MINISTRY OF HEALTH AND SOCIAL WELFARE

SUPERVISION

COUNTY-LEVEL
POLICY AND PROCEDURE MANUAL

DECENTRALIZED MANAGEMENT SUPPORT SYSTEMS

2009

USAID
FROM THE AMERICAN PEOPLE

BASICS

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CONTENTS

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BPHS	Basic Package of Health Services
CHD	County Health Department
CHDD	County Health Department Director
CHO	County Health Officer
CHSA	County Health Services Administrator
CHT	County Health Team
DHO	District Health Officer
EMONC	Emergency Obstetric and Neonatal Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IMCI	Integrated Management of Childhood Illness
MCH	Maternal/Child Health
MoHSW	Ministry of Health and Social Welfare
OIC	Officer in Charge
SOP	Standard Operating Procedure
TOR	Terms of Reference

1. INTRODUCTION

1.1. Background

In the Ministry's National Health Plan 2007-2011, Supervision is identified as a major Decentralized Management Support System. These support systems are the planning and management functions required to deliver the Basic Package of Health Services.

> *Standard supervisory protocols will be developed and implemented to provide a supportive supervision structure that encourages positive interaction between health workers and their supervisors. This will enable them to make decisions together to improve on the delivery of the basic health care package. Capacity building activities will be organized for county management teams that perform supervisory functions, to improve on their supervision, management, and leadership skills.*
>
> *The Ministry will introduce measures to improve workforce performance, such as providing tools and standards, rehabilitating facilities, programming in-service training, improving supervision, establishing open performance appraisal and improving coordination.*
>
> —MoHSW National Health Plan 2007-2011

1.2. Purpose of the Manual

This County-Level Supervision Manual is intended to provide supervisors, especially those at the County Health Team (CHT) level, the basic policies, guidelines, procedures and tools required to implement the basic supervisory principles stated above. The contents of this Manual provide direction in terms of universally accepted supervisory practices; but in addition, the Manual applies these universal practices to our specific setting here in Liberia, with specific reference to the delivery of the Basic Package of Health Services (BPHS).

The Manual is aimed mainly at our CHT supervisors, who perform direct supervision of staff at health centers and clinics in their county, such as the Community Health Department Clinical Supervisor. Many of the supervisory principles, skills, policies and procedures contained in the Manual will nevertheless be of benefit to all supervisors in the Ministry, including the Central MoHSW office, County Health Officer and other senior CHT members.

It is important to note that this Manual addresses **How** to perform supervision, not **What** is being supervised. It focuses more generically on the practice of supervision and the system that enables it. For the clinical and technical aspects of their responsibilities, supervisors are referred to the Ministry's technical documents, such as the *Handbook for Health Personnel in Rural Liberia* and *The Basic Package of Health and Social Welfare Services*, as well as technical publications of WHO and other international organizations. It is important for supervisors to have a firm grounding in the basic technical aspects of the persons they supervise, and to stay current in those areas through continued reading and learning.

Near the end of this Manual you will find a list of reference documents for additional information and further reading.

All policies and procedures included in this manual must be consistent with Government of Liberia and Ministry of Health and Social Welfare policy. In any instance in the content of this Manual where there is disagreement with Government of Liberia/Ministry of Health and Social Welfare policy, the Government of Liberia/Ministry of Health and Social Welfare policy will prevail.

1.3. Definitions

To help develop a common terminology for concepts frequently discussed in this Manual, the following definitions are offered. Please note that these definitions are operational and designed to suit the specific purposes of this Supervision Manual.

Definitions related specifically to Supervision:

- **Supervision** is the process of evaluating work performance and helping employees to improve their performance and to achieve goals and objectives.
- **Overseeing** is the process of observing and directing the performance of supervisors as they supervise employees.
- **Technical Support** is the process of providing advice and guidance on technical procedures and skills.
- **Monitoring** is the process of reviewing systems on a regular basis to ensure that activities are being carried out and that progress is being made towards planned objectives.

Definitions related to Management in general:

- **Management** is the task of controlling and directing an organization's activities in order to effectively accomplish a common goal. This definition of management has achieved general acceptance in both public and private organizations. Throughout the world, health care organizations have recognized that one of the greatest obstacles to achieving organizational goals is the lack of management skills and understanding. As a result, these organizations are making great effort to strengthen their overall management performance. In doing so, they have divided the total management task into various management systems.
- A **management system** is a set of policies and procedures that describe closely related management functions. Supervision is an example of such a system. The MoHSW has separated management support into the following nine decentralized management support systems:
  - Policy Formulation and Implementation
  - Planning, Budgeting and Accounting
  - Human Resources Management & In-Service Training
  - Health Management Information Systems
  - Drugs and Medical Supplies
  - Facility and Equipment Maintenance

- Logistics and Communication
- Supervision, Monitoring and Evaluation, Research
- Stakeholder Coordination & Community Participation

- A **policy** is a statement of what should be accomplished by an organization through a management system. The MoHSW has many policies which help to guide the general flow of activities of the management systems of the organization.
- **Guidelines** present direction in a general, rather than specific way to implement a policy. As will be mentioned below, guidelines allow more flexibility than Standard Operating Procedures.
- **Standard Operating Procedures (SOPs)** are the detailed steps which must be performed to implement a policy. SOPs are presented in a standard format to facilitate the understanding of those procedures. Not all policies have SOPs to guide their implementation. SOPs are developed mainly for policies that require the performance of repetitive, operational tasks. Where the tasks required to implement a policy are more flexible, then only guidelines as described above are required, rather than SOPs.
- **Decentralization** is a process of transferring and deconcentrating routine management functions and decisions to more peripheral levels of the organization. The policies and procedures contained in this Manual are intended to facilitate the decentralization of authority and responsibility for decision-making. It should be pointed out that many elements of the Supervision system have already been decentralized. Supervision within the Ministry's geographically wide-spread organization naturally calls for a decentralization of the supervision function. It normally goes without question that supervisors need to be relatively close to staff requiring supervision to make it possible for them to stay in frequent contact with one another. This Manual aims to document the decentralization of supervision and provide policies, guidelines and procedures to improve its functioning.

1.4. How to use this Manual

As can be seen in the Table of Contents, the Manual is divided into Chapters numbered 1, 2, 3, etc. Chapters are divided into Sections numbered 1.1, 1.2, 1.3, etc. There are also subsections numbered 1.1.1, 1.1.2, etc.

Each Chapter, Section and some Sub-sections have Policies that describe what should be accomplished by the Supervision system. Usually there are also Guidelines presented, and where appropriate detailed Standard Operating Procedures.

At the back of the Manual you will find blank copies of relevant forms, suitable for photocopying.

The Manual is designed to be a reference guide for CHT supervisors and it is expected that they will refer to it often as they perform their supervisory duties.

2. SUPERVISION STRUCTURE

POLICY

- **The MoHSW shall establish an approved Organizational Chart for the supervisory and reporting relationships of the CHT.**
- **Variation from the established Organizational Chart shall require approval by the MoHSW on a case-by-case basis.**

2.1. CHT Organizational Structure

GUIDELINES

The Organizational structure of the County Health Team is illustrated in **Error! Reference ource not found.** below. Based on this Figure, the following supervisory and reporting relationships can be seen:

The County Health Officer (CHO) supervises:

County Health Services Administrator (CHSA), who supervises:

The staff of the Administration Department

Community Health Department Director (CHDD), who supervises:

Clinical Supervisor, who supervises:

Officers in Charge (OIC) of health facilities, who supervise:

Health facility staff

Registrar

Vertical Program Focal Persons (e.g., Malaria, EPI)

Social Welfare Supervisor

County Hospital Medical Director (CHD), who supervises:

Medical staff

Nursing Director, who supervises:

Nursing staff

Hospital Administrator, who supervises:

Hospital administrative staff

Diagnostic Services Manager, who supervises:

Diagnostic Services staff

County Pharmacist and County Laboratory Supervisor *(also directly supervised by the CHO, they provide technical support to and oversight of pharmacies and laboratories in the CHT)*

There are several things to note about this arrangement:

- A person does not need to have the word “supervisor” in his/her title to be a supervisor;
- Some supervisors supervise persons who are themselves supervisors of others;
- Every person in the CHT needs to clearly understand who their supervisor is.

If we take the case of The Clinical Supervisor and the OICs, we would say:

- The Clinical Supervisor supervises the OICs, and the OICs report to the Clinical Supervisor.

The person you report to is your supervisor.

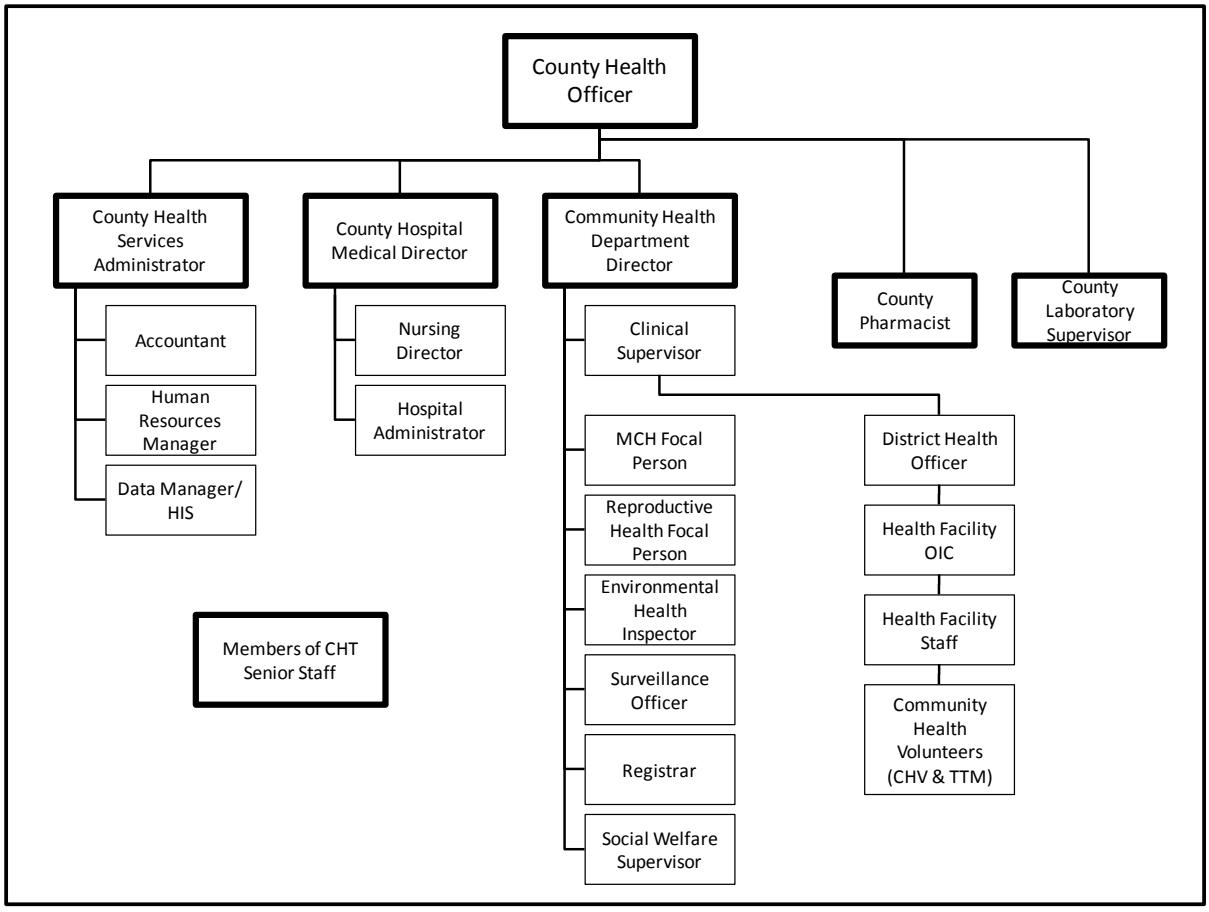

Figure 1. County Health Team Organizational Structure

To more clearly understand the supervisory relationships of persons working at health facilities, a portion of the organizational relationships in Figure 1 has been extracted in Figure 2. This shows the direct supervisory relationship to health facility staff from the CHDD to the Clinical Supervisor through the District Health Officer to the OIC to the health facility staff (where DHOs have not yet been appointed, the Clinical Supervisor will directly supervise the OICs). It is important to recognize the importance of this chain of authority and not interfere with those relationships. Every employee in the Ministry should have only one direct supervisor from whom they receive direction and instruction and to whom they report. That supervisor is directly responsible for their Performance Appraisals and all other such personnel actions.

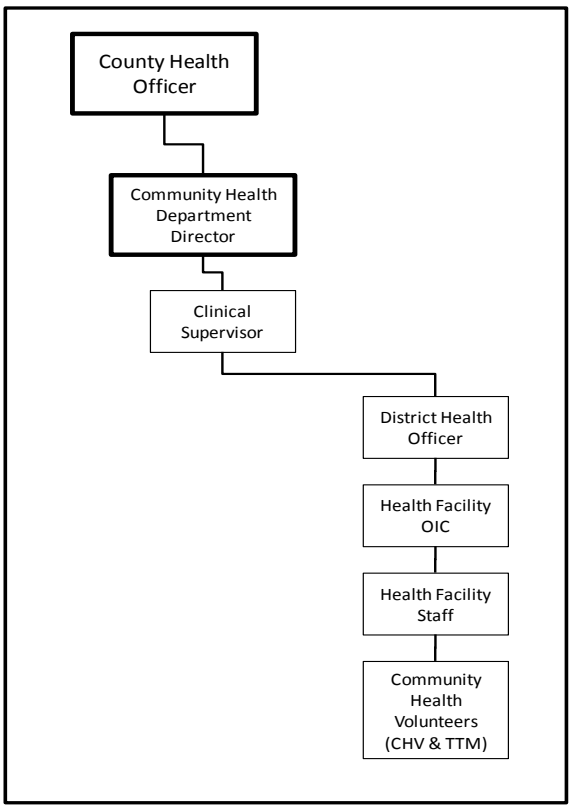

Figure 2. Direct Supervisory Relationships

Looking now at Figure 3 you will notice that other members of the Community Health Department (CHD) are shown, and that their relationship to health facilities is indicated by dotted lines. This shows an indirect relationship that involves providing technical support and guidance, and not a supervisory relationship. All interaction between such members of the CHD and facility staff must be done through and with the consent of the Clinical Supervisor and the District Health Officer. Anyone in the CHT other than the Clinical Supervisor and District Health Officer is not allowed to give orders or instructions to the staff at health facilities. Only the Clinical Supervisor through the District Health Officer has that authority. Also note in Figure 3 that the OIC will delegate to a facility staff member the responsibility to provide supervision for the CHVs. Please note that it is understood that indirect relationships exist between positions in an organization. Because of this it is not really necessary to draw dotted lines in an organizational chart.

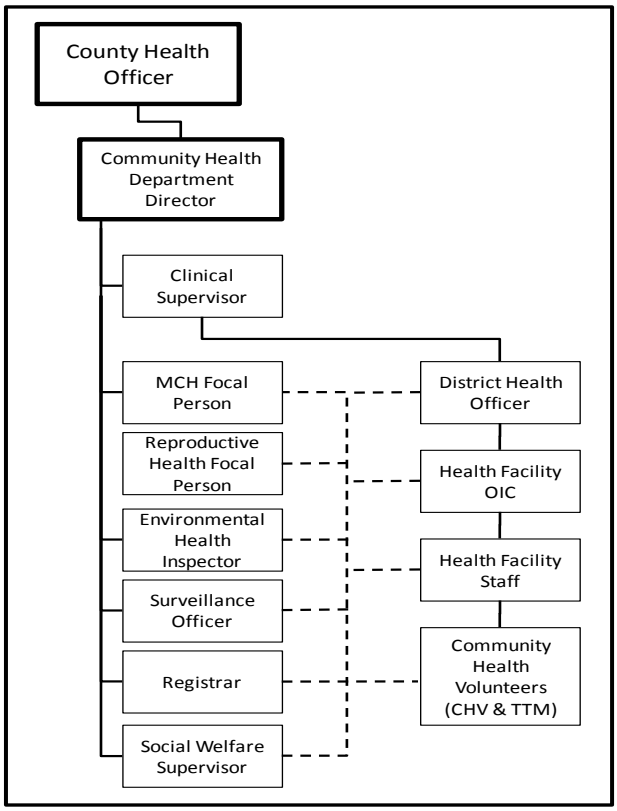

Figure 3. Indirect Relationships

2.2. CHT Terms of Reference (TOR)

POLICY

- **The CHT shall perform supervisory and reporting functions according to standard Terms of Reference as established by the Central MoHSW.**
- **Variation from the established Terms of Reference shall require approval by the MoHSW on a case-by-case basis.**

GUIDELINES

The Department of Health Services is responsible for establishing the CHT terms of reference. The parts of the Terms of Reference below related directly to supervisory responsibilities are underlined for emphasis.

Republic of Liberia

Ministry of Health & Social Welfare

County Health Teams

Head:	County Health Officer (1 per county)
Location:	County of assignment
Reports to:	County Health Services Division

Summary of Functions:

The County Health Team (CHT) is responsible for ensuring that quality healthcare services are available to all persons within the County, regardless of economic status, origin, religion, gender, or geographic location. The CHT is responsible for the successful implementation and supervision of all services, training, information, infrastructure, and human resources related to health care provision within the County. The CHT shall ensure that quality of care standards and all national protocols are maintained and enforced at health facilities throughout the county. All information coming from or going to the facilities shall flow through the CHT. The CHT shall be responsible for ensuring coordination of efforts among implementing partners within the County.

Structure:

The head of the County Health Team is the County Health Officer. He or she must be a Medical Doctor, and oversees all health care activities and services within the County. The CHO is supported in this work by 5 senior staff: County Health Services Administrator (CHSA), Community Health Department Director (CHDD), County Hospital Medical Director, County Pharmacist, and the County Laboratory Supervisor.

