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TRAINING PACKAGE FOR FGS MONITORING AND SUPERVISION

FEBRUARY 05, 2021



PURPOSE OF THIS GUIDE

- Outlines how to facilitate training on the monitoring and supervision sections of the FGS manual
- To be used by health system stakeholders across all levels of the health system and healthcare workers who design and implement monitoring and supervision activities for peers and collaborators
- Contains tips on facilitating and planning a monitoring and supervision process, what to supervise as well as the tools necessary to implement and support the supervision process



OBJECTIVES OF THIS GUIDE

- C To understand how and when to use this training guide
- **V** To develop skills in planning a monitoring and supervision activity for FGS
- To understand strategies used for supervision
- To effectively use the various tools needed for monitoring and supervision of FGS activities



ICE BRAKERS

What do you understand by supervision? Why is

monitoring

and supervision

important for

the FGS

intervention?

What do you understand by monitoring?

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Discuss your

responses



INTRODUCTION

Monitoring and supervision is described as:

The process of overseeing a person or activity to ensure safe and effective delivery of the activity / services

Includes sharing:

- Knowledge and experiences between supervisor and supervisee
- Challenges faced by implementer / supervisee
- Support activities to help progress of supervisee and the programme / activity



OBJECTIVES OF MONITORING AND SUPERVISION

Understand why and when the supervision is important

Identify what activities should be supervised

Identify what strategies will be used to supervise each activity

Identify and understand supervision tools and support for each person/ activity supervised



WHY AND WHEN SUPERVISION IS IMPORTANT

- Problem identification and solving
- Cross-learnings
- Motivation
- Support including logistical support
- Mentorship
- Monitoring of progress of activities
- Monitoring of outcomes
- Timing of intervention
- Maintain / protect health system routine activities





PERSONS / ACTIVITIES TO BE SUPERVISED

TRAINING

- Are the required staff cadres present?
- Are the right number of staff per cadre in attendance?
- Is the venue appropriate and conducive for training?
- Is the facilitator trained on FGS?
- Training language
 according to cadre

AVAILABILITY OF TOOLS

- Job aids and guides are available for all health workers
- Report and referral forms are available for all health workers
- Medicines are available
 for treatment

- Guides are applied appropriately
- Tools are used correctly

USAGE OF

TOOLS

- DATA COLLECTION
- Tools filled correctly
- Tools are kept safely and securely



STRATEGIES USED FOR SUPERVISION

List various strategies or ways in which supervision of FGS activities can be carried out in Liberia primary care.

For each strategy:

- Where can it be applied
- What are the advantages?
- What are the disadvantages?



1. DIRECT OBSERVATION

Person / activity supervised is observed on the spot

| Advantages | Disadvantages | | | |
|---|---|--|--|--|
| Gives room for real-life problem identification and solving | Requires a lot of logistics to capture activities in real-life practice | | | |
| Boosts moral of person supervised | May be costly | | | |
| Implements respect to the supervisor | | | | |
| Increases acceptability of the programme or activity | | | | |
| Usually considered best practice | | | | |
| | | | | |

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2. REVIEW OF RECORDS

Involved going through the registers and files of the person / activity supervised

| Advantages | Disadvantages |
|--|---|
| More convenient, can be planned to fit programmes of supervisor and supervisee | Not time-sensitive, may miss real-life practical problems |
| Provides room for support on data capture and use | |





3. DISCUSSION SESSIONS OR INTERVIEWS

- Involves sharing of experience on different aspects of the person / activity supervised
- It could be in the question and answer format or an open discussion
- Common strategy during daily debriefings and collaborative working sessions

| Advantages | Disadvantages | | |
|---|---|--|--|
| Gives room for real-life problem identification and solving | May require a lot of planning and logistics | | |
| Good opportunity for voices of persons supervised to be heard and for then to participate in the decision making on what works best for them | May be costly | | |
| Boosts moral of person supervised | | | |
| Implements respect to the supervisor | | | |
| Increases acceptability of the programme or activity | | | |
| Could be used between peers | | | |
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4. PHONE CALLS AND SOCIAL MEDIA

Involves the use of modern facilities and / or the internet

| Advantages | Disadvantages | |
|---|---|--|
| Quick troubleshooting and problem solving even when the supervisor cannot be physically reached | Impossible with no network or bad network | |
| Has many ways: phones calls, text messages, radio signals, WhatsApp and other social media | Difficult with lower levels literacy | |
| Gives room for learning across settings | | |
| Saves time as many can benefit from a single solution at the same time | | |
| | | |



SUPERVISION AND SUPPORT TOOLS

SUPERVISION ROTA:

List showing when each member of the supervision team will be carrying out the supervision process.

| No. | Name of County / District / Health Facility / Community | Supervisor responsible | Supervision strategies e.g. phones calls, site visits | Date previewed for supervision | Comments / actions |
|-----|---|---------------------------|--|-----------------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |



SUPERVISION AND SUPPORT TOOLS

SUPERVISION CHECKLISTS:

• Serve as a guide to which the supervisor will observe, review, or discuss details about activities carried out or persons carrying out activities in relation to FGS diagnosis, treatment, management and recording.





- Group participants into 3 (or 6) groups.
- Each group should have at least 1 representative from the health facility level, district / county level and national level
- Distribute all 3 checklists to each groups and participants should discuss each checklist separately

Feedback: Designate 1 person per group to discuss 1 checklist using the following questions

- How do you feel about using each of the checklists?
- How long does / will it take to go through?
- What went well?
- What did not go well?



KEY THINGS TO REMEMBER



Supervision should be a supportive activity - try not to shout or belittle health workers in front of their colleagues or patients.



Supervision does not always have to be done by someone with more skills or seniority. By discussing ideas and challenges with our peers we can learn new things and adapt our practice.



Making supervision participatory can make it a more rewarding experience for all involved.



There are many methods of supervision that don't require travel to the health facility. These can be trialed when resources are limited.

