysis. Ask them to come back to the meeting room after 1 hour, ready to present their analysis of the Case to everyone on a flipchart (or on a write-on OH transparency.)

Remind the groups about the guidance for creating effective teams.

During the group work, facilitators should walk around the groups to make sure that everyone is clear about their task and that their work is proceeding well. Warn them about their time deadline.

3. The Components of Effective Supervision – Group Presentation and Discussion

Tell participants that there is only time for 2 groups to present. However, tell them that even though their group may not be asked to present their analysis, they will be given the chance to add to or comment upon what is presented.

Ask one group to present its analysis of the “Case of Shawa RHB”, telling them that they have 10 minutes to make their presentation before their analysis is opened up for discussion. When they have finished, ask another group to present their analysis, focussing on those issues that are different from the first group’s presentation. Once both groups have presented, ask the other groups (who did not present) if they had identified other aspects in their analysis or if they strongly disagree with what the presenting groups have included.

With reference to OH 6.2, ask the presenting group questions about their analysis to see if you can elicit any further responses on areas they might have missed.

5. The Components of Effective Supervision – Facilitator Synthesis

Using OH 6.2, share with participants the components of effective supervision that are commonly recognised. Relate the items on the OH to those components that the groups had presented or that other participants had identified from their analysis of the case.

Ask participants if they agree with the items listed on the OH and help them to understand why each of these items is an important component of effective supervision.

Tell them that at the end of the day they will be asked to complete a questionnaire which will need them to consider the present supervision practices in the SNNPR and the problems they have experienced with these practices. Their case analysis should help them to complete this questionnaire.

OH 6.1

THE COMPONENTS OF EFFECTIVE SUPERVISION

Session Objective

1. To develop a common understanding of the components of an effective supervision process as a basis for establishing standards for supervision within SNNPR.

OH 6.2

THE COMPONENTS OF EFFECTIVE SUPERVISION

1. Clear commitment by top management to supervision.
2. Documented and well known standards of expected performance (The standards are the baseline against which to measure actual performance).
3. Advance planning to allow for proper preparation and to ensure that everyone is present and ready.
4. Careful preparation by the supervision team before their field visit, covering: a) HMIS data and health indicators; b) previous supervision report/s; c) discussion with all Departments to identify issues they wish to have followed up.
5. Supervision involving as many of the key members of staff at the facility or office being supervised, preferably in the same room together to ensure wide involvement, good understanding of the issues being discussed and commitment to the results.
6. Appropriate behaviour during the meeting to promote co-operation:
 - treat problems as “our” problems (the supervisor is also responsible)
 - each side should show respect for the other – they don’t know everything
 - need for the supervisor to be firm but not “accusing”, so that those being supervised are more likely to want to get actively involved

OH 6.2

THE COMPONENTS OF EFFECTIVE SUPERVISION

7. Use of a supervisory tool helps to ensure that all key areas are covered. It also provides a record of the findings (for both sides).
8. The follow-up action plan ensures that for each problem identified there is an agreement on steps to be taken to improve the problem. It also provides a record so that everyone knows what they are meant to do. The signing of the action plan ensures that no-one can say afterwards that they did not agree to something.
9. Reporting back to the Management Committee ensures that all Departments are aware of the results of the supervision and know what actions they are expected to take.
10. The Management Committee reviewing the action plan until all necessary action has been taken ensures that supervision is taken seriously by everyone and that the RHB performs in the way it wishes the ZHDs to perform (sets a good example).
11. Self-assessment is the most cost-effective way of promoting good performance, although it still needs periodic “outside assessment” or supervision to confirm that standards are being met.

The Components of Effective Supervision: The Case of Shawa RHB

Please read the case and then answer the following questions:

1. What were the important components of this whole supervision process?
 2. Can you suggest any steps that could be taken by the Shawa RHB to improve the supervision process?
-

In July 2001, the Management Committee of the Shawa Regional Health Bureau informed RHB staff of the supervision schedule for the year. This schedule identified which officers were to visit each of the ZHDs and the dates on which each supervisory visit was to be made. A copy of this schedule was distributed to each ZHD so that they knew the dates of the visits and could make sure that all the ZHD Department Heads were present and prepared.

The first supervisory visit was to Ambo ZHD in August 2001. The RHB Officers to be responsible for this supervision were Dr Hussein of the Communicable Disease Control Department, Wro Hanna of the Service Delivery and Training Department, and Ato Alamu from Administration.

One week before the visit, Dr Hussein asked the HMIS Team for the health information from Ambo Zone for the last 6 months and he and Wro Hanna reviewed this information with the RHB HMIS team members. Dr Hussein, Wro Hanna and Ato Alamu also reviewed the report of the last supervisory visit made by the RHB (the findings and the agreed action plan). Together they agreed on the issues that they thought they should focus on. They then checked with each of the RHB departments to see if there were any other problems or issues that these Departments would like the supervisory team to follow-up in Ambo.

On the specified day, a vehicle was ready to take Dr Hussein, Wro Hanna and Ato Alamu to Ambo. They carried with them copies of the integrated supervisory checklist for ZHDs (which had been developed the previous year after performance standards for the ZHDs had been agreed), plus a copy of the previous supervisory report (completed checklist and signed follow-up action plan). They were pleased when they arrived at the ZHD to find the Ambo Management Committee waiting for them, also with copies of the report of the previous supervisory visit.

Dr Hussein, Wro Hanna and Ato Alamu went through the supervisory checklist with the Zonal Management Committee, with the ZHD members producing documentary evidence of their answers wherever appropriate. The attitude of the RHB officers during the meeting was that any problems identified were “their” problems also – not just the problem of the Zone. ZHD and RHB officers completed their own copies of the checklist, checking their entries with each other. Additional issues that came up during the meeting were added to the bottom of the checklist.

The last hour of the meeting was spent in agreeing the actions that the ZHD and the RHB would take to address the problems that had been identified. These were recorded on 2 copies of the follow-up action plan form and, when completed, the Head of the ZHD, Dr Hussein, Wro Hanna and Ato Alamu all signed both copies. One copy remained with the Ambo Management Committee, the other was taken back to the RHB.

The ZHD Management Committee members left the meeting feeling that the meeting had been tough, but fair. They had been given the chance to explain their problems and to participate in the decisions about what needed to be done to overcome these problems. At their next Management Committee meeting, the Head of the ZHD proposed that they use the integrated supervisory checklist to do a self-assessment in 3 months time. They agreed that if they did this every 3 months they would be able to fix problems themselves without waiting for the RHB to come and supervise.

The day after their visit to Ambo, Dr Hussein, Wro Hanna and Ato Alamu submitted their report to the Head of the RHB, summarising for him the main problems found and the agreements included on the follow-up action plan. He told them that their report would be reviewed at the next RHB Management Committee meeting and that he would ensure that each Department knew what actions they were expected to take. He would also follow up every 2 weeks until all the actions that should be taken by the RHB were completed.

Session 7: Assessment of Team Performance

Session Objective

1. To gain experience and to develop skills in self-assessment of team performance.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	10 mins
Assessment of Team Performance	2. Group activity	45 mins
Review of Experience of the Self-Assessment	3. Plenary Discussion	20 mins
		Total: 1hr & 30 mins

Preparation

- OH 7.1 – Session Objective

Facilitators' Notes to Session 7: Assessment of Team Performance

1. Session Objective

Start the session by reviewing the Session Objective, using OH 7.1

2. Assessment of Team Performance

Ask the participants to return to their previous groups (that they worked in for the analysis of the Shawa case). Tell them to use one of their copies of the Checklist for Assessing Team Performance and to review the questions in their groups with reference to their performance on the Case. Tell them that they have 45 minutes to complete their self-assessment.

3. Review of Experiences

Back in plenary, ask the groups how they got on with the self assessment. The questions you can ask them include:

- Were there any surprises about the perceptions of other members in their group?
- Were they able to agree on the problems they experienced as a team?
- Were they able to agree steps that the group should take next time to avoid the same problems?
- Do they think that the assessment can help them to perform better the next time?

Do NOT ask them to share the problems they experienced in their group, as this may force them to make accusations about individual group members. If one person volunteers to share this information, check that other members of the group are happy that she or he does so.

Close this session by reminding participants that when they go back to work, they might want to find opportunities to review the performance of their work teams – Management Committees, HMIS Teams, etc.

Session 8: The Current Practice and Problems with Supervision in the SNNPR

Session Objective

1. To provide an opportunity for participants to consider the effectiveness of the current supervision practices in the SNNPR and to make suggestions on how these problems could be overcome.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	10 mins
Problems with Supervision	2. Group Activity	50 mins
		Total: 60 mins

Preparation

- OH 8.1 – Session Objective

Facilitators' Notes to Session 8: The Current Practice and Problems with Supervision in the SNNPR

1. Session Objective

Using OH 8.1, explain to participants that they are going to be asked to consider the current supervision practices in their area of responsibility and to identify and rank in terms of importance, the problems that they can see.

Each group should remind themselves of the Case of Shawa RHB that they worked on in Session 6 earlier as this was an example of “good” supervision practice. Then they should consider the current practice of supervision in the SNNPR and list out the problems that they see. Their list of problems should then be ranked in terms of importance. Their completed list should then be given to one of the facilitators. Tell them that the facilitators will analyse the group responses and feedback will be given the next day.

2. Group Work

Make sure that each of the groups hands in their completed list of problems before they leave for the day.

3. Analysis of the Completed Questionnaires by the Facilitators

All the facilitators should help in the analysis of the questionnaires.

At the very least, the following should be done:

- (i) Make a list of all the problems mentioned by the groups, grouping their responses where the problems seem to mean the same, even if the language is a little different. The final list should therefore be a composite of all the problems identified by all the groups.
- (ii) Then count the number of groups which identified each of the problems.
- (iii) Record the results on an OH transparency as follows:

Problem	No. of Groups who Identified this Problem
Etc.	

- (iv) Then count the number of groups who ranked a problem 1st in importance, 2nd in importance, etc. This should be put on an OH as follows:

Problem	No. of Groups who Ranked this Problem:									
	1	2	3	4	5	6	7	8	9	10
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
Etc.										

The facilitators may wish to carry out some further analysis to feedback to participants.

The final task for the facilitators this day is to decide who will do the presentation of the results of the questionnaire on the 2nd day and to make sure that the OHs have been typed up.

OH 8.1

SESSION OBJECTIVE

To provide an opportunity for participants to consider the effectiveness of the current supervision practices in the SNNPR and to make suggestions on how these problems could be overcome.

QUESTIONNAIRE

The Current Practice and Problems with Supervision in the SNNPR

In your group and bearing the 'components of effective supervision that we have been discussing today in mind, answer the following questions.

1. What problems have you experienced with the current supervision practices in the SNNPR?

- Write these problems against the numbers on the left hand side.
- Then in the column on the left, rank the problems that you have identified in order of importance, writing the number '1' against the problem you think is the most important, the number '2' against the problem you think is the next most important, and so on, until you have ranked all of the problems you have identified.