Roles and Responsibilities:

Coordination & Communication:

- Submit health services reports (administrative, technical, contingency) quarterly to the office of the Director of Health Services Division, *using the designated reporting formats*
- Conduct monthly County Health Sectoral Coordination meetings with all partners
- Establish the County Health and Social Welfare Board; CHO will attend all quarterly CHSWB meetings, and inform CHSWB members of all ongoing health activities in the county
- Liaise with county line ministries and sectoral agencies (e.g., WHO, UNICEF, NGOs) through regular briefings, including initiating MOUs when necessary
- Ensure effective coordination between all health facilities and the surrounding communities through the CHWs and CDCs

Provision of Services and Quality Management:

- Plan, coordinate, and supervise county health services. Health services include curative, preventative, rehabilitative and emergency preparedness response (EPR) activities.
- Oversee all direct patient care in the county. Oversee community health programs and public health clinics to ensure quality health care services are provided in accordance with approved guidelines and protocols from central MoHSW
- Investigate and take action as necessary to maintain the highest possible quality of care; ensure county hospital, health centers, and clinics meet minimum quality of care requirements in accordance with MoHSW policies and guidelines; monitor the quality of care at all health facilities within the county and supervise staff through on-site supervision, HIS and regular appraisals of CHT and facility staff
- Work with Community Health Services Unit to ensure that the concept of PHC is implemented
- Oversee development and maintenance of functional county-wide supply chain and forecasting systems; Ensure availability of all essential medicines at public facilities; Oversee submission of all requisitions for drugs and medical supplies
- Oversee all pharmacy and laboratory services throughout the county; ensure protocols are followed and quality of care at all facilities meets MoHSW standards
-

Planning, Monitoring and Evaluation:

- Oversee planning and administration of all county health and social welfare services, Develop multiyear implementation plans and budgets
- Oversee implementation of all county health and social welfare plans, including the County Health Plan and longer-range strategies aimed at implementing the National Health Plan
- Track progress made on implementing CHT and national plans; ensure objectives are achieved and projects do not exceed budget
- Maintain accurate and updated CHT and County budgets; ensure financial records are correct and financial assets are properly managed at all times
- Oversee preparation of monthly reports. Analyze data from all county health facilities and develop appropriate responses to address any management issues and/or health outbreaks Review, analyze and approve all monthly reports from CHT and facility staff before submission to MoHSW, NDS, or other external agencies

Human Resources:

- Maintain accurate (ghost-free) personnel payrolls for all public health facilities; communicate Human Resource needs and challenges to the Director of Human Resources Management and Development at the central MoHSW in a timely manner
- Ensure Human Resources and related issues (i.e. distribution of salary/incentives) are managed appropriately throughout the county
- Identify, recruit and train health facility staff, and manage assignments of all personnel to

county health facilities

- Oversee assessment/evaluation of skill levels in health care management and training needs of health personnel and service providers at primary and secondary levels
- Develop and ensure that a supervision system for service providers is implemented by all members of the CHT through a comprehensive and approved supervisory checklist
- Provide support and oversee training of staff, including:
    - Monthly supervisory and monitoring visits to monitor staff performance
    - Make supervisory schedule for supervisors and conduct in-service training

Infrastructure and Logistics:

- Maintain up-to-date and accurate database of all health facilities in the County, including status (functional or non-functional) and infrastructure needs
- Oversee and approve physical rehabilitation of health and related facilities
- Ensure proper use and maintenance of equipment and vehicles, especially ambulances, etc. Oversee the Maintenance Team; ensure that repairs and construction are completed throughout the county in a timely and appropriate manner

2.3. Central Level Supervision of CHTs

POLICY

- **All County Health Officers report to the Director of the County Health Services Division of the Central MoHSW Department of Health Services.**
- **The County Health Services Division is responsible for ensuring that quality services are delivered at the county level and for monitoring the services provided by the CHT.**

GUIDELINES

The County Health Services Division is the coordination and management unit for the County Health Teams (CHTs) and oversees all matters related to CHT support. Figure 4 shows the direct supervisory relationships from the Central Ministry to the County Health Officers. The Director of the County Health Services Division heads the Division. The Division has three units:

1. County Health Team Coordination, Information, and Communication Unit
2. Community Health Services Unit
3. County Health Monitoring and Evaluation Unit.

All CHOs report to the Director of the County Health Services Division. Note that Figure 4 is not a complete organizational chart of the central Ministry: it shows the major departments, but only indicates direct supervisory relationships to the CHOs.

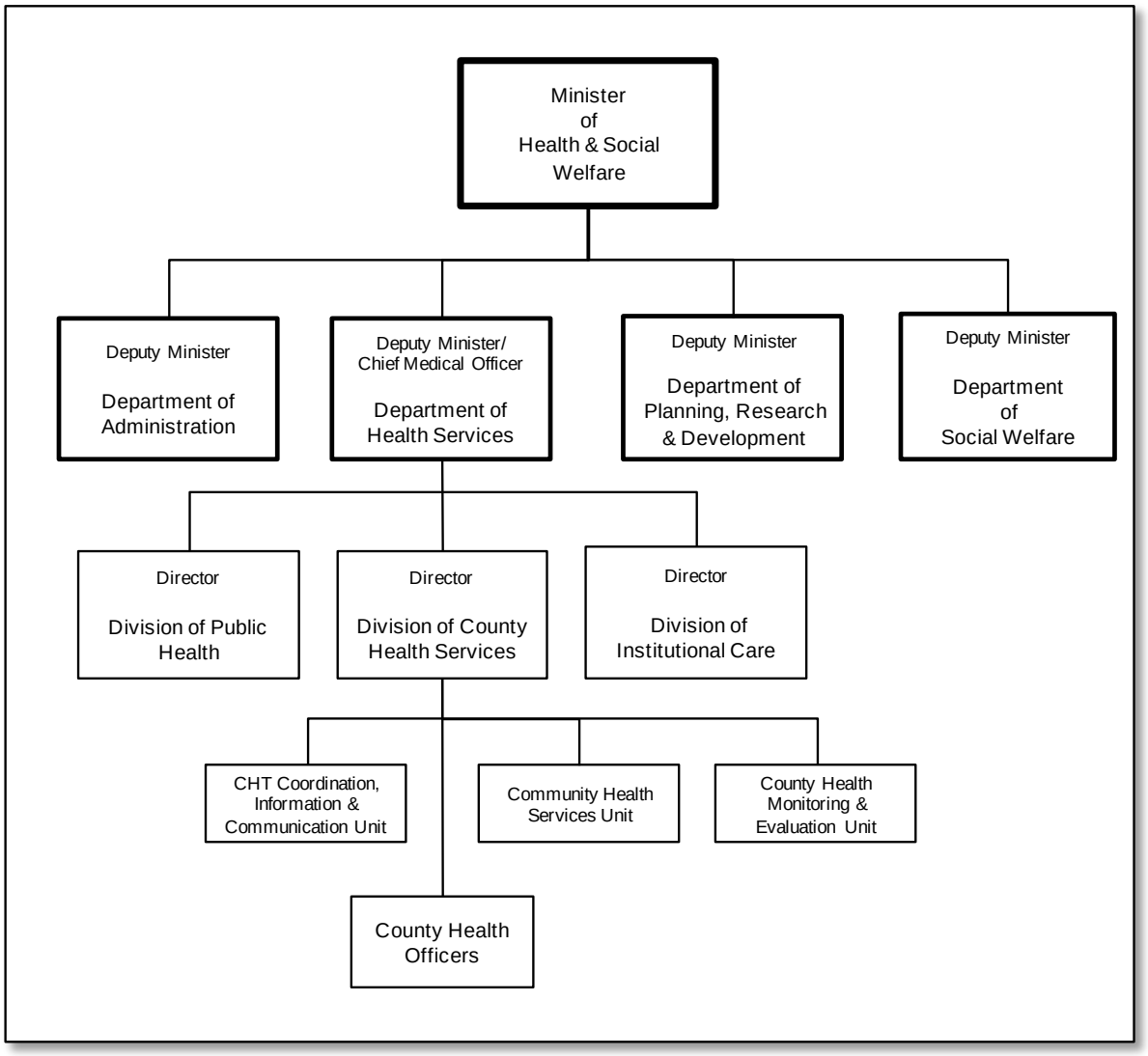

Figure 4. Central Ministry Organizational Structure

Please note that as of the writing of this Manual the Ministry is considering alternate proposals for reorganization of the central structure. The organizational structure represented in Fig. 4 is one likely alternative.

2.4. Terms of Reference of the Central MoHSW Division of County Health Services

The Central MoHSW Division of County Health Services is responsibility for supervision, support, oversight, and monitoring of CHTs. The parts of the Terms of Reference below related directly to these functions are underlined for emphasis:

Republic of Liberia

Ministry of Health & Social Welfare

County Health Services Division

Head: Director of County Health Services Division
Location: Central Ministry of Health
Reports to: Department of Health Services

Summary of Functions:

The County Health Services Division is the coordination and management unit for the County Health Teams (CHTs) and oversees all matters related to CHT support. This Division shall be responsible for all issues related to successful management of county health services. The Division will: 1) be the principal point of contact for all communication between the MOHSW and County Health Teams; 2) coordinate CHT activities and share policies defined by the MOHSW; 3) evaluate activities across CHTs; 4) facilitate and organize community health service delivery within and across counties.

Structure:

The Director of the County Health Services Division shall head the Division. The Division shall have three units: 1) County Health Team Coordination, Information, and Communication Unit (which will comprise of 5 Regional CHT Coordinators); 2) Community Health Services Unit; 3) and County Health Monitoring and Evaluation Unit. All CHOs will report to the Director of the County Health Services Division.

Roles and Responsibilities:

Policy and Planning:

- Support development of short and long term county plans
- Establish and/or communicate goals, standards, and metrics of performance for the CHTs and facilities related to service delivery
- Set national standards for county structures, including terms of reference for county health teams and members, organizational systems, and institutional arrangements; ensure such structures are in place across countries
- Set and/or communicate standards, guidelines and SOPs with respect to the CHT management functions (budget/finance, HR, infrastructure, etc.)
- Set guidelines on institutional arrangements between partners, county health and social welfare boards, private facilities, etc.
- Develop and/or support capacity building plans to improve management skills of CHT members and strengthen CHT members' capacity to fulfill their roles

Resource Allocation and Mobilization:

- Based on short- and long-term county plans, make recommendations for resource allocations to meet the needs of the CHTs and county health systems
- Support the development of annual CHT budgets for approval by the CMO
- With the CMO and CHTs, initiate new partnerships with outside organizations to improve the support within a given county or facility
- Review and recommend approval from CMO for payments for all financial matters -- salaries, incentives, equipment, supplies, trainings, etc.

Communication and Coordination Functions:

- Provide regular updates to the CMO on the performance of county health services and CHTs
- Communicate key policy and administrative updates to the CHTs from the MOHSW
- Receive **all requests** from CHTs, direct requests to appropriate Unit, ensure prompt action is taken and information is communicated back to CHTs
- Facilitate cross-country communication and information sharing between Counties
- Organize and/or facilitate development of appropriate structures, bodies, forums and working groups to improve coordination at the central, regional, county, and community levels.
- Hold review meetings (both regional and national) to share best practices
- Regularly monitor the MOHSW's ability to support health care activities and ensure that gaps in service are addressed expeditiously
- Coordinate projects with supporting partner institutions and counties, communicate MOHSW and CHT needs to partners and actively participate in collaborative efforts designed to address those needs.
- Work closely with the Division of Public Health and the Division of Institutional Care to promote all MOHSW priorities and facilitate coordination of program activities within counties

Service Delivery and Training:

- Identity and communicate training needs to the appropriate division within the MOHSW
- Promote and set standards for community based service delivery, including the activities of community health workers and trained traditional midwives
- Support development of a training package for primary health care and various community based service delivery programs
- Maintain comprehensive database of existing community health workers and supporting organizations

Monitoring/Quality Control:

- Receive and review all monthly and quarterly CHT reports; submit to CMO for approval and submission to appropriate unit (HMIS or M&E in the Department of Planning)
- Conduct periodic supervision (at least 6-monthly) of the CHTs to ensure all roles and responsibilities are met
- Through reports and supervision, identify areas for improvement and work to CHTs to develop solutions for management and quality improvements
- Provide feedback to MOHSW and counties on best practices, challenges, and make recommendations for quality improvements related to general county management and service delivery
- Monitor and evaluate primary health care activities in the county

- Assist with the implementation of national monitoring and evaluation and quality assurance programs, including external quality assurance, proficiency testing, and sentinel surveillance

Operational Management:

- Oversee and support the activities of the county health teams
- Coordinate and oversee all external/NGO support for CHTs
- Set performance criteria of CHTs; perform performance evaluations of the CHOs and the CHTs as a whole
- Ensure proper use of clinical and administrative policies and guidelines, including BPHS standards
- Ensure that requests from CHTs are received, prompt action is taken and information is communicated back to CHTs

2.5. Chain of Authority

POLICY

The CHT shall follow the standard chain of authority as depicted in the approved CHT Organogram to maintain a single line of direct supervision for every supervisor-supervisee relationship.

GUIDELINES

The Ministry is organized as a hierarchy, with one level reporting to the other according to the Organizational Structure. Each functional level is responsible for overseeing the functions of its subordinate levels.

Supervisory functions in the Ministry occur between the following levels:

Central ⟺ County ⟺ District ⟺ Health Facility ⟺ Community

The supervision responsibility of each of these levels is as follows:

Central. The central level takes responsibility for setting broad policies, standards and procedures to guide MoHSW (and other) service providers in the delivery of health services to the Liberian public. The central level is responsible for informing all subordinate levels of these policies, standards and procedures and monitoring their activities to ensure that they

are implemented in an appropriate and timely manner. The central level reviews these policies, standards and procedures from time to time and makes changes as required.

County level. Each of the 15 counties is represented by a County Health Officer (CHO). The basic responsibility of the county is to oversee the implementation of health services by the district level. This involves ensuring that the policies, standards and procedures established by the central level are implemented by the district level.

District level. There are 89 Health Districts in Liberia. The Ministry appoints a District Health Officer (DHO) to each District, who is responsible for managing the implementation of the Basic Package of Health Services (BPHS). The DHO directly supervises district-level facilities to ensure that the policies, standards and procedures established by the central level, through the county level, are carried out.

Note:

At the time of the writing of this Manual, not all DHOs have been appointed. This is a new position and organizational structure within the Ministry and not all supervisory relationships have been fully defined.

Health facility level. There are currently over 400 facilities providing the BPHS services to the Liberian public. These units vary in size and complexity, but are usually designated as health centers or clinics. In each case, however, there is an Officer in Charge (OIC) who has responsibility for supervising the facility. Facilities bear the responsibility of direct provision of the BPHS to the public in accordance with the policies, standards and procedures established by the central level, through the county and district levels.

Community level. The staff of health facilities provide supervision for Community Health Volunteers who operate within the community. Communities provide vital functions as an extension of the health facility, such as promoting deliveries in heath facilities and supporting Community Health Volunteers. Communities also provide information and education to the members of the community about good health behavior, services provided at the facility and special health campaigns. In addition, the community provides feedback to facilities on the quality and range of services being provided. This feedback is essential if the facilities are to be responsive to the needs of the communities they serve.

2.6. Delegation of Authority

POLICY

A supervisory level in the MoHSW supervision structure shall routinely delegate some of its authority to a subordinate level. This delegation of authority is employed to ensure that decision-making is deconcentrated and recognizes the subordinate level's greater understanding of local conditions and circumstances.

GUIDELINES

Delegation of authority occurs when a higher level of supervisory authority entrusts to subordinate levels a portion of its own authority. This delegation is intended to make the management of services run more smoothly, since decisions are then made by supervisors within the system who are the most knowledgeable of local conditions. For example, the central level has delegated the authority to the County Health Officer the authority to transfer personnel within districts of their own county. They therefore have delegated that decision-making authority to a subordinate level.

It is important to note that delegation of authority is different from delegation of responsibility, which is merely assignment of tasks to supervisees. Such delegation only refers to work to be performed and does not carry with it the authority to make decisions. Decision making authority enables the person to whom it is delegated to use their judgment in deciding on a course of action and then planning and implementing the way to accomplish the actions.

There are basically two types of delegation of authority.

Permanent delegation of authority, where a supervisor assigns to a supervisee specific authority to make decisions on behalf of the supervisor on a routine basis. An example is as mentioned above, where CHOs have the ability to transfer personnel within their counties.

Temporary delegation of authority occurs when an acting supervisor is appointed. Whenever a supervision position is vacant, it is the responsibility for the immediate higher level supervisor to appoint an acting supervisor. Here are a few examples:

- If a CHT Clinical Supervisor position is temporarily vacant, the CHT Community Health Director will immediately appoint another staff person to temporarily act as the Clinical Supervisor.
- Likewise, if the vacancy is permanent, an acting supervisor will be immediately appointed as the acting supervisor, and then as soon as practical a permanent supervisor will be appointed, following MoHSW policies.
- Another example is when a supervisor appoints a supervisee to plan and implement a special activity, such as an immunization or behavior change campaign, and gives that supervisee the authority to utilize specific resources (budget) to accomplish the activity.

In each case, delegation of authority needs to be accompanied with specific written instructions as to the limits of the decision-making delegated and the limitations of the resources that can be used to implement the decision.

3. SUPERVISORY SKILLS CAPACITY BUILDING

POLICY

- **The CHT shall establish an ongoing program of strengthening the skill capacity of its supervisors to encourage best practices.**
- **The CHT and Central MoHSW shall provide supervisory skill capacity building based on the specific needs to manage health services and an assessment of each individual supervisor's skill level.**

GUIDELINES

Every CHT needs to establish an ongoing program of strengthening and refreshing the supervisory skills of their supervisors. This type of a program does not need to be elaborate. It can simply involve supervisory skill discussions in monthly CHT meetings, or occasionally by having a meeting or seminar devoted to ways to improve supervisory skills. This Chapter of the Manual, as well as Chapter 7 points to a number of skills that supervisors need to be effective. The CHO can promote the development of a program to systematically discuss these skills with CHT supervisors. Although the Central Ministry may plan workshops on supervisory skills, there is no need for the CHT to wait for that. The CHT itself can organize short meetings or seminars on this subject. A way to start is for one of the key supervisors to call other supervisors together and display a list of important supervisory skill categories and ask the group to rate themselves on what they think their strengths and weaknesses are in each of the skill categories. From that discussion a list of priorities for further discussion can be organized. Materials to guide the discussion can be taken from this Manual, or other materials listed in the Reference section of this Manual.

The following is a list of Supervisory Skills of which supervisors should have good knowledge.

- Planning and Budgeting
- Leadership, Team Building, and Teamwork
- Motivating People
- Communication
- Problem Solving
- Conducting Meetings
- Managing Change
- Facilitating Community Participation
- Partnering/Coordinating
- Logistics/Supply Chain

Information on each of these skills can be found in Chapter 7.

3.1. Basic Package of Health Services (BPHS) Orientation

POLICY

The Central MoHSW and the CHTs shall ensure that supervisors understand the services provided through the BHPS and their role in providing those services.

GUIDELINES

CHT supervisors should make arrangements with their County Health Officer to receive an orientation to the Basic Package of Health Services. Detailed information about the BPHS can be found in a document entitled *The Basic Package of Health and Social Welfare Services*. This document may be downloaded from the MoHSW web site: http://www.liberiamohsw.org/Reports_and_Publications.html.

This section provides only a summary of information about the BPHS. Supervisors are encouraged to review the entire document mentioned above. Quoting from the document:

> The goal of the health policy of the Government of Liberia is *to improve the health status of an increasing number of citizens, on an equal basis, through expanded access to effective basic health care, backed by adequate referral services and resources.* The Ministry of Health and Social Welfare (MoHSW) knows that, given its current severe constraints, it cannot do all things at the same time. Accordingly, it has decided to make a Basic Package of Health Services (BPHS) the cornerstone of the national health plan. By carefully prioritizing the services it will offer in the near future, it plans to be able to guarantee their availability to each and every Liberian who seeks health services at Ministry of Health facilities. The Ministry of Health also expects that non-government and faith-based health institutions will adopt the Basic Package as their guide to the provision of health care to the populations they serve.
>
> This Basic Package has been developed with two distinct strategies in mind:
>
> - First, that the health system should be fundamentally based on the principles of primary health care, with an emphasis on making services available at the peripheral levels of the health system; and
> - Second that the management of health services should be progressively decentralized, so that the responsibility for implementing them rests at the County level, rather than in the national capital.

