

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

**REPORT OF THE WORKSHOP HELD AT THE  
FURRA TRAINING CENTRE, YIRGALEM  
FROM 25<sup>th</sup> – 29<sup>th</sup> APRIL, 2002**

**SNNPR Health Bureau and ESHE/JSI office  
Awassa, Ethiopia  
May 7<sup>th</sup>, 2002**

## **Introduction**

Improvement in the quality of services is a key component of Civil Service Reform Initiatives. Improved service delivery and quality of care is one of the major components of the Phase 1 Health Sector Development Programme (HSDP). As supervision is a key intervention for improving and maintaining service quality, this training workshop was extremely timely.

The Southern Nations, Nationalities and Peoples Region (SNNPR) Regional Health Bureau is determined to strengthen supportive supervision at all levels and categories of the health services. Effective supervision, which has a marked impact on service delivery, requires strong leadership and management commitment. For this reason, the Regional Health Bureau decided to start its process for improving supervision with the Region's top managers from the Regional Health Bureau, the Zone Health Desks (ZHDs) and major hospitals. This Workshop represented the first phase of the Region's efforts to reform its supervision practices.

The Workshop enabled health managers at the Regional Health Bureau, Zonal Health Desks and Hospitals to consider their current supervision practices and to assess whether these practices were leading to performance improvements; to develop skills in planning for and conducting supervision and following up the results; and to agree on changes that need to be made within the Region to improve supportive supervision.

The next phase of strengthening supportive supervision within the SNNPR will cover the training of staff from the ZHDs and hospitals (who did not participate in the 1<sup>st</sup> phase), the Woreda Health Offices and Health Centres. This training will be conducted by the Zone Health Departments, if possible, with technical support from the Regional Health Bureau and with financial support from partners in the Region.

This report of the 1<sup>st</sup> phase of training in Supervision is intended for all partners to inform them of the actions being taken in the SNNPR and to exchange useful experiences and lessons learned for possible replication in other parts of the country. This report is also intended for USAID, as sponsors of this 1<sup>st</sup> phase of training and as future collaborators; for RHB, ZHD and hospital officers who did not participate in the training, and for all participants of the workshop.

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Dr Shiferaw Teklemariam  
Head, Regional Health Bureau, SNNPR

## Opening Address by Dr Shiferaw Teklemariam Head of Regional Health Bureau, SNNPR

Dear Respected Participants, Facilitators, Invited Guests, Ladies and Gentlemen!

*First of all I want to welcome you all with a great pleasure to this important event i.e.” Training Of Trainers course on Supportive Supervision” on behalf of the Southern Nations Nationalities and Peoples’ Regional Health Bureau and myself.*

Supportive supervision, as opposed to the administrative, traditional and inspection model, is an approach that emphasizes **mentoring, joint problem solving, and two-way communication** between the supervisor and those being supervised on agreed-upon standards of performance.

Health Services Supervision is a vital link between health services managers and implementers to ensure the quality and quantity of preventive and curative health services and to enable health workers and their supporting staff to perform to their maximum potential. It’s importance in strengthening the capacity and performance of District Health Management Teams (DHMT), Zonal Health Management Teams and Health Service Delivery Management Teams in cyclic approaches of planning, implementing, and monitoring is highly crucial.

Even though health services supervision is generally agreed as a critical means to performance improvement in Ethiopia in general, and in SNNPR in particular, there is not yet an agreed upon, locally suited supervision model that will maximize performance within the given resource constraints.

Supportive supervision in SNNPR was often ignored, at times abused and some other times performed non-systematically. The frequency (number of supervisory visits conducted per health service delivery unit or management level in a given time frame), approach (program orientation and professional mix), tools (supervision instruments such as checklists, self-assessment tools, peer assessment, record review, observation, exit interview, in-depth interview and focus group discussion) and length (time taken during the supervision effort per health service delivery unit or management level) were not locally developed and implemented. Thus, the linkage between the different tiers is weakened, particularly between the health management and service delivery points; and the health services efficiency is grossly undermined for the resource invested. For the same reason, professionals are demotivated and service quality is declining.

One of the major challenges we had was lack of competent supervisors in the first place and lack of standard inputs on the other hand. Supportive supervision didn’t receive the necessary support - human or financial - required to fully carry out and sustain supervisory activities.

Dear Participants, Ladies and Gentlemen!