Problem	Final Rank
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. What suggestions can you make as to how these problems could be overcome. (You can give as many suggestions as you can think of).

Ranked Problem No:	Suggested Solutions to Overcome the Problem
1	1.
	2.
	3.
2	1.
	2.
	3.
3	1.
	2.
	3.
4.	1.
	2.
	3.
5	1.
	2.
	3.
6.	1.
	2.
	3.
7.	1.
	2.
	3.
8.	1.
	2.
	3.

Ranked Problem No:	Suggested Solutions to Overcome the Problem
9	1.
	2.
	3.
10.	1.
	2.
	3.

Any other comments?

Session 9: Results from the Questionnaire

Session Objective

1. To review participants' perceptions about the problems with supervision in the SNNPR and their ideas about how these problems could be tackled.
2. To provide a shared "agenda" of supervision problems for which participants will develop recommendations to present to the RHB Top Management Committee on the final day of the Workshop.

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation facilitator	5 mins
Results of the Questionnaire	2. Plenary presentation and discussion	85 mins
		Total: 1 hour 30 mins

Preparation

- OH 9.1 – Session Objectives
- OH 9.2 and 9.3 prepared by facilitators following their analysis of the Questionnaire responses the night before
- If possible, photocopies of OHs 9.2 and 9.3 for each participant

Facilitators' Notes to Session 9: Results from the Questionnaire

1. Session Objective

Using OH 9.1, review the session objective with participants.

2. Results of the Questionnaire

Using OHs 9.2 and 9.3 prepared the previous evening, share with participants the results of the questionnaire that each group completed.

It may be a good idea to ask participants for examples of what they have experienced or seen which made them believe that there was a problem. Always use as the standard the criteria given on OH 6.3 – the Components of Effective Supervision - and refer them back to these components frequently to reinforce them.

Before ending the session, remind them that they will be asked to make their recommendations on how supervision should be improved in the SNNPR to the RHB Top Management Committee on Friday. They should precede their recommendations with a clear analysis of the current problems with supervision. This analysis should come from the survey results that they have just been reviewing.

SESSION OBJECTIVES

- 1. To review participants' perceptions about the problems with supervision in the SNNPR and their ideas about how these problems could be tackled.**
- 2. To provide a shared "agenda" of supervision problems for which participants will develop recommendations to present to the RHB Top Management Committee on the final day of the Workshop.**

Session 10: Review of Day 2

Session Objective

1. To summarise the main issues and the lessons learned in Day 2 to reinforce learning and understanding.
2. To provide the presenting participant with the opportunity to practice their analytical and presentation skills.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation and discussion	15 mins

Preparation

- OH Projector (if required by Participant presenter)

Session 11: The Links Between Organisational Responsibilities, Performance Standards and Supervision

Session Objective

1. To develop participants' understanding of why supervision can only be effective if there are agreed standards of performance.

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	5 mins
The Links between Organisational Responsibilities, Performance Standards and Supervision	2. Plenary presentation and discussion	25 mins
		Total: 30 mins

Preparation

- OH Projector
- OH 11.1 – Session Objectives
- OH 11.2 – The Links between Organisational Responsibilities, Performance Standards and Supervision

Facilitators' Notes to Session 11: The Links Between Organisational Responsibilities, Performance Standards and Supervision

1. Session Objective

Using OH 11.1, explain to participants that the whole of today's programme is devoted to looking at responsibilities and performance standards at the various management levels within the government health system in the SNNPR. This session is aimed at providing participants with a clear understanding of why supervision has to be carried out within the context of defined responsibilities and standards of performance.

2. Presentation of the Links between Organisational Responsibilities, Performance Standards and Supervision

Before putting up the OH 11.2, ask participants for an example of a statement of organisational responsibilities for, say, a hospital.

They might say: "A hospital should provide curative care for all patients who are referred to it by other levels of the health care system or who come as emergencies".

This statement tells us several of the responsibilities of the hospital:

1. It must treat all who come to its doors, whether they arrive as emergencies or whether they are referred to the hospital by another health facility.
2. The hospital is expected to provide curative care - anything else (preventive care, IEC, etc.) are not its prime responsibilities).

Now ask them for an example of a performance standard for a hospital.

An example they might give in relation to a hospital emergency room is as follows: "all patients coming to the emergency room at the hospital will be seen and evaluated by a nurse within half an hour of arrival".

Ask them if they can think of other performance standards at their own place of work.

Finally, ask them if they can explain how supervision should be linked to established performance standards. Using the previous example, they might say that when supervising the hospital the supervisor should assess how long emergency patients have to wait before they are seen by a nurse in the emergency room - in other words, is the emergency room performing according to the defined standard?

Now show them OH 11.2, which summarises the examples that you have been discussing with them. Remind them of their examples, to emphasise the following:

1. Supervision cannot be objective if there are no defined performance standards that staff are aware of.
2. Performance standards have to be defined (and widely disseminated to all staff and supervisors) within the framework of the defined responsibilities of the organisation (or unit within the organisation).

OH 11.1

**ORGANISATIONAL RESPONSIBILITIES,
PERFORMANCE STANDARDS AND SUPERVISION**

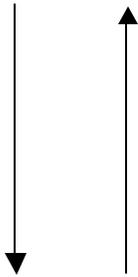
Session Objective

To develop participants' understanding of why supervision can only be effective if there are agreed standards of performance.

OH 11.2
**ORGANISATIONAL RESPONSIBILITIES,
PERFORMANCE STANDARDS AND SUPERVISION**

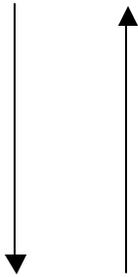
**Organisational
Responsibilities**

**Statement of what the organisation
(or management level within the
organisation is meant to do**



**Performance
Standards**

**HOW the organisation should fulfil
its responsibilities (specific criteria it
should meet, by when, with whom, at
what cost, etc.)**



Supervision

**Assessing whether the organisation is
fulfilling its responsibilities to the
required standard and, if it is not,
helping it to improve its performance**

Session 12: Review of Responsibilities of RHB, ZHD and WHO

Session Objective

1. To give participants the opportunity to review and comment upon the draft statements of organisational responsibilities for the RHB, ZHD and WHO levels

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	10 mins
Review of draft statements of responsibilities of each level	2. Group work	50 mins
	3. Plenary discussion	45 mins
		Total: 1 hour 45 mins

Preparation

- OH 12.1 – Session Objectives
- OH 12.2 - A division of participants into groups for this group work. Groups here should each consist of a mixture of RHB and ZHD staff, with approximately 10 members per group.
- Sufficient copies of the Statements of Organisational Responsibilities at each Level within the SNNPR for each participant and each facilitator.
- Flip Chart, Stand and Markers for each group

Facilitators' Notes to Session 12: Statements of the Organisational Responsibilities of the RHB, ZHD and WHO

1. Session Objective

Introduce the session by explaining that the RHB has recently been working to define the organisational responsibilities and the performance standards for each management level within the SNNPR. (Remind them that service delivery standards have been defined as part of the Integrated Refresher Training.) The RHB has also prepared draft Checklists for the Integrated Supervision of the WHOs and the ZHDs. Participants will be given the chance to review and comment on all these documents during this Workshop.

2. Review of the Draft Statements of Organisational Responsibilities

Using OH 12.2, tell participants which groups they should work in and tell them where each group should meet. Give each participant a copy of the Statements of Organisational Responsibilities for the RHB, ZHD and WHO levels.

Tell participants that they have 40 minutes to review these Statements and to agree on any comments they would like to share with others. Tell them that they should return promptly to the main meeting room at 12.00 ready to share their comments. They will NOT be asked to do a group presentation this time.

3. Plenary Comments and Discussion

Back in plenary, ask one group if they have any comments or questions about the Statement of Responsibilities for the RHB. Then ask whether the other groups have different comments or questions.

In this way, cover all 3 management levels.

Make sure that at least one of the facilitators is taking notes of the comments so that any key issues can be raised with the RHB Top Management Committee on the last day of the Workshop.

End the session by reminding participants of the purpose of these Statements. They are intended to provide a broad definition of the responsibilities of each level. In the next session after lunch, they will be reviewing the draft Standards of Performance for each level.

OH 12.1
**Statements of the Organisational Responsibilities of the RHB,
the ZHD and the WHO**

Session Objective

To give participants the opportunity to review and comment upon the draft statements of organisational responsibilities for and WHO levels

OH 12.2

DRAFT **STATEMENT OF ORGANISATIONAL RESPONSIBILITIES AT** **EACH LEVEL WITHIN SNNPR**

The Regional Health Bureau is responsible for:

- ◆ The overall performance in the SNNPR as evidenced by health indicators and through achievements against the HSDP
- ◆ Ensuring that the Regional State Capacity Building Coordination Bureau is kept informed of all key issues affecting the health sector to promote support for health efforts within the Region
- ◆ Developing and disseminating to all levels regional policies and guidelines to guide implementation throughout the Region
- ◆ Supervising and monitoring the performance of its ZHDs and for providing technical support to the ZHDs to promote greater effectiveness
- ◆ Reporting to the Federal level on financial expenditure, logistics and programme performance (including HMIS)
- ◆ Directing and monitoring the performance of the HPTIs to ensure that these provide the necessary quality and quantity of health professionals required by the Region.

Zonal Health Departments are responsible for:

- ◆ The overall performance of the Zone as evidenced by its health indicators
- ◆ Ensuring that the Zonal Council is kept informed of all key issues affecting the health sector in the Zone to promote support for health efforts in the Zone
- ◆ Supervising and monitoring the performance of the WHOs and for ensuring that the WHOs are following the regional policies and guidelines
- ◆ Providing technical support to promote greater effectiveness
- ◆ Reporting to the RHB on financial expenditure, logistics and programme performance (including HMIS)

OH 12.2 continued

Woreda Health Offices are responsible for:

- ◆ The overall performance of the Woreda as evidenced by its health indicators
- ◆ Ensuring that the Woreda Council is kept informed of all key issues affecting the health sector in the Woreda to promote support for health efforts in the Woreda
- ◆ Supervising and monitoring the performance of each individual health facility and for ensuring that the health facilities are following the regional policies and guidelines and are meeting the defined quality standards in their work.
- ◆ Providing technical support to these health facilities to promote their greater effectiveness, both in their work at the health facility and their efforts in their communities
- ◆ Reporting to the ZHD on financial expenditure, logistics and programme performance (including HMIS)

Session 13: Review of Draft Standards for Management Performance at RHB, ZHD and WHO Levels

Session Objective

1. To give participants the opportunity to review and comment upon the draft standards for Management Performance at RHB, ZHD and WHO levels

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	5 mins
Review of Management Performance Standards at RHB, ZHD and WHO Levels	2. Group work	1hr & 40 mins
	3. Group presentations and discussion	60 mins
		Total: 2 hours 45 mins

Preparation

- OH 13.1 – Session Objectives
- OH 13.2 - A division of participants into groups for this group work. Groups here should consist of one RHB Group (consisting of RHB staff) and as many ZHD groups (consisting of ZHD staff members) as necessary so that each ZHD group has approximately 10 members..