The Basic Package of Health Services for Liberia consists of the following services and programs:

- **Maternal and Newborn Health**
  - Antenatal care
  - Labor and delivery care
  - Emergency obstetric care

- Postpartum care
- Newborn care
- Family Planning

- **Child Health**
  - Expanded Program on Immunization
  - Integrated management of childhood illnesses
  - Infant and young child feeding
- **Reproductive and Adolescent Health**
  - Family planning
  - Sexually transmitted infections
  - Adolescent Health
- **Communicable Disease Control**
  - Control of STI/HIV/AIDS
  - Control of tuberculosis
  - Control of malaria
  - Control and management of other diseases with epidemic potential
- **Mental Health**
- **Emergency care**

3.2. Types of supervisory skills

POLICY	**Supervisors must possess the technical, interpersonal and conceptual skills necessary to ensure that the work of those they supervise is carried out efficiently and effectively.**

GUIDELINES

There are three major types of supervisory skills which supervisors must possess:

Technical Skills. Supervisors must have technical skills to understand the tasks performed by their supervisees. This means being competent in the skills described in their supervisees' job descriptions. For instance, the CHT Clinical Supervisor needs to be very knowledgeable of procedures performed at health centers. This means he/she has to be proficient in the tasks of staff at health centers, including prescribing drugs, giving injections, sterilization and disinfection procedures, giving information to patients, record keeping and reporting, storage and inventory of drugs—to name a few.

Interpersonal Skills. Supervisors work through other people, so they need skills that make it possible for them to get along well with people. Interpersonal skills are simply the way one talks and acts when dealing with people. For instance: using two-way communication, listening carefully, establishing rapport with people, encouraging and motivating

supervisees, promoting team work, providing support. These skills require maturity, sensitivity, a genuine interest in people and a desire to work together with them.

Conceptual Skills. Skills which have to do with the way supervisors think are called conceptual skills. For example, to analyze problems, supervisors must be able to get a picture in mind of each possible solution and actually think these problems and their solutions through before deciding on the action to take to alleviate the problems.

3.3. Supportive Supervision Skills

POLICY

- **CHTs shall establish and maintain a supervisory structure and functioning that promotes the use of supportive supervision.**
- **Every supervisor within the CHT, from the County Health Officer, Department Heads, through the Clinical Supervisor to the Facility Officers in Charge, shall utilize supportive supervision principles and techniques in managing the services and staff under their supervision.**

GUIDELINES

Supportive supervision is a new way of looking at the supervisory function that emphasizes teamwork, self- and peer-assessment, and team problem solving. Supportive supervision is "…a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources—promoting high standards, teamwork, and better two-way communication. " (Marquez and Kean 2002)

The information in the table on the following page shows how supportive supervision is different from more traditional forms of supervision. Given the workload of CHT supervisors, especially in larger counties with many health facilities, it is crucial that supervision be seen as more than the occasional quick visit by a busy CHT supervisor who has many duties to perform. Supportive supervision is a process of finding more frequent and creative and ways of providing support to improve BPHS services and the performance of the people in the facility. More reliance needs to be placed on the facility OIC and his/her team to provide the supervision they need, in addition to visits by the CHT supervisor. CHT supervisors should focus on overseeing the quality of the OIC's supervision of the facility, monitoring the quality of services, assisting them to attain and maintain accreditation status, and introducing or refreshing the technical skills of the staff. The facility staff as a team, with leadership of the OIC, should continuously assess their own performance and find ways to grow and improve. The role of the CHT supervisor is to reinforce and support that process.

Comparison of Traditional and Supportive Supervision		
	Traditional Supervision	**Supportive Supervision**
Who performs supervision	External supervisors designated by the service delivery organization	External supervisors designated by the service delivery organization; staff from other facilities; colleagues from the same facility (internal supervision); community health committees; staff themselves through self-assessment
When supervision happens	During periodic visits by external supervisors	Continuously: during routine work, team meetings, and visits by external supervisors
What happens during supervision encounters	Inspection of facility, review of records and supplies, supervisor makes most of the decisions, reactive problem-solving by supervisor, little feedback or discussion of supervisor observations	Observation of performance and comparison to standards, provision of corrective and supportive feedback on performance, discussion with clients, provision of technical updates or guidelines, on-site training, use of data and client input to identify opportunities for improvement, joint problem-solving, follow-up on previously identified problems
What happens after supervision encounters	No or irregular follow-up	Actions and decisions recorded, ongoing monitoring of weak areas and improvements, follow-up on prior visits and problems

from Marquez and Kean, *Making Supervision Supportive and Sustainable: New Approaches to Old Problems* 2002

There is a common theme in supportive supervision: *finding ways of bringing out the best in people.* Supervisors will succeed best who believe in that inherent in all people, especially those who have chosen a career in health service, is the genuine desire to provide good service to the community, to bring aid to those in pain or trouble, and to achieve high quality work standards. Leaders who find ways to structure a team and work environment that allows these personal values to flourish will succeed. Supportive supervisors need to view their supervisees in a positive light, rather than negatively by seeing supervisees as people who need to be controlled and commanded to ensure that they perform correctly and do not shirk responsibility. The supervisory skills described in this manual attempt to point out ways to tap the positive, higher order values in people.

4. PLANNING, SCHEDULING AND CONDUCTING SUPERVISION IN CLINICS AND HEALTH CENTERS

POLICY

CHT supervisors shall conduct supervision in clinics and health centers in a planned, organized and structured manner, using approved methods and tools provided by the Ministry.

This Chapter covers planning, scheduling and conducting supervision in clinics and health centers. The CHT staff person providing primary supervision of clinics and health centers is the Clinical Supervisor, who is part of the Community Health Department. The Clinical Supervisor normally should visit each of those facilities once a month. Given the volume of supervisory visits, the Clinical Supervisor has only a short period of time, usually a few hours, during a visit to perform all of the required supervisory functions. Because of this it is essential that Clinical Supervisors have a well organized and planned schedule of supervisory work. As mentioned previously, District Health Officers are being phased in by the Ministry. DHOs will greatly assist the Clinical Supervisor to conduct facility supervisory visits. Most of the information in this Chapter will pertain to DHOs as well as Clinical Supervisors.

4.1. Annual Supervision Plan

POLICY

Each CHT Clinical Supervisor in the shall develop an annual plan that indicates objectives to be accomplished and other major activities that will occur during the planning year (July 1 – June 30) to coincide with the CHT Annual Plan.

The CHT Annual Plan contains basic information and budgetary amounts for health facility supervision, but this information is in a highly summarized form. To provide more detail, Clinical Supervisors should develop plans that include more specific information. Routine and ongoing activities, such as health facility visits can be indicated by objectives. Other events can be shown on an annual timeline. Here are some examples of the type of information that can be in the annual plan:

- Objectives for health facility supervision program
    - How often will each facility be visited (at least once per month is the standard)
    - How often the supervisory performance of OICs will be evaluated (once per quarter is the standard)

- When Performance Appraisals will be due.
- When the Accreditation Team is expected to be visiting facilities in the county.
- Meetings with OICs to discuss health facility management and supervision
- Trainings for facility staff that are planned for the year.
- Any special campaigns that are known of in advance.
- Holidays and planned vacations of key staff (including the Clinical Supervisor).
- New facilities that are planned to open.
- Additional staff that are expected to arrive.

Wherever possible, the above information should be put into a timeline. If that is not possible (such as when you don't know exactly when something will happen during the year), it can still be noted in the plan, with the date "to be determined." The Clinical Supervisor's plan must be coordinated and consistent with the overall CHT plan. It is also advisable to consult with the CHSA and/or Accountant to prepare a budget that show the financial resources required to implement the plan.

4.2. Monthly Supervision Visit Schedule

POLICY	**Each supervisor in the CHT shall, during the last week of each month, develop and submit to the head of their Department a monthly visit schedule showing when specific supervision activities will occur during the following month.**

GUIDELINES

Supervisors are required to draw up a work schedule every month which includes all of their anticipated major activities The work schedule of Clinical Supervisors should emphasize supervision visits to facilities. This work schedule must be distributed to appropriate persons and units to give them advance notice of these supervisory activities.

The recommended form for developing the Supervision Schedule is shown as a sample in Figure 5 below. In this sample form it can be seen that the Clinical Supervisor James Togba has been able to schedule visits to nine health centers and four clinics. James has also included in the month a trip to Monrovia for a meeting and a CHT workshop of OICs that spans a weekend. Several routine weekly and monthly meetings are included as well. He has also given himself some time for office work and to develop his next month's schedule and write a monthly report. He also crossed off the spaces on the form that are not applicable to the month of his schedule. Please note that the activities shown in the sample are for illustration only, and are in no way mandated or required.

As we all know, however, our best made plans have a way to change when things start to happen as the month goes by – there are always some urgent matters and little crises that

come up to challenge our attempts to stick to our plans. In any event, it is still essential to have a plan and do the best you can to stick to it.

If you have access to a photocopier it will make your job of communicating your schedule to others easier, since you can just send them a copy. This should include the OICs at health centers and clinics, so that they can see when your plan a visit to their facility. At a minimum, however, you should give a copy to your supervisor, post one on the CHT bulletin board and keep one for yourself. This may mean having to handwrite three copies if you do not have a photocopier. There is also the possibility of developing your schedule on a computer if you have access to one.

The following SOP specifically outlines the procedures that CHT Clinical Supervisors should use to schedule their work. Given the number of facility visits they need to make, their task of developing a monthly schedule is particularly challenging – and it is a task they should take most seriously. Nevertheless, with some adaptation, the Supervisory Schedule SOP can be used for any supervisor in the CHT. It is recommended that all CHT supervisors create a monthly schedule and communicate it to their supervisor and their colleagues.

STANDARD OPERATING PROCEDURE

SOP Title:	**Scheduling Supervisory Work and Supervision Visits**
Purpose:	To record and communicate supervisory activities during the coming month including planned facility visits, meetings, training events, etc.

Responsibilities:

Title (Acronym)	**Level**	**Responsibility**
CHT Clinical Supervisor	County	Completes a Supervisory Schedule form at the end of each month for the next month; submits Schedule to the Community Health Department Director for approval; sends copies to facility OICs and others to advise of plans for coming month.
Community Health Department Director	County	Reviews and approves Clinical Supervisor's monthly Supervisory Schedule; checks with Clinical Supervisor during each month to determine how well he/she is keeping to the Schedule.

Procedures:

1. Five work days before the end of each month, CHT supervisors need to think through all of the events, activities and visits in their next month that need scheduling. Examples of such things that need scheduling include:
    - Supervisory visits to facilities
    - Attendance at workshops, seminars and other training activities
    - Attendance at scheduled meetings
    - Special campaigns
    - New personnel orientation
    - On-the-job training at facilities
    - Scheduled visits of important officials
    - Preparation of reports, plans and schedules
    - Vacations and holidays

    These are generally activities and events that can be planned for, and included in a schedule in a systematic way. There are, however, other events which occur that are not possible to plan ahead for, such as:

    - Personnel problems or crises
    - Unscheduled meetings

- Unexpected visits of important officials
- A training opportunity which is announced at a late date
- Personal problems (illness, family difficulties, etc.)

These unplanned things make the job of putting together a schedule more complex. From the supervisor's point of view, what is required is a flexible work schedule which permits regular, anticipated events to be scheduled, while leaving enough time available in the schedule for unanticipated events.

2. In addition to thinking through such activities, you should also consult your colleagues in the CHT and partner organizations in the county to ensure that your work is in harmony with others and you have good knowledge of the opportunities for coordination.
3. Obtain a blank copy (or copies) of the Supervisory Scheduling form and start filling it in with your name, title, month and year at the top of the form.
4. A calendar is consulted to determine on which day the first of the month falls. The number 1 is entered in the space for that day, then subsequent numbers are entered until the last date of the month (28, 29, 30 or 31) has been entered.
5. All of the activities that the supervisor can foresee during the upcoming month are entered in the Work Schedule: meetings, report preparation, workshops, vacations, travel to facilities, meetings, etc.
6. Given that space on the form is limited:
   - Abbreviations should be used to identify each of these events;
   - If you know the time of an event, you can put in the hours, such as ”9-11” or “2-3” (it is understood that this means “9:00 AM – 12:00 Noon” and “2:00 – 3:00 PM”).
   - Where you don’t know the exact timing of an event, such as a facility visit, you can just write in “AM” or “PM,” meaning morning or afternoon.
   - Where an activity continues over several days. it can be indicated by an arrow drawn through the appropriate number of days
7. Don’t hesitate to leave a few hours/days for office work so you can catch up on your paperwork and have some time for meetings with your colleagues.
8. Review the activities and events you are putting into your monthly plan and ask yourself how well these actions help you to accomplish the objectives you set for yourself in your annual plan. If necessary, make adjustments in the schedule to ensure that you can engage in actions during the month that will contribute to furthering your longer-range plans.
9. While you are completing your Schedule you should check with the Transportation Officer to determine whether the transportation you require will be available for the visits you are planning. You should also contact colleagues in the CHT and elsewhere who you might want to include in performing team supervision. For any other activities you are planning that need resources, you should check with others who may control those resources.
10. Four working days before the end of the month, submit a copy of your Supervisory

Schedule to your supervisor for review and approval.

11. After approval of your Supervisory Schedule:
    - Make sure your supervisor keeps one copy;
    - Keep a copy for yourself;
    - Post a copy on the CHT bulletin board;
    - Send a copy to each facility OIC. Alternatively you can send some other form of communication to the OICs, either individually or collectively, to advise them specifically of your plans to visit their facilities;
    - Send copies to other CHT members with whom you want to coordinate your activities.
12. During the month you will undoubtedly add additional events that were not known to you at the start of the month. You will also make modifications in the calendar as the inevitable schedule changes occur.
13. During the month you should check in with your supervisor to be sure they can see how well you are keeping to your schedule and to ask for assistance if you encounter constraints in managing your schedule, such as transportation problems or lack of availability of people you were supposed to meet with, etc.
14. At the end of the month file your calendar in an appropriate folder or ring binder so you can refer to it in the future as a reminder of what you did in the past.

SUPERVISION SCHEDULE **Supervisor (Name, Title)** James Togba, Clinical Supervisor **Month, Year** April 2010

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		SAMPLE		1 AM: Visit Eastern Clinic PM: Visit Northtown Clinic	2 9-12: CHT monthly Meeting	3
4	5 9-11: CHD Team weekly mtg PM: Visit Southern HC	6 AM: Visit Westtown Clinic PM: Visit Northwest Clinic	7 10-12 County Partner Coordination Meeting 2:00 Depart for Monrovia	8 Annual Planning Meeting at MOHSW Monrovia	9 →	10
11 Return from Monrovia	12 9-11 CHD Team weekly mtg 2-3: Meeting with ABC NGO on drug supply	13 AM: visit Central HC PM: visit South Clinic	14 All day: prepare for workshop	15 All day: prepare for workshop	16 9-5: OIC Supervisory Skills Workshop at CHT HQ	17
18 9-5: OIC Supervisory Skills Workshop at CHT HQ	19	20 All day: office work and available to meet with OICs	21 AM: visit Bluetown Clinic 2-4 Meeting with CHD Director	22 AM: visit Smalltown HC PM: visit Nicetown Clinic	23 All day: visit from Central HSD Director	24
25	26 9-11: CHD Team weekly mtg PM: Prepare next month schedule & office work	27 AM: visit Bigtown Clinic PM: Survey of local medicine shops with Partners	28 AM: office work PM: Mentoring on clinic records at Green town HC	29 All day: Joint Supervision Visits to Bobota HC and Johntown Clinic	30 AM: Write monthly report and review checklists for followup PM: Office work	
				SAMPLE		

Figure 5. Sample Supervisory Schedule

4.3. Coordinating with Partners (NGOs, FBOs, etc.)

POLICY

- **The CHT shall establish mechanisms to ensure the coordination of supervisory activities with relevant partners (NGOs, etc.) who are involved with BPHS activities within the county.**
- **Joint supervision conducted in collaboration with NGOs and other partners in the county shall be encouraged as a way to share information and resources when supervising facilities.**

GUIDELINES

In all of our counties there has been a long tradition of the Ministry sharing the role of providing health services with partner organizations. Usually called Non Governmental Organizations (NGO) or Faith Based Organizations (FBO), these partners have provided invaluable assistance to the people in their counties. In recent years this partnership has strengthened, with NGOs and FBOs sometimes providing most of the health care in some counties.

> *Charities, non-governmental organizations and private providers are major contributors to the health delivery system. Ways to strengthen coordination between the government and private providers will be identified at national and county levels. The Ministry and its development partners will allocate adequate resources, expertise and attention to improving coordination.*
>
> —MoHSW National Health Policy 2007-2011

CHTs should continue to grow and reinforce their relationships with county partners. At the time of writing this Manual the respective roles of CHTs and partner organizations are in transition, with some partners building up, while others are decreasing involvement. CHTs will be increasingly at the center of efforts to monitoring and ensure that the health facilities in their counties meet the appropriate accreditation standards established by the Ministry for the delivery of the BPHS. There are a variety of ways that CHT supervisors can maintain strong relationships with partners, including:

- Partner Coordination Meetings
- Joint Supervision Visits
- One-to-one Interaction

Partner Coordination Meetings

It is recommended that monthly Partner Coordination Meetings be held to discuss common management challenges and opportunities that the CHT and its partners encounter in delivering health services. The CHO in each county should take the lead in ensuring that these Partner Coordination meetings take place. Attendees at these meetings can be determined by each county, but should draw upon persons and organizations active in the provision of health services. Typically, this could include:

- Representatives of NGOs and FBOs
- Representatives of Concessions
- Private practitioners
- County Health Board members
- Representatives of related Government Ministries (e.g., Education)
- Traditional healers
- Religious leaders

The main qualification of such persons should be a strong desire to share ideas and resources in providing improved health services.

The agenda for regular meetings will vary according to the specific problems and opportunities faced in each county, but some typical agenda items might include:

- Sharing of supervision schedules
- Planning for and reporting on joint supervision visits (see below)
- Developing county-level plans
- Monitoring achievements
- Informing about potential epidemics
- Exploring new techniques and technologies
- Determining training needs
- Planning workshops
- Brainstorming ways to share resources, such as transportation, reference books
- Recognizing outstanding service of teams and individuals
- Sharing news of upcoming events and campaigns
- Discussing ways to increase teamwork
- Planning how to improve Accreditation scores of facilities
- Forecasting drug needs
- Planning social and fund-raising events
- Celebrating successes
- Rumor control

The presiding officers and secretariat of the Partner Coordination Meetings will undoubtedly have some standard agenda items, supplemented by noteworthy issues and other items such as those above. Meetings should be properly minuted, with follow-up actions and responsibilities noted.

