WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health

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Supportive Supervision (Part III)

This is the last in a series three articles on supportive supervision. The preceding articles described the differences between control and supportive supervision, the requirements, where, when to conduct supportive supervisions.

Feedback to the health staff concerned

In the first instance, feedback must be to the supplier of information (i.e. health worker under supervision). When data collection is completed, the supervisor should work with the health facility staff as a team, describing each problem in detail and making constructive comments. If you have some bad behavior to comment on, begin with the positive and be specific about the weakness, rather than saying "that was not done well'

Give learners reasons for their successes or failures. Do not say well done, but give a reason
e.g. "You correctly read the VVM and took appropriate action". Do not say "You are wrong" but rather "There may be a problem" and explain it.
e.g. "The data from your tally sheet do not match the data in the reporting form. How can this be corrected?"

On the job training

Six main steps when teaching a skill.

1. Explaining the skill or activity to be learned.
2. Demonstrating the skill or activity using an anatomical model or role-play.
3. Participants practising the demonstrated skill or activity.
4. Reviewing the practice session and giving constructive feedback.
5. Practicing the skill or activity with clients under a trainer's guidance.
6. Evaluating the participant's ability to perform the skill according to the standardized procedure, if possible as outlined in the competency-based checklist.

Recording the results of supervision

It is useful to maintain a supportive supervision record-book at each supervisory site. This should record the date of the visit, main observations, training given and agreed follow-up actions.

After each supervisory visit, the supervisor must prepare a supervisory report. This report is vital for planning corrective measures and also for future supervisory visits. It should inform programme managers and others (e.g. Director of Medical/Health Services, heads of departments, other stakeholders, partners and health workers) of the situation in the health centre and the findings of the visit.

The supervision report must

- Identify who is being supervised
- List the tasks and responsibilities of the supervised persons and comment on how well they have performed
- Assess the overall performance of health workers (Attendance, punctuality, spirit of initiative, creativity, capacity to work in an independent manner)
- Discuss each item in the supervision check list
- Describe what immediate corrective actions were taken during the visit
- Identify the next steps agreed with the staff member concerned
- The findings of the supervision must be shared with the supervisee

Other methods of sharing supportive supervision findings

Publish a news letter-This does not have to be either sophisticated or costly. It could entail one or two pages of text with illustrations that could help make the document reader-friendly. Accounts of personal experiences or successes, provided such stories are presented positively, will enable staff to recognize themselves in the process. Distribution of the newsletter should be as wide as possible.

Prepare a bulletin- Prepare a bulletin and send it to various people. Organize a seminar to discuss the results of the supervisory visits. You may find that this results in interesting discussions, an exchange of ideas or on the-spot problem-solving ideas.
Share information at monthly meetings

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Follow up activities

What to do after supervision visit

Supportive supervision does not end with the conducted visit. Back in the office, the supervisor should plan for follow-up, which may include the following

- Acting on issues you agreed to work on-involve health workers in the planning process and working with them to develop checklists, job aids, monitoring tools etc.
- Discuss equipment supply and delivery problems with higher levels.
- Reviewing monthly reports and establishing regular communication with supervised staff to see if recommendations are being implemented.
- Identifying career growth or leadership opportunities for the personal development of supervised health staff.

Conducting follow up visits

Follow-up visits provide continuity between past and future supervisory visits for a health worker in the following ways:

- Ensuring that the problems identified in the previous visits do not persist.
- Reinforcing with the health worker that the issues found during the last visit are still important.
- Supporting the health worker. If the problem has not been fixed, why not?
- Checking to see if past on-the-spot trainings has been effective.
- Ensuring that the performance of the health worker is being monitored and improved.

As a supervisor, you can also benefit from the follow-up visit in the following ways:

- Allows you to give consistent massages.
- Ensure that even if you have not visited the health facility before, you are still able to confirm your visit is relevant and based on previous visits and findings.

Ensure that a relevant supervision can still be provided even if different supervisors visit a clinic next time

Steps for the follow-up visit

- Reviewing the supervisors report from previous visits and continuing to work on the issues raised in the report.
- Telling health workers what you have learnt from previous visits, in order to avoid repeating the same information.
- Observing the health workers to see if bad behaviours or attitudes have been corrected and if it is the case, congratulate them.
- Highlighting the observations from the previous visit that have not changed and noting that these items still need to be followed up.
- Checking if any perceived lack of improvement is due to hidden problems that need to be addressed.
- Fulfilling promises made at the previous visit (i.e. if supplies or technical information/documentation had been promised).

Summary

Supportive supervision is a continuous learning process, helping staff to improve their own work performance regularly. The focus of supervisory visits is to improve the knowledge and skills of the health staff and it is conducted in a non-threatening and non authoritarian manner. Supportive supervision encourages open two-way communication and builds team approaches that facilitate problem-solving. It focuses on monitoring performance towards goals, using data for decision-making and depends on regular follow-up with staff to ensure that new tasks are being implemented correctly. Supportive supervision is helping to make things work, rather than checking to see what is wrong and the supervisor acts like a teacher and a mentor, rather than a policeman.

