WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Health
231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

WER SRI LANKA - 2012

Vol. 39 No.15 **07th – 13th April 2012**

Supportive Supervision (Part I)

This is the first in a series three articles on supportive supervision. This article describes the differences between control and supportive supervision, the requirements, where and when to conduct supportive supervisions. The next articles will describe when to conduct a supportive supervision and the feedback to the health care staff concerned.

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with the focus of using supervisory visits as an opportunity to improve knowledge and skills of the health staff. 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.

Traditionally, many countries have used an authoritarian, inspection or control approach to supervision. This approach is based on the thinking that health workers are unmotivated and need strong outside control to perform correctly. However, it has been shown that a supportive approach, where supervisors and health workers work together to solve problems and improve performance, delivers improved results for the programme. Table 1 compares the characteristics of the control approach and the supportive approach

The three main Rs for an effective supportive supervision system are:

1) **Right Supervisors-**a core set of supervisors, well trained on supportive supervision techniques and with updated information and skills.
2) **Right tools-**availability of training materials and job aids to update skills of health workers during supervision visits, checklists and forms for recording recommendations and follow up
3) **Right resources-**sufficient vehicles, time for supervision and follow-up.

Training a core of supportive supervisors

As the supervisors will be providing on-the-job training to health workers, it is important that the supervisors themselves are well informed and trained. The initial step will be to provide refresher training for the core set of supervisors.

To identify the training needs of supervisors, start by asking the following questions:

- Have there been major changes in the system which requires training (e.g. introduction of new vaccines, new policies or reporting procedures)?
- Do the supervisors require training on supportive supervision techniques and participatory approaches (e.g. problem identification, problem-solving, time management, two-way communica-

Table –1 characteristics of the control approach and the supportive approach *Source-WHO*

Control approach	Supporting approach
Focus on finding faults with individuals	Focus on improving performance and building relationships.
Supervisor is like a policeman	More like a teacher, coach, mentor
Episodic problem solving	Use local data to monitor performance and solve problems
Little or no follow-up	Follow-up regularly
Punitive actions intended	Only support provided

Contents	*Page*

1. *Leading Article – Supportive Supervision (Part I)*	1
2. *Surveillance of vaccine preventable diseases & AFP (31st March – 06th April 2012)*	3
3. *Summary of newly introduced notifiable diseases (31st March – 06th April 2012)*	3
4. *Summary of selected notifiable diseases reported (31st March – 06th April 2012)*	4

tion, coaching, on-site training etc.)?

- Are there areas that can be strengthened by supportive supervision and will therefore require supervisor training? You may, for instance, decide that the country's disease surveillance needs to be enhanced and therefore supervisors themselves need training.

Right tools

Preparing a supervisory checklist

The supervisory checklist is a list containing priority issues that must be observed and recorded by the supervisor. The checklist helps the supervisor to focus on priority issues and reminds him/her to observe and record them. **The information collected should help the supervisor to decide what corrective action can be taken during the visit and what issues need to be followed up for action in the longer term.**

A checklist contains items to be checked at EVERY site visit. However, it should not deter the supervisor from recording and following up on other critical issues that he/she has observed but that are not included in the checklist.

Three 'S's for a good quality checklist are:

- **Short-**should include only priority areas to observe and record during supportive supervision visits. If the list is too long, filling it will become a mechanical exercise.
- **Specific-**Items should be specific, with details on what exactly needs to be observed. For example, a question such as "Does the health worker dispose of used syringes appropriately?" is not specific, but "Does the health worker dispose of used syringes in the safety box?" is more specific. The information collected should be critical and should help in taking managerial decisions.
- **Simple-**Additional observations or comments should be easy to record.

e.g. *Vaccine and cold-chain management*- Is there an up-to-date stock recording system? Is the Vaccine Vial Monitor (VVM) being used?

Monitoring and use of data-Is the monitoring chart used regularly to track immunization performance? What does it tell you about access, drop-outs and completion of the schedule? Include review of monitoring charts.

Communication with parents and links with the community- Are parents informed about the next visit and about side-effects of drugs and vaccines?

How many meetings are held per year with the community to discuss/plan services?

Immunization safety- Observation of injections/ are all used syringes disposed of in safety boxes?

Planning- review of session plan and work plan

Preparing learning materials and job aids

As supervisors will be providing on-the-job training, it is important to have standard materials available that are specific to the skills that need to be improved. These can be used to prepare for training; supervisors can refer to these during training sessions and health workers can use them for practice and reference. For health-facility staff, materials with clear explanations on how to do a particular task, preferably with drawings, worked examples and practice exercises are the most useful. The supervisor needs to be well prepared and fully knowledgeable about the topic and materials.

Different training methods that a supervisor could use to help on site training

- Participatory exercises
- Group discussion
- Small group work
- Case study
- Practical exercises
- Demonstrations/ presentations
- Role playing
- Question and answer sessions

Job aids

A job aid is a learning product available for on-the-job training which is designed to facilitate correct performance of the task by extending the performer's capability to retain and utilize information. It is also called quick or easy reference. Often these are paper-based and posted on the wall in plain sight or in a small reference notebook. They can also take the form of posters, cards, manuals etc**. It might be useful to carry a known accurate thermometer along with other job aids.**

Job aids are useful as they target specific tasks or skills and allow the health worker to quickly refer to them without having to search through long training manuals.