Sufficient copies of the Specifications of Performance Standards at each Level within the SNNPR.for each participant and each facilitator.

A division of responsibilities for comprehensive note taking by the facilitators of all the comments and suggestions made by the groups. (These notes to be compiled by the facilitators at the end of the day and given to a typist to type up. Copies of the consolidated notes on the performance standards for each level to be made and given to the participants on Day 3 for them to use when preparing their presentation to the RHB Top Management Committee.

- OH Projector
- Write-on OH transparencies and pens for each group (if this is how they prefer to make their presentation

Facilitators' Notes to Session 13: Review of Performance Standards for the RHB, ZHD and WHO

1. Session Objective

Using OH 13.1, share the session objective with the participants.

Explain to them that there are “Technical Guidelines for Health Care Services”. These are the “Performance Standards” expected of health workers in relation to the promotive, preventive and curative work at their health posts, health stations and health centres.

The Performance Standards for each Management Level are the equivalent of the Technical Guidelines, but for management areas. At present, the RHB has developed draft performance standards, but these will need to be revised once the decentralisation process has been clearly defined.

2. Review of the Draft Performance Standards for the RHB, the ZHD and the WHO Levels

Using OH 13.2, divide the participants into the groups for this task. Explain to them that this time each group is going to be focussing on the standards appropriate to their level and to the level which they are intended to supervise. Thus, there will be one RHB group, consisting of RHB officers; and several ZHD groups, consisting of ZHD officers.

Distribute one copy of the **complete** Performance Standards for all levels to each participant.

Explain to the RHB Group that it should review the Performance Standards for the Regional Health Bureau AND the Zonal Health Department Levels. (The WHO standards have been given to them for information only at this point.)

Explain to the ZHD groups that they should review the Performance Standards for the Zonal Health Department and the Woreda Levels. (The RHB standards have been given to them for information only at this point.)

Tell the groups where they should meet and inform them that they have 90 minutes (one and a half hours) to review the standards and prepare a presentation of any comments or suggestions they might wish to make.

3. Group Presentations and Discussion

The Facilitators need to make sure that at least 2 of them will take notes at each stage of this session, so that all the agreements reached relating to suggestions about changes to the standards at each level are recorded. These suggestions should then be typed up by a secretary after the session. If possible, each participant should then be given a copy of the compiled suggestions so that they can refer to these when they prepare their presentation to the RHB Top Management Committee on Friday.

The best way to get the feedback from the groups on their discussions about the performance standards is as follows:

- (a) Start with the RHB group and ask them to share the key comments (criticisms, suggestions, questions) that their group had. Then ask the Zonal groups (who also received a copy of the RHB standards for information) if they have any further comments. Try to get all the participants to reach a consensus.
- (b) Then select one of the ZHD groups and, starting with the 1st management area (Top Management Oversight) ask them to share their comments with everyone. Then ask other groups if they agree or have something else to add concerning this management area.
- (c) Move on to the next management area, and ask a different ZHD group to give their comments on this area.

Follow the same practice until all the ZHD management areas have been covered. Then move onto the performance standards for the WHO level.

Again, ask a ZHD group to give their comments on the first management area for the WHO level. Then ask other groups if they have anything they wish to add. Then move on to the next management area, until all areas have been covered.

OH 13.1

SESSION OBJECTIVE

To give participants the opportunity to review and comment upon the draft standards for Management Performance at RHB, ZHD and WHO levels

SPECIFICATION OF RESPONSIBILITIES AND PERFORMANCE STANDARDS FOR EACH MANGEMENT LEVEL

Regional Heath Bureau

Management Area	Performance Standard
Top Management Oversight	<ol style="list-style-type: none"> 1. The RHB will hold a minimum of one Top Management Committee meeting each week, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Department and service heads. 2. The RHB will develop and disseminate a long-term vision for equity of access to health care, appropriate quality standards and health guidelines covering all key areas of national and regional policy. 3. The RHB will maintain effective and ongoing communication with the Regional State Capacity Building Coordination Bureau, MOH, ZHDs and WHOs. 4. The RHB Top Management Committee will ensure that all necessary proposals for funding, within the framework of the HSDP, are prepared, approved and submitted to the appropriate donor agencies.
Planning and Monitoring	<ol style="list-style-type: none"> 1. The RHB will produce and update the HSDP within the stated guidelines and deadlines. 2. The RHB will conduct review meetings every 6 months with ZHDs, Partners (including NGOs) and the Regional State Capacity Building Coordination Bureau (prior to finalisation of the annual HSDP update and 6 months later). 3. The RHB HMIS Team will meet at least once a month and report key findings at the next meeting of the RHB Top Management Committee. 4. RHB Departments will prepare quarterly reports on their progress against the HSDP activities and indicators and submit these to the Top RHB Management Committee. The RHB Top Management Committee will then give feedback to each Department on their performance prior to making adjustments to the HSDP. 5. The RHB Top Management Committee will produce an annual schedule for the monitoring of partner (including NGO) activities within SNNPR, and will conduct in coordination with the appropriate ZHDs, annual field reviews of these activities following receipt of the partner's annual report. A meeting will then be held with the partner to discuss and agree upon required changes in partner activities. 6. The RHB will set priorities and organise the necessary resources for the conduct of operational research aimed at improving health service delivery.
Technical Support to ZHDs	<ol style="list-style-type: none"> 1. The RHB Top Management Committee will produce an annual schedule of integrated supervisory visits to be made to each ZHD. This schedule will ensure a minimum of 2 visits to each ZHD each year, and will give details of who will conduct the supervision (<u>at least one technical and one administrative officer</u>), and the dates on which it will take place. This detailed schedule will be distributed to all RHB Departments and ZHDs. 2. RHB officers doing the supervision of aZHD will submit a report of their visit (a completed supervisory checklist and a signed follow-up action plan) to the RHB Top Management Committee within 2 days of completing their supervisory visit. This report will be reviewed by the RHB Top Management Committee and necessary follow-up actions by each Dept agreed, including whether there is need to re-visit the ZHD to check whether performance has improved.

Regional Health Bureau continued

Management Area	Performance Standard
Technical Support to ZHDs continued	<ol style="list-style-type: none"> 3. All requests for technical support arising from the ZHDs will be considered at the weekly meeting of the RHB Top Management Committee and decisions taken on how the necessary support should be provided.
Human Resources	<ol style="list-style-type: none"> 1. The RHB will ensure that there are clear and documented guidelines for all aspects of personnel management, including transfers, performance appraisals, etc. and that these guidelines are available in each ZHD and WHO in the region and are understood by all administrative staff, supervisors and managers. 2. The RHB will propose a set of “incentive packages” designed to improve staff distribution and retention in the Region. This package will cover issues of salary, housing, transfers and other benefits which could influence the ability to retain staff in the most remote and difficult locations. 3. The RHB will regularly review and make adjustments to the national staffing standards for health facilities to ensure that these are appropriate for SNNPR conditions. 4. The RHB will maintain records of the regional health staff that are required by health facility, WHO and Zone in order to meet regional staffing standards, together with details of the number of staff actually employed and the gaps (staff needs). A report will be prepared at least annually and the information shared with the ZHDs during a review meeting. The ZHDs will be asked to make any special requests for instances where local circumstances mean that the regional staffing standard should be adjusted. 5. The RHB will use the annual report of staffing gaps to prepare projections of pre-service training requirements and to determine intakes (for each cadre) to the regional health training institutions. This report will also present the performance of each HPTI (intakes and graduation rates) and findings relating to the quality and appropriateness of its training. 6. The RHB will promote the development of an annual performance improvement plan for service delivery in the SNNPR, which will include mechanisms for promoting learning among its service providers, including training.
Logistics and Engineering Support	<ol style="list-style-type: none"> 1. The RHB will regularly review and update an essential drug list for the region and enforce its utilisation at every level. 2. The RHB will ensure appropriate and adequate warehousing for drugs and medical supplies in the SNNPR. 3. The RHB will maintain records of all essential drugs and medical supplies it holds in stock, consumption levels, the amounts of each item requested by the ZHDs and the amounts actually distributed, by date. A report of this data will be submitted to the RHB Top Management Committee every quarter. 4. The RHB will maintain records of all requests from the ZHDs and special Woredas for medical equipment, contraceptives, vaccines, emergency drug supplies and other items procured through International Competitive Bidding or National Competitive Bidding. Records will also include details of all items distributed, by date.

Regional Health Bureau continued

Management Area	Performance Standard
Logistics and Engineering Support to ZHDs continued	<ol style="list-style-type: none"> 5. The RHB will assist the ZHDs and WHOs to develop and maintain an inventory of major equipment and vehicles. This inventory will be updated through routine reports and when supervisory visits are made. 6. The RHB will take the lead in ensuring that national building standards and designs are appropriately implemented in the SNNPR and that new construction proposals are reviewed to improve access to services. 7. The RHB will develop and disseminate a regional preventive maintenance policy and guidelines for all vehicles, medical equipment and health facilities in the SNNPR and will monitor its implementation. 8. Based on records of equipment in disrepair received from the ZHDs , the RHB will develop an annual maintenance plan to meet needs.
Epidemic Preparedness and Support	<ol style="list-style-type: none"> 1. The RHB will prepare and widely disseminate to all levels management guidelines and standards for use in all WHOs, and ZHDs in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. These guidelines will cover: stocks of drugs and medical supplies that should be held in preparation for an epidemic; the definition of an epidemic; specific responsibilities in the case of an epidemic; how and to whom epidemics should be reported. 2. In the case of an epidemic within the region, the RHB Top Management Committee will regularly review developments, ensuring that an early plan is developed on how to respond if the epidemic is escalating to new areas.
Finance	<ol style="list-style-type: none"> 1. The RHB will develop guidelines for financial accounting and reporting and ensure that these are distributed to all levels and are being followed. 2. The RHB will ensure that all necessary financial reports are produced and submitted on time according to regional council, federal government and donor specifications.