Joint Supervision Visits

Conducting joint supervision of health facilities as a group, with CHT and partners, is an extremely valuable way to coordinate services. Joint supervision requires planning to ensure there is a commonly understood purpose or theme for the supervisory visits, and to make sure logistics such as transportation and communication are taken care of. The Partner Coordination Meetings described above would be the time and place to do such planning. Those planning joint supervision need to consider how many persons should be on the supervisory team, what their areas of expertise should be, how many facilities can be visited in the month, when to make the visit, etc.

> *"When everyone sees the same problem it's more likely that something will be done about it."*
>
> --- a CHT Clinical Supervisor

The main purpose of joint supervision is for supervisors and focal persons to share ideas, gain a common understanding of the problems and opportunities of OICs and their staff, and to find ways to share limited resources. The facility staff will also gain from such visits by benefiting from a wider range of mentors.

It must be emphasized that the visiting team engaged in joint supervision must ensure that this is a positive experience for the clinic staff. Praise for what the facility staff are doing well should be at the forefront of discussion during the visit. When criticism is offered, it should be constructive and delivered tactfully. Joint supervision visits should be something the facility staff look forward to eagerly, not with dread and suspicion. If problems or concerns are noted by the visiting team they should be referred to the direct supervisor of the OIC, whether the CHT Clinical Supervisor, or the supervisor from the partner organization bearing primary responsibility for the operation of the facility. That direct supervisor will take care of the required follow up.

Joint supervision visits present an excellent opportunity to use the In-depth Checklists described in Section 4.1.6 below. With a team of several persons it should be possible to complete a number of these checklists, depending on the expertise of the team.

It is recommended that joint supervision visits be limited to 1-2 days per month and involve visits to 2-4 facilities. Depending on the number of partners in a county, the team may include up to 10 persons or more. Joint supervision is not a method of replacing regular supervision by the direct supervisor of facilities, but rather a way for county- and facility-level staff to gain a common familiarity with the opportunities and problems and the successes and challenges of delivering the BPHS. It provides the opportunity to brainstorm ways to improve the functioning of the system and the performance of the people managing and operating the system.

The Standard Operating Procedures for *Conducting Supervisory Visits to Health Facilities* and *Using Health Center and Clinic Checklists* found later in this Chapter can be used as a guide to conducting joint supervision visits. As with any type of supervisory activity, the joint supervision team should prepare a report noting the follow-up required and who is responsible for it. Such a report can be assigned to one or two persons to compile, but it should be reviewed by all team members. The report can be presented at the next Partner Coordination Meeting for all to benefit.

One-to-one Interaction

Group meetings and joint visits are two important ways to facilitate coordination among partners. Not to be forgotten, however is the importance of casual, friendly contact with partners. Dropping in to each others' offices to share news or schedules, offering assistance in special events, clearing up rumors that might be spreading, and other such communication are important ways to strengthen bonds among partners. And don't forget that celebrating together when success is achieved is as important for team relationships as being thrown together to solve a big problem that has come up.

4.4. Integrating Vertical Programs into the BPHS

POLICY	**The CHT shall integrate the activities of their vertical programs into the overall BPHS supervisory structure.**

GUIDELINES

> *The National Health Plan sets forward a framework for shifting from… vertical to integrated health systems development.*
>
> *The BPHS is a "minimum package" to be made available as an integrated whole, rather than an assortment of vertical and parallel programs.*
>
> *The Basic Package of Health Services (BPHS) is the cornerstone of the National Health Plan. It defines an integrated minimum package of standardized prevention and treatment services.*
>
> *The entire package will be available as an integrated whole, rather than as individual programs implemented only when adequate funding is available or when a donor expresses particular interest.*
>
> —MoHSW National Health Plan 2007-2011

Just as coordination is important amongst partners in the county, so is the coordination of CHT team members and focal persons who work with vertical programs. Vertical programs provide a great advantage to the provision of health services by focusing energies and resources on individual critical health problems, such as malaria, tuberculosis, HIV and AIDS, and reproductive health, for example. Donors often prefer to provide funding for vertical efforts so that they can more clearly see the results of their donated resources. While this type of approach provides strong support for those specific health problems, it also has the effect of diverting the time and energy of CHT staff away from other critical problems. Moreover, vertical programs can contribute to a fragmentation of services, where some important problems can be overlooked or de-emphasized. In keeping with our Ministry's

basic principles stated above, the CHT must find ways to integrate all of its services into a holistic program—the Basic Package of Health Services.

The ways to integrate the CHT's vertical programs into the BPHS are similar to the ways to coordinate with partners, as described in Section 4.1.3 above. The first step is to build a team of all the CHT staff who work in the different special areas that contribute to the BPHS. To facilitate this team building, the CHO and Community Health Department Director should appoint someone to the role of Team Leader or Coordinator. A CHD staff member, such as the Child Survival Focal Person may be the most appropriate for that role. However, in addition to any particular title that the person may carry, it is important that she or he have skills and attitudes of a good team leader (see Section 7.2 below). Team building to integrate begins with meetings of all concerned to establish the team's vision, purpose, goals and objectives, and the roles and responsibilities of team members. Planning the integration of services should be within the BPHS framework. Frequent meetings to plan and schedule activities, monitor the effectiveness of integration and troubleshoot problems that occur will be essential.

Again, as with joint supervision visits with partners, integrated supervision visits will facilitate the integration of services. The Clinical Supervisor should plan integrated supervision visits by taking along the focal persons in the CHT who represent different vertical programs, or who have specific knowledge of those programs. Central level representatives of vertical programs can also be invited to the county to help find ways to integrate their programs into the BPHS.

CHTs need to be careful in responding to central level vertical program requests for data, campaigns, visits, workshops, etc. The CHO should determine whether such requests have been coordinated and authorized by the appropriate central level officials. Receiving demands for information and actions by central level vertical program managers can be very disruptive to the day-to-day management of integrated services by the CHT. Such demands need to be put into the overall context of promoting the best interests of the BPHS.

The BPHS is integrated in several dimensions:

- The first dimension is primary and secondary care. The BPHS involves an integrated provision of primary and secondary care. Primary care, including both outpatient curative and preventive care as well as outreach services, is provided at all health facilities for their primary catchment area. Secondary care is provided at health centers and the county hospitals. Integrating primary and secondary care requires the ability of staff to diagnose and treat illnesses and conditions within their capabilities, and refer to a larger facility cases they are not capable of dealing with.
- Another dimension is the integration of service delivery into a defined package—such as the BPHS. An example of this is the Integrated Management of Childhood Illness (IMCI). IMCI is an approach to the management of childhood illness that addresses all the main causes of childhood illness and death, recognizes that a child may actually be sick with more than one problem at the same time, and ensures that the occasion of a sickness consultation is not a missed opportunity to immunize the child or address a nutrition problem. Emergency obstetric and neonatal care (EMONC) centers are another example of creating an integrated "one-stop-shop" for labor, delivery, postpartum and newborn care.

- Yet another dimension is an integrated Health Management Information System (HMIS), which is essential to simplify the data collection and reporting of facility staff, and to allow OICs and CHT staff the ability to use a seamless array of information to plan and manage services. An integrated HMIS will link various data bases including clients records, health facilities, human resources, financing, health statistics.

4.5. Conducting Supervision in Clinics and Health Centers

POLICY	**CHT supervisors shall carefully plan and conduct supervisory visits to health facilities by practicing supportive supervision skills that strengthen the authority of the Officer in Charge of the facility and encourage self-reliance of the facility staff to find solutions to problems they are experiencing in providing the Basic Package of Health Services.**

GUIDELINES

This Section describes the steps that a supervisor, such as a CHT Clinical Supervisor, must take in conducting supervisory visits to health centers and clinics. Such visits represent a special kind of supervision, and it is why they are described in detail here. The main point about why they are different from other types of supervision is that staff at these facilities are located at a distance from their supervisor and direct contact between supervisors and supervisees takes place only occasionally, often just monthly. Contrast this with the supervisor-supervisee relationship where a common office location is shared. In such cases the supervisor has very frequent opportunity to observe the behavior and performance of their supervisees. However, when visiting a facility to supervise staff monthly, or even more frequently, the supervisor must pack a lot of observation into a short period of time and form judgments of performance and behavior within that short time. Because of this, supervisory visits should be well planned to ensure maximum efficiency. As will be explained in Chapter 5 of this Manual (Overseeing Supervisors), you will be overseeing the supervisory activities of the OIC of the facility as well as supervising the OIC's direct work output.

The following SOP has some practical steps that can be taken to accomplish successful supervisory visits to facilities. Also keep in mind that there are many opportunities during the steps of supervision visits mentioned here to give instructions, training, advice and guidance to supervisees. You should take advantage of these opportunities since this type of on-the-spot action can be very effective—supervisees are usually motivated to learn when advice from a supervisor is directly targeted at real problems they are experiencing. This effectiveness is lost, however, if the higher level supervisor is giving non-stop advice - do not overwhelm your supervisees with instructions and advice. Consider your priorities and choose wisely a few issues on which to concentrate.

Also, remember that there are several ways to gather information during a supervisory visit. Some methods are better than others. Here are some of the ways to gather information:

- Observation: This is where you have the opportunity to directly see and witness the presence and condition of physical objects (e.g., equipment, supplies) or procedures and behaviors (e.g., patient care, health talks). This is generally the preferred method of gathering information since you can see things with your own eyes and form a reality-based judgment.
- Interview: This is generally considered a substitute for observation, and usually occurs when the procedure or behavior you want to observe is not available at the time of your visit (e.g., observing the staff perform ANC consultations if there are no ANC clients attending the facility at the time of your visit). In such cases you need to ask questions of the staff in a way that encourages them to describe what they do – try to avoid questions that can be answered in a yes/no fashion. For example, instead of asking, "Do you ask ANC clients about the foods they eat while they are pregnant?" You should ask "What do you ask clients when they come to the ANC clinic?" The second question will get you more useful information.
- Record/Report Review: Sometimes this is a substitute for observation, but it is also necessary so you can see how well the staff keep written record of their activities. Often you can combine a review of records with interview to help structure your information gathering. Looking at the facility's records also gives you an idea of the volume of different activities the staff engage in, and the number and types of clients and patients that attend the facility.

STANDARD OPERATING PROCEDURE

Conducting Supervisory Visits to Health Facilities		
Purpose:	For CHT supervisors to conduct supervisory visits to health centers and clinics using a systematic approach	
Responsibilities:		
Title (Acronym)	**Level**	**Responsibility**
Clinical Supervisor	County	Plans and conducts visits to health facilities to oversee and supervise OIC, monitor services and provide technical support to facility staff; performs any necessary follow up after visit
Facility Officer in Charge (OIC)	Facility	Provides and receives feedback to/from Clinical Supervisor during supervisory visit; takes note of Clinical Supervisors recommendations in order to take necessary action.
Other CHT staff (e.g., Vertical Program Focal Person)	County	May conduct visits to facilities, preferably accompanied by the Clinical Supervisor; interaction with OIC and facility staff should be on a technical support level and not be interpreted as a supervisory visit.

Conducting Supervisory Visits to Health Facilities

Procedures:

1. **Develop a plan for each supervisory visit.** Although you, the Clinical Supervisor, will already have an annual plan and a monthly plan for your supervisory activities, it is still necessary to develop a brief individual plan for each visit. Here are the steps to take:
    a. Review previous reports, checklists, Accreditation Reports, correspondence, notes, etc. you may have about the specific facility you wish to visit.
    b. Develop a few objectives that you want to accomplish during the visit. This will probably be based on observation you made in your previous visit on which you want to follow up. As an example, if you observed that certain report forms were not being filled in correctly and you made suggestions for improvement in your last visit, you will want to set an objective of checking that the staff are correctly filling reports now.
    c. Schedule the visit for a day and time that suits the objectives you want to accomplish. If you need to see patient interactions then you need to schedule the visit early in the day to ensure that patients are there. If, however, you want to review reports or inspect the facility storeroom it might be best to arrive later in the day when the patients have left for the day and you will be able to have discussions with the staff without interfering with patient care. This type of scheduling to achieve different objectives may enable you to visit more than one facility in the day.
    d. Check if there are other members of the CHT or partner organizations in the county who would like to accompany you to make the visit a joint effort.
    e. Get your checklist(s) and any other tools you need ready (see the SOP on Using Health Center and Clinic Checklists).
    f. Make sure you arrange transportation for the visit through the normal procedure.
2. **Communicate your plan and schedule with the facility**.
    a. Make sure they know you are coming and basically what you want to accomplish.
    b. This communication is best done in writing, but alternatively can be done through telephone or radio or other such means.
3. **Conduct the supervisory visit**.
    a. Taking road, weather and other conditions into consideration, do your best to arrive at the facility at the time scheduled.
    b. Greet the OIC and have a brief one-to-one chat to remind him/her of the objectives of your visit to ensure understanding of your intentions. If you have been accompanied by other CHT members, make sure their role is understood. Show the OIC the checklists you will be using that day and answer any questions he/she may have about them.
    c. Ask to see the facility's plan and review it with the OIC. What objectives did they set for themselves? How well have they been meeting those objectives?
    d. Review the last report of the MoHSW Accreditation Report with the OIC. What inadequacies were discovered and what have the facility staff been doing to overcome

them?

e. Review with the OIC the submission of required reports to the CHT. Have they been complete, accurate and on time? If not, ask the OIC what can be done to improve the situation, making suggestions where appropriate.

f. Meet collectively with the rest of the facility staff, or at least the key members if the staff is large – as long as such meeting does not interfere with patient care. Explain to them the purpose of your visit.

g. Perform the observation, interviews and record/report reviews that are in keeping with your objectives. Spend more time looking and listening than demonstrating and talking. Quietly observe and take notes; ask questions then listen to and take note of answers; ask follow up, probing questions; look around to notice things that are working properly as much as finding faults.

h. Make a point to carefully observe the interaction of the OIC with his/her staff, making note of the quality of his/her supervisory actions.

i. Fill in your checklist(s) based on your observations and conversations. Do more than just mark things off: write comments about what is working properly and what needs to be improved. Recommended Follow-up actions should be noted in your checklist.

4. **Conclude the supervisory visit**.

a. When you have conducted all of your observations and conversations, meet with the OIC to summarize your findings (any other CHT members accompanying you should also attend). Ask him/her to confirm whether what you have found is accurate. Adjust your conclusions based on any additional information/insights the OIC might provide.

b. Discuss the behavior and performance of the staff as you observed it, pointing out both good and inadequate performance. Discuss with the OIC a follow up plan that he/she can implement to improve any inadequate performance.

c. Based on your discussions, make modifications to your checklist notations.

d. Give feedback to the OIC about his/her supervisory actions as you observed them (see Chapter 5 for more information in this regard). **IMPORTANT**: *If you have any negative feedback to give to the OIC about his/her performance, it should be done privately in a one-to-one setting (just you and the OIC) – never in front of the facility staff.*

e. If possible, leave a copy of your checklist with the OIC, or at least a summary of the main follow-up points if not possible to leave a copy.

f. Ask the OIC to call the facility staff together again to give a concluding report. **IMPORTANT**: *To the greatest extent possible, ask the OIC to summarize the findings and conclusions of your visit.* You should provide additional information only as necessary. Your intention should be to encourage the staff to see the OIC as the person in charge, and you as someone who has come to provide support and guidance where necessary. Be sure to praise the OIC and others for specific good performance you observed. It should be clear to the staff that any corrective actions and problem solving at the facility is in the hands of the OIC, and not for you to take care of for them.

g. Answer any questions the staff may have, but purposefully direct any follow up actions through the OIC and the appropriate channel. Promote self-reliance by redirecting the solution to problems they bring up back to them, asking how they think the problem might be solved. However, where it is clear that there is a problem that only you, or someone else in the CHT management can solve, then take responsibility for it and sincerely promise some realistic follow-up action. Take note of these conversations on your checklist.

h. Fill in and sign the visitor registration book before leaving. Thank everyone for being available during your visit, say goodbye and depart.

5. **Perform follow-up**.

a. When you get back to your office, review your checklist and notes to highlight any actions that you need to take, especially any promised follow-up.

b. Start taking care of your follow-up actions right away. Avoid delays in taking action since it is easy to become distracted by other activities and fail to take the action you promised. Where you need to ask others for their involvement, put it in writing so whatever is required is made clear.

c. File your checklist and notes in an appropriate place. A good approach is to have a separate folder or ring binder for each facility and keep your checklists and notes filed in chronological order. Don't just pile things up on your desk with the intention of organizing them "one of these days." – that day usually never comes!

d. As follow-up action is accomplished be sure to communicate this to the OIC, even if you find out that little or nothing might be able to be done to solve a problem that you promised to look into.

4.6. Health Center and Clinic Checklists

POLICY

- **Clinical Supervisors shall routinely use Health Facility Checklists to structure their supervisory visits.**
- **Checklists must be used as a method of gathering information for the purpose of identifying areas to commend facility staff for areas of excellence and also to point out areas that require improvement.**

GUIDELINES

The Health Facility Checklist for use by Clinical Supervisors has been modeled after the *Health Center/Clinic Accreditation Tool* that is used by the MoHSW to judge whether facilities have the correct presence of equipment, supplies and infrastructure, and are properly performing the required procedures to become an Accredited Facility. The Accreditation Tool measures the level of readiness of a facility to deliver the BPHS to the community. Facilities are assigned to different accreditation levels based on their score on the tool, according to the following chart:

	FUNCTIONAL			NON-FUNCTIONAL
Level	Gold 2 Stars ★★	Silver 1 Star ★	Bronze ½ Star ⅄	
Score	100%	85% - 99.9%	75% - 84.9%	Less than 75%
Status	Full Accreditation	Provisional Accreditation	Honorable Mention	Not Accredited

By designing a Health Facility Checklist that is based on the Accreditation Tool, supervisors will be in a good position to assist the Ministry and the health facility staff to improve in areas that are preventing them from being accredited, or from reaching a higher level. A Report Card is developed for each facility that contains a score for a number of different areas. Using the Report Card it is easy to see in which area the facility needs the most improvement.

The Health Facility Checklist is a valuable tool since it helps supervisors to perform a systematic and standardized assessment of important elements of the BPHS. As has been previously mentioned, the reason for using a checklist during facility supervision is not just to mark off boxes on a form, but to use the information that is revealed during the checklist process to help the OIC and his/her staff to find ways to improve and correct any problems or inadequacies at the facility. For example, if a piece of required equipment is not present or is not working, it is not enough to just mark a box–rather the OIC should be questioned about what he/she is doing to obtain or repair the equipment. The same with procedures: if you see that the staff are not performing a required procedure, such as giving clients adequate information, don't just mark "No" on the checklist and move to the next item, but

inquire about why this is happening and offer to provide on-the-spot advice or training to help correct that problem. Clinical Supervisors have excellent opportunities to give such advice and training since they will be addressing real, and not just theoretical problems and should be able to get the attention of those who need the advice or training. Make sure, however, that advice or training is done with sensitivity: not "You are doing this all wrong and I will show you the right way to do it." Rather, try a more tactful approach, such as "Let me demonstrate a way to do this that others have found useful."