The South Nations Nationalities and Peoples' Region Health Bureau appreciating such a huge performance gap in supportive supervision and the opportunity to bring change through the decentralized system; we are taking a number of practical steps to revitalise the health sector in the region. This Training of Trainers course in supportive supervision is one of the attempts to improve the performance in service delivery and quality of care. As implicated above, the current service dissatisfaction rate is very high, the coverage for preventive and promotive services is very low, the preventive maintenance concept is unborn and service and performance indicators are universally unmonitored. The aim of this training is such that you will be change agents as subsequent trainers and implementers of the skills gained through this training.

Dear Participants!

The sole purpose of your stay here is to learn from your colleagues and facilitators so that you transform yourself into competent supervisors. Give more emphasis to gaining supervisory skills rather than bureaucratic matters. Continuously examine yourself to make sure that you are competent enough to train others on the subject at hand. Be open-minded to share your experience.

In closing, I am going to challenge each of you again to learn as much as you can from this training programme. We need to revitalise the health sector in our region. We have to change our bad face in the eyes of our public. The future of health services in this region is largely in your hands. How effective you are, or become, as a supervisor will have immediate impact on our health sector indicators, which is a reflection of service utilisation by your neighbours, relatives and family members.

Finally I would like to thank and recognize the USAID/ESHE/JSI Project for its funding and in-depth technical assistance through the leadership of Mr. Alan Weinstock.

I wish you all the success and the training is officially declared open.

Thank you.

## **Workshop Objectives**

The objectives for the Workshop were as follows:

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 hospitals.
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.

The Workshop was designed on the basis of a trainee-centred,, action-oriented and participatory approach.

## **Workshop Facilitators and Participants**

There were a total of 58 participants, consisting of 36 from Zonal Health Departments, 8 from major hospitals and 14 from the Regional Health Bureau.

8 individuals acted as facilitators for the Workshop: 3 from the Regional Health Bureau; 3 ESHE/JSI staff members; and 2 consultants. Details of the participants and the facilitators are given in Annex 1.

## **Workshop Programme**

The programme for the Workshop is attached at Annex 2.

## **Major Findings, Decisions and Recommendations of the Workshop**

### **A. Agreed Definition of Supportive Supervision for the SNNPR**

The participants, at the start of the workshop, made their own definition of “supportive supervision” as:

“Supportive 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 organisation.”

This represented a major change from the traditional view of supervision and set the stage for changes in the approaches to be taken in preparing for, conducting and following-up supervision covered in later sessions of the Workshop.

## **B. Current Problems with Supervision in the SNNPR**

After analysing the “Case of Shawa RHB” early on the second day of the Workshop, which provided an example of good supervision practice, participants were asked to consider the current supervision practices in their area of responsibility and to identify and rank the problems they perceived. The results are shown in the Table below:

<b>Problems with Current Supervision</b>	<b>No. of Groups Which Identified this Problem (N = 7)</b>
1. Lack of top management commitment	7
2. Lack of a well developed checklist for supervision	5
3. Lack of trained and motivated supervisors	5
4. Lack of any schedule for supervision	4
5. Lack of transportation and logistics	4
6. Lack of performance standards against which to measure actual performance	3
6. Supervision viewed as inspection and aimed at “fault-finding”	3
7. Irregularity of supervision and lack of serious preparation	3
8. Lack of receptiveness and transparency	3
9. Immature supervision culture (no agreed results and no proper follow-up).	3
10. No feedback given to supervisees or to others in the supervisors’ place of work	3
11. Competency gaps among supervisors and supervisees	3
12. Lack of budget	3
13. Inaccessibility of health facilities	3
14. Incomplete data (health profiles, etc)	2
15. Innapropriate communication and behaviours during supervision.	2
12. No self assessment mechanism	1
17. Lack of intersectoral collaboration	1

### **C. The Need for Performance Standards**

Participants discussed the links between organizational responsibilities (what an organization or unit within an organization is expected to do); performance standards (how the organization is meant to perform those responsibilities, and supervision (monitoring whether the organization is fulfilling its responsibilities to the defined standard and providing technical support to help individuals to achieve this).

Participants were also given the opportunity to review the draft performance standards for the Regional Health Bureau, the Zonal Health Desks and the Woreda Health Offices that had been developed by the RHB. It was agreed that once the initial changes resulting from the current decentralisation exercise were complete, there was the need to review and revise the draft performance standards and to disseminate these across the whole Region.