Source

Supportive supervision, available from

whqlibdoc.who.int/hq/2008/WHO_IVB_08.04_eng.pdf

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

Table 3 : Water Quality Surveillance
Number of microbiological water samples - March / 2012

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	35
Gampaha	15	90	NR
Kalutara	12	72	NR
NHIS	2	12	NR
Kandy	23	138	10
Matale	12	72	NR
Nuwara Eliya	13	78	NR
Galle	19	114	0
Matara	17	102	0
Hambantota	12	72	0
Jaffna	11	66	42
Kilinochchi	4	24	NR
Manner	5	30	24
Vavuniya	4	24	134
Mullatvu	4	24	NR
Batticaloa	14	84	NR
Ampara	7	42	NR
Trincomalee	11	66	16
Kurunegala	23	138	19
Puttalam	9	84	0
Anuradhapura	19	114	2
Polonnaruwa	7	42	13
Badulla	15	90	55
Moneragala	11	66	66
Rathnapura	18	108	0
Kegalle	11	66	20
Kalmunai	13	78	NR

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 1: Vaccine-preventable Diseases & AFP

14th – 20th April 2012 (16th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	01	00	00	00	00	00	00	00	00	01	00	26	24	+ 08.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	00	01	00	00	00	00	00	01	00	19	33	- 42.4 %
Tetanus	00	00	00	01	00	00	00	00	00	01	00	04	06	- 33.3 %
Whooping Cough	00	00	02	00	00	00	00	00	00	02	00	32	12	+ 166.6 %
Tuberculosis	27	15	00	10	00	00	00	00	21	73	222	2604	2455	+ 06.1 %

Table 2: Newly Introduced Notifiable Disease

14th – 20th April 2012 (16th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2012	Number of cases during same week in 2011	Total number of cases to date in 2012	Total number of cases to date in 2011	Difference between the number of cases to date in 2012 & 2011
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	31	07	07	30	05	09	08	04	03	114	81	1820	1622	+ 12.2 %
Meningitis	02 CB=1 GM=1	00	00	01 JF=1	02 KM=1 TR=1	03 KN=2 PU=1	02 AP=1 PO=1	00	00	05	10	215	302	- 28.8 %
Mumps	16	07	05	55	25	01	08	10	16	142	48	1723	659	+ 160.8 %
Leishmaniasis	00	00	06 MT=1 HB=5	00	02 BT=2	00	09 PO=8 AP=1	00	00	17	09	223	228	+ 02.2 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

DPDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Dengue Prevention and Control Health Messages

You have a duty and a responsibility in preventing dengue fever. Make sure that your environment is free from water collections where the dengue mosquito could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

14th – 20th April 2012 (16th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	131	2624	2	41	0	5	6	75	0	24	5	54	0	2	3	21	0	1	**92**
Gampaha	115	2087	0	29	0	3	0	29	2	11	5	72	0	5	6	95	0	0	**93**
Kalutara	44	751	0	34	0	2	1	17	0	3	6	88	1	2	1	7	0	1	**77**
Kandy	35	645	2	31	0	1	1	10	0	10	1	25	1	60	1	12	0	0	**91**
Matale	11	160	5	33	0	4	0	7	0	4	2	17	2	2	2	7	0	0	**92**
Nuwara	11	122	4	53	0	1	0	17	0	1	2	12	2	29	0	7	0	0	**92**
Galle	27	435	2	36	0	3	0	6	6	10	2	59	4	21	0	1	0	0	**79**
Hambantota	13	190	2	18	1	1	0	2	0	7	0	24	1	21	0	4	0	0	**100**
Matara	23	551	1	29	0	4	0	9	0	15	3	62	2	34	1	48	0	0	**100**
Jaffna	7	196	3	79	1	6	5	168	0	18	0	2	3	230	0	2	0	0	**100**
Kilinochchi	1	17	0	6	0	1	2	14	0	39	0	3	1	22	1	3	0	1	**75**
Mannar	4	69	1	10	0	2	2	13	0	13	0	15	2	35	0	1	0	0	**80**
Vavuniya	0	25	0	5	0	17	0	2	0	3	0	14	0	0	0	1	0	0	**100**
Mullaitivu	0	4	0	7	0	1	0	3	0	1	0	2	0	4	0	0	0	0	**25**
Batticaloa	11	492	0	43	0	1	0	10	0	11	0	4	0	0	0	3	0	1	**79**
Ampara	1	35	0	36	0	0	0	3	0	5	0	14	0	0	0	1	0	0	**57**
Trincomalee	1	72	3	58	0	1	0	15	0	1	0	18	0	3	0	1	0	0	**75**
Kurunegala	26	457	3	47	0	6	3	38	1	9	3	56	1	15	2	26	0	1	**96**
Puttalam	9	324	0	22	0	4	1	5	0	1	0	18	0	8	0	1	0	0	**67**
Anuradhapu	7	132	0	24	0	1	0	3	0	1	1	42	1	17	3	28	0	0	**79**
Polonnaruw	3	80	0	11	0	0	0	1	0	0	0	17	0	2	0	26	0	1	**71**
Badulla	7	83	1	30	0	2	1	14	0	1	0	15	2	23	0	18	0	0	**82**
Monaragala	1	71	1	27	1	4	0	8	0	0	1	36	0	36	4	86	0	0	**91**
Ratnapura	50	548	4	85	2	21	4	23	0	2	4	111	2	18	0	45	0	0	**83**
Kegalle	49	513	0	24	0	6	0	12	0	5	6	48	1	20	10	198	0	0	**91**
Kalmune	0	112	1	73	0	1	0	5	2	15	1	2	0	0	1	5	0	1	**69**
SRI LANKA	**578**	**10795**	**35**	**891**	**05**	**98**	**26**	**509**	**11**	**210**	**42**	**830**	**24**	**609**	**34**	**647**	**00**	**07**	**85**

Source: Weekly Returns of Communicable Diseases WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 20th April, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 280
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk.**

ON STATE SERVICE

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