The Health Facility Checklist is divided into two parts:

General Checklist: The Clinical Supervisor will focus on the items in this part of the checklist during every supervisory visit. Information required for most of these items can be found through general observation that will allow you to make judgments about the physical condition of the facility. There are some areas of this part of the Checklist that will require observation of procedures and interview of the OIC and staff. Most of the items in this part of the checklist are items that are in the *Health Center/Clinic Accreditation Tool*.

In-Depth Checklists: This part focuses on an in-depth look at 15 different technical areas, each representing a category of the *Health Center/Clinic Accreditation Tool*. The following is a list of the in-depth checklists, with the number of items that are included in each checklist:

Categories of Items Required for Accreditation in Health Centers and Clinics		Number of items required in:	
		Health Centers	Clinics
A	Human Resources & Facility Management	34	31
B	Pharmacy, Dispensary & Storeroom	19	15
C	Drugs & Supplies	57	53
D	Laboratory & Diagnostic Services	47	30
E	Equipment	55	43
F	Communicable Disease Control & Infection Prevention	41	25
G	Medical Records, Confidentiality & Referral	29	17
H1.1	Ante Natal Care	37	37
H1.2/3	Labor, Delivery, Postpartum & Newborn Care	47	46
H2	Reproductive Health	11	10
H3	Child Health	21	21
H4	Communicable Diseases	30	25
H5*	Mental Health	-	-
H6	Emergency Care	13	11
H7	SGBV	7	7
I	Infrastructure	19	19

*H5 Mental Health checklist under review and not available at this time.

Please note that if you have been using a general checklist for routine supervision and are satisfied that it meets your needs, you may continue using it instead of the General Checklist provided in this Manual. Alternatively, you can make changes as you wish to the General Checklist to make it better suit your needs. **However**, use of the In-Depth Checklists is required since they cover the exact items that are part of the Ministry's Accreditation

process. These Checklists will help you to improve the functioning, and therefore the accreditation scores of the facilities in your county.

The Checklists can be found in Appendix B of this Manual. The total number of items contained in the In-Depth Checklists for health centers is 466, and for clinics is 390, which looks like a large number. However, if you use one or two of these checklists at each facility every month, the number of items is not unreasonable. Each category and item can be found in the *Health Center/Clinic Accreditation Tool*. Each supervisory visit to a health facility should include the completion of the checklist for one or more of the above technical areas. Using this part of the checklist will be more technically demanding for Clinical Supervisors. Because of this, Clinical Supervisors may wish to ask a colleague at the CHT who has appropriate technical expertise in such area to accompany him/her on the visit to supplement their capabilities. The intention is that each in-depth checklist in should be completed for each facility at least once per year. In this way, every facility will benefit from feedback from the Clinical Supervisor on every item in the *Health Center/Clinic Accreditation Tool* at least once in each year. This level of feedback should help the OICs and their staff to take the corrective actions necessary so that when their facilities are inspected by the Accreditation Team they will have a better chance of attaining or improving their level of Accreditation.

Please also note that the purpose of using the In-depth Checklists is not to assign scores to facilities–that is the work of the Ministry's Accreditation Team. The idea is to focus on areas where the facility is not meeting the required standards for individual items and help them to improve. If you find that some of the In-depth Checklists are too long to complete in the time you have available during a facility visit, then concentrate more on a good quality review of part of the checklist rather than rushing through it, even if it means it remains unfinished during that visit. You can always complete it during the next visit.

Clinical Supervisors are encouraged to carefully review each item in the Health Facility Checklist to make sure they have a complete understanding of how to obtain the information required. They should seek additional training in areas where they are not fully familiar (an example might be the Laboratory section of the checklist, which requires special knowledge of certain items). This does not have to be in a workshop setting, but rather through reading appropriate reference documents, or asking for guidance from colleagues who have expertise in specific areas of the checklist. An excellent reference is the Ministry's *Handbook for Health Personnel in Rural Liberia*. Ultimately, the Clinical Supervisor is charged with the responsibility of being familiar with all items in the Checklist and knowing how to conduct the observation and interviews required to complete the Checklist.

STANDARD OPERATING PROCEDURE

SOP Title:	**Using Health Center and Clinic Checklists**
Purpose:	To provide guidance for Clinical Supervisors in the use of Health Center and Clinic Checklists as a means of judging the condition and performance of facilities and proposing ways to improve those conditions and performance.

Responsibilities:

Title (Acronym)	Level	Responsibility
Clinical Supervisor	County	Completes the Checklist as a guide to information gathering during facility supervisory visits. Uses the information from the Checklist to form judgments of areas to commend the facility OIC and staff, and also areas that require improvement and correction.
Facility Officer in Charge (OIC)	Facility	Ensures that facility staff and physical assets are available for observation and interview at the time the Checklist is completed by the Clinical Supervisor.
Other CHT staff (e.g., Vertical Program Focal Person)	County	Assists the Clinical Supervisor as necessary with specific technical parts of the Checklist.

Procedures:

(Please refer to the SOP on Conducting Supervisory Visits to Health Facilities)

1. **Preparation**: A day or two before your planned supervisory visit to a facility, you should perform the following actions:
    a. Review the facility's accreditation score. Facility Accreditation "Report Cards" that are provided to CHTs from the Central Ministry. The information you need to look at is not only the overall score of the facility, but the areas in which the facility needs the most improvement. This will help you decide the particular areas on which to focus your supervision. For instance, you may wish to schedule the in-depth checklists according to the areas most in need of improvement.
    b. Review previous checklists. This will be helpful to refresh your memory of your findings during your last supervisory visit. You should pay most attention to the areas of improvement you detected, and what sort of follow up was to be made to solve some of the problems you found – especially areas of follow up that were your responsibility. Did you accomplish all of the follow up actions that you promised? If not, be prepared to explain to the facility OIC what obstacles you met in trying to resolve the problems.
    c. Decide on which in-depth checklist(s) you will use during the visit. If you choose more than one, be sure to look them over to determine if you will have enough time during

your visit. You should also decide whether you need to have someone else from the CHT accompany you, especially if there is someone who has considerable skill and experience in the in-depth area you want to explore at the facility. Discuss with such persons the scheduling of your planned visit and get their commitment to accompany you.

d. Obtain blank Checklists. It is recommended that you keep multiple copies of the General Checklist and also the In-Depth Checklist forms (best kept in a ring binder separated by dividers) so that you always have blank copies available. Take two copies of each checklist you will use with you (one for your copy, and one to leave with the OIC). Since you will be completing two copies of the checklists, it will be very useful to have carbon papers that can be inserted between the original and the copy. It is most helpful to staple these together at the top of the page with a couple of staples. This is easiest done before your visit while at your desk. A clip board will be a great help to you also when you are writing on the checklists.

2. **Using the Checklist:** During your introductory meeting with the facility OIC, show both parts of the checklist to the OIC so that he/she can have an idea of what you will be looking at during your visit.

   a. General Checklist: You should complete most parts of the General Checklist near the end of your visit, so that you have as much time as possible to observe the work and activities of the OIC and his/her staff before coming to conclusions that you record on the form. Some detailed areas of the checklist, however, such as drug stockouts, you will want to complete as you are gathering the information.

   b. In-Depth Checklists: How you complete the specific In-Depth Checklist you have chosen will depend on what is included in the checklist.

      - As has been mentioned previously, the best way to gather information is through direct observation of the work of the facility staff, the conditions in which they are working, and the equipment and supplies they use.
      - When it is not possible to gather information by observation, interviews with selected staff members based on the items in the checklists will help to provide information. Try to ask "open" questions starting with words like "How do you…" or "What do you do when…" rather than "closed" questions that can be answered with a simple yes or no. You will find out more useful information that way.
      - In other cases, you will be able to complete sections of the checklist by inspecting physical objects such as equipment, supplies, or the facility building itself.
      - Another source of information is the clinic records and reports. Usually it is best to interview the staff about the content of their records to get the best understanding of how accurate such records are.

   c. For all of these checklists, mark the appropriate box for each item. Boxes that are shaded indicate that some improvement is needed for that item and will need explanation. To provide this explanation, use the blank "Notes, Comments, Recommendations for Improvement" form. On the General Checklist there are some

items that can be explained within the space directly below the item. See the sample forms after this SOP for examples of how to correctly fill in these forms.

- The first thing to do is to quickly scan the checklist to see which items you will be checking. This depends on whether you are visiting a Health Center or a Clinic. Notice that the top of the right hand columns of the In-Depth Checklists are labeled "HC" and "Clinic." Where you see a solid circle (●) in the HC or Clinic column, you will check that item. Where you see a hollow circle (○) in the HC or Clinic column you will not check that item. The reason is that some items required at one type of facility are not required at another. In general, fewer items are required of Clinics than Health Centers. (Note in the Sample In-depth Checklist in Figure 9 that in the Short Stay Room, Inpatient Room and Laundry sections that no boxes were marked—this is because the facility is a clinic.)
- At the top of the form write in the name of the facility, date and your name (in the "By" space)

d. Fill in the Notes, Comments, Recommendations for Improvement sheet by doing the following:

- For each item you marked that is shaded, write in the number of the item that needs explanation in the column labeled "Item No."
- Then include your comments. Write in any information that provides the reason why the facility needs improvement. You can use short statements since these are things for you to follow up. The emphasis here is to note the root cause of any problem you find and make clear recommendations for solving the problem or improving the situation.
- Of absolute importance is to indicate in the "Responsibility" column who must take the required action. Be careful when you indicate that you are responsible, since this will require follow-up on your part. As much as possible, look for ways that you can help the OIC see that many problems can be solved by him/her and the facility staff.
- ***Please remember that every shaded box you mark requires a written explanation.***
- It helps to draw a horizontal line between each of your written comments.
- Use more than one blank form if necessary.

SOP Title: Using Health Center and Clinic Checklists

3. Giving Feedback

(See Section 4 of the SOP on Conducting Supervisory Visits to Health Facilities on for more information).

a. When you have completed the General and In-Depth Checklists, sit with the OIC and go over your findings. You should encourage the OIC to take notes of the feedback you provide.

b. You should start by giving some praise for whatever you find working properly at the facility. Then give your overall impressions from the General Checklist. You should record a summary of the points of your feedback on the first page of the General Checklist.

c. Using the In-Depth Checklist, go over the items that need improvement. If there are a large number of such items, you may want to limit your feedback to only the top priority items, and possibly those items that the OIC and staff can easily remedy to get a better rating.

d. It may be useful at that point to call in one or more of the staff who are responsible for specific areas in the checklist. For example, if you are using the Laboratory checklist that day, it may be useful to call in the Laboratory technician.

e. If you have been accompanied by someone else from the CHT who has specific knowledge of the technical area covered in the checklist, they should also contribute to giving feedback.

f. When you have concluded your meeting with the OIC, ask him/her to call a meeting with the facility staff (See Section 4 of the SOP on Conducting Supervisory Visits to Health Facilities).

4. Performing Follow-up

(Refer to Section 5 of the SOP on Conducting Supervisory Visits to Health Facilities)

Ministry of Health & Social Welfare
Republic of Liberia

Health Facility General Checklist

General Information

Name of Facility: Bobota Health Center

Type of Facility: ☑Health Center ❒Clinic ☑Laboratory at facility ❒EMONC at Facility

Location: Town/City: Bobota District: North County: Nimba

Date of Visit: 15 October 2009 Time visit began: 9:30 am Time visit ended: 11:30 am

Facility supported by: ☑MoHSW ☑NGO/FBO: ABCDE ❒Other:

Which In-Depth Checklist(s) were used on this visit? HMIS

Who from the CHT (other than a driver) accompanied you on this visit? George Bah, County Registrar

Name of Supervisor Completing Checklist: Daniel Paye Signature: Daniel Paye

1	Did you have an introductory meeting with the OIC?	☑Yes	❒No
2	Did you have a meeting with the entire facility staff?	☑Yes	❒No
3	Did you briefly review the facility's plan with the OIC and discuss whether the plan is being followed and how well they are accomplishing their objectives?	❒Yes	❒No ☑No plan
	What were the main points of feedback given to the OIC? -The need to meet with the staff to develop their annual plan. -Ways to improve several areas that will increase their score for the Accreditation. -Need to improve cleanliness through simple means (daily sweeping). -OIC was reminded that Performance Appraisals for the staff are due end of next month. -Advised the OIC that next month we will use the Laboratory In-Depth Checklist.		
4	Did you leave a copy of your completed checklist with the OIC?	☑Yes	❒No
5	Did you record your visit in the facility visitor's book?	☑Yes	❒No
6	Did you complete the *Checklist for Overseeing Supervisors*?	☑Yes	❒No

Overall Condition of Facility

7	Size of facility	☑ Adequate	❒ Inadequate
8	Cleanliness	❒ Adequate	☑ Inadequate
9	Furniture	☑ Adequate	❒ Inadequate
10	Equipment	☑ Adequate	❒ Inadequate
11	Supplies	❒ Adequate	☑ Inadequate
12	Water/ Sanitation	☑ Adequate	❒ Inadequate

8.Not as clean as it should be – there was trash in the corner of some rooms and floors need better sweeping.

10. Since they received a new Microscope last month all major equipment appears to be in place and functioning.

11. Cleaning supplies were not adequate because OIC did not order more supplies in good time.

Figure 6. Health Facility General Checklist (Sample) page 1

Item No.	Notes, Comments, Follow up required	Responsibility
3.	The OIC has not been able to get the staff together to develop their annual plan. He has agreed to come to the county headquarters to spend a few hours with Mrs. King who will review the planning process with him. He has promised to have the plan done by next month.	OIC
7.	During this visit the OIC discussed with the cleaner the need to be more thorough in his cleaning procedures. OIC has agreed to make a daily checklist of cleaning chores for the cleaner and have the Nurses Aid monitor whether the checklist is being followed.	OIC & Cleaner
11.	OIC will instruct the Dispenser when he returns from vacation to make a list of required cleaning supplies by the 20th of every month so it may be submitted on time to the CHT.	OIC & Dispenser
17.	The new Nurse Aide arrived without a job description but has seen the JD of the other nurse aide at the HC. I will send another copy for her so she has her own.	Clin. Sup.
25.	Although all required reports were submitted last month, all were sent in late. The OIC has agreed to plan his time better each month so that enough time is available to prepare the reports. He also said that he ran out of forms and it took him several days to get more blank forms. He has promised to monitor his stock of forms and request additional supply if they are running low. He has assigned the dispenser the job of making sure the stock of forms is monitored each month, as well as cleaning and other general supplies.	OIC

Figure 7. Health Facility General Checklist (Sample) page 2

Figure 8. Health Facility General Checklist (Sample) page 3

Health Facility In-Depth Checklist

Health Facility: Smalltown Clinic Date: 26 August 2010 By: James Togba

F.	COMMUNICABLE DISEASE CONTROL & INFECTION PREVENTION			HC	Clinic
1	Does the facility have a written Infection Control Manual or Policy? (observe)	☑Yes	❒No	●	●
	Delivery Room				
2	Is there enough clean, running water available for handwashing in the delivery room?	❒Yes	☑No	●	●
3	Are there sterile gloves available in the delivery room?	☑Yes	❒No	●	●
4	Is the floor clean, with no dirt around the room?	❒Yes	☑No	●	●
	Emergency Room				
5	Is clean, running water available for handwashing in this area?	❒Yes	☑No	●	●
6	Is there enough space between the beds (at least 2 feet)?	☑Yes	❒No	●	●
7	Are there clean bed sheets on all beds?	☑Yes	❒No	●	●
8	Are there gloves available on the ward?	☑Yes	❒No	●	●
9	Is the floor clean, with no dirt around on the floor?	❒Yes	☑No	●	●
	Short Stay Room				
10	Is clean, running water available for handwashing in this area?	❒Yes	❒No	●	○
11	Is there enough space between the beds (at least 2 feet)?	❒Yes	❒No	●	○
12	Are there intact (not ripped) mosquito nets over all beds?	❒Yes	❒No	●	○
13	Are there clean bed sheets on all beds?	❒Yes	❒No	●	○
14	Are there gloves available on the ward?	❒Yes	❒No	●	○
15	Is the floor clean, with no dirt around on the floor?	❒Yes	❒No	●	○
	Inpatient Room				
16	Is clean, running water available for handwashing in this area?	❒Yes	❒No	●	○
17	Are there enough beds (1 person per bed and no patients sleeping on floor)?	❒Yes	❒No	●	○
18	Is there sufficient space between the beds (at least 2 feet)?	❒Yes	❒No	●	○
19	Are there intact (not ripped) mosquito nets over all beds?	❒Yes	❒No	●	○
20	Are there clean bed sheets on all beds?	❒Yes	❒No	●	○
21	Are there gloves available on the ward?	❒Yes	❒No	●	○
22	Is the floor clean, with no dirt around the room?	❒Yes	❒No	●	○
23	Are all bedridden inpatients bathed at least daily?	❒Yes	❒No ❒No bedridden pts	●	○
	All Areas				
	How do staff dry hands after washing them?				
24	damp towel	❒Yes	❒No	●	●
25	clothes	❒Yes	❒No	●	●
26	paper towel	❒Yes	❒No	●	●
27	air drying	❒Yes	❒No	●	●
28	clean, dry towel, with extras readily available, and towels should be regularly washed	❒Yes	❒No	●	●
29	Is drinking water available (from a reservoir/pump) during all facility hours? (observe)	❒Yes	☑No	●	●
	Outpatient Area				
30	Is enough clean, running water available for handwashing in this area?	❒Yes	☑No	●	●
31	Are gloves available in **all** consultation rooms?	❒Yes	❒No	●	●
32	Is the floor clean, with no dirt on the floors?	❒Yes	☑No	●	●
	Laundry				
33	Are water, soap, and bowls available and used to wash laundry?	❒Yes	❒No	●	○
34	Is hot water or chlorine used to wash bed sheets?	❒Yes	❒No	●	○
	Cleaning/Housekeeping				
35	Is there a designated person responsible for monitoring infection control?	☑Yes	❒No	●	●
36	Are disinfectants used for cleaning equipment and floors (e.g. chlorine)?	☑Yes	❒No	●	●

Figure 9. Health Facility In-Depth Checklist (Sample) page 1

F.	COMMUNICABLE DISEASE CONTROL & INFECTION PREVENTION					HC	Clinic
	Waste Disposal						
37	How do staff dispose of solid waste? (Correct if non-infectious waste is buried in a designated pit that is at least 8 feet deep and at least 30 feet from nearest water source)	☑Correct	❒Incorrect			●	●
38	How do staff dispose of sharps? (Correct only if all needles and other sharp instruments are deposited in puncture resistant (i.e. plastic or metal) sharps containers - these should be placed throughout the facility and in all areas where sharps are used. Containers should be clearly labeled, easily accessible and emptied when three quarters full - used sharps should be **incinerated**.)	❒Correct	☑Incorrect			●	●
39	How do staff dispose of infectious waste, including placentas? (should either be incinerated or buried in a pit at least 8 feet deep and 30 feet from nearest water source?	☑Correct	❒Incorrect			●	●
40	Are there enough latrines or toilets for clients? (1 per 20 people at the facility)			☑Yes	❒No	●	●
41	Are the latrines or toilets clean?			❒Yes	☑No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility
2, 5, 29, 30	The water pump has not been working for several months although this problem has been referred to the CHSA and CHO. The pump is old and needs replacement. CHSA has advised that funds for a replacement are in the budget for the next fiscal year. I will follow up with CHSA. In the meantime staff are using a large drum of water that is replenished daily by the cleaner from a nearby well in the town.	Clinical Supervisor & CHSA
4, 9, 32	The floor needs better sweeping and there is dirt and waste in some corners of the room and latrines. OIC will discuss with cleaner to improve cleanliness	OIC & Cleaner
38	Some of the sharps containers were full and in some areas there were none, even though there are several unused sharps boxes in the storeroom. The OIC will have a meeting with the staff to reinforce the correct procedures and be sure sharps containers are in the right places.	OIC

Figure 10. Health Facility In-Depth Checklist (Sample) page 2

5. OVERSEEING SUPERVISORS

POLICY	**Officials at Central level are responsible for overseeing CHT supervisors through regular visits. The purpose of such oversight is to improve the supervisory skills of CHT supervisors and strengthen the overall supervision system. Central level supervisors must follow the chain of authority in performing such oversight.**

GUIDELINES

Supervision occurs wherever there is a supervisor-supervisee relationship. Since every employee in the MoHSW must have a supervisor, there are obviously many supervisors at different organizational levels in the chain of authority. What is described in this section of the manual is a special type of supervision that occurs when checking on the way that supervisors supervise their supervisees. This special type of supervision is called *overseeing*. In the MoHSW, overseeing generally occurs on two levels:

- CHT supervisors, specifically Clinical Supervisors, visits health centers and clinics to oversee the supervisory work of the OICs of those facilities.
- Officials from the Central MoHSW visit counties to oversee the supervisory work of CHT supervisors.

