

Appendix 1:

Clinic Supervisory Visits - Tips for Clinic Supervisors and Programme Managers

- ◆ Contact clinic staff in advance to arrange a visit at a time that is convenient for the facility. A supervisory visit is a planned facility visit. Explain that you will require the previous month's data and patient records/ files/ register. If this information is made readily available by clinic staff, it will facilitate the supervisory process.
- ◆ If possible call all the staff together to explain the purpose of the visit. This is particularly important when conducting in-depth reviews.
- ◆ Commend the staff for good quality care and initiative.
- ◆ Use the visit as a teaching opportunity. Clinicians should not feel that supervisors intend only to find fault. Many of the problems identified can be dealt with right there and then.
- ◆ Remember that availability of resources does not automatically mean that they are used.
- ◆ Encourage staff to come up with their own suggestions of how quality of care could be improved.
- ◆ Ensure that you give timeous feedback to the clinic on the findings of the evaluation (passed on to all clinicians in the clinic).
- ◆ Expect to spend between 45 and 90 minutes to complete an assessment per facility, depending on the availability of the data and your experience with the tool.

- ◆ When subsequent evaluations are done, review problems highlighted in the previous visit and make plans to address these. Were key activities undertaken? Point out the areas of progress and discuss the possible reasons for poor progress.
- ◆ Leave a copy of the completed form at the facility before you leave. Include a clear action plan with responsibilities for any identified gaps.
- ◆ Bring one piece of “new” information to share with the facility during the supervisory visit. It can be an update of a new policy/guideline or an update on case management (such as on prophylactic co-trimoxazole in HIV positive patients with TB). Section 11 of the CSM has a number of clinical tips that can be used for this purpose. Take enough copies for the facility to use. The facility staff will soon start to expect and look forward to learning something new from your visits!

Appendix 2:

Quarterly Review Meetings

This is a planned or scheduled meeting for the district. The district “driver” of supervision is responsible for coordinating and chairing the meeting and ensuring activities highlighted at the previous meeting have been addressed.

Each sub-district presents key issues highlighted by the Red Flag, Regular Review and In-depth Tools. Time is taken to describe the actions undertaken, the successes as well as the outstanding issues which were not addressed and those which may need the assistance of the District Management Team. The presentation should also focus on the progress made towards achieving the goals set for the district and the provincial programmes. It should identify intended progress in the next quarter. The presentation can be compiled into a written report and submitted to the DMT.

Suggested Process

- ◆ The Chairperson is the champion/driver of the process at a district level. Ideally they should be a member of the District Management Team.
- ◆ The meetings can rotate quarterly from sub-district to sub-district. Minutes should be taken by the host sub-district.
- ◆ Each sub-district has to prepare written reports as described above which are handed in on computer disc if there are no e-mail facilities.
- ◆ Each sub-district should give a presentation based on the report. If available this should be done using Power Point.

What to present:

- ◆ Sub-district population. Number and type of facilities. Number of supervisors.
- ◆ For Red Flag and Regular review: (10 minutes)
 - ◇ What were the outstanding issues highlighted in the Red Flag and Regular Review. What was done to address these gaps and what outstanding issues need to be followed up by the district management or supervisors. Were any trends identified?
 - ◇ What facilities did not have reviews conducted and why
- ◆ In-depth reviews: (10 minutes)
- ◆ Presentation per sub-district (10 minutes)
 - ◇ Feedback or update from programme manager on progress made
 - ◇ What were the problem areas identified when conducting the In-depth Reviews. What action plans were drawn up to address these and have these been carried out?
 - ◇ Which facilities were not reviewed and why?
 - ◇ New information/clinical tips/capacity building activity for the group
 - ◇ In summary the Programme manager can compare the findings with goals, targets and indicators for the district.

Tip! Copies of all in-depth review tools should be given to the programme manager. S/he can summarise these on an excel spreadsheet and keep as baseline. Invite provincial programme manager to this meeting to improve working relationships and provide an understanding of issues at a district level.

Appendix 3:

Supervisory Skills

Clinic supervisors are often away from their districts, attending training on health service issues. However it has been found that little training is provided to develop key skills such as:

- ◆ Leadership skills needed to inspire and motivate clinic staff
- ◆ Management skills to assist clinics in setting realistic goals and solving problems
- ◆ Skills in using health information to assist with PHC management
- ◆ Planning skills to assist with prioritisation, time management or to plan a supervisory visit
- ◆ Report writing skills
- ◆ Interpersonal skills
- ◆ Motivational skills
- ◆ Problem-solving skills

Supervisor skills: Suggested focus areas

Planning skills

- ◆ Summarising, collating and writing up results or findings for group of facilities that the supervisor is responsible for (Refer to section 2 of the Manual)
- ◆ Prioritising key areas needing attention
- ◆ Developing and practising problem solving
- ◆ Developing an action plan (use standard format)
- ◆ Monitoring the implementation of an action plan.