Zone Health Departments

Management Area	Performance Standard
Top management oversight	<ol style="list-style-type: none"> 1. The ZHD will hold a minimum of one Management Committee meeting each week, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Department Heads. 2. The ZHDs will prepare health guidelines for their WHOs which translate the RHB guidelines into specific guidelines for the WHO level. 3. The ZHD will maintain effective and ongoing communication with the Zonal Council Social Services Section.
Planning and Monitoring	<ol style="list-style-type: none"> 1. The ZHDs will conduct review meetings every 6 months with WHOs, selected health facilities and local partners prior to finalisation of the Zone's submission of its annual HSDP update, and 6 months later. 2. The ZHD will produce and update the Zone's HSDP (by when?) 3. The ZHD will conduct NGO programme review meetings on a quarterly basis. 4. The Zonal HMIS Team will meet monthly and to report key findings to the next meeting of the Zone's Management Committee. 5. The Zonal Departments will prepare quarterly reports on their progress against the activities and indicators of the HSDP and submit these to the Zone's Management Committee. The Management Committee will give feedback to each Department on its performance. 6. The ZHD will commit staff to work with the RHB to conduct annual field reviews of partner (including NGO) activities within the Zone and will discuss and agree required changes in partner activities with the relevant partner/s and the RHB. 7. Each ZHD will compile the information and update the profiles for all of its Woredas each year.
Technical Support to ZHDs	<ol style="list-style-type: none"> 1. The ZHD Management Committee will produce an annual schedule of integrated supervisory visits to be made to each WHO. This schedule will ensure a minimum of one visit to each WHO every 6 months and will give details of who will conduct the supervision (at least one technical and one administrative officer) and the dates on which it will take place. This schedule will be distributed to all Zonal Departments. The WHOs will be notified that 6 monthly integrated supervisory visits will take place during the year but specific dates will not be given. 2. The Officers conducting the supervision of a WHO will submit a report of their visit (a completed supervisory checklist and a signed follow-up action plan) to the Zone Management Committee within 2 days of completing their supervisory visit. This report will be reviewed by the Management Committee and necessary follow-up actions by each Department agreed, including whether there is need to re-visit the WHO to check whether performance has improved. 3. All requests for technical support arising from the WHOs will be considered at the next weekly meeting of the Zone Management Committee and decisions taken on how the necessary support should be provided.

Zone Health Departments

Management Area	Performance Standard
Human Resources	<ol style="list-style-type: none"> 1. The ZHD will maintain an inventory of all professional health staff working in each health facility within each Woreda, together with details of the staff there should be to meet the regional staffing standards. 2. The ZHD will review all requests for additional staff coming from the WHOs each year, reviewing these requests against their inventory of existing staff and against the regional staffing standards. Where appropriate, the ZHD will submit special requests to the RHB where local circumstances mean the regional staffing standard should be adjusted. 3. The ZHD will prepare an annual report on their performance improvement activities and submit their performance improvement plan (including staff training/learning) for the next year as part of the HSDP submission.
Logistics Support to WHOs	<ol style="list-style-type: none"> 1. The ZHD will maintain records of all drugs and medical supplies it holds in stock, the amounts of each item requested by the health facilities, and the amounts actually distributed, by date. A report of this data will be submitted to the Zone's Management Committee every quarter for review. 2. The ZHD will maintain an inventory of all items of equipment and vehicles, by health facility and WHO. This inventory to be updated each time a supervisory visit is made to a WHO. The inventory will include details of maintenance needs. The full inventory should be submitted at least annually to the RHB.
Epidemic Preparedness and Support during Epidemics	<ol style="list-style-type: none"> 1. The ZHD will ensure that all WHOs are familiar with the contents of the regional guidelines and standards in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. 2. In the case of an epidemic within the Zone, the Management Committee will regularly review developments, ensuring that requests for emergency support (in the form of transport, drugs, staff and supplies) are dealt with promptly and efficiently and that the RHB is kept informed of all developments.
Finance	<ol style="list-style-type: none"> 1. The ZHD will ensure that all necessary financial reports are produced and submitted on time according to Zonal Council, RHB and donor specifications,

Woreda Health Offices

Management Area	Performance Standard
Management oversight	<ol style="list-style-type: none"> 1. The WHO's will hold a minimum of one Management Committee meeting each week, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Department Heads. 2. The WHO will ensure that all RHB and ZHD health guidelines are given to and adopted by all their health facilities. 3. The WHO will maintain effective and ongoing communication with the Woreda Council Social services Division.
Planning and Monitoring	<ol style="list-style-type: none"> 1. The WHO will conduct review meetings with their health facilities every 6 months. 2. The WHO will annually compile the information for and update the Woreda profiles and submit these to the ZHD. 3. The HMIS Team will meet monthly and report key findings to the next meeting of the WHO's Management Committee. 4. WHO Departments will prepare quarterly reports on their progress against the activities and indicators in their HSDP and submit these to the WHO's Management Committee. The Management Committee will give feedback to each Department on their performance.
Technical Support to Health Facilities	<ol style="list-style-type: none"> 1. The WHO Management Committee will produce an annual schedule of integrated supervisory visits to be made to each health facility. This schedule will ensure a minimum of one visit to each health facility every 3 months and will give details of who will conduct the supervision (at least one technical and one administrative officer) and the dates on which it will take place. This schedule will be distributed to all WHO Departments. health facilities will be notified that at least 4 supervisory visits will be made during the year, but no details will be given to them on when these visits will occur. 2. Officers conducting the supervision of a health facility will submit a report of their visit (a completed supervisory checklist and a signed follow-up action plan) to the WHO Management Committee within 2 days of completing their supervisory visit. This report will be reviewed by the Management Committee and necessary follow-up actions by each Department agreed, including whether there is need to re-visit the health facility to check whether performance has improved. 3. All requests for technical support from the health facilities will be considered at the next weekly meeting of the WHO Management Committee and decisions taken on how the necessary support should be provided.
Human Resources	<ol style="list-style-type: none"> 1. The WHO will maintain an inventory of all professional health staff working in each health facility within each Woreda, together with details of the staff there should be to meet the regional staffing standards. 2. Each year the WHO will formulate its request for additional health staff, based on the workload of each health facility and upon staff losses experienced. Feedback on these requests will be provided at least annually.

Woreda Health Offices

Management Area	Performance Standard
Human Resources continued	3. The WHO Management Committee will decide how to deploy any additional health staff assigned to them by the ZHD, based on the priority of the staff needs they submitted to the ZHD, and will update their staff inventory accordingly.
Logistics Support to Health Facilities	1. The WHO will maintain an inventory of all items of equipment and vehicles, by health facility. This inventory will be updated each time a supervisory visit is made to a health facility. The inventory will include details of maintenance needs. The full inventory should be submitted at least annually to the ZHD.
Epidemic Preparedness and Support during Epidemics	<p>1. The WHO will ensure that all health facilities are familiar with the contents of the regional guidelines and standards in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. The WHO will also ensure that all health facilities have prepared the essential stocks of drugs and supplies in case there is an epidemic.</p> <p>2. In the case of an epidemic within the WHO, the Management Committee will regularly review developments, ensuring that their ZHD is kept informed at all times.</p>
Finance	<p>1. The WHO will ensure that all monies collected from fees by the health facilities are collected at least once a month, are properly receipted and properly recorded in the financial records at the WHO.</p> <p>2. The WHO will ensure that all necessary financial reports are produced and submitted on time according to Woreda Council and ZHD specifications.</p>

Session 14: Tools Available to Supervisors

Session Objective

1. To explore the information (tool) sources available to supervisors that can lead to informed decisions and conclusions.
2. To provide an entry for discussion of Integrated Supervisory Checklists

Session Guide

Topic	Format	Timing
Defining information for supervisors	1. Session Objectives	5 minutes
	2. Plenary presentation (overhead) and discussion	10 minutes
Examining the types of supervisory information	3. Plenary discussion using flip chart with overhead follow-up	15 minutes
		Total: 30 min

Preparation

- OH projector
- Flip chart & markers
- Two overhead transparencies

Facilitators Notes to Session 14 “Tools Available to Supervisors”

1. Session Objectives

To review the tools available to supervisors- namely the types of information available to them that can be used for supervisory decisions and actions. Also, this session is an introduction to the use of “Integrated Supervisory Checklists”.

2. Defining Information for Supervisors

- a) The facilitator should start by introducing the topic (tools available for supervisors) and asking the participants: “What is the primary tool we use as supervisors in forming an opinion or reaching a conclusion?” The answer, of course is INFORMATION.
- b) Once you have been given this answer by one of the participants, show the OVERHEAD 14.1 on “Information.” Read the definition (in the box) and briefly discuss the 4 factors determining the value of information.
- c) Ask the class, “As a supervisor, what are the types of information you have available to you that helps you form an opinion and draw conclusions?” Use the flip chart to list the answers given from the participants. Once there are no more suggestions from the participants, review the list with the group. Ask the group, “Are any of these forms of information more important than others?” Have a brief discussion on this subject.
- d) Next, show OVERHEAD Y on “How Can Supervisors Gain Information”. This should be a repeat of what was previously taken from the participants on the flip chart. Once you have gone through the list of information sources, point out that there is a line drawn between the information sources. Ask the participants, “Why?” The answer is simple, those information sources above the line are secondary pieces of information, those below the line are first-hand pieces of information. Ask the participants, “Which of these has greater value?” Have a brief discussion on the pros and cons.
- e) Still showing OVERHEAD 14.2, say to the participants, “Take a look at this list again....please raise your hand if you routinely do at least two of these activities per month....how many do at least 4 of these activities per month....how many do at least 6 of these activities per month....? Each time you ask the question, there should be fewer and fewer hands raised. Now ask the participants, “what does this tell us?” If there is no answer, you should volunteer that we as supervisors are NOT effectively using the various forms of information that is available to us in forming an opinion or conclusion.
- f) Explain that the less information we receive, the less we know about a subject. If we have no information we are like a blind man. If we have only a little information, we may see only part of the picture. Show OVERHEAD 14.3. This is a humorous picture showing that the more limited our vision, the less we see of a subject. Ask the participants, “Are you like this man trying to see the frog?” How much of the people and programs you supervise do you really see.....the whole image or only a small part of it?”

OH 14.1
INFORMATION

A Supervisor needs information to make informed decisions. Some information is more valuable than other information. The value of information is defined in terms of the benefit that can be provided to the organization through the use of the information. The greater this benefit, the more valuable the information.

4 Factors Determine the Value of Information

- 1. Information appropriateness**
- 2. Information quality**
- 3. Information timeliness**
- 4. Information quantity**

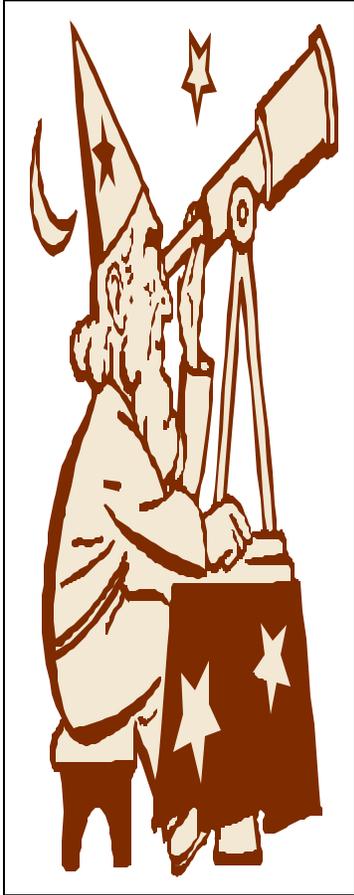
OH 14.2

HOW CAN SUPERVISORS GAIN INFORMATION?