It is important in both of these cases, that the CHT Supervisor or Central official or not engage in actual supervision of the supervisor's supervisees, since that would interfere with their relationship and undermine the authority of the supervisor. Although this concept is simple in principle, it becomes complicated to explain. To help with this, some illustrative diagrams will be presented below.

CHT or Central officials engaged in overseeing supervisors must remember that the purpose of overseeing supervisors is to strengthen the overall health services delivery system. Officials who engage in overseeing supervisors must keep in mind that *the primary reason for such oversight is to detect and correct problems in management systems, not to solve individual problems or crises.* Taking care of isolated, individual problems is the work of direct supervisors, not those overseeing the work of such supervisors. *Officials overseeing supervisors should look for patterns and trends of problems and how to improve the management systems that can correct those problems and prevent them from re-occurring.*

5.1. CHT Oversight of Health Facility OICs

POLICY

- **CHT supervisors oversee the supervisory duties of facility OICs, who will in turn supervise the staff in their facilities.**
- **A paramount principle in overseeing OICs is to strengthen their supervisory skills and capacity and enhance their authority with respect to the personnel they supervise at the health facility.**

GUIDELINES

CHT supervision of health facilities is the type of supervision most frequently referred to in this Manual. Our attention is naturally drawn to this point, since this is the level at which the BPHS is actually provided to clients. It is essential, however, in a large organization like the MoHSW, that serious efforts be made to oversee the operation of all levels of supervision that support the CHT supervision of the facilities.

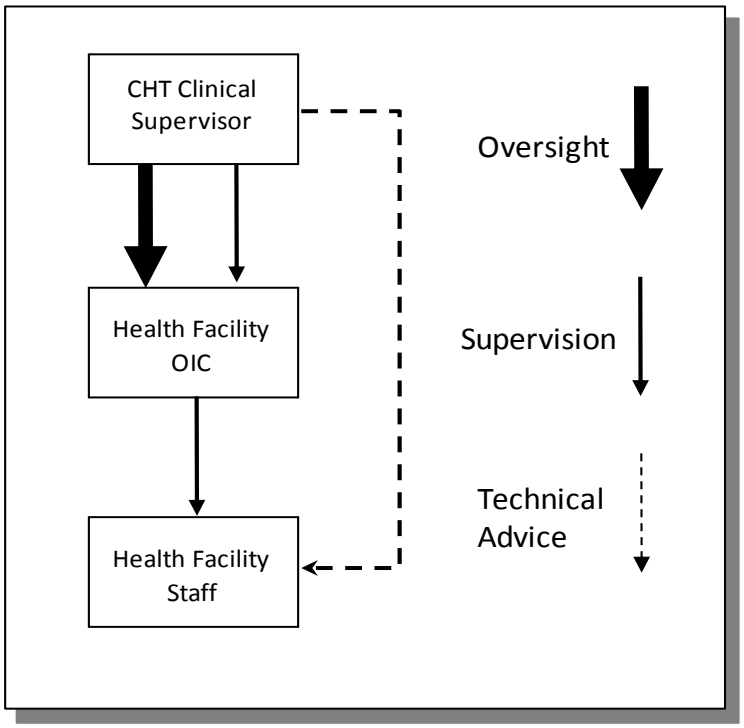

Figure 11. CHT Clinical Supervisor Oversight of Health Facility

To illustrate how CHT supervisors of health facilities, such as Clinical Supervisors, provide oversight and supervision, let's look at Figure 11. Here it is important to remember that the Officer in Charge of a facility is also a supervisor, responsible for supervising the staff of the facility. Because of this, the Clinical Supervisor should oversee the OIC's supervisory performance. The Clinical Supervisor will also supervise the OIC's direct work output, and provide technical support to the facility staff as appropriate and requested by the OIC.

In Figure 11, the following are shown:

- **Oversight** occurs when higher level officials observe activities of supervisors who are performing supervisory activities. When overseeing, an official should limit his/her feedback to the supervisor they are overseeing, by providing support and guidance to improve performance.
- **Supervision** occurs when a higher level official supervises the level directly below, and observes the actual work output and accomplishments of staff at that level. While supervising, an official observes and listens and then provides direct feedback

to the supervisee, by pointing out strengths and weaknesses in their performance and providing advice and guidance to help improve.

- **Technical Support** occurs when a higher level official observes and interacts with the supervisor's supervisees for the purpose of providing mentoring on technical issues, or providing guidance to solve technical problems. In such instances the official must behave in an advisory capacity rather than a supervisory capacity, by giving advice and mentoring on how to improve technical performance—not by issuing instructions to the supervisee. Only a supervisor can give instructions or orders to a supervisee. This final point is essential in order to prevent the higher level official from undermining and diminishing the authority of the supervisor.

5.2. Central Oversight of CHT Supervisors and Health Facility OICs

POLICY

- **Central MoHSW officials shall strengthen CHT supervisors' authority by providing supportive technical advice.**
- **While conducting oversight of CHT supervisors, Central MoHSW must respect and follow the established chain of authority.**
- **Central MoHSW officials shall be diligent in communicating their plans for visits to CHTs in a timely manner.**

GUIDELINES

In this Section we will look at the way that Central officials oversee supervisors at the CHT level. Oversight by the Central level is important in order to monitor and ensure that CHTs are managing health services in a way that is consistent with the policies and standards of the MoHSW. It is also important so that Central officials remain familiar with the work of CHTs and gain an appreciation of their successes and challenges.

Before looking at the way oversight is carried out, it is important to point out that officials engaging in such oversight must obtain the approval of other MoHSW officials who are in the chain of authority.

Figure 12 illustrates the process of oversight of CHT supervisors performed by central level officials.

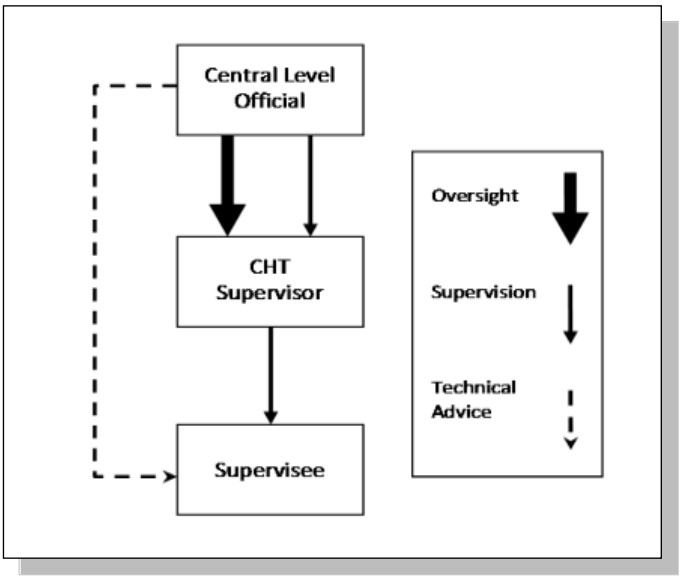

Figure 12. Central Level Oversight of CHT Supervisor

It should be pointed out that a higher level official can both oversee the supervisory activities of a supervisor and also supervise the work of that supervisor. This distinction is illustrated in Figure 12. In this diagram, the following points are illustrated concerning a Central level official who is visiting a CHT supervisor:

- The Central level official *oversees* the CHT supervisor's supervision of his/her supervisees. The official focuses on observing the performance of the CHT supervisor in relation to his/her supervisory functions.
- The Central level official also *supervises* the CHT supervisor concerning direct work outputs of the supervisor, such as issuing reports, providing material support to supervisees, planning and organizing his/her own work, etc.
- The Central level official provides *technical support,* as distinct from supervision, to the supervisor's supervisee in order to clarify information or procedures, such as demonstrating a new way to use certain equipment, or how to fill out record forms correctly.
- Also seen in the diagram is the CHT Supervisor's direct supervision of his/her supervisee.

Now, let's look at a more complicated example. Figure 13 depicts a Central level official visiting a health facility to observe the way the BPHS is being provided. In such case it is essential that the direct supervisor of the facility, the CHT Clinical Supervisor, accompany the official to the health facility. The Central official is both overseeing the Clinical Supervisor's supervisory performance, and is also supervising his/her direct work output, such as completing his supervisory reports and providing material support to the facilities. The official also provides technical support to the facility OIC and staff as appropriate and requested by the OIC, but avoids giving any direct orders or instructions to them.

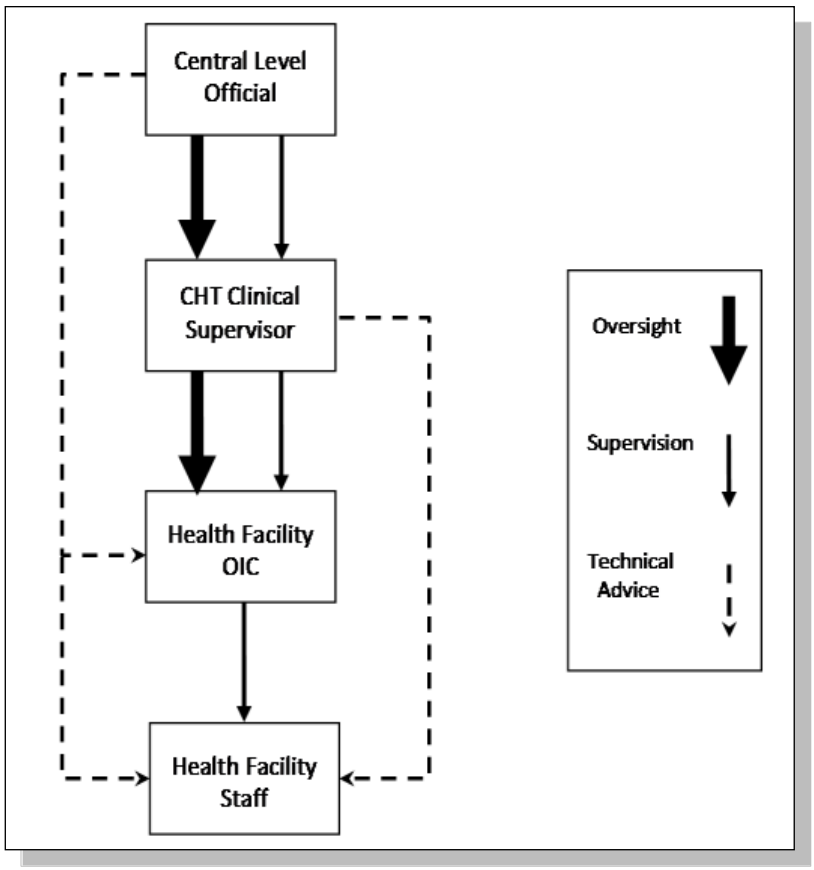

Figure 13. Central Level Oversight of Health Facility

5.3. Checklist for Overseeing Supervisors

POLICY	**A checklist designed to focus on supporting and improving the performance of supervisors shall be used to oversee supervisors.**

GUIDELINES

As a method of making overseeing supervisors as productive as possible, it is recommended that a checklist be used. Checklists help you to remember the important things to observe or ask about as well as ensure consistency. It is not possible to develop one checklist that will cover all types of supervision. The form in 14 is a suggested checklist that might be modified it to fit particular needs.

In the checklist, there are a number of questions to be answered within the following scale:

Excellent • Satisfactory • Unsatisfactory

The official completing the form should put a check mark (✔) in the box that best represents the rating of the supervisor for that category. There is also a section to be filled in with comments and recommendations. Recommendations *must* be made about any areas that are rated "unsatisfactory." The "excellent" rating should be reserved for situations where there is evidence of outstanding extra effort or quality; a rating of "satisfactory" is quite adequate for most situations where no problems are detected.

In answering the questions in the checklist, supervisors should remember that they are attempting to detect and correct problems in the supervisor's supervision capabilities, not individual problems or crises. You will note that the questions on the form are based on the supervisory skills discussed in Chapters 3 and 7.

Checklist for Overseeing Supervisors

Ministry of Health & Social Welfare
Republic of Liberia

County:	Date:
Supervisor:	Title:
Oversight by:	Title:

Based on your observation of the supervisor's performance as a supervisor:

Item No.	How well does the supervisor…	Excellent	Satisfactory	Unsatisfactory
1.	…**work as a team** with his/her supervisees?	☐	☐	☐
2.	…exhibit **listening skills** when interacting with supervisees?	☐	☐	☐
3.	…exhibit **observation skills** when interacting with supervisees?	☐	☐	☐
4.	…give appropriate **feedback** to his/her supervisees?	☐	☐	☐
5.	… **give praise** to supervisees where appropriate?	☐	☐	☐
6.	… **give constructive criticism** to supervisees?	☐	☐	☐
7.	… **provide technical advice** to supervisees?	☐	☐	☐
8.	… **encourage problem solving** in his/her supervisees?	☐	☐	☐
9.	… **conduct meetings** with supervisees?	☐	☐	☐
10.	Taking all of the above into consideration, how satisfactory is the **overall supervisory performance** of the supervisor?	☐	☐	☐

For each item marked either ***Excellent*** or ***Unsatisfactory***, you must enter the item number and your comments or recommendations for improvement, referring to specific behaviors and incidents you have observed.
Use back of the page if more space required.

Item No.	Comments, recommendations for improvement

Figure 14. Checklist for Overseeing Supervisors

6. PERSONNEL SUPERVISION

NOTICE

At the time of writing of this Manual, the Ministry's Human Resources policies and procedures are under review and development. The information in this Chapter of the Supervision Manual is intended to provide general guidance to Supervisors in dealing with personnel procedures that are crucial to the performance of their supervisory duties. Supervisors are encouraged to consult with the CHT Human Resources Manager for the latest personnel policies and procedures and make any necessary corrections to this Chapter of the Supervision Manual based on that updated information.

The information in this Section of the Supervision Manual is included as a summary of some of the important MoHSW human resources policies of which supervisors must be fully aware. Supervisors are required to implement, in strict adherence to specific procedures and guidelines, the MoHSW's Human Resources policies.

6.1. Equal Opportunity Program

Equal opportunity shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability, and status military status.

--- From the MoHSW [Draft] Human Resources Policy Manual, 2008

6.2. Conducting New Employee Orientation

New Employee Orientation Checklist

- ❒ Prepare orientation packet or personnel manual
- ❒ Make sure the new staff member has a place to work and the necessary supplies
- ❒ Schedule necessary in-house meetings to link employee with other staff relevant to their job
- ❒ Clearly explain the mission, goals and objectives of the program
- ❒ Explain the structure of the organization and the lines of authority
- ❒ Explain the rules, regulations and procedures for your organization and give the new staff member(s) copies of company policy
- ❒ Provide any training necessary for the employee to do their job
- ❒ Formally introduce employee to all staff
- ❒ Inform other staff of the role of the new employee and vice versa
- ❒ Arrange a trip, if necessary, so that all off-site staff have an opportunity to be included
- ❒ Set clear performance objectives and tasks for the first three months of work.

Figure 15. New Employee Orientation Checklist

GUIDELINES

An Orientation is needed whenever new staff are added to the organization. The orientation serves to introduce people to the rules and regulations of the work day and also other staff members. The orientation is an opportunity for the organization to re-enforce its goals and values and to gain the new employee's commitment to these. It also helps to ensure that new employees are brought on board in a way that helps them understand the technical aspects of their new job, and what will be expected of them. Supervisors should use this opportunity to develop a positive relationship with new employees in a way that enhances employee ability to feel confident in their role, while valuing the supervisor's ability to provide support and guidance to them when they need it. A checklist to aid in the planning and conduction of orientation is provided in Figure 15. Supervisors should feel free to add to the items in this list to make sure that all important aspects of orientation are covered.

6.3. Job Descriptions

POLICY

- **Each CHT employee of the MoHSW shall have a written job description that concisely documents the tasks, responsibilities, qualifications and other information relevant to the employee's position.**
- **Each employee shall be provided a copy of their job description.**
- **Supervisors shall have a copy of job description for each employee they supervise.**

GUIDELINES

Job descriptions form the foundation upon which the relationship between supervisor and supervisee is built. Each must understand the duties and responsibilities of the other so that correct expectations may be developed. It is the responsibility of the supervisor to ensure that their supervisees have copies of their job descriptions. Likewise, the supervisor must make sure that he/she has secured a copy of his/her own job description.

Job descriptions basically contain a listing of the duties that the person holding the position is expected to perform. In general, all job descriptions will have been established in accordance with rules and policies of the MoHSW. Additionally, as appropriate, additional information may be included, as approved by the CHO, to more thoroughly describe a specific position.

A sampling of Job Descriptions pertinent to key positions within the supervisory structure of the CHT may be found in Appendix A, including:

- Community Health Department Director
- Officer in Charge (of Health Center of Clinic)
- Certified Midwife

It is recommended that on an annual basis, as part of the Performance Appraisal process, the employee and supervisor together review the employee's Job Description. This will help to clear up any misunderstandings about what is expected of the employee. If it is found that the Job Description does not adequately represent the duties and responsibilities of the employee, then the supervisor should modify it in writing, with agreement of the employee, and submit the modified Job Description through the appropriate chain of authority, to the CHO for review and approval. The CHO should forward the modified Job Description through the appropriate channel to the Central MoHSW Human Resources Department for review and acceptance.

