WEEKLY EPIDEMIOLOGICAL REPORT

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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

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

Contents	*Page*

- 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 1 : **Water Quality Surveillance**
Number of microbiological water samples September 2016

District	MOH areas	No: Expected *	No: Received
Colombo	15	90	83
Gampaha	15	90	90
Kalutara	12	72	40
Kalutara NIHS	2	12	4
Kandy	23	138	NR
Matale	13	78	132
Nuwara Eliya	13	78	6
Galle	20	120	9
Matara	17	102	4
Hambantota	12	72	53
Jaffna	12	72	116
Kilinochchi	4	24	18
Manner	5	30	0
Vavuniya	4	24	NR
Mullatvu	5	30	12
Batticaloa	14	84	62
Ampara	7	42	0
Trincomalee	11	66	21
Kurunegala	29	174	94
Puttalam	13	78	45
Anuradhapura	19	114	10
Polonnaruwa	7	42	0
Badulla	16	96	93
Moneragala	11	66	51
Rathnapura	18	108	54
Kegalle	11	66	NR
Kalmunai	13	78	NR

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

Table 1: Selected notifiable diseases reported by Medical Officers of Health 08th – 14th Oct 2016 (42nd Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	113	13669	3	147	0	11	1	53	2	59	6	250	0	7	0	40	0	0	5	380	0	51	0	0	88	100
Gampaha	14	5702	0	127	0	14	0	25	0	34	0	283	0	15	0	40	0	1	0	353	0	40	0	7	33	93
Kalutara	26	2917	1	88	0	9	1	33	1	30	6	376	0	8	0	25	0	1	1	246	2	81	0	0	64	93
Kandy	35	3541	2	141	0	16	0	21	0	35	0	111	0	86	0	46	0	0	21	207	2	38	0	9	83	96
Matale	29	922	3	59	0	1	1	14	0	4	0	84	0	20	0	16	0	1	2	33	2	54	0	18	69	92
NuwaraEliya	7	371	0	88	0	3	0	53	0	36	1	56	2	68	1	38	0	0	0	121	0	38	0	0	62	85
Galle	44	2011	0	122	0	8	0	7	0	10	8	246	0	101	0	9	0	0	1	250	0	34	0	3	50	80
Hambantota	5	679	4	70	0	1	0	5	0	61	1	94	1	59	0	94	0	0	1	205	0	14	0	288	58	83
Matara	17	1065	2	107	1	15	0	8	0	38	2	162	1	50	0	41	0	0	4	163	1	23	1	173	100	100
Jaffna	17	1849	11	279	0	6	4	78	0	56	1	16	2	592	1	9	0	0	2	150	1	56	0	1	92	100
Kilinochchi	1	74	0	38	0	1	0	36	0	9	0	13	0	24	0	1	0	0	0	10	0	10	0	0	75	100
Mannar	3	122	1	40	0	4	0	22	0	9	0	10	0	40	0	0	0	0	0	7	0	3	0	0	60	100
Vavuniya	3	223	0	13	0	4	0	88	0	33	1	14	0	10	0	6	0	0	0	26	0	10	0	6	50	75
Mullaitivu	5	162	0	26	0	4	0	18	0	41	0	24	0	6	0	2	0	1	1	23	1	10	0	6	80	80
Batticaloa	1	458	5	276	0	3	0	42	0	98	1	44	0	6	0	11	0	0	0	94	0	14	0	1	64	86
Ampara	0	221	0	48	0	2	0	0	0	21	0	26	0	0	0	10	0	0	0	141	0	4	0	7	14	43
Trincomalee	3	360	0	51	0	2	0	11	0	24	0	30	0	24	0	33	0	2	1	141	0	11	0	11	75	83
Kurunegala	13	2139	5	268	0	11	0	4	0	19	1	140	0	41	3	28	0	3	13	315	3	53	3	95	79	97
Puttalam	1	927	0	79	0	4	0	6	0	1	0	39	0	61	0	3	0	1	0	79	1	52	0	4	43	64
Anuradhapura	2	617	0	89	0	3	0	6	0	33	0	255	0	25	0	15	0	1	2	211	1	38	2	208	21	63
Polonnaruwa	2	394	0	38	0	4	0	12	0	14	0	87	1	4	0	3	0	0	0	119	0	18	0	110	43	100
Badulla	60	831	1	109	0	13	0	11	0	27	2	119	1	102	3	112	0	0	3	210	2	174	0	3	71	88
Monaragala	7	366	2	113	0	1	1	4	0	11	0	158	0	116	9	133	0	2	1	70	0	23	0	34	91	100
Ratnapura	29	2563	5	314	1	31	0	26	0	24	11	490	3	36	7	179	0	0	3	199	3	141	0	1	78	83
Kegalle	12	1257	1	72	0	19	0	32	1	53	1	162	0	29	1	27	0	0	3	290	2	49	0	2	64	82
Kalmune	2	455	0	88	0	3	0	5	0	52	0	20	0	0	0	4	0	4	0	89	0	24	0	0	46	92
SRILANKA	451	43895	46	2890	2	193	8	620	4	832	42	3309	11	1530	25	925	0	17	64	4132	21	1063	6	987	65	88

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 14th October, 2016 Total number of reporting units 339 Number of reporting units data provided for the current week: 302 C**-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

08th – 14th Oct 2016 (42nd Week)

Disease	No. of Cases by Province									Number of cases during current week in 2016	Number of cases during same week in 2015	Total number of cases to date in 2016	Total number of cases to date in 2015	Difference between the number of cases to date in 2016 & 2015
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	00	00	00	00	01	00	00	02	03	57	59	-3.3%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	01	00	00	00	00	03	00	05	10	328	322	+2.1%
Measles	00	00	00	00	00	00	00	00	00	00	36	343	2362	-85.4%
Rubella	00	00	00	00	01	00	00	00	00	01	00	09	08	+12.5%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	08	14	-43.1%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	15	10	+50%
Whooping Cough	00	00	00	00	01	00	00	00	00	01	02	58	85	32.1%
Tuberculosis	80	29	17	02	06	17	07	03	13	174	204	7489	7767	-3.5%

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.

RDHS 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, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Influenza Surveillance in Sentinel Hospitals - ILI & SARI

Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
September	8954	70	30	08	9	923	841	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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