Communication skills

- ◆ Presentation and public speaking skills
- ◆ Use of posters or newsprint where there is inadequate electrification
- ◆ Use of overhead projector
- ◆ Computer literacy:
 - ◇ MS Word
 - ◇ Power Point
 - ◇ Excel

Information skills

- ◆ Know what are goals, targets and indicators
- ◆ How to check data quality
- ◆ How to use information for management

Contextual information

- ◆ Understanding the District Health Plan/sub-district operational plan
- ◆ Understanding where or how to access DHIS software
- ◆ Up-to-date on relevant policies (National policy on quality assurance and the national policy on TB-HIV integration.)

Appendix 4:

Resources Used and Further Reading

Clinic Supervisors' Manual. Pretoria, Department of Health; 2003.

URL: <http://www.doh.gov.za/docs/index.htm> (click on factsheets/guidelines)

Marquez L, Kean L. Making Supervision supportive and Sustainable: New Approaches to Old Problems. Washington DC, 2002. MAQ Paper vol. 30, no.4.

Van Rensburg D, Viljoen R, Heunis C, Janse van Rensburg E, Fourie A. Primary Health Care Facilities Survey. In: Ntuli A, Crisp N, Clarke E, Barron P, editors. South African Health Review, 2000. Durban: Health Systems Trust; 2000.

Simmons R. Supervision: the management of frontline performance. In: Lapham RJ, Simmons GB, editors. Organising for effective family planning programmes. 1987. Washington DC, National Academy Press: 233 - 261

Kim YMP et al. The Quality of Supervisor-Provider Interactions in Zimbabwe. Operations Research Results. 2000. 1(5): 1 - 16.

Heiby J. Quality Assurance and Supervision Systems (editorial). QA Brief. 1998. 7(1): 1 - 3.

Scanlon C, Weir WS. Learning from practice? Mental Health nurses' perceptions and experiences of clinic supervision. Journal of Advanced Nursing. 1997 26; 295 - 303.

Flahault D, Piot M, Franklin A. The Supervision of Health Personnel at a District Level. Geneva, World Health Organization. 1988.

Kwik-Skwiz # 15. Supporting staff through effective supervision: How to assess, plan and implement more effective clinic supervision. Durban: Health Systems Trust; 1999.

Lehmann U. Investigating the roles and functions of clinic supervisors in three districts in the Eastern Cape Province. Durban: Health Systems Trust; July 2001.

Much of the information in Step 4 was developed by Anna Voce and Prof. Hugh Philpott. It was initially developed for Reproductive Health Teams in Limpopo Province.

Further Reading

Heywood A, Rhode J. (undated). Using Information for Action. A manual for health workers at facility level. The Equity Project; University of the Western Cape. www.equityproject.co.za

The Primary Health Care Package for South Africa – A set of norms and standards. Pretoria: Department of Health; September 2001.

A Comprehensive Primary Health Care Service Package for South Africa. Pretoria: Department of Health; September 2001.

Barron P, Monticelli F, Leon N. Lessons Learnt in the Implementation of Primary Health Care, Chapters 2 and 3. Durban: Health Systems Trust; December 2003. ISBN: 1-919743-76-6

WHO (1993) Training Manual on Management of Human Resources for Health: Section 1, Part A. Geneva, World Health Organization.

Moys A. Evaluating Quality of STI Management at a Regional Level using the District Quality of Care Assessment (DISCA). Durban: Health Systems Trust; August 2002.

All publications by Health Systems Trust available from:

Health Systems Trust, 401 Maritime House, Salmon Grove, Durban 4000.

Tel 031 307-2954 Fax 031 304-0775 and on the HST website at www.hst.org.za

Appendix 5:

RED FLAG LIST (Also available in the Clinic Supervisors' Manual)

CLINIC NAME	
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DRUG STOCK OUTS

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
FP												
STD												
TB												
ANC												
EPI												
Chronic												
HIV												

REFRIGERATOR NOT FUNCTIONING

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Mechanical												
Electricity												
Gas												

STAFF NOT ON DUTY (LEAVE, TRAINING, ABSENT WITHOUT LEAVE)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Professional												
Non-Professional												

BROKEN EQUIPMENT

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Baumometer												
Scale												

RED FLAG ACTIONS*

January	February	March
April	May	June
July	August	September
October	November	December

*The supervisor and clinic manager will decide how to deal with the red flag item needing attention

Appendix 6:

REGULAR REVIEW LIST (Also available in the Clinic Supervisors' Manual)

CLINIC NAME	
SUPERVISOR NAME	

ROUTINE REVIEW	Jan	Feb	Mar	Apr	May	Jun
Staff Management						
Clinic Management						

ROUTINE REVIEW	Jan	Feb	Mar	Apr	May	Jun
Information Review						
Referral Review						

Clinical care							
STGs followed							
1 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5 Dnosis/Correct Manag	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Public Health Impact							
Clinic committee							
Clinic visits							
Supervisory visit actions completed	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P	Y/N/P

P = Partially

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