6.4. Attendance

POLICY	**The attendance of all personnel at health centers and clinics shall be recorded daily on an official Attendance Sheet by the Officer in Charge of the facility.**

GUIDELINES

The staff of health centers and clinics are required to be present at the facility during normal hours of operation, as defined by the MoHSW. It is the duty of the OIC to keep track of the attendance of the facility staff and deal with any irregularities of attendance on the part of individual through normal disciplinary procedures. The Health Center/Clinic Personnel Attendance Sheet (see sample in Figure 16 below) is used to keep track of daily attendance and also to keep the Clinical Supervisor informed.

As supervisor of the facility staff, OICs need to impress upon them the importance of showing up for work on time and staying on the job during official work hours. Any non-attendance needs to be covered by an official excuse according to MoHSW leave policies and procedures. Section 6.6 of this Manual summarizes these policies and procedures; more detailed information may be found in the Human Resources Manual. OICs are responsible for carrying out disciplinary actions for any attendance irregularities. As with all personnel problems requiring disciplinary action, less severe action is taken first, escalating to more severe action if improvement is not demonstrated by the staff member. In the case of unexcused absence or lateness, individual staff members should be counseled verbally to discuss their attendance problem and determine what they need to do to make their attendance more regular. If such irregular behavior continues, however, it will be necessary for the OIC recommend that the Clinical Supervisor write official disciplinary letters to the person's personnel file, and potentially to recommend withholding pay or dismissal. OICs should not hesitate to consult with their Clinical Supervisor for assistance in dealing with such problems, including asking the Clinical Supervisor to join the OIC in having an official meeting with the staff person to discuss their attendance problem. OICs should also highlight the need for proper attendance during regular meetings with the facility staff.

Clinical Supervisors need to monitor facility personnel attendance to determine if any patterns are noticeable either within individual facilities, or across some or all facilities. Reviewing the Health Center/Clinic Personnel Attendance Sheets submitted by OICs will enable such an analysis. Clinical Supervisors should give regular feedback to OICs (especially praise for facilities exhibiting good attendance) and stress the need to conscientiously complete and submit Attendance Sheets every month.

STANDARD OPERATING PROCEDURE

SOP Title:	**Health Center/Clinic Personnel Attendance Sheet**
Purpose:	To record daily attendance of health facility personnel; to note any irregularities in their attendance and actions taken/recommended by the OIC to address such irregularities.

Responsibilities:

Title (Acronym)	Level	Responsibility
Health Center or Clinic Officer in Charge (OIC)	Facility	Records on Attendance Sheet the daily attendance of personnel at facility; keeps Clinical Supervisor informed of personnel attendance through a copy of the Attendance Sheet; consults with Clinical Supervisor on dealing with problems of attendance of personnel.
Clinical Supervisor	County	Monitors the attendance of personnel at facilities through the Attendance Sheet; determines whether any pattern of attendance irregularities are developing; provides support to facility OICs on how to deal with problems of personnel attendance.

Procedures:

1. On the first work day of every month the facility OIC obtains two (2) blank copies of the Health Center/Clinic Personnel Attendance Sheet. The name and location of the health facility, and the month/year are entered on the forms .
2. The name and position of each staff member working at the facility are entered on the forms, beginning with the name of the OIC. If there are more than 15 staff members working at the facility, additional forms are used.
3. Days during the month when the facility will not be open, including weekends and holidays, are marked with an "**X**".
4. The OIC may decide to delegate the daily function of filling out the forms to another member of the facility staff. In such case, however, the person responsible for completing the form must show the completed form to the OIC every day for his/her review. The OIC should sign his/her initials at the bottom of the column for the day reviewed.
5. If the OIC completes the form him/herself on a daily basis, he/she should also indicate a standard delegation to another member of the facility staff in case of his/her absence so that the form will be filled in with no interruption.
6. Soon after the beginning of every official work day that the facility is open, the OIC marks the following for each staff member on the Attendance Sheets:

   P for Present, indicating that the person has arrived at the facility on time and is

prepared to spend the day working there.

A for Absent if the person has not shown up to begin work that day; also, "Present" may be changed to "Absent" if the person leaves the facility during the work day without official excuse.

E if the person has not shown up for work but has previously been excused from duty for an officially approved reason (see policy and procedure on Leave).

L if the person arrives late for work that day.

7. In every instance where A, E, or L is entered, the OIC must also enter a note in the space at the bottom of the forms, including the name of the person and the date(s) involved, to briefly explain the situation. For Absence and Lateness, the note must include what action is being taken or recommended. The back of the form is used to continue notes if necessary. Any action taken or recommended needs to be consistent with the policies and procedures of the MoHSW regarding disciplinary actions.
8. On the last work day of the month the OIC signs the forms, sends one copy to the Clinical Supervisor and files one copy in the Personnel Attendance folder or binder.
9. The Clinical Supervisor reviews and approves the form, taking careful note of :
   - disciplinary actions taken or recommended by the OIC concerning absence or lateness;
   - reasons for excuses from attendance.
10. The Clinical Supervisor arranges for follow up to facilitate any recommendations of the OIC that are approved and require involvement of the Clinical Supervisor or others at the CHT.
11. The Clinical Supervisor compares the attendance of personnel at facilities across the county to determine if there are any patterns of attendance irregularities that can be determined and considers any action to take to address such patterns (e.g., further investigation, issuing reminder directives, etc.).
12. OICs and Clinical Supervisors should offer praise to individuals and facilities that exhibit good attendance to provide recognition of and reinforce for such positive behavior.

Health Center/Clinic Personnel Attendance Sheet

Health Center/Clinic Name Location Eastern Health Center, Novname Town **Month/Year** April, 2010

Key:
P = Present
A = Absent
E = Excused
L = Late
X = Closed

	Name	Position:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1	Joe Bama	OIC	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	E	X	X	E	P	P	P	P	X	X	P	P	P	P	P	X
2	Mary Johnson	CM	P	P	X	X	P	P	P	E	E	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X
3	Biti Momo	Nurse	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	L	L	P	P	P	X
4	Sam Johl	Dispenser	P	P	X	X	P	L	A	P	P	X	X	A	A	P	P	P	X	X	P	P	L	P	L	X	X	P	A	L	P	P	X
5	Quayle Jones	LPN	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X
6	Nyon Adams	EH Worker	P	P	X	X	E	E	E	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X
7	Betty Smith	Cleaner	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X	X	P	P	P	P	P	X
8																																	
9																																	
10																																	
11																																	
12																																	
13																																	
14																																	
15																																	

Notes/Comments:
Joe April 16 & 19: Attended Supervision Skills workshop at CHT HQ
Mary April 8 & 9: Went to brother's funeral
Biti April 26 & 27 : Late, no reason – gave verbal warning
Sam April 6, 21, 23, 28: late, no reason. April 7, 12, 13, 27: Absent, no or poor reasons: have issued verbal warnings in past. Recommend writing official letter for his personnel file threatening cut in pay if he continues this behavior.
Nyon April 5-7 : Sick with malaria

Noted, will write warning letter to him and on his personnel file.
JT

Joe Bama
OIC Signature

James Togba
Approved by Clinical Supervisor

Figure 16. Sample Health Center/Clinic Personnel Attendance Sheet

6.5. Performance Appraisal

POLICY

- **CHT supervisors are responsible for conducting semi-annual performance appraisals of the employees they supervise.**
- **CHT supervisors shall conduct performance appraisals more frequently (at least quarterly) for special case employees.**
- **The information collected through individual performance appraisals shall be forwarded to the Central Ministry Administrative Hearing Committee for use in determining training needs, promotions and other personnel actions.**

GUIDELINES

On a semi-annual basis, supervisors are required to conduct an appraisal of the performance each of the employees they supervise using the approved Performance Appraisal form. The form is designed to allow the employee to rate their own performance through self-evaluation, as well as for the supervisor to rate their performance. The emphasis should be on detecting areas where the employee can improve their performance during the next review period. Additionally, recommendations for additional support and training from the Ministry should be noted.

The Central Ministry is establishing an Administrative Hearing Committee to review all Performance Appraisals to recommend individual personnel actions and to propose performance improvement training and programs.

To avoid conflict with major holidays and other activities, the semi-annual periods are defined as:

April 1 – September 30

October 1 – March 31

By the 15th day following the end of each semi-annual review period (i.e., October 15 and April 15), the CHT Human Resources Manager collects all the Performance Appraisal forms from the CHT Departments and packages them for the CHO to forward to the Central Ministry Administrative Hearing Committee.

In addition to semi-annual Performance Appraisals, supervisors are encouraged to conduct more frequent appraisals of special case employees. Such employees would be those who have been recently employed. They should receive an appraisal at the end of their three-month probation period. This allows issues in their performance to be detected and corrected early in their employment, before they turn into bad habits. Also, employees who have been exhibiting poor performance, or engaging in irregular behavior, should be appraised more frequently than semi-annually until such performance or behavior problems are corrected.

STANDARD OPERATING PROCEDURE

SOP Title:	**Performance Appraisal**
Purpose:	For each CHT supervisor to evaluate the work performance of the employees they supervise on a semi-annual basis and recommend personnel actions and areas for individual employee performance improvement.

Responsibilities:

Title (Acronym)	Level	Responsibility
CHT Supervisors (including OICs)	County & Facility	Reminds each employee they supervise to complete self-evaluation part of Performance Appraisal form; completes the Supervisor's Evaluation part; provide feedback to the employee and submits completed forms to their supervisor. If supervisors receive forms from lower level supervisors they review them and forward on to their supervisor.
CHT Department Heads	County	Receive completed Performance Appraisal forms from supervisors, review them and give to the Human Resources Manager.
CHT Human Resources Manager	County	Receives Performance Appraisal forms from Department Heads and checks them against the CHT employee list; notifies CHO and Department Heads of any missing forms; bundles forms and prepares cover letter for CHO; arranges for delivery of bundled forms to Central Ministry.
County Health Officer	County	Reviews Performance Appraisal forms received from Human Resources Manager; signs letter covering bundle of forms.
Administrative Hearing Committee Chairperson & Members	Central	Receive bundles of Performance Appraisal forms from all counties; review forms with a view to making recommendations for ways to improve the collective performance of the Ministry's employees, as well as individual employee commendations, promotions and disciplinary action.

Procedures:

1. At the end of every semi-annual period (April 1 - September 30 and October 1 - March 31), every employee of the CHT, including all health facility staff, fill in the "Employee's Self Evaluation" part of the Performance Appraisal form. They should focus on an honest assessment of their accomplishments in the past six months and include information about areas in which they could use support so they might improve their performance in the next period.

SOP Title: **Performance Appraisal**

2. On the 5th day after the end of the semi-annual period, employees should sign, date and submit their Performance Appraisal forms to their supervisor.
3. The supervisor reviews each of their supervisee's Performance Appraisal forms and completes their own evaluation of the employee's performance in the "Supervisor's Evaluation" section of the form. In addition to the rating of their performance, the supervisor should focus on areas that the employee can improve.
4. The supervisor calls each employee to a one-to-one meeting to provide feedback to the employee based on the supervisor's evaluation of their performance in the past six months. The emphasis in these feedback sessions is to give employees practical suggestions as to how they can improve their performance. If there are recommendations for support that might be provided by the Ministry in the way of training or material items needed, these recommendations should be communicated to the employee.
5. After the feedback session the supervisor signs and dates the form and gives to the employee to read. The employee at that time has the optional opportunity to write any additional comments and then sign and date the form.
6. By the 10th day of the month following the end of the semi-annual period, every CHT supervisor submits their completed Performance Appraisal forms to their supervisor, who reviews them and submits to their own supervisor for further review. Particular attention should be given to employees showing outstanding performance so they may be commended, and to those showing poor performance so they might be given additional counseling to improve their performance, or recommended for disciplinary action. Once the forms have been sent through the supervisory chain and reach the Department Heads, the Department Heads give the forms to the Human Resources Manager to bundle for forwarding to the Central Ministry through the CHO. (The CHO completes Performance Appraisals for the three Department Heads and any other employees he/she supervises and submits them to the Human Resources Manager.)
7. The Human Resources Manager checks the forms received by the 15th of the month (following the end of the semi-annual period) against the CHT employee list and notifies the CHO and Department Heads of any employees for whom Performance Appraisal forms have not been received.
8. On the 15th day of the month following the end of each semi-annual period, the Human Resources Manager bundles together all completed Performance Appraisal forms received and prepares a cover letter for the CHO's signature. The cover letter should contain the name of the County, the number of Performance Appraisal forms in the bundle, and the percentage of all CHT employees that the number of forms represents. The letter should be addressed to the Deputy Minister for Administration, to the attention of the Chairperson of the Administrative Hearing Committee. Any general recommendations that the CHT has concerning training or other support that would improve the collective performance of the CHT's employees should be included in the letter.
9. The CHT signs the cover letter and the Human Resources Manager arranges for its delivery to the Central Ministry.

Republic of Liberia
Ministry of Health & Social Welfare

SAMPLE

Staff Performance Appraisal

Name: John Flumo Job Title: OIC PA Location: Central Clinic

Date of this Appraisal: 3 Oct 2010 This Review Period: from 1 Apr 2010 to 30 Sep 2010 Date of Last Appraisal: 5 April 2010

STAFF MEMBER'S SELF-EVALUATION

Has the past year been satisfactory or otherwise for you, and why?	Yes, but I need more opportunity to increase my technical skills.
Do you have a copy of your Job Description?	☐ Yes If No, why not? I cannot find my copy. ☑ No
What part of your job do you find the most satisfying?	I enjoy helping patients to recover from illnesses.
What part of your job do you find most difficult?	Making sure the clinic staff come to work regularly on time.

OBJECTIVES These are the five most important objectives you set for yourself last in your last Appraisal. Please rate how well you believe you achieved them.	**Achievement** Fully Achieved	Partially Achieved	Not Achieved	**Comments, including reason(s) if partially achieved or not achieved**
1. Make sure the staff come to work on time every day.		✓		Two of the staff are absent many days in the month but they give no reasons.
2. Get new equipment for clinic.	✓			Received new stethoscopes and BP cuffs. Also a new microscope.
3. Attend training on Basic Package of Health Services			✓	I was not sent for the training
4. Build a new latrine for the clinic.		✓		The community dug the pit, but no cement was sent
5. Have no stockouts of drugs.		✓		Only 3 drugs stocked out in last 6 months

Which of the above, or other achievement on your part, do you consider your most important since your last Appraisal?	Receiving new equipment

Figure 17. Staff Performance Appraisal Sample

What action could be taken by you to improve your performance in your current position?	I should be sent for more training.
What sort of training/experiences would benefit you in the next year? (Not just job-skills - also your natural strengths and personal passions you would like to develop)	Basic Package of Health Services training
What other type of support would help you to improve your performance?	More visits from clinical supervisor. Also more books on clinical diagnosis of communicable diseases.
What kind of work or job would you like to be doing in five years time?	I would like to be a Clinical Supervisor at the CHT

List the five most important objectives you plan to achieve in the next 6 month review period:

1. Continue to make improvements in the staff coming to work regularly on time.
2. Improve my technical skills by attending training on Basic Package of Health Services
3. Get two more towns to enroll Community Health Volunteers with the clinic's CHV training program.
4. Eliminate stockouts of drugs.
5. Finish building a new latrine for the clinic.

Additional Comments:

I very much appreciate the visits of my supervisor.

Staff Member's Signature John Flumo Date 3 Oct 2010

SUPERVISOR'S EVALUATION

Name of Supervisor Bendu Quaye Title Clinical Supervisor

Evaluation Criteria	Rating				
	Outstanding	Very Good	Good	Fair	Poor
1. Works well with other staff members				✓	
2. Works well with public and patients		✓			
3. Works well within team/ promotes teamwork					✓
4. Comes to work on time and is dependable	✓				
5. Completes work within deadlines			✓		
6. Follows directions of supervisor			✓		
7. Works well without supervisory direction				✓	
8. Quality of technical skills		✓			
9. Follows policies and procedures				✓	
10. Readiness for more responsibility					✓

Summary of Performance:
(Check the one category that best describes the staff member's overall performance)

- ❒ Outstanding: Exceeds established goals/expectations for the position and is clearly outstanding overall.
- ❒ Very Good: Meets and frequently exceeds all established goals/expectations for the position.
- ☑ Good: Adequately meets established goals/expectations for the position.
- ❒ Fair: Meets some, but not all established goals/expectations for the position and improvement in specific areas is required.
- ❒ Poor: Unacceptable for the position and significant improvement is required

General comments on overall performance (if Outstanding or Poor rating given, full explanation, including specific achievements/incidents must be cited):

John has not yet understood supervisory principles and the responsibility of supervising his staff. He has not built a team with the staff in the clinic. He thinks that all he needs to do is improve his technical skills. I have told him of this before but he has not made much improvement.

Since he enjoys clinical work he is very good with patients and the community has good things to say about him. The fact that they have dug a pit for a new latrine shows that they appreciate the work he and the clinic are doing.

I have found him to be very passive where improvements are needed and usually waits until I or another person from the CHT tells him that some improvement is needed, such as the need for a new latrine.

Several of his staff have complained to me that he does not listen to their problems but is only concerned about his own problems.

He is very conscientious about coming to work on time every day.

He wants to eliminate stockouts but I have found that he does not keep his drug storeroom in an organized way, which might be the reason he does not order the right quantity of drugs. We have discussed this in the past.

Areas for improvement:

He needs to be sent to a workshop on supervision and encouraged to improve his supervisory skills, especially in how to build a team with his clinic staff.
He should also attend the BPHS training (he did not attend last time since there was no one to cover for him at the clinic).
He needs to improve his drug storage organization—he should improve his drug record keeping.

Feedback given to staff member on:

- ☑ Quality of performance
- ☑ Strengths
- ☑ Weaknesses
- ☑ Ways to improve performance
- ☑ Potential for advancement
- ☑ Overall attitude and work ethic
- ❒ Other:

Date of discussion of evaluation with staff member 8 Oct 2010

Comments on discussion of this appraisal with the staff member:

He listened to my feedback and promised to improve his performance as a supervisor and do more team building work.

Supervisor's signature Bendu Quaye Date 8 Oct 2010

STAFF MEMBER'S RESPONSE TO SUPERVISOR'S EVALUATION

(To sign this evaluation only means that you acknowledge having read it, not that you agree or disagree with your rating.)

I have read my performance evaluation and have discussed it with my supervisor. I have the following comments (optional):

I agree with many of my supervisor's comments, but believe that most of my problems with performance are related to my need for additional training.