Some examples of job aids:

1. National immunization schedule.
2. Checklist of things to carry to an outreach site.
3. One-page sheet with pictures showing how to administer different vaccines.
4. Poster put on the refrigerator showing how different vaccines should be stored.
5. Poster showing methods to prevent freezing.
6. Poster with standard case definitions and disease pictures.

When setting up a supportive supervision system, you need to ensure that adequate resources are available. In addition to scheduled visits, supervisors should be able to interact with staff at opportunities such as monthly or quarterly meetings.

Planning regular supportive supervision visits

Planning for supportive supervision visits should be an integral part of the annual/quarterly work-planning exercise. It is important to look at the data when planning for supervision visits.

The plan should indicate:

Where to conduct visits

When to conduct visits

What are the objectives to cover during the visit

Where to conduct supportive supervision visits

Prioritizations of the areas need to be done. Peripheral areas will generally need more supportive supervision visits. Immunization data and information from previous supervision visits can be used to select priority areas for supervision.

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

to be continued

Table 1: Vaccine-preventable Diseases & AFP

31st March – 06th April 2012 (14th 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	24	24	- 31.57 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	00	00	00	00	00	00	00	0	00	00	01	17	32	- 33.3 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	03	07	- 50.0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	24	05	+ 183.3 %
Tuberculosis	94	28	22	28	05	00	31	12	25	245	191	2502	2243	+ 07.5 %

Table 2: Newly Introduced Notifiable Disease

31st March – 06th April 2012 (14th 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	15	00	04	01	00	12	02	10	07	50	62	1565	1430	+ 0.54 %
Meningitis	02 CB=1 GM=1	00	01 GL=1	00	00	01 KR=1	01 PO=1	01 MO=1	00	06	10	192	278	+ 31.0 %
Mumps	34	07	09	00	08	09	01	05	16	89	27	1424	568	+ 107.8 %
Leishmaniasis	00	00	00	00	00	00	00 PO=1	00	00	01	15	196	204	+ 55.44 %

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

Thoroughly clean the water collecting tanks bird baths, vases and other utensils once a week to prevent dengue mosquito breeding.

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

31st March – 06th April 2012 (14th 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	42	2392	0	36	0	5	0	66	0	24	2	45	0	2	0	18	0	1	**54**
Gampaha	49	1873	0	28	0	2	2	25	0	9	3	59	0	4	3	79	0	1	**54**
Kalutara	17	645	1	33	0	2	0	16	0	3	1	77	0	1	0	6	0	1	**38**
Kandy	21	588	3	27	0	1	0	9	0	10	0	23	1	56	0	8	0	0	**70**
Matale	1	140	0	27	0	4	0	7	0	4	1	13	0	2	0	5	0	0	**50**
Nuwara	10	108	5	45	0	1	1	16	0	1	0	10	2	27	0	7	0	0	**85**
Galle	16	362	0	33	0	3	0	6	0	4	5	45	0	16	0	1	0	0	**58**
Hambantota	9	169	0	16	0	0	0	2	0	7	3	23	1	20	0	4	0	0	**58**
Matara	10	498	0	24	0	4	0	9	0	11	3	51	0	31	0	45	0	0	**65**
Jaffna	4	177	4	67	0	5	5	156	4	13	0	2	0	226	0	2	0	0	**75**
Kilinochchi	0	15	0	6	0	1	0	11	0	39	0	3	0	21	0	1	0	1	**25**
Mannar	1	65	1	9	0	2	0	10	0	13	0	15	2	31	0	1	0	0	**20**
Vavuniya	0	23	0	5	0	15	0	2	0	3	0	14	0	0	0	1	0	0	**50**
Mullaitivu	0	4	0	5	0	1	0	3	0	1	0	2	0	4	0	0	0	0	**0**
Batticaloa	3	468	1	43	0	1	0	9	0	5	0	4	0	0	0	3	0	1	**36**
Ampara	0	28	1	34	0	0	0	2	0	1	0	13	0	0	0	1	0	0	**29**
Trincomalee	2	70	9	53	0	1	0	15	0	1	0	18	1	2	0	1	0	0	**75**
Kurunegala	6	405	4	42	0	6	0	34	2	8	1	50	0	14	1	21	0	1	**61**
Puttalam	9	303	0	22	0	2	0	2	0	1	0	17	0	7	1	1	0	0	**33**
Anuradhapu	3	112	0	23		1	0	2	0	1	2	38	0	15	2	25	0	0	**42**
Polonnaruw	1	74	0	111	0	0	0	1	0	0	0	17	0	2	1	24	0	1	**29**
Badulla	1	74	0	27	0	2	2	11	0	1	1	14	2	19	1	15	0	0	**82**
Monaragala	4	66	2	24	1	3	0	7	0	0	0	33	0	34	16	74	0	0	**55**
Ratnapura	17	446	2	75	0	18	0	19	0	1	1	103	0	15	0	42	0	0	**44**
Kegalle	28	442	0	23	0	6	1	11	0	5	1	40	2	18	3	178	0	0	**55**
Kalmune	1	110	0	71	0	1	0	5	1	13	0	1	0	0	0	5	0	1	**15**
SRI LANKA	**255**	**9657**	**33**	**809**	**01**	**87**	**11**	**456**	**07**	**180**	**24**	**730**	**11**	**567**	**28**	**568**	**00**	**08**	**53**

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 06th April, 2012 Total number of reporting units 329. Number of reporting units data provided for the current week: 244
A = Cases reported during the current week. **B** = Cumulative cases for the year.

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

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

Dr. P. PALIHAWADANA
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10