### **D. Guidelines for Preparing for Supervision**

Participants designed procedures on preparing for supervision within their own organizations. A summary of these procedures is provided below.

#### **For Supervisors**

- Getting the commitment of the top management
- Selection of a appropriate mix of supervisory team (management & experts included)
- Selecting team leader and rapporteur
- Deciding on the type of supervision strategy - integrated.
- Review of the functional responsibility of the organization (s) to be supervised.
- Checking if there are other issues the supervisor organization needs to follow-up with the supervisees
- Review of previous period HMIS report of the institution to be supervised
- Review of decisions and action plans from the last supervision
- Decide on the method of conducting the supervision, Selection of tools  
Verification/proofing technique
- Ways of providing feedback to the supervisee organization
  - Onsite dialogue with the supervisee team (always)
  - Immediate written feedback & action plan – use of supervisory registration books, minutes signed by all
  - Official written feedback
- Way of sharing information with the other team members of the supervisor organization: formal report, meetings, etc
- Administrative preparations
  - Deciding on the length of stay in the field
  - Scheduling the trip & sharing it with the supervisees
  - Transport and per diem costing
  - Reproduction of tools & other stationary materials.

## **For Supervisees**

- Selection of representative team with appropriate mix for participating in the review of the performance of the organization in general and the different service departments in particular - this could be the HMIS or the management team)
- Having common understanding of the operational responsibility of the organization by all members
- Development of a self assessment tool – the supervisors tools could be adapted for this purpose
- Knowledge of the organizations’ current plan of action
- Review of last period HMIS and the decisions made, including action plans
- Review of the last supervisory report, its recommendations and action plans
- Preparing the team not to be over defensive where there are visible weakness and justify if necessary

### **E. Problem Analysis and Follow-up Action Plan**

Participants had the opportunity to practice the use of the “But Why” technique for problem analysis which can assist supervisors and supervisees to develop their understanding of the underlying causes of perceived problems and through this to ensure that actions taken to address these problems are appropriate.

Participants also reviewed the use of a “follow-up action plan” as the final part of every supervision, through which the supervisor and supervisee jointly agree the follow-up actions that will be taken, by whom and by when to address the problems identified. This follow-up action plan, together with the completed supervisory checklist, will form the report of the supervision and can be used to monitor whether the agreed actions have been taken.

### **F. Recommendations to Improve the Draft Integrated Supervisory Checklists**

Participants reviewed the draft Integrated Supervisory Checklists that have been in use in the ESHE/JSI focal zones. The participants made useful suggestions for how these Checklists could be improved (see Annex 3) and recommended that once changes have been made, the Checklists should be made available for immediate use across the whole Region.

The Workshop also encouraged participants to explore other tools available for supervision, including HMIS reports, previous supervision reports and follow-up action plans.



## **Major Achievements of the Workshop**

1. Strong partnership was achieved in the facilitation of the Workshop, with senior RHB managers, ESHE/JSI staff and consultants taking joint responsibility for all aspects of the training.
2. A common understanding of the purpose of supportive supervision. A major change in views about supervision occurred during the workshop from it being a process of inspection, fault-finding and blame to it being a shared process of reviewing performance and agreeing the steps that need to be taken to improve performance.
3. Recognition that effective supervision requires:
  - consistent top management commitment and support;
  - advance planning by both supervisors and supervisees;
  - open sharing of supervision schedules, supervision checklists and other tools between the supervisors and supervisees;
  - thorough preparation to ensure previously identified and new problems are followed up;
  - mutual respect between the supervisor and supervisee
  - openness and clarity of communication between the supervisor and supervisee
  - joint analysis of problems between supervisors and supervisees;
  - joint agreement of appropriate follow-up actions to tackle the identified problems;
  - documentation of the results and agreements reached during supervision
  - wide sharing of the results and agreements reached with all key staff at the supervising and supervisee levels
4. An understanding of the need to define standards of performance for each level within the government health sector: for each management level, for hospitals and for primary health care facilities. These standards of performance provide the benchmark against which current performance is assessed.
5. Participants prepared for themselves an action plan for the actions they intend to take following the Workshop to improve supportive supervision in their area of responsibility. These actions took as their starting point the current problems with supervision that the participants had identified (as shown in Section B. above.
6. A meeting is planned for September 2002 to review the progress achieved against the action plan developed by the participants and to determine further actions required. ESHE/JSI offered to provide financial support for this meeting.