- Examining records and minutes of meetings
- Checking health statistics and achievement levels
- Examining previous supervisory reports
- Attend & participate in General Review Meetings
- Reviewing organization functional descriptions and staff job descriptions
- Reviewing literature and operational research
- Talking with other supervisors
- Interviewing community members receiving health care
- Conducting objective, on-site review

OH 14.3

ARE YOU SEEING THE FULL PICTURE?



Session 15: Review of the Draft RHB→ZHD & ZHD→WHO Integrated Supervisory Tools

Session Objective

1. To provide feedback to the RHB on suggestions and comments to improve the draft integrated supervisory tools for ZHDs and WHOs.

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	15 mins
Review of the draft integrated supervisory tools	2. Group work	90 mins
Presentation of group findings	3. Presentation/s and discussion on the RHB → ZHD tool	45 mins
	4. Presentation/s and discussion on the ZHD → WHO tool	45 mins
		Total: 3 hours 15 mins

Preparation

- OH Projector for group presentations (if they so wish).
- Flip chart and pens for each group
- Sufficient copies of both the Integrated Supervisory Tools (RHB → ZHD; ZHD → WHO) to give each participant and each facilitator a copy of both tools.
- OH 15.1 – Session Objective
- OH 15.2 - A division of the participants into groups. This time, the RHB officers should be placed in one group (unless there are more than 12 of them, in which case it may be necessary to divide them into 2 groups). The ZHD staff should be divided into groups that have a mixture of Departments in each group, with each group having approximately 10 members. At least 3 of the ZHD groups should be asked to review the RHB → ZHD tool and the remaining ZHD groups asked to review the ZHD → WHO tool.
- Ensure that the facilitators are prepared to take detailed notes during the group presentations so that all the comments and suggestions on how the Integrated Supervisory Tools could be improved are captured for later use and review.

Facilitators' Notes to Session 15: Review of the Draft RHB→ZHD & ZHD→WHO Integrated Supervisory Tools

1. Session Objective

Using OH 15.1, share the session objective with the participants.

Explain to the participants the purpose of an Integrated Supervisory Tool:

- a) It ensures that key issues are covered during the supervision in a systematic way
- b) It ensures that the supervisor does not restrict his/her investigation to the areas in which he/she has most interest and experience
- c) The Integrated Supervisory Tool should reflect the defined performance standards for that level.

Explain to the participants that the RHB (with ESHE/JSI support) has drafted the supervisory tools that they are going to review today and that both the RHB and ESHE/JSI are keen to have their comments on the tools before further work is done on them.

2. Review of Draft Integrated Supervisory Tools

Share the group membership with the participants, explaining to them that the RHB group is going to focus on the Integrated Supervisory Tool which they will be using to supervise the ZHDs. Also explain that the ZHD officers have been divided into groups, some of which will review the Integrated Supervisory Tool that they will be using to supervise the WHOs, and some of which will review the Integrated Supervisory Tool which the RHB will be using to supervise the ZHD.

Tell them that regardless of which tool they are asked to review this morning, they are all being given copies of both tools.

Give each participant a copy of each of the draft tools and ask them to go to their groups and start work. Tell them where their group should meet and tell them that they have 1 hour and 35 minutes to review the tool they have been assigned and to make a note of their comments and/or suggestions so that they can share them in plenary after the group work has been completed.

3. Group Presentations of their Comments and Suggestions – RHB Group

The RHB Group that has been reviewing the draft RHB→ZHD Integrated Supervisory Tool (or one of the RHB groups if there are more than one) should be asked to present their comments and suggestions first, since some issues they raise may also need to be taken into account on the ZHD → WHO tool.

Ask them to take no more than 10 minutes to share their comments and suggestions. Then ask one of the ZHD groups that has been reviewing the same tool to add any issues that have not already been covered. Then ask any other group that has reviewed this tool to add issues not already dealt with.

4. Group Presentations of their Comments and Suggestions – ZHD Group

Then ask one of the ZHD groups that reviewed the ZHD → WHO tool to share their comments and suggestions for improvement. When they have finished, ask the other groups which reviewed the same tool to add any additional comments that have not already been covered.

Close the session by assuring the groups that their comments and suggestions will be taken into account in a further review of the Integrated Supervisory Tools before they are brought into operation.

SESSION OBJECTIVE

To provide feedback to the RHB on suggestions and comments to improve the draft integrated supervisory tools for ZHDs and WHOs.

Session 16: Review of Day 3

Session Objective

1. To summarise the main issues and the lessons learned in Day 3 to reinforce learning and understanding.
2. To provide the presenting participant with the opportunity to practice their analytical and presentation skills.

Session Guide

Topic	Format	Timing
Review of session objective	Plenary presentation & discussion	15 mins

Preparation

- OH Projector (if required by Participant presenter)

Session 17: Preparing for Supervision: Part 1

Session Objective

1. To explore beliefs that can influence the effectiveness of the supervision process in the SNNPR.

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	10 mins
Case Analysis	2. Group work	60 mins
	3. Presentation and plenary discussion.	50 mins
	4. Facilitator synthesis	15 mins
		Total: 2 hours 15 mins.

Preparation

- OH Projector for group presentations (if they so wish).
- Flip chart and pens for each group
- OH 17.1 – Session Objective
- Sufficient copies of the two cases (Kobo WHO and Idaga ZHD) for each participant and each facilitator to have one copy of each case.

Facilitators' Notes to Session 17

Preparing for Supervision: Part 1

1. Session Objective

Using OH 17.1, share the session objective with the participants.

2. Group Work

The RHB officers should be placed in a separate group of approximately 10 persons (if there are more than 12 RHB officers, then 2 groups of RHB staff should be formed). The RHB group or groups should be told to work on the Kobo Case.

The ZHD officers should be divided into groups of approximately 10 persons each. The ZHD groups should be told to work on the Idaga ZHD Case.

Give each group member a copy of both cases. Explain to them that they are only being asked to work on one of the Cases (as previously described), but that they are being given the other Case also so that they can participate in the discussion after the presentation.

Tell each group where to meet and make sure that each group has a flip chart and markers to record their decisions. Tell them that they have 55 minutes to make their decisions and prepare their presentation.

The objectives of these cases is to get the participants to explore certain aspects of preparation for supervision which have been found to be issues in SNNPR.

The *Case of Kobo WHO* is aimed at getting the participants to explore the issue of openness about supervision. Some officers have the belief that supervision is about “catching staff doing something wrong”. Those who hold this belief feel that no warning about when supervision will take place should be given to the staff which are to be supervised. They also believe that letting the staff which are to be supervised have advance warning of the questions that will be asked or the issues that will be explored is “cheating”.

The questions that the groups working on the Kobo Case need to consider are as follows:

- a) Even if staff know in advance the issues that are going to be explored during supervision (as documented in the Integrated Supervisory Checklists, they cannot “cheat” on everything.
- b) Staff who have advance warning of the issues and questions to be covered during the supervision will probably make efforts to ensure that they are “doing the right things”. That is a good outcome!
- c) If the staff of the health facility know in advance when the supervision team is coming to visit them, they can make sure that all key people are present to participate and they can make sure that they prepare their evidence. Again, that is a good thing.

- d) If supervision of a health facility is done every quarter (at least), then there is a chance that the health facility staff will find themselves routinely doing what they know is expected of them – and this good performance has a chance of becoming “normal” performance.

The *Case of Idago ZHD* is aimed at getting the participants to explore the issue of “self-assessment”.

Groups working on this case may try to come up with answers for each of the problems found during the recent supervisory visit, but that is not really the point of this exercise. They were perhaps only told in the Case about some of the problems found during the supervisory visit (the most important ones). There may have been other problems not mentioned in the Case.

The group should observe that the new Zonal Head asked the supervisory team for a copy of the Integrated Supervisory Checklist they had used for the supervision. He also knew that his ZHD would be supervised again within the next 6 months and he wants to make sure that the RHB does not find so many problems as they found this time.

The main step he should take is to get his staff to conduct their own review of the ZHD’s performance, using the same Checklist as the RHB used and will probably use again. Since it is sometimes difficult to do a self-assessment, the Head of the Zone might consider acting the part of an RHB Officer doing the supervision, asking questions and demanding to see “proof” that the answers his staff give are accurate.

To make sure that behaviours really do change and that performance is really improving, the Zonal Head will want to make sure that the self-assessment is repeated (perhaps once every month or every 2 months) until he is satisfied that his staff are now doing the right things as a routine.

4. Group Presentations

Ask the (or one of the) RHB groups to make their presentation first and to answer the 2 questions on the Kobo Case. When they have finished, and if there was a 2nd RHB group working on the case, ask them if they agree with what the 1st group said. Then ask anyone else if they wish to comment. Make sure that the facilitators raise the questions a) to d) above, if these issues are not covered by the participants.

After half an hour, ask one of the ZHD groups to present their answer to the question on the Idago Case. Again ask other groups who worked on the Case to add or comment on the 1st group’s presentation, before opening up the discussion to all participants.

5. Synthesis

A facilitator should then bring this part of the session to a close by summarising the conclusions of the discussion on the Cases. Key points to emphasise are as shown on OH 17.2. Additional learning points can be added as appropriate to the discussion of the cases that resulted.

OH 17.1

SESSION OBJECTIVE

To explore beliefs that can influence the effectiveness of the supervision process in the SNNPR.

**KEY LEARNING POINTS OF THE
KOBO AND IDAGO CASES**

- 1. Supervision is a process intended to help staff to improve their performance – not a process that aims to “catch people out”.**
- 2. Giving staff advance warning of what will be assessed encourages them to prepare so that they do well when they are supervised.**
- 3. Self-assessment is a form of preparation that encourages continual improvement in performance and can promote consistent good practices.**
- 4. If the supervision is done thoroughly, with supervisors insisting that they “see proof” of the answers given to their questions, then it is very difficult for there to be “cheating”.**

The Case of Kobo WHO

Please read the case below and then answer the following questions:

1. Do you think that the Kobo WHO was correct in deciding not to share their supervisory schedule or the Integrated Supervisory Checklist with the health facility at the start of the year? Please give your reasons.
 2. Assume that when the WHO staff visit a health facility for the first time that year, they find some problems. What changes in performance would the supervisors expect to find at the same health facility the next time it is supervised?
-

The Woreda Health Office of Kobo had been told by their Zone Health Department that they should prepare an annual schedule of the supervisory visits they should make to each of their health facilities every 3 months. This schedule should provide details of which health facility was to be visited on which date and which WHO officers were to carry out the supervision. The WHO had also been told to distribute their supervision schedule and the Integrated Supervisory Checklist for the health facility as soon as possible to all Departments at the WHO and to all their health facilities.

