

SECTION 1

HOW TO USE THE SUPERVISOR'S MANUAL

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HOW CAN THIS MANUAL HELP YOU

PURPOSE OF THIS SECTION

The purpose of this section is to explain how to use the manual. The manual has been designed to support the key elements of a clinic supervisory visit as well as the supervisory process followed during a supervisory visit. This support is provided through the provision of tools designed to strengthen both the elements of supervision and the supervisory process.

ELEMENTS OF THE SUPERVISORY VISIT

1. Clinic Administration Review

The CS should review certain administrative aspects related to the clinic. This would include staff matters, financial matters, infrastructural aspects of the clinic (building, water supplies, electricity, grounds), equipment, supplies and legal issues (OHS Act requirements, collection of vital statistics).

2. Information System Review

A functioning PHC information system is essential for the effective management of District Health Services. The CS plays a very important role in ensuring the accuracy and validity of the information system. The CS concentrates on ensuring the proper use of the clinic registers, the correct completion of the monthly PHC report, the correct graphing of important data and the use of data for health service planning and monitoring accomplishments at the clinic level.

3. Referral System Review

Dealing with referral problems is an important element of the supervisory visit. Any problems with referrals, both in terms of patient movement as well as communication between clinics and higher levels will be investigated and facilitated.

4. Quality of Clinical Care Review

The correct application of standard treatment guidelines and use of the approved list of essential drugs is of great importance to ensure high quality care. The CS will concentrate on the correct use of STG's by clinic staff, reinforcing correct practices and insuring adherence to established standards.

5. Community Involvement Review

The CS will enquire about issues related to community involvement during each visit. Regularity and participation of clinic staff in clinic committee meetings will be assured. Concerns of the clinic committee which should be brought to the attention of the District Management and any community problems which need urgent attention (malnutrition, disease outbreaks, etc) will be noted. She will also encourage clinic staff to plan and conduct specific community outreach activities on a regular basis.

6. In-depth Program Review

During the course of the year the CS will conduct in-depth reviews of all important health programmes. Key programmes for review include – TB, STD, EPI, IMCI, maternal and perinatal care, chronic diseases including AIDS, family planning and the essential drug programme. Standard review lists will be provided by the province for each of these programmes.

7. Training

The CS carries a major responsibility to ensure that clinic staff are updated, trained and appropriately coached. She will conduct educational sessions during each visit designed to address specific needs of the clinic staff, covering elements of clinical service provision (updating and implementing programmatic changes), staff management (new rules and regulations related to government service) and clinic administration.

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8. Problem solving

Solving problems related to all aspects of the clinic is an integral part of the supervisory process. The CS should engage with clinic staff around problems, which are being experienced. Many problems can be dealt with on the spot at the clinic whilst others will have to be taken to the District or other responsible areas. A note will be made of problems requiring solutions at a higher level and actions taken will be reviewed at the subsequent CS visit. The CS will be authorised to contact relevant authorities on behalf of the clinic.

9. Other

Clinic staff often have personal issues/problems which need to be addressed. The CS should be available to sympathetically listen to these issues and support and assist staff as far as she can in dealing with personal problems/issues.

Specific tools have been developed to support each set of activities, which should receive attention during the visit. These tools include checklists (programme review lists, community participation assessment checklists, etc), guidelines (information system) and information, which may support certain activities (problem solving diagrams).

PROCESS OF DOING THE VISIT

The supervisory process consists of five steps:

- 1 Regular review of clinic performance** - this includes the completion of the red flag checklist and monthly checklist. This step will cover and integrate the review of clinic administration, the information system, referral system, clinical services and community participation activities. This step should last between 60 – 90 minutes. These checklists are very important as they allow systematic and standardised assessment of important elements of service provision. The checklists also allow similar review processes to be conducted at different clinics – clinics are assessed in the same way.
- 2 In depth programme review** - during this step individual program reviews are done and should take about 45 minutes
- 3 Training** - the focus of this step is to do in-service training and the main purpose of the clinical tips is to support this. Duration about 45 minutes.
- 4 Problem solving discussion** - duration 30 minutes.
- 5 Review of previous actions taken during last month and new actions for forthcoming month** - an essential element step in the supervisory process is to reflect on progress made since the last supervisory visit and identify activities, which should be completed by the next supervisory visit. The monthly checklist provides an opportunity to document progress and the number of planned activities for the next period. Duration 30 minutes.

The duration of the visit should be between 03h15 minutes to about four hours. All steps do not necessarily have to be completed during one supervisory visit but all steps should be completed at least once per month.

HOW TO USE THIS MANUAL

The table on the following pages gives an overview of each step of the process, individual activities contained within each step, the purpose of the activities, the tools available to support the steps/activities, the regularity of use of various tools and the section where specific tools are to be found in the manual.

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Supervisory steps and activities	Objective	Tools	Regularity of use	Section in manual
1. Regular review				
1.1 Red flag list	To identify critical elements which can bring a service/service element to a halt and to identify steps to rectify the matter	Checklist	Monthly	Supervisor's support lists
1.2 Routine review list	To review areas which need monthly review	Checklist	Monthly	Supervisor's support lists
Staff management	Ensure that key staff management activities are done	Clinic managers checklist	Used when appropriate	Administration and management
Clinic management	Ensure that key clinic management activities are done	Clinic managers checklist	Used when appropriate	Administration and management
Information review	To ensure that the requirements of the information system are met and up to date	<ul style="list-style-type: none"> • Information Guide for Supervisors. • Information manual. • Monitoring forms. • Indicator set. • Data definitions 	Revised monthly Tools used when appropriate	Information system guidelines
Referral review	To ensure that the referral system is functional	Referral form		Referral system guidelines
Clinical review	To ensure that clients receive a high quality clinical service	Guide to use of STG's	Used when appropriate	Guide to use of STG's
Public health impact	To ensure that services provided from the community are felt in the community	See Information system guidelines for information on specific indicators which may be used.	Used when appropriate	
Community involvement review	To ensure that there is an effective relationship between clinic and community	<ul style="list-style-type: none"> • The role of supervisors in community participation. • Role of the CHC - checklist. • CHC rapid situation analysis checklist. • CHC community-based care assessment checklist 	Used when appropriate	Community participation guidelines

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Supervisory Steps and activities	Objective	Tools	Regularity of use	Section in manual
2. In depth Program review	To provide an in depth review of specific programme areas	<ul style="list-style-type: none"> • TB checklist • STD Checklist • EPI checklist • FP checklist • EPI checklist • ANC checklist • Chronic disease checklist • Drug management checklist • National norms and standards 	<ul style="list-style-type: none"> • One programme area per month. • Quarterly review checklist - quarterly 	<ul style="list-style-type: none"> • In-depth programme reviews • National norms and standards
3. Training	To provide regular and appropriate in-service training to staff	Clinical Tips – one page guides to improving clinical diagnosis and management	Monthly	Clinical Tips
4. Problem solving discussion	To discuss problem areas with staff and find ways of dealing with the problems	Problem solving cycle. Other manuals/guides contained in manual or supplied from other source	Monthly	Problem solving and practical solutions to common problems
5. Review of actions/ expectations	Discussion pulling together plans for the next month and indicating who is responsible to deal with various activities	Visit report form	Monthly	Supervisors support lists
OTHER: Clinic supervisors – staff relationships	To assess the quality of the relationship between clinic supervisor and the staff she supervises as well as her supervisory practices.	Checklists	Monthly or as required	Supervisors support lists