## **Next Steps Agreed during the Workshop**

The final session of the Workshop was devoted to the preparation and agreement of actions that each level (the Regional Health Bureau, the Zone Health Desks, the Hospitals, the Woredas and the Health Centres would take following the Workshop.

The list of actions to which participants expressed commitment is given in the following table.



**Agreed Plan of Action by Workshop Participants for Improving Supervision (page 2)**

<b>Identified Problem</b>	<b>Agreed Actions to be Taken</b>	<b>By Whom</b>	<b>By When</b>
Absence of performance standards at each level in the health system	1. Preparation and distribution of accepted performance standards to all levels. and integrated supervisory checklist to <b>all levels</b>	RHB, ZHDs, Hospitals	September 2002
Unavailability and poor distribution of supervisory tools: checklists; agreed follow-up action plans; etc	1. Revision, pre-testing and then distribution of integrated supervisory checklists to <b>all levels</b> 2. Adopting the checklists 3. Develop follow-up mechanisms 4. Reviewing available documents such as HMIS data, reports and records of previous meetings, supervisions etc. 5. Distributing agreed follow-up action plans	RHB ZHDs, WHO, HFs RHB, ZHDs, WHO and HFs RHB, ZHDs, WHO and HFs	June 2002 September 2002 September 2002 At least 2 weeks before any supervision Within 1 week after supervision
Lack of advance planning for supervision and lack of open dissemination of the supervision schedule and supervision tools	1. Creating awareness at all levels 2. Prepare plan and disseminate plan and tools to all levels 3. Conducting review meetings	} RHB, ZHDs, WHO and HFs	} June 2002
Shortage of transport, materials and budget for supervision	1. Use resources properly 2. Setting accountability and responsibility	RHB, ZHDs, WHO, HFs	Immediately
Lack of skilled and trained manpower for supportive supervision	1. Conduct supervisory training	ZHDs, WHO, HFs	July-August 2002

**Agreed Plan of Action by Workshop Participants for Improving Supervision (page 3)**

<p>Inappropriate behavior during supervision and absence of open sharing of problems and solutions</p>	<ol style="list-style-type: none"> <li>1. Training</li> <li>2. Ensuring appropriate professional mix of supervisory teams</li> <li>3. Assignment of competent personnel at all levels</li> </ol>	<p>ZHDs WHOs RHB, ZHDs, WHOs &amp; HFs RHB, ZHDs, WHOs</p>	<p>July 2002 August 2002 July 2002 During deployment</p>
<p>Lack of careful preparation by the supervisory team before a supervisory visit</p>	<ol style="list-style-type: none"> <li>1. Arrange inter-departmental meetings</li> <li>2. Review HMIS reports</li> <li>3. Have all relevant documents, action plans with previous checklist</li> </ol>	<p>Supervisory teams at RHB, ZHDs, WHOs, and HFs Supervisory teams at RHB, ZHDs, WHOs, and HFs Supervisory teams at RHB, ZHDs, WHOs, and HFs</p>	<p>A week before the planned supervision A week before the planned supervision On the day of the visit</p>
<p>Lack of sharing of the supervision results with all key staff from the "supervisory" and the "supervisee" levels</p>	<ol style="list-style-type: none"> <li>1. Address management commitment</li> <li>2. Improve knowledge through training for those with lack of and "inappropriate" knowledge</li> <li>3. Provide orientations/ refreshes on a regular basis</li> <li>4. Organize experience sharing (tours, review meetings)</li> </ol>	<p>RHB, ZHD, Hospitals RHB, ZHD, Hospitals RHB, ZHD, Hospitals RHB</p>	<p>Yearly/ quarterly Every 6 months As required As required</p>
<p>Lack of self-assessment</p>	<ol style="list-style-type: none"> <li>1. Develop motivation mechanisms</li> <li>2. Develop follow-up</li> </ol>		

## **Workshop Evaluation Results**

Evaluations of individual sessions were conducted at the end of each day of the Workshop to obtain feedback and suggestions which would help to improve the training programme and learning methodologies for the next phase.