The WHO had followed the ZHD's instructions and developed their schedule for supervision. But they did not think it was a good idea to distribute this schedule to the health facilities. The WHO thought that it would be better if they did not warn the health facilities of when they were going to visit since in this way they might "catch them out". The WHO also thought that it would be wrong to give the health facilities a copy of the Integrated Supervisory Checklist before the supervision, because then the health facility would know what the "test" was and could prepare for it. (That was like a student seeing the exam paper before the day of the exam).

The Case of Idaga Zone Health Department

Please read the case below and then answer the following questions:

Assume that you are the new Head of the Idaga Zonal Health Department:

1. Describe the steps that you would take to ensure that the ZHD's performance was found to be better the next time the RHB made a supervisory visit?
-

The Idaga Zone Health Department had recently had a supervisory visit from their Regional Health Bureau. During this supervision, the RHB has asked many questions, using a checklist that they had brought with them. They had found many problems with the performance of the ZHD, the most serious being low immunisation coverage for the last six months, with DPT3 at 36%; BCG at 50%; whilst measles coverage data was not available at all. Other important problems that the RHB had also found included: (a) the ZHD's HMIS Review Team had only met once in the last 6 months; (b) no-one had been monitoring the HMIS indicators; and (c) the ZHD seemed to have little understanding of what the 3 NGOs operating health programmes in the zone were actually doing. Before they left the ZHD, the Zonal Head asked them for a copy of the checklist, which they agreed to give him.

The Head of the Idaga had been transferred to the Zone 3 months before. He was ashamed of the findings of the supervisory visit and determined that his Zone would perform better at the next supervisory visit, which could take place at any time in the next 6 months.

Session 18: Preparing for Supervision: Part 2

Session Objective

1. To develop draft guidelines on the detailed steps that should be taken at their level to prepare for supervision.

Session Guide

Topic	Format	Timing
Review of session objectives	1. Plenary presentation	10 mins
Drafting of guidelines	2. Group work	45 mins
	3. Presentation of group decisions and discussion (30 mins for each case.	50 mins
		Total: 1 hour 45 mins

Preparation

- OH Projector for group presentations (if they so wish).
- Flip chart and pens for each group
- OH 18.1 – Session Objective
- A division of the participants into groups. The RHB officers should be placed in one group (unless there are more than 12 of them, in which case it may be necessary to divide them into 2 groups). The ZHD staff should be divided into groups that have a mixture of Departments in each group, with each group having approximately 10 members.

Facilitators' Notes to Session 18

Preparing for Supervision: Part 2

1. Session Objective

Using OH 18.1, share the session objective with the participants. Explain to them that it will be important for written guidelines to be developed on the preparation that should be made at each level before a supervisory visit takes place. These guidelines can then be used to inform staff who are not present at this Workshop of what is expected of them.

2. Group Work

Divide participants the groups that they will be working in for the rest of the day. Explain to them that they will be preparing draft guidelines on how to prepare for supervision at their level (i.e. either the RHB or the ZHD level). Their recommendations will be presented to the whole group for comment and consolidation and will then be typed up as a first draft of guidelines which will later be finalised and distributed to all RHB and ZHD units.

Tell the groups that their guidelines should be drafted in the form of a sequential list of actions that should be taken, with sufficient detail for a new staff member to understand exactly what she/he should do.

Tell the groups where they should work and tell them they should be ready to share their recommendations (preferably written on a flipchart or OH transparency) in plenary in 45 minutes.

3. Group Presentations

Ask the RHB group (or one of the RHB groups if there is more than one) to present first. They should simply run down the steps they are suggesting. Then ask the other RHB group (if there is one) to add actions that the first group did not mention. A second facilitator should make additions on a separate flipchart. Finally ask all the other participants whether they have any comments or additions and again the second facilitator should note down any agreed changes.

Leave the final list of preparation actions for the RHB on a wall or flip chart stand and ask one of the ZHD groups to present their steps for the Zonal level. Go through the same process, asking if the other groups wish to add or change something on the 1st group's list.

Before closing the session, tell the groups that the consolidated lists for each level will be typed up and returned to them on the following day. The implementation of their guidelines should be one of the items they include in their list of actions that they will take following the workshop to improve supervision.

OH 18.1

SESSION OBJECTIVE

To develop draft guidelines on the detailed steps that should be taken at their level to prepare for supervision.

Session 19: Helpful Behaviours in Supervision

Session Objectives

1. To demonstrate the difference between supportive supervision and the traditional fault-finding supervision.
2. To give participants the opportunity to practice their behavioural skills for effective supervision.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	10 mins
Helpful behaviours in Supervision	2. Role Play 1	20 mins
	3. Assessment and Discussion	30 mins
	4. Role Play 2	20 mins
	5. Assessment and Discussion	20 mins
	6. Summary and Conclusions	20 mins
		Total: 2 hours

Preparation

- OH Projector
- OH 19.1 – Session Objective
- OH 19.3 – Summary of Helpful Behaviours
- Division of participants into groups of approximately 15-20 members, with one facilitator assigned to each group to observe the role play and to assist in an assessment of the role play using the observation checklist. The groups can be of mixed RHB and Zonal members.
- Sufficient copies of the 2 Role Play briefs for every participant and facilitator
- Sufficient copies of the Observation Checklist for every participant and facilitator

Facilitators' Notes to Session 19

Helpful Behaviours in Supervision

1. Session Objective

Using OH 19.1, share the session objective with the participants. Tell them that some of them are going to be given a chance to practice their behavioural skills in supervision, the others are going to observe what happens and give feedback to the “actors” in the role plays.

2. Role Play 1

Divide the participants into groups of approximately 15-20 members who can be a mixture of RHB and Zone officers. Ask each of the groups to move to an area where there is sufficient space and quiet for them to listen to (and hear) what the role players are saying. Ask them to sit round in a circle, leaving sufficient space in the middle of the circle for 2 role players to sit and talk.

Ask one member of each group to volunteer to act as the supervisor in the 1st role play and another member to act as the supervisee. Give the supervisor a copy of the Supervisor Role Play Brief. Give the supervisee a copy of the Supervisee Role Play Brief. Tell them they should follow the information given in their brief and not make up new information, unless absolutely necessary. They should not share their briefs with each other until after the role play. Ask the volunteers who will conduct the role play to study their brief and prepare for their supervisory meeting in a quiet place for 15 minutes.

While the role players are preparing, give each of the other group members a copy of the observer role play brief and a copy of the observation checklist. Explain the contents of the observation checklist and tell the observers in the group that their job is to listen carefully to what happens during the role-play, making notes on what they see on the observation checklist. At the end of the role-play, they will be asked to give the role players feedback (“supportive supervision feedback!” on how they performed.

After the 10 minutes for preparation are over, ask the 2 role players to sit in the chairs at the centre of the circle and start their role-play. They have 10 minutes to conduct the role-play. The facilitator should keep the time and tell them when to stop.

3. Debriefing of Role Play 1

Before the debriefing starts, give the two role players their own copies of the Observer Checklist so that they will know what the observers are going to comment on.

Start the debriefing by asking each of the role players what they felt they achieved in the role play. Then, working down the questions on the Observer Checklist, ask the observers to give key comments and examples of the behaviours they saw, reminding them that they should demonstrate, in their feedback, how a supervisor should give feedback!

4. Role Play 2

For this role-play, ask 4 new members of the group to volunteer to act in the 2nd role play. Two of them are to act as the supervisors and two of them are to act as the supervisees. Give the 2 supervisors a copy each of the Supervisor Role Play Brief. Give the 2 supervisees a copy each of the Supervisee Role Play Brief. Tell them they should follow the information given in their brief and not make up new information, unless absolutely necessary. The supervisors and the supervisees should not share their briefs with each other until after the role play. Ask the volunteers who will conduct the role play to study their brief and prepare for their supervisory meeting in a quiet place for 10 minutes.

While the role players are preparing, give each of the other group members a copy of the Observer Role Play Brief and a copy of the Observation Checklist for Role Play 2. Explain the contents of this new observation checklist and tell the observers in the group that their job is to listen carefully to what happens during the role play, making notes on what they see on the observation checklist. At the end of the role play, they will be asked to give the role players feedback (“supportive supervision feedback!” on how they performed).

5. Debriefing of Role Play 2

Before the debriefing starts, give the four role players their own copies of the Observer Checklist so that they will know what the observers are going to comment on.

Start the debriefing by asking each of the role players what they felt they achieved in the role play. Then, working down the questions on the Observer Checklist, ask the observers to give key comments and examples of the behaviours they saw, reminding them that they should demonstrate, in their feedback, how a supervisor should give feedback!

6. Summary and Conclusions

To close the session, use OH 19.2 to summarise the learning points from the role plays. Add additional learning points that may have come up during the debriefings.

OH 19.1

SESSION OBJECTIVES

- 1. To demonstrate the difference between supportive supervision and the traditional fault-finding supervision.**
- 2. To give participants the opportunity to practice their behavioural skills for effective supervision.**

**SUMMARY OF BEHAVIOURS HELPFUL FOR
EFFECTIVE SUPERVISION**

1. Always treat the supervisee with politeness and pleasantness.
2. First praise work well done, before raising problems.
3. If you see a problem, check to see if the supervisee sees the same problem. (If not, this gives the supervisor one “clue” as to what is causing the poor performance.)
4. Analyse the problem with the supervisee to gain a good understanding of what has been causing the problem, otherwise you could try the wrong solution.
5. Once you believe that you know the causes of the problem, try to get the supervisee to suggest possible solutions. A person is always more likely to follow ideas that they have thought of themselves.

Session 19 – Helpful Behaviours in Supervision

Role Play 1

Supervisors' Brief

Your name is Dr Tesfaye and you are a member of the Communicable Disease Control Department at the Zone Health Department.

You have come to this health centre for supervision and have spent the last 45 minutes observing one of the nurses, Ato Belaye, as he deals with the children who have been brought to the health centre by their mothers. You have seen him with 3 children, all of whom were brought to the health centre following 2-4 days of diarrhoea. He did check each child carefully for dehydration (and found no severe dehydration), but he gave no information to the mother about ORS, did not give the children any ORS at the clinic, nor did he tell the mother how much fluid the child should be given.

You are concerned that Ato Belaye is not following the guidelines for assessment and treatment of children with diarrhoea and you have asked him to come and meet with you when his last patient has gone. You want to give him feedback on the work you have seen him do.

Session 19 – Helpful Behaviours in Supervision

Role Play 1

Supervisee's Brief

Your name is Solomon Belaye and you are a nurse at the health centre. You started work at the health centre 6 months ago, having transferred to the area. You finished your training as a nurse 17 years ago and have never had any refresher training at all. When you came to this health centre, no-one gave you any guidance about what you should do, you were simply told to work in the under 5 clinic.

