

ROUTINE SKILLED CARE SUPERVISION

A. The Principles of Supervision

Supervision is a management function that is planned and carried out in order to guide, support and assist staff in carrying out assigned tasks. It involves on-the-job transfer of knowledge and skills between the supervisor and the one being supervised. The aim of supervision is to determine staff performance in relation to quality and standards in implementing planned activities.

The objectives of supervision are to:

1. Assist staff to improve their performance;
2. Ensure uniformity to set performance standards;
3. Identify and solve problems;
4. Maintain and reinforce the administrative and technical link between higher and lower levels;
5. Follow up on decisions reached during prior supervision visits; and
6. Identify staffing needs.

Facilitative supervision is a system of management whereby supervisors at all levels in an institution focus on the needs of the staff they oversee. The most important part of the facilitative supervisor's role is to enable staff to manage the quality-improvement process, to meet the needs of their clients, and to implement institutional goals. This approach emphasizes mentoring, joint problem solving, and two-way communication between the supervisor and those being supervised.

Facilitative supervision is different from traditional supervision because it:

1. Focuses on helping staff solve problems
2. Focuses on processes rather than on individuals
3. Assists staff in planning for future quality-improvement goals
4. Is continuous and builds on past gains while setting higher quality improvement goals.

Facilitative supervision is only part of a process leading to the achievement of improved quality of services; it is not a stand-alone intervention. All staff should be involved in the quality-improvement process. Supervisors must foster a spirit of ownership and teamwork by emphasizing that quality is everyone's business and that everyone can contribute to better quality.

The Process of Supervision

The process of supervision can be divided into three stages:

- Preparation;
- Actual supervision; and
- Immediate feedback.

In the preparation stage, the necessary tools for supervision are assembled, the report of the previous supervisory visit is studied and objectives for the current supervisory visit set. The supervision team should also prepare allowances, transport, and a timetable for the planned visit(s).

At the start of the supervisory visit the supervisors will introduce themselves to the health facility staff. The head of the supervision team, will briefly explain the purpose and objectives of the supervision. The supervisory team should follow-up on specific issues raised during the previous visit and if appropriate give feedback district-level progress in addressing identified gaps (i.e. follow up on commitments made by previous supervisory team and/or deliver supplies or equipment that had previously been requested).

After following up on issues from the previous supervisory visit, the supervisory team should review clinic records (e.g. partograph forms) and where possible observe the provision of maternal health services using a checklist to assess whether core functions are being carried out. In addition, supervisors should explore providers' perspectives on the quality of services being provided.

When performance gaps and problems are identified, supervisors should explore their causes jointly with facility staff. Supervisors should assist facility staff in problem-solving—i.e. defining problems, analyzing possible causes, identifying possible solutions, developing an action plan for addressing identified problems, and evaluating the results. Supervisors should utilize a facilitative style of communication. Good communications skills that facilitate dialogue with staff are essential.

It is important that at the end of the supervisory visit to provide immediate feedback to facility staff. All observations, the strengths and weaknesses, should be discussed and solutions to address the problems identified should be developed in collaboration with the staff. The visit should end by agreeing on follow-up action to undertake and planning the next supervisory visit.

B. Skilled Care Supervision

Objectives of Skilled Care Supervision are:

- To follow up on the staff trained in life saving skills and PAC
- To assess the progress in implementation of the action plans developed after the training
- To provide on the job training for any skills that were not learnt properly
- To review whether the trainees are getting support from colleagues and other departments
- To assess what additional support is needed for effective utilisation of the skills learnt

When conducting Skilled Care supervision, there are a range of services that should be assessed, including: antenatal care, delivery care, postpartum care, and referral procedures. In addition, attention should be paid to the overall service delivery and the support services that contribute to an efficient and effective safe motherhood programme. Some examples of support services include:

- The availability of laboratory personnel, equipment, and reagents;
- The availability of pharmaceutical personnel and essential drugs and supplies;
- The availability of non-medical personnel, such as cleaners, administrative clerks, guards, and others;
- The effectiveness of the referral system—e.g. functioning radio or telephone, and the availability of emergency transport for women with obstetric complications.

The next section provides supervisory tools that can be used by DHMT members and other district representatives, to conduct specific support supervision for safe motherhood at the health facilities.

**FORM
A** **Preparation**

Fill in this form BEFORE you visit the health facility:

Date: District: Name of Health Facility:

Name of In-charge: Estimated population served by this facility:

Map of catchment area: YES / NO (Circle the appropriate response)

Look at Supervision Form C for the previous visit to this facility.

1. Record what action you or other members of the DHMT agreed to take between the last visit and this visit (e.g. addressing equipment/drug shortages, forwarding proposals for FIF funds, etc.).