An end-of-workshop evaluation was conducted after the final session had been completed. The summarised results of this evaluation are given in Annex 3. A sample of the textual comments made by participants in relation to their experience of the Workshop is provided below.

### ***What were the major strengths of the Workshop?***

“The organization and the approach of the majority of the facilitators, and the active role of the participants.”

“Building the capacity (skill) of conducting supervision, starting from its problem identification to action planning. This will help to change the traditional way of conducting supervision.”

“It was participatory; participants were leading the major part of this Workshop”.

“.....it was participant-centred, meaning that the facilitators were only guides, not speakers”.

“The workshop really asked (us to examine our) defects and shortcomings and what we are doing all the time, and tried to solve or remove those problems and to introduce/increase our skills.”

“The experienced facilitators, very good organization of the overall training workshop and excellent collaboration of the government and its partner.”

“The fact that it happened to be on supervision, which is a neglected but important process in management.”

“It was powerful in leading and pushing us towards practice .....to bring a quality health service to the region.”

### ***Any Other Comments?***

“Thank you for everything. This is a lot for us because we have never been to such an interesting training. It will help everybody and there will be a big change at the health level, especially health personnel.”

“As I’m a public health officer, I’m expected to improve the quality of health services by improving public health activities. So this Workshop makes one a little bit fit in performing this topic. Thank you.”

## **Annex 1**

### **Workshop Facilitators and Participants (page 1)**

#### **Facilitators**

Dr Shiferaw Teklemariam	Head, Regional Bureau of Health, SNNPR
Ato Bassamo Deka	Head of Department of Training and Service Delivery, RHB
Ato Meskale Lera	Head of Department of Disease Prevention and Control, RHB
Dr Geira Baruda	Community Development Specialist, ESHE/JSI Project
Dr Melaku Samuel	Quality of Care Specialist, ESHE/JSI Project
Alan Weinstock	Advisor, ESHE/JSI Project
Dr Yetanyet Asfaw	Consultant, ESHE/JSI Project
Jenny Huddart	(Initiatives Inc.), Consultant, ESHE/JSI Project

#### **Participants**

##### **Zone Health Departments**

1. Ato Elias Dayessa, Head of ZHD, Sidama Zone
2. Ato Paulos Markos, Disease Prevention and Control Head, Sidama Zone
3. Ato Begashaw Dabena, Health Service and Training Head, Sidama ZHD
4. Ato Demissie Denebu, Planning Head, Dawuro ZHD
5. Ato Teka Betela, Head of ZHD, Dawro Zone
6. Ato Bereket Kassahun, Health Service and Training A/Head. Dawuro ZHD
7. Ato Alemayehu Tadesse, Disease Prevention and Control Head, South Omo ZHD
8. Dr Hussein Kedir, Head of ZHD, South Omo Zone
9. Ato Admasu Tilahun, Health Service and Training Head, South Omo ZHD
10. Ato Bekele Kidane, Disease Prevention and Control Head, Kaffa ZHD
11. Ato Admasu Ayele, A/Head of ZHD, Kaffa Zone
12. Ato Sultan Abanega, Health Service and Training Head, Kaffa ZHD
13. Ato Meka Metekia, Head of ZHD, Gamogofa Zone
14. Ato Abera Adashow, Health Service and Training Head, Sheka ZHD
15. Ato Habtamu Beyene, Disease Prevention and Control Head, Sheka ZHD
16. Ato Getachew Erena, Head of ZHD, Sheka Zone
17. Ato Hailu Negash, Disease Prevention and Control Head, Gamo Goffa ZHD
18. Dr. Keyredin Redi, Head of ZHD, Silte Zone
19. Ato Kasim Hasen, Health.Service and Training, Silte ZHD
20. Ato Abdu Mussa, Disease Prevention and Control Head, Silte ZHD
21. Ato Markos Deyasso, Disease Prevention and Control Head, Gedeo ZHD
22. Ato Kore Dube Tenom, Health Services and Training Head, Gedeo ZHD
23. Ato Hailemichael Fotoyi, Head of ZHD, Gedeo Zone
24. Ato Mesfin Degu, Head of ZHD, Bench Maji ZHD
25. Ato Hamus Mekuria, Health Services and Training Head, Bench Maji ZHD
26. Ato Solomon Neeyas, Disease Prevention and Control Head , Bench Maji ZHD
27. Ato Terefe Lerebo, Disease Prevention and Control Head, Hadiya ZHD