Today, Dr Tesfaye from the Zone Health Department has been supervising the health centre and he has spent the last hour or so watching you deal with 3 children brought to the health centre by their mother. Each of the children had had diarrhoea for between 2-4 days. You did check each child carefully for dehydration, but none of them was severely dehydrated. The health centre has not had any ORS in stock since you arrived there.

Session 19 – Helpful Behaviours in Supervision

Role Play 1

Observer's Brief

Dr Tesfaye from the Zone Health Department has come to this health centre for supervision. He has spent the last 45 minutes observing one of the nurses, Ato Belaye, as he deals with the children who have been brought to the health centre by their mothers. He watched Ato Belaye with 3 children, all of whom were brought to the health centre following 2-4 days of diarrhoea. Ato Belaye did check each child carefully for dehydration (and found no severe dehydration), but he gave no information to the mother about ORS, did not give the children any ORS at the clinic, nor did he tell the mother how much fluid the child should be given. Dr Tesfaye has decided he should talk to Ato Belaye to tell him that he is not following the guidelines for assessment and treatment of children with diarrhoea.

Ato Belaye transferred to work at this health centre 6 months ago. He finished his training as a nurse 17 years ago and has never had any refresher training at all. When he came to this health centre, no-one gave him any guidance about what he should do.

Observer Checklist for Role Play 1

Question	Behaviour Observed
1. Did Dr Tesfaye start the discussion in a pleasant manner, explaining why he is at the health centre and why he was watching Ato Belaye's work?	
2. Did Dr Tesfaye first praise Ato Belaye for the work he did well?	
3. Did Dr Tesfaye state the problem he had seen in Ato Belaye's work clearly and did he ask if Ato Belaye knew what he should do according to the technical guidelines for dealing with diarrhoea?)	
4. Did Dr Tesfaye allow Ato Belaye to explain why he had behaved the way he did?	
5. Do you think that Ato Belaye accepted that he had not done the right things and that he will change his behaviour in the future?	

Session 19 – Helpful Behaviours in Supervision

Role Play 2

Supervisors' Brief

One of you is Ato Bekele, the Head of CDC in the Northern Zone Health Department. One of you is Ato Abera, the Chief Accountant at the ZHD.

You have been making a supervisory visit to the Laybet WHO, where you have been meeting with Ato Teshoma, the Head of the WHO, and Ato Abdulla, the WHO Head of CDC. The last supervision visit made to this WHO (by different Zone officers) was 12 months ago.

When you came to the section on WHO Supervisory Issues on the Integrated Supervisory Checklist for the WHO level, you were told that the WHO had only supervised *some* of their health facilities once in the last 12 months. They should have supervised every health facility at least once in every 6 months. You thought that this situation was so bad that you decided to take Ato Teshoma and Ato Abdulla with you to the nearest health facility to the WHO office to carry out an unscheduled supervision with them. In this way, you hoped to show them what they should have been doing. To your surprise, you found that the health facility was actually performing very well.\

You have now returned to the WHO office and are about to discuss the issue of supervision with Ato Teshoma and Ato Abdulla.

Session 19 – Helpful Behaviours in Supervision

Role Play 2

Supervisee's Brief

One of you is Ato Teshoma, the Head of the Laybet WHO. One of you is Ato Abdulla, the WHO's Head of CDC. You have been working at this WHO for the last 7 months, when you were both assigned here by the national level.

Today, Ato Bekele, the Head of CDC in the Northern ZHD and Ato Abdulla, the Chief Accountant at the ZHD have come as planned to carry out a supervision of your WHO. This is the first time that the ZHD has supervised your WHO for more than one year.

When they asked you about the WHO supervision of the health facilities in the Laybet you told them that the WHO had managed to visit only some of the health facilities once in the last 12 months. For some reason, they seemed quite upset at this and asked you to go with them to a nearby health facility to watch them conduct a supervision there. At the health facility, the ZHD officers seemed very happy about what they found, so you are now even more confused about what the problem is. Why go to visit a health centre if everything is OK?

You are now back at the WHO office and Ato Bekele and Ato Abdulla have asked you both to meet with them.

Session 19– Helpful Behaviours in Supervision

Role Play 2

Observer’s Brief

Ato Bekele is the Head of CDC in the Northern Zone Health Department. Ato Abera is the Chief Accountant at the ZHD. These 2 officers are supervising the Laybet WHO. They have been discussing the WHO’s performance with Ato Teshoma, the Head of the WHO, and Ato Abdulla, the WHO Head of CDC.

They have just completed the section on the WHO Integrated Supervisory Checklist on supervision. The ZHD officers have found out that the WHO has only supervised *some* of their health facilities once in the last 12 months. They should have supervised every health facility at least once in every 6 months.

Because of this problem, Ato Bekele and Ato Abera decided to go with the their WHO officers to the nearest health facility to the WHO office to do an “on-the-spot” supervision. In this way they would show the WHO officers what should be done.

After a rapid supervision of the health facility was completed and the ZHD and WHO officers have returned to the WHO office, Ato Bekele and Ato Abera are about to discuss the supervision problem with Ato Teshoma and Ato Abdulla.

Observer Checklist for Role Play 2

Question	Behaviour Observed
1. How did the Zonal supervisors react to the supervisory problem they identified in the WHO?	
2. Given that the health facility they all visited was performing well, how did Ato Bekele and Ato Abera define the supervision problem to the WHO officers?	
3. Do you think that the ZHD officers were able to convince Ato Teshoma and Ato Abdulla that they should be supervising all their health facilities at least once every 6 months?	
4. Do you believe that Ato Bekele and Ato Abera understood why the WHO had only supervised some of their health facilities in the last 12 months?	
5. Do you think that when the ZHD makes their next supervisory visit to Laybet WHO they will find that the situation in relation to supervision will have changed?	

Session 20: Problem Identification, Problem Analysis and Action Planning for Problem Resolution

Session Objective

1. To give participants practice in exploring the root causes of problems to ensure that the right solutions are followed.
2. To introduce participants to the Follow-up Action Plan to be developed at the end of a supervisory visit.

Session Guide

Topic	Format	Timing
Review of session objective	1. Plenary presentation	5 mins
Problem Analysis	2. Facilitator Introduction to the “But Why” Methodology for Problem Analysis	20 mins
	3. Group Work: Case Analysis	50 mins
	4. Group Presentation and Discussion	50 mins
	5. Facilitator Synthesis	10 mins
	6. Facilitator presentation	15 mins
Action Planning for Problem Resolution		Total: 2 hours 30 min

Preparation

- OH Projector
- OH 20.1 – Session Objective
- OH 20.2 – The “But Why” Methodology for Problem Analysis
- OH 20.3 – Analysis of the Laybet Case
- Division of participants into groups of approximately 10 members The groups can be of mixed RHB and Zonal members.
- Sufficient copies of the Problem Analysis Worksheet for every participant and facilitator

Facilitators' Notes to Session 20

Problem Identification, Problem Analysis and Action Planning for Problem Resolution

1. Session Objectives

Using OH 20.1, share the session objectives with the participants.

2. Introduction to the “But Why” Methodology for Problem Analysis

Using OH 20.2, introduce participants to the “But Why” Method. This method is intended to ensure that we don't make assumptions about the causes of a problem – as this may lead to the wrong decisions about how to solve the problem.

Work through the simple example on OH 20.2 just as an example:

During supervision, it is found that a health facility is out of stock on antibiotics. This has happened several times before. This is the “observed problem”.

The next step for the supervisor is to ask “Why are the drugs out of stock”? In the example given, there are several possible answers:

- a) the health facility has asked for antibiotics from the ZHD store, but the ZHD is out of stock
- b) the health facility has no mechanism for maintaining an easy-to-reach record of drugs in stock at the health facility (the bin card)
- c) the health facility may be maintaining bin cards, but there is no regular process in place to act upon the bin card information when stocks are getting low, so that re-orders are made in time.

After this first round of analysis, the next step is again to ask “But Why?” again to try to determine the underlying causes of the 2nd level problems.

This time, the example on OH 20.2 focuses only upon the problem ‘No routine for drug ordering’. Two possible causes of this problem are identified in the example:

- a) staff are not aware of what they should do
- b) staff are aware of the procedures, but are not following them

Explain to participants that the importance of doing this sort of problem analysis is that *it helps to ensure that the right solutions are found*. If the underlying cause of the antibiotic stock-out problem at our health centre is that staff are not aware of the proper procedures for monitoring stock levels and re-ordering, then the appropriate solution will be to make sure that they are made aware.

If the underlying cause of the antibiotic stock-out problem is that staff do know about the proper procedures but are not following them, then the appropriate solution will be to find ways of ensuring that staff do follow the procedures.

Supervisors (and managers) should use this technique with the staff they are supervising to make sure that identified problems are properly understood (the underlying causes are discovered) and that appropriate solutions can be found to improve the problem.

3. Group Work: Case Analysis

Using OH 20.3, ask the participants to divide into groups of approximately 10 members per group. Tell them that they are going to continue work on the supervision problem found in the role play in the previous session. Tell the groups where to meet and tell them that they have 50 minutes to complete their task. Give each participant a copy of “The Case of Laybet WHO” and a copy of the Problem Analysis Worksheet.

4. Group Presentation

Ask one group (which you think has done a good job of their analysis) to present their analysis. Ask other groups if they had any different underlying causes for each level or any different solutions that they think would be appropriate.

5. Facilitator Synthesis

Using OH 20.4, show participants the problem analysis of the Laybet Case which the facilitators had completed.

Point out to them the different solutions that are needed, depending on the underlying cause/s of the problem.

Also point out that not all the solutions are actions to be taken by the WHO. In many cases, solution to the problem lies in the hands of the ZHD.

Finally point out that for some underlying causes, there are no solutions available within the control of the WHO, the ZHD or the Region. (This applies to availability of funds). It is rarely worth bothering about such problems!

6. Action Planning for Problem Resolution

The facilitator should hand out copies of the “Agreed Actions to be Taken Following Supervision” sheet to all participants.

The facilitator should explain that this sheet will form the final page of the completed Integrated Supervisory Checklist and that the “Agreed Actions” sheet should also be completed during the supervisory visit (with one copy to be taken by the supervisory level and one copy to be kept by the supervisee level) and should be signed by both parties as a record of agreements reached.

Take the participants through the sheet, ensuring that they understand what should be filled in.

OH 20.1

SESSION OBJECTIVES

1. To give participants practice in exploring the root causes of problems to ensure that the right solutions are followed.
2. To introduce participants to the Follow-up Action Plan to be developed at the end of a supervisory visit.