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2. Record which of these actions have been completed and what was the result:

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Review Form C for the previous supervision visit, the most recent data for the health facility and any community reports about the health facility. Think about any conversations or meetings at which this health facility was discussed. Think about any issues that should be dealt with at all supervision visits in the district.

3. List the priority issues which you should deal with during this visit.

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4. List changes that the health facility staff agreed to make during the last supervisory visit. (Refer to Form C, Item 5).

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FORM
B **On-site Supervisory Guide**

Fill in this form DURING your visit to the health facility:

Date:

District:

Name of Health Facility:

Name of In-charge:

1. Review the ANTENATAL CARE REGISTER, and if possible, observe at least one consultation with an antenatal client.

Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
Are ANC records up-to-date and complete?		
Is volume of ANC clients appropriate, given facility level?		
Do providers provide individualized counseling on birth preparedness (i.e. explore with the woman where she should go for delivery, how she will get there, how much funds she should have on hand, how to involve family members in planning for birth, etc.)?		
Do providers discuss and explain danger signs of complications during pregnancy and delivery and what to do in such cases?		

Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
Do providers encourage all ANC clients to deliver at the health facility?		
<p>Do providers carry out the physical examination correctly?</p> <p>a) Do they check and record the client's blood pressure on her chart?</p> <p>b) Do they check client's urine and record on the chart the presence of proteins i.e., proteinuria?</p> <p>c) Do they request a lab sample to check the client's haemoglobin (Hb) level? If so, was the result recorded on the client's card and appropriate action taken?</p> <p>d) Do they request a lab sample for blood grouping and Rhesus antigen status? If so, was the result recorded on the client's card?</p>		
Do providers inform clients of the results of physical examinations and laboratory investigations?		
Do providers check whether the client had any signs and/or symptoms of a sexually transmitted disease?		
Do providers display elements of respectful and compassionate care (e.g. greet her respectfully, use client's name, maintain eye contact, etc.)?		

2. Review DELIVERY REGISTER, completed PARTOGRAPH FORMS, and if possible, observe a delivery.		
Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
Are delivery records up-to-date and complete?		
What is the total number of deliveries conducted in the last 3 months at this facility?		
Are providers using partograph to monitor labour (check for at least 5 deliveries)? If partograph was used, was it used correctly?		
Are partographs filled completely?		
Are maternity clients treated with respect and compassion—i.e. do they provide reassurance and support to clients, update them on their progress and condition, etc.? (observation only)		
Are women delivering at this facility encouraged to make postpartum visits? If so, after how many days are they encouraged to return for postpartum care?		

Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
How many deliveries in the past 3 months were COMPLICATED, and how many of these complications were handled at the health facility or referred.		
Of the COMPLICATED deliveries in the past 3 months, how many were treated at the facility and how many were referred elsewhere?		
Did any maternal deaths take place in the health facility? If so, what are the recorded causes of death?		
If any maternal deaths took place, what kind of follow-up actions were taken to prevent future maternal deaths?		
Does the facility have a radio communication system or telephone?		
Does the facility have any means of transportation for referring women with obstetric complications? If not, how are referrals conducted?		

3. Review POSTPARTUM CARE REGISTER and observe one postpartum consultation, if possible		
Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
Is postpartum care register up-to-date and complete?		
How many postpartum clients were seen during past 3 months?		
Do providers take sufficient delivery history? (observation only)		
Do providers check whether clients have signs or symptoms of postpartum complications?		
Do providers carry out client examinations correctly?		
Do providers discuss findings and provide advice to clients?		

4. Review essential MATERNITY DRUGS, SUPPLIES, and VACCINES		
Performance areas	Supervisor Assessment	Staff perspectives on underlying causes/solutions
Has the facility experienced any stock-outs of maternity drugs, supplies, or vaccines during past 3 months?		
Has the facility experienced any stock-outs of laboratory reagents or supplies during past 3 months?		
Are drugs and supplies stored correctly and neatly (i.e. with newest stocks at the back)?		
Are there any drugs, vaccines or contraceptives that are close to or past their expiry dates?		
Are all containers correctly marked with their lids fastened?		
Are there excess quantities of any drugs or supplies?		
Is the refrigerator temperature record up-to-date and in the correct range?		
Are the vaccines stored in the correct part of the refrigerator?		

FORM C	<h1>Summary Form</h1>
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Fill in this form AT THE END of your visit to the health facility:

Date: _____ District: _____ Name of health facility: _____

Name of In-charge: _____

1. State the priority issues which were to be dealt with during this visit (as in Item 3 of Form A.)

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2. State the strengths and problems observed and discussed during this visit:

Key strengths: *

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Key problems: *

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3. List in the first column of the table each of the problems from Item 2 above. Then complete the rest of the table.

Problem	Cause(s)	Action(s) to be taken	By whom	Timeframe
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2.				
3.				
4.				