# **Annex 1**

## **Workshop Facilitators and Participants (page 2)**

28. Ato Lambisso Wamisho, Disease Prevention and Control Head, Kembatta Tembaro ZHD
29. Ato Desalegn Gullo, Health Services and Training, Kembatta Tembaro ZHD
30. Ato Gizachew Kebede, Head of ZHD, Kembatta Tembaro Zone
31. Dr. Desta Abuna, Head of ZHD, Wolaita Zone
32. Ato Muluneh Hebam, Health Service and Training Head, Wolaita Zone
33. Ato Feleke Fanta Tassewu, Planning Head, Wolaita ZHD
34. Dr. Abduselam Kelil, Health Service & Training Head, Gurage ZHD
35. Ato Elalu Jemal, Head of ZHD, Gurage Zone
36. Ato Abayneh Kalu, A/Head of ZHD Hadiya Zone

### **Hospitals:**

1. Dr. Amenu Adam, Medical Director, A/Minch Hospital
2. Dr. Terefe Tadesse, Medical Director, Chench Hospital
3. Ato Kebede Wako, Jinka Zone Hospital, South Omo Jinka Hospital
4. Dr. Wendmagen Hailu, Assistant Medical Director, Wolaita Sodo Hospital
5. Dr. Mulugeta Wondwossen, Medical Director, Butagira Hospital
6. Dr. Kibru Birru, Medical Director, Dilla Hospital
7. Dr. Fekade Ayenachew, Assistant Medical Director, Yirgalem Hospital
8. Dr. Ephrem Tadesse, Medical Director, Aman Hospital, Bench Maji Zone

### **Regional Health Bureau:**

1. Ato Shume Jiru, Engineering Service Head, RHB
2. Ato Lopiso Erosie, CHRL A/Head, RHB
3. Ato Asegid Zeleke, Head, Audit Service, RHB
4. Ato Dana Seffa, Head Environmental Health, RHB
5. Ato Kassa Daka, Head Pharmacy D.V., RHB
6. Ato Eyoel Jarsa, A/Head-MCP, RHB
7. S/r Fikirte Aberra, Training Expert, RHB
8. Ato Feleke Dana, Planning and Program, RHB
9. Dr. Alemayehu Belayneh, PPS, RHB
10. Ato Tagesse Tapano, Health Services and Training Dept, RHB
11. Ato Mekonnen Fara, IEC, RHB
12. Dr. Zerihun Bogab, Family Health Team, RHB
13. Ato Abraham Amanuel, A/Finance Head, RHB
14. Dr. Sahilemariam G/Senbet, CDC Team Leader, RHB

**Total Participants: 58**

## Annex 2: Workshop Programme (page 1)

### 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		



## Annex 2: Workshop Programme (page 2)

### 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	

## Annex 2: Workshop Programme (page 3)

### 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

**Annex 2:**  
Workshop Programme (page 4)

**Day 4**

<b>Day/Time</b>	<b>Session</b>	<b>Topic</b>	<b>Format</b>	<b>Facilitator</b>
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

**Annex 2:**  
**Workshop Programme (page 5)**

**Day 5**

<b>Time</b>	<b>Session</b>	<b>Topic</b>	<b>Format</b>	<b>Facilitator</b>
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		

## ANNEX 3

### Participant Suggestions for Improving the Integrated Supervisory Checklists

#### A. *Health Facility Checklist*

- Under financial management, “free patient status” the following need to be included: a) number of free patients; b) the % this number represents of all patients; c) the total cost for services to the free patients; d) the % of this cost in comparison with the total cash collected.
- Presence of management committee and meetings held need to be included
- Inventory of items should be in more detail to include all key items – some are currently missing
- Need to include the health facility catchment population
- The general physical status of the health facility needs to be checked (state of repair and cleanliness)
- Percent of fully immunized children <1.
- The checklist is oriented to the Health Centre – it does not work for the supervision of hospitals. There needs to be a separate checklist developed for hospitals
- Checklist needs to be pre-tested before being adopted as standard
- MCH
  - High Risk Mothers
  - How many deliveries are attended by a trained health worker/attendant
  - How many mothers in labour were referred to a higher facility
- Under environmental section: include sanitation campaigns conducted within the health facility compound and its neighbourhoods
- The availability of staff residence needs to be checked
- Under the “professional staff title” column, include space for “others” so that additional titles can be entered
- The presence of an appropriate action plan in the health facility should be checked
- Check at the health facility (rather than asking the WHO) to see if the WHO is providing supportive supervision and using the supervisory registration book
- Use separate tables to record items with different purposes