THE “BUT WHY” METHODOLOGY FOR PROBLEM ANALYSIS

**OBSERVED
PROBLEM**

**BUT WHY?
(UNDERLYING
CAUSE)**

**BUT WHY?
(UNDERLYING
CAUSE)**

**No antibiotics
in health
facility**

- **Out of stock at
ZHD**
- **No bin cards at
health facility**
- **No routine for
drug ordering**

- **Staff not aware**
- **Staff not
following
procedures**

OH 20.3
ANALYSIS OF THE LAYBET CASE

Observed Problem	But Why? Underlying Causes	But Why? Underlying Causes	Appropriate Solution/s
Laybet WHO has not been following the quarterly schedule of supervision of their health facilities	Lack of understanding of the importance of supervision	◆ New WHO staff have not been given an induction by the ZHD	All new staff should be given an induction by the ZHD and given copies of documented responsibilities and expected standards of performance
	Supervision is not a priority for the WHO	◆ New staff are not aware of their responsibilities or the expected standards of performance	
	Little transport available at the WHO for supervision	<ul style="list-style-type: none"> ◆ RHB not including this WHO in proposals to donors ◆ Mismanagement of available transport ◆ Lack of preventive maintenance for existing transport 	ZHD should review, with the WHO, its management of its transport and to ensure that the WHO participates in the Region's preventive maintenance scheme
	Low budget for paying allowances		

Session 20

Problem Analysis and Action Planning for Problem Resolution

The Case of Laybet WHO

You are participating in a meeting between the Northern Zonal Health Department and the Laybet WHO. This meeting is part of a supervisory visit. You have discovered that Laybet WHO has not been following the standards laid down for supervision within the Region. That is the “Observed Problem”.

1. You are now asked to analyse this observed problem to see what possible underlying causes there may be. List all the possible underlying causes you can think of.
2. Then ask “But Why?” about the underlying causes and take your problem analysis one further level.
3. Finally, think about the different solutions you would have to consider for each of the 2nd level underlying causes. How many can you find?

You have a total of 50 minutes to complete this task.

Problem Analysis Worksheet

Observed Problem	But Why? Underlying Causes	But Why? Underlying Causes	Appropriate Solution/s
Laybet WHO has not been following the quarterly schedule of supervision of their health facilities			

AGREED ACTIONS TO BE TAKEN FOLLOWING SUPERVISION

Identified Problem	Agreed Actions to be Taken	By Whom	By When
1.	1.		
	2.		
	3.		
2.	1.		
	2.		
	3.		
3.	1.		
	2		
	3		

Supervisor: _____
 Name Job Position Date Signature

Supervisee: _____
 Name Job Position Date Signature

Session 21: Review of Day 4

Session Objectives

1. To summarise the main issues and the lessons learned in Day 4 to reinforce learning and understanding.
2. To provide the presenting participant with the opportunity to practice their analytical and presentation skills.

Session Guide

Topic	Format	Timing
Review of Day 4	Plenary presentation by participant & discussion	15 mins

Preparation

- OH Projector (if required by Participant presenter)

Session 22: Agreeing on Follow-up Actions by RFHB, ZHDs and Hospitals to Strengthen Supervision in the SNNPR

Session Objective

1. To summarise the issues and the recommendations developed during the week on how to improve supervision in the SNNPR and to agree actions which will be taken by the RHB, ZHDs and Hospitals.

Session Guide

Topic	Format	Timing
Session Objectives	1. Plenary presentation	5 mins
Review of Week's Work	2. Plenary discussion	15 mins
Agreeing on actions to be taken	3. Group Work	1 hour,40 mins
	4. Group presentation & discussion	1 hour,30 mins
		Total: 3 hours 30 mins

Preparation

- OH Projector
- Copies of all the session notes/conclusions taken by facilitators and those typed for distribution back to the participants
- OH 23.1 – Session Objectives
- OH 23.2 – Issues to be considered when developing your follow-up action plan for improving supervision in your location.
- Sufficient copies of the

Facilitators' Notes to Session 22: Agreeing on Follow-up Actions by RFHB, ZHDs and Hospitals to Strengthen Supervision in the SNNPR

1. Session Objectives

Using OH 22.1, share the session objectives with the participants.

2. Review of the Week's Work

Using OH 22.2, review the topics covered during the workshop.

3. Agreeing on Actions to be Taken

The facilitator should then ask participants to divide into small groups, with each group consisting of individuals who work in the same office or health facility – so that the action plan they develop will be specific to their worksite. Each group is to develop an action plan covering the steps they are going to take to improve supervision in the area for which they are responsible. They should record their decisions on Worksheet 1 – “Follow-up Actions to Improve Supervision”.

Tell the groups that their action plan should be specific enough so that everyone knows what is to be done. It is no good stating “improve feedback” or “to have good communication”. These are not specific. Instead, to improve feedback they could state that they will: “make sure that each supervision visit will include a discussion with the supervisees about problems identified and a joint development of a follow-up action plan”. This is specific guidance that everyone can understand exactly what they are meant to do.

If there is only one individual from a hospital, then try to group all the hospitals together, but remind them that each hospital must have its own follow-up action plan.

Ask the groups to come back to the meeting room in 45 minutes, ready to share their action plan with the rest of the participants.

5. Group Presentations and Discussion

Ask each group to briefly present their follow-up action plan. After the first group from a particular level has presented, ask the following groups to only present items from their follow-up action plan that are different from the first group's.

For each action they agree to include, ask them to define who will be responsible for the action and by when the action will be completed.

Each of the actions and the associated specification of the “who and the when” should be recorded by facilitators, typed up and distributed to all participants to aid in management follow-up. (Or the groups should be asked to complete their follow-up action plan in duplicate, so that one copy is taken back by them to their worksite and one copy is left with the facilitators to type up and be retained at the ZHD so that actions can be monitored.)

OH 22.1

Session Objective

To agree on actions to be taken after the Workshop by the RHB, the ZHDs and the Hospitals to strengthen Supervision in the SNNPR

**ISSUES TO BE CONSIDERED WHEN
DEVELOPING YOUR FOLLOW-UP ACTION PLAN
TO IMPROVE SUPERVISION IN YOUR LOCATION**

1. Management Commitment
2. Standards of Expected Performance for each level in the health system
3. Advance Planning for Supervision and open dissemination of the supervision schedule and supervision tools
4. Availability and wide distribution of supervisory tools: checklists; agreed follow-up actions (plan).
5. Careful preparation by the supervision team before a supervisory visit
6. Appropriate behaviour during supervision to promote cooperation, open sharing of problems and solutions and to help in staff motivation.
7. Sharing of the results of the supervision with all key staff from the “supervisory” and the “supervisee” levels.

**ISSUES TO BE CONSIDERED WHEN
DEVELOPING YOUR FOLLOW-UP ACTION PLAN
TO IMPROVE SUPERVISION IN YOUR LOCATION**
continued

8. Management review of the agreed follow-up action plan to ensure that all agreed actions are carried out at that level
9. Self assessment
10. Lack of trained and skilled supervisory manpower
11. Shortage of transport, materials and budget for supervision

FOLLOW-UP ACTION PLAN FOR IMPROVING SUPERVISION

Name of Work site: _____

Identified Problem	Actions to be Taken	By Whom	By When
1.	1.		
	2.		
	3.		
2.	1.		
	2.		
	3.		
3.	1.		
	2		
	3		

Session 23: Agreement on Needs for Roll-out of the Supervision Training

Session Objective

1. To agree on the needs for roll-out of the supervision training within the SNNPR.

Session Guide

Topic	Format	Timing
Session Objectives	1. Plenary presentation	5 mins
Needs for Roll-out of the Supervision Training	2. Plenary discussion	30 mins
		Total: 35 mins

Preparation

- OH Projector
- OH 23.1 – Session Objectives

Session 24: Review of Workshop Objectives, Achievements and Closure

Session Guide

Topic	Format	Timing
Workshop Review	1. Review of Workshop Objectives	5 mins
	2. Review of Workshop Achievements	10 mins
	3. Workshop Evaluation	15 mins
	4. Thanks to participants and final wishes for improvements in supervision	15 mins
Closure		Total: 45 mins

Preparation

- OH 1.1 - Course Objectives
- Sufficient copies of the Workshop evaluation form for all participants

Facilitators Notes to Session 23: Review of Workshop Objectives and Achievements, Evaluation and Closure

1. Review of Workshop Objectives

Using OH 1.1 (Workshop Objectives) review the objectives that were established for this workshop. Remind participants about how the facilitators tried to meet those objectives during the programme of the workshop.

Then summarise what you believe that the participants achieved during the workshop, covering (if applicable) the following areas:

- A clear understanding of what “supportive supervision” is meant to achieve
- Insight into the components of effective supervision
- Understanding of the roles and responsibilities of their level and of those of levels above
- Understanding of the purpose and the contents of the various tools for supervision (the integrated supervisory checklist, the follow-up action plan, etc.)
- Knowledge of how preparation for supervision needs to be carried out
- Understanding of the importance of getting supervisees to participate in decisions about what actions need to be taken to improve performance
- Increased skills in communicating and giving feedback
- A detailed action plan on how they are going to improve supervision in their location which they can share with colleagues who did not attend the workshop

2. Workshop Evaluation

Distribute the workshop evaluation forms to all participants and explain to them that their feedback will help the programme designers and the facilitators to improve the workshop for future participants.

3. Workshop Closure

A senior officer of the ZHD (or RHB if that is possible) should close the Workshop by thanking participants for their hard work, by reminding them that what they have learned now needs to be put into action and telling them that the ZHD will be following up to see what improvements in supervision are being made.

Final Evaluation of the Supervision Management Workshop

Instruction for rating: Circle the number that you feel best describes your experience of the Workshop.

1. Very poor 2. Poor 3. Satisfactory 4. Very good 5. Outstanding

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Achievement of Workshop Objectives | 1 | 2 | 3 | 4 | 5 |
| 2. | Congruence between the workshop objectives and your own expectations: | 1 | 2 | 3 | 4 | 5 |
| 3. | Workshop Content: | | | | | |
| | • Organisation of the sessions | 1 | 2 | 3 | 4 | 5 |
| | • Relevance of the topics covered | 1 | 2 | 3 | 4 | 5 |
| | • Applicability of the topics covered | 1 | 2 | 3 | 4 | 5 |
| 4. | Time allotted for the workshop | 1 | 2 | 3 | 4 | 5 |
| 5. | Scheduling of the workshop | 1 | 2 | 3 | 4 | 5 |
| 6. | Venue of the workshop | 1 | 2 | 3 | 4 | 5 |
| 7. | Facilitators: | | | | | |
| | • Facilitation approach | 1 | 2 | 3 | 4 | 5 |
| | • Ability to communicate | 1 | 2 | 3 | 4 | 5 |
| | • Use of visual aids | 1 | 2 | 3 | 4 | 5 |
| 8. | Trainee folders/handouts | 1 | 2 | 3 | 4 | 5 |
| 9. | What were the major strengths of the workshop | | | | | |

10. What changes would improve the workshop for future participants?

11. Any other comments or suggestions?