#### B. *Woreda Health Office Checklist*

- The frequency of management committee meetings needs to be checked
- The WHO monthly report had to be revised (check the copy for completeness and time of reporting)

- Check at the health facility (rather than asking the WHO) to see if the WHO is providing supportive supervision and using the supervisory registration book.
- Under “profession title”, include space for “other” categories
- HIV/AIDS: supply of test kits
- Monthly report submission – whether the reports are reviewed prior to submission.
- Registration book - counter check its presence at the health facility
- Supervision of NGOs – verification with reports or feedback. Also check whether the NGO has given feedback to the WHO following supervision
- Include other forms of transport, such as animals
- Include additional space for remarks
- Financial issues – countercheck at HF on user fees
- Under financial management, include a question on cash advances (how much cash advance has been received in the last 6 months; is there any outstanding cash advance to the WHO and if so, why)
- Proper disbursement of any outstanding cash advance – how much and subsidy, donation
- Professions – include “other” (to be specified) and F or NF
- Under WHO equipment, include cold chain equipment (and whether functional or non-functional) and “other equipment”
- WHO Drug Supply: 2<sup>nd</sup> table, 4<sup>th</sup> column is not clear. “Out of stock” needs to be modified to make it clearer (does this mean “out of stock” in some locations?)
- under CDC, include questions in relation to the existence of an epidemic response committee and preparations made for epidemics and budget issues.
- Epidemic cause – ICD needs to be included
- Environmental health: the question on hygiene needs clarification

### ***C. Zone Health Department Checklist***

- There are too many abbreviations in the checklist – include a “key”?
- The frequency of management committee meetings needs to be checked
- Under Management Issues, 2<sup>nd</sup> row: do you follow your decision? If yes, how?
- Need to check on the involvement of hospitals, health facilities and partners in the development of the zonal HSDP and whether all partners have a copy.
- Private health sector to include diagnostic facilities
- HMIS – review team: non-focus zones are not clear about HMIS
- Community – NGO’s interaction
- Under ZHD community/NGO coordination: 1<sup>st</sup> ask “are there any NGOs in your locality? If yes, then ask “do you encourage NGO participation?”
- Under reproductive health (2<sup>nd</sup> table): include “other FP methods at the end.

- STIs/HIV/AIDS: need to include:
  - Number of clubs
  - VCT services
- Environmental Section: 1<sup>st</sup> question – add % of population with safe water supply. 4<sup>th</sup> question - hygiene education
- Names and job titles of supervisor/s and supervisee/s needs to be written on the last page

## ANNEX 4

### WORKSHOP ON STRENGTHENING OF SUPERVISION MANAGEMENT IN THE SNNPR HEALTH SECTOR

#### FINAL WORKSHOP EVALUATION

Evaluation Question	Very Poor/ Poor	Satisfactory	Very Good/ Outstanding	Total
1. Achievement of Workshop Objectives	0%	2% (1)	98% (52)	100% (53)
2. Congruence between Workshop Objectives and Your Expectations	0%	6% (3)	94% (50)	100% (53)
3. Workshop Content:				
- Organisation of the Sessions	0%	2% (1)	98% (52)	100% (53)
- Relevance of the Topics Covered	0%	6% (3)	94% (50)	100% (53)
- Applicability of the Topics Covered	0%	4% (2)	96% (51)	100% (53)
4. Time Allotted for the Workshop	2% (1)	49% (26)	49% (26)	100% (53)
5. Scheduling of the Workshop	2% (1)	19% (10)	79% (42)	100% (53)
6. Venue of the Workshop	2% (1)	11% (6)	87% (46)	100% (53)
7. Facilitation:				
- Facilitation Approach	0%	2% (1)	98% (52)	100% (53)
- Clarity of communication	0%	4% (2)	96% (51)	100% (53)
- Use of Visual Aids	0%	0%	100% (15)	100% (15)
8. Quality of the Participant Folders and Handouts	2% (1)	9% (5)	89% (47)	100% (53)