Staff member's Signature John Flumo Date 10 Oct 2010

6.5.1. Recognizing outstanding performance

GUIDELINES

Recognizing employees for outstanding performance is important in any organization, and especially for those who deliver health services since they frequently deal with stressful, life-and-death situations. The Ministry encourages a number of methods of giving such recognition. The most effective is for the CHT, under the direction of the CHO, with assistance of the CHT Department Heads and the Human Resources Department, to develop a program that publicly recognizes outstanding performance. Such recognition should not be given lightly, nor should it be given to large numbers of employees. Every year a few persons in the CHT should be recognized, and the specific circumstances of their outstanding performance should be identified and clearly described. Certificates should be awarded to them in public ceremonies, as well as other tokens of recognition.

6.5.2. Disciplining unsatisfactory performance

GUIDELINES

Recommending an employee for disciplinary action is something that no supervisor enjoys doing. Nevertheless, at times such action is necessary. Disciplinary action should be used only as a last resort, after supervisors have followed the Ministry's regulations concerning verbal and written notice of performance problems. CHT supervisors should recommend to the respective Department Head the need for disciplinary action. Department Heads then consult with the CHO and CHT Human Resources Manager to follow the appropriate course of action, as prescribed by the Ministry. Employees recommended for disciplinary action may be subject to disciplinary procedures up to and including termination. Civil Service guidelines will be followed.

6.6. Leave

GUIDELINES

There are a number of categories of leave available to employees during periods of absence from their work site, including:

- Vacation Leave
- Official Holidays
- Sick Leave
- Maternity Leave
- Funeral Leave
- Development (Study) Leave
- Leave without Pay

Supervisors must be fully knowledgeable of these different types of leave available to Ministry employees. Except for sick leave and other absences of an emergency nature, employees must apply in advance and seek approval before being absent from their work site. Any unapproved or unexcused absence may result in disciplinary action.

7. SUPERVISORY SKILLS

7.1. Planning and Budgeting

7.1.1. Planning and Budgeting by CHT Supervisors

GUIDELINES

Each year the CHT is responsible for developing an Annual Plan and Budget. There are separate Policies and Procedures for doing that. What is described in this section are the skills needed for planning and budgeting specific, individual activities, such as supervisory activities, immunization campaigns, or a workshop to train facility staff in some new technical procedures. Each such activity that is planned, however, must fit within and be consistent with the broader CHT Annual plan and Budget.

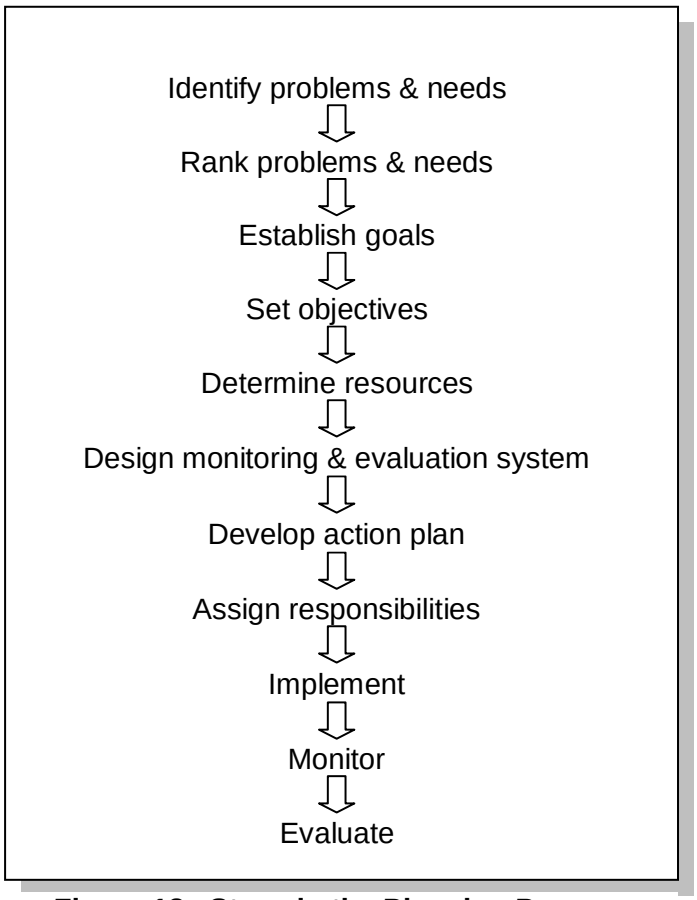

Figure 18. Steps in the Planning Process

A systematic approach to planning can help supervisors make sure that plans are realistic and practical. Figure 18 shows a useful process for planning activities. Each of these steps of the planning process is explained below. Sometimes plans can be made and then decisions made about how much the implementation of the plans will cost. More often, however, when there are limited financial resources, it is necessary to keep these limitations in mind when developing the plan, especially when setting goals and objectives.

❖ **Identify problems and needs** that require attention. (Problems are things that are not working properly. Needs are resources required to make things work.) Talk to people, review records and reports, observe for yourself to determine what seem to be the most critical areas.

- **Rank these problems and needs**. To rank them in order of priority, you should consider the following:
  - How often is the problem or need experienced?
  - How serious is the problem or need?
  - How concerned is everyone about the problem or need?
  - Are there resources that could solve the problem or fill the need?

- **Establish goals** for your activity which are based on the problems and needs identified. A goal is a general statement of where you want to go or what you want to accomplish with your activity.

- **Develop objectives** which contain practical steps for fulfilling the goal. An objective is a very specific statement of how you plan to reach your goal. A goal may have more than one objective. An appropriate objective should state the following very clearly:
  - What the objective will accomplish.
  - When the objective should be accomplished (the deadline).
  - Where the objective should be accomplished.
  - Who should accomplish the objective.

- **Determine resources** that are needed to accomplish the goals and objectives. Resources are the human, material and financial resources required for each activity. Financial resources should be expressed in terms of a budget, with quantities and unit costs shown.

- **Design monitoring and evaluation system**. Now that you have identified your problems, needs, goals, objectives and resources, you have the basic elements of a plan. You are nearly ready to implement. However, first you should decide how you are going to monitor and evaluate your activity. Essential to monitoring and evaluating is selecting indicators. An indicator is something that indicates whether you have accomplished your objective. It is something that will tell you if you have accomplished what you wanted to accomplish.

- **Develop an action plan**. Before actually implementing your activity, it is often useful to develop an action plan. An action plan provides detail on what activities are going to be done, who is going to do them, where they will be done, when they will be done and how they will be evaluated. Often such activity plans are displayed as a timeline with the detailed tasks shown and the start and finish of these tasks represented by arrows or X marks across weeks of months. Some people call such timelines "Gantt charts."

Implementation Timeline

	2007					2008					
Activities	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Component 1: Basic Package of Health Services											
Objective: o increase access to BPHS											
Community Education for the whole of BPHS											
Develop IEC materials on BPHS - Posters			X								
Test the IEC materials on BPHS - through the OICs			X	X							
Print the IEC materials					X						
OICs to inform CHWs on community education of BPHS			X	X	X	X					
Conduct town meetings with community authorities around the 14 facilities						X					
Conduct radio talk shows at 8 radio stations					X	X					
OICs and CHWs do outreach to educate community on BPHS in churches, youth groups and schools						X	X				
Put up posters in facilities, community areas by the OICs					X	X	X				

- **Assign responsibilities**. Next, assign responsibilities for carrying out each of the

activities identified in your action plan to your supervisees (or yourself). It is usually best to provide them with a written description of what they must do. Make sure they understand exactly what has to be done.

- **Implement**. Here you actually put the plan into action. Make sure adequate resources available before beginning the implementation. Some form of training is usually required to begin implementation.

- **Monitor**. While implementing the plan, monitor how the activity is going. Use indicators you selected to determine if the plan is moving toward the objectives. Be prepared to alter or change the plan if it is not accomplishing the objectives.

- **Evaluate**. Again, use indicators to determine the progress toward achieving the goals and objectives. Use the results of the evaluation to redevelop the plan, if necessary, and to develop any additional plans based on newly identified problems and needs.

7.1.2. Planning and Budgeting by Facility Officers in Charge

GUIDELINES

Plans need to be expressed in terms of the budget needed to support and implement them. Facility OICs and their staff should develop annual plans for their facilities, which are updated quarterly. Every year, the staff of each facility, led by their OIC and supported by their CHT supervisor, should prepare a plan for their activities and expected accomplishments for the coming year. This plan should also include a budget to show the resources needed to implement their plan. This plan does not need to be an elaborate document, but should contain the main objectives that will be accomplished. As with all objectives, they should be concise, measurable and time-bound. The CHT supervisor can assist with this by providing samples of typical objectives that are relevant to the BPHS. What the facility staff will need to do and commit to is the level of accomplishment they believe they can achieve within the requirements of delivering the BPHS. Here is an example related to service delivery:

"By the end of the coming year Eastern Health Center will provide Antenatal Care for 2,400 client visits, 200 of which will be new clients."

Here is another example related to conditions in the health center:

"By the end of the coming year Eastern Health Center will improve its stock-keeping conditions so that there are no expired products on the shelves and no stockouts at any time during the year."

7.2. Leadership, Team Building, and Teamwork

7.2.1. Leadership

GUIDELINES

A leader is a person who organizes and coordinates the work of people who share a common goal. Supervisors, by nature of their position in an organization, must be leaders. Some people say that good leaders are born, not made. While it is true that some people have a more natural talent for leadership than others, it is not impossible for anyone to develop and improve their leadership skills. Within an organization, however, it is important that good leadership capability be evident at all levels. Upper level managers need to provide direction and set a good example for the supervisors they manage. A Clinical Supervisor who is trying hard to be a good leader will find it difficult to succeed if the Director of the Community health Department of the County Health Officer is not providing effective leadership. This is where the role of the Central MoHSW comes in to play through oversight of the management and supervision functions of each CHT to facilitate effective leadership at all levels of the system.

There are several ways that supervisors can provide leadership to change or improve the performance of their supervisees. Four different approaches will be described here:

- Persuasion
- Teamwork
- Vision and Values
- Power and Authority

Persuasion is the use of facts, logic, or evidence to convince people to behave in a certain manner. Training courses and workshops are frequently used to convince health workers to adopt new methods. Professional articles and research studies containing data and feedback are sent out to help show them ways to improve. The advantage of this approach is that the supervisor appeals directly to the supervisee's common sense. It is generally considered the first approach to use in influencing improvements.

Teamwork encourages providers to engage in participatory problem solving. The members of a team (the staff at a service unit for instance) get together to discuss common problems and come up with ways to solve them. This type of *brainstorming* behavior allows participation on the part of all members and promotes "ownership" of the ideas for improvement that are generated. In addition to convincing the team members of the benefits of improvements, the act of forming a team results in greater work output due to more positive staff inter- relationships.

Vision and values motivate change by creating an attractive ideology of professional quality and service to the community. This is related to persuasion, but appeals to a higher order of belief than can be approached through logical facts and figures. Religious beliefs are often called upon to influence health workers towards service improvement, as can appeals to service in response to humanitarian needs and professional obligations.

Power and authority involves the use of incentives and pressure to require compliance with certain behaviors or standards; subordinates are *ordered* to comply. The implication of this approach is that if they do not comply, something undesirable will

happen to them (loss of incentives, for instance). In order for power and authority to work, it is necessary that there be a clear policy set out by top management, that performance standards be defined in writing, that there be clear information given to supervisees concerning the implications of non-compliance and that there is a supervisory system in place to monitor compliance.

The most effective method of providing leadership to influence change would actually include a combination of several of the above methods. In fact, a highly effective leadership strategy would undoubtedly involve all four of the above approaches. In general, it is best to begin with the "softer" approaches of persuasion, teamwork, vision and values and only use the "harder" approach of power and authority as a last resort—when the other methods have failed. While power and authority are effective in producing quick compliance, a more lasting commitment to improvement will be gained with other methods

7.2.2. Team Building and Teamwork

GUIDELINES

A group of people does not automatically work together as a team. People do not always cooperate and work toward a common goal. Usually, someone must assist in making the group into a team. Leaders are responsible for building teams. As a supervisor, one of your most important duties is to act as a leader to build a team with your supervisees.

CHT supervisors should follow these guidelines when building teams:

- **Use a participatory and democratic style of leadership**. Trust your supervisees' abilities. Listen to their opinions and encourage them to contribute their ideas about how to get the job of delivering the BPHS done correctly and competently. Help them improve their skills. Give them more responsibility as their skills improve. Work with them to solve problems as they arise. Try to achieve a consensus of opinion in your group decision-making whenever possible.
- **Know your supervisees**. Establish a friendly working relationship with each supervisee. Introduce yourself. Describe your background and experience. Encourage them to do the same. Explain the team concept and the leadership style you plan to use. Encourage them to give feedback and become involved.
- **Use meetings**. Bring supervisees together to work as a group. Give them an assignment that requires teamwork. Provide guidance but do not be domineering. Discuss problems and issues that result from teamwork or efforts to work as a team.
- **Set goals with the team**. Involve the team in identifying needs and determining goals. Make sure that all team members understand and agree with the goals that are finally selected. Once goals are selected, encourage cooperation and team spirit in achieving them.
- **Organize the team to achieve its goals**. Assign roles and responsibilities to team members. Make sure that all team members understand each other's roles and responsibilities. Make a firm commitment to assist them in carrying out their roles and responsibilities. Provide information or on-the-job training, if necessary, to prepare them for their roles and responsibilities.

- **Explain the rules.** That is, explain that the team is governed by MoHSW rules and regulations. Involve the team in identifying rules they either do not understand or do not agree with. Lead a discussion of these rules. Explain the reasons behind these rules.
- **Team building must be continuous** to transform a group into a team. Bring supervisees together frequently to work as a team. Focus continuously on the team building process.
- **Establish a spirit of mutual trust** among supervisees and with their colleagues.
- **Attach value to high standards** of performance and work actively to persuade those who are not committed to join in the positive spirit of the team.
- **Encourage creativity, freedom of action and innovation** among supervisees as long as these efforts are consistent with the goals of the team.
- **Provide direction** to the team, never let them wander aimlessly.
- **Never misuse authority**. Such action can cause friction in the team and lead to rebellion.
- **Encourage healthy competition** among team members, but be sure to control it when it becomes a detriment to the team's goals.
- Encourage supervisees to take a personal interest in each other, but work to **avoid petty gossiping and spreading rumors**.
- **Avoid favoritism**. Find ways to be friendly with each team member without displaying too much praise or granting too many favors to specific individuals.

Misconceptions about Teamwork. Most supervisors agree that teamwork is good. Nevertheless, there are some misconceptions of what teamwork means:

- Teamwork *does not mean* that everyone does the same thing at the same time. The idea of a team is to distribute responsibilities and work load so that the total output of the team is multiplied.

- Teamwork *does not mean* that some members of the team can do very little work and yet still get credit for the overall work of the team. A team is not a place where less industrious members can "hide." This type of behavior should be identified if it happens and corrected.

- Teamwork *does not mean* just a collection of people who have some reason for working together. Team members must communicate effectively with each other, share common goals and objectives, see themselves working together as a unit and, as much as possible, enjoy working together.

7.3. Motivating People

GUIDELINES

One of the most important responsibilities of a CHT supervisor is to provide a motivating environment for supervisees. However, stimulating them to achieve maximum performance is not easy. Many supervisees lack self-confidence and cannot focus on their work. In addition, the conditions of service often demotivate them so that it seems nothing the CHT supervisor does will help. CHT supervisors and health facility Officers in Charge

should create an environment that inspires among their supervisees enthusiasm to provide high quality services and a passion to excel in their work.

In the previous section on Teamwork and Leadership, a number of ways to help motivate supervisees were presented. Some of those ways are repeated here in addition to some new ways not presented as yet.

- Consider the kinds of things which motivate you. It is very likely that **what motivates you will also motivate your supervisees**. Therefore, you can work to make sure those factors are part of the supervisees' work environment.
- **Project a positive attitude** about your work and the work your supervisees are doing. Try to maintain your positive attitude even through the difficult times.
- Take time to **discover your supervisees' attitudes, talents, goals, likes and dislikes**. If you know a person's goals, you will be better able to understand their behavior and perhaps even predict their behavior in certain situations. Understanding supervisees is the first step toward helping motivate them.
- **Be a supportive supervisor** at all times. Trust your supervisees. Be straightforward and fair. Be consistent. Show respect for their ideas and opinions.
- **Set a good example**. Set high standards of performance for yourself and do your best to live up to them.
- **Develop and maintain good personal relations**. Be friendly and communicate openly. Do not criticize workers unfairly and never criticize them in front of other team members. Maintain a sense of humor. Avoid getting angry. Anger almost always makes matters worse.
- **Give supervisees jobs for which they are best suited**. Success is a powerful motivator. After getting to know your supervisees, you can assess their strengths and weaknesses. Give them work that makes use of their strengths. Supervisees are more likely to succeed, and therefore more likely to be motivated, if they are working in an environment that takes advantage of their particular interests and skills.
- **Use a participatory style of leadership**. Encouraging supervisees to participate and get involved will motivate them to do a good job. Share information with them. Use two-way communication and insist on feedback.
- **Guide, encourage and support supervisees**. To motivate them you must continually offer guidance, encouragement and support. Guidance means working with supervisees to help them plan and evaluate their work. Guidance also means letting them know what you expect of them. Encouragement means helping and reassuring supervisees regardless of their type of problem. Support means providing them with the means to do their jobs well, and being their advocate in their dealings with central level ministries or other superiors.
- **Reward good work**. A positive way to motivate supervisees is to reward good work with praise. Praise is a powerful motivator. Do not hesitate to express appreciation for good work. Do not wait until the worker's annual performance evaluation to offer praise. Praise is especially effective when given in front of other staff because it increases the supervisee's self-confidence and enhances his/her leadership position.

- **Build team spirit**. Supervisees will be motivated to work harder if they feel they are part of a team. Make sure that they understand that they are members of a team and that their jobs are important to the success of the team.
- **Provide continuing education**. A continuing education program linked to certification or credit toward promotion can be a motivator. Advancement and promotion, in addition to improvement in skills, can be very useful in keeping supervisees motivated.
- You should remember that **even monetary incentives will not continue to motivate people indefinitely** when the important motivating factors like responsibility, recognition, achievement and the opportunity to do meaningful work are absent.
- In addition, when supervisees are complaining about their working conditions, it is likely that other motivating factors are missing. Usually when they are not getting much satisfaction from their jobs, they complain of the long hours or the dirt, heat, remoteness and little pay. It has been found that **when supervisees are doing a job they like and are committed to, they seldom mention problems with working conditions unless those conditions prevent them from getting the job done**.

7.4. Communication

GUIDELINES

One of the CHT supervisor's most important tools is communication. It is essential to every other supervisory duty and responsibility. Good communication will improve teamwork.

Good communication is two-way communication. That is, it is communication that goes back and forth between the sender and the receiver. In two-way communication, the receiver of a message actively participates in the communication. The receiver tells the sender whether the message was understood and adds his/her own information, ideas, and opinions. This added information is feedback. Feedback distinguishes one-way communication from two-way communication.

Supervisors should use the following guidelines to establish and maintain two-way communication with supervisees and colleagues:

- **Make sure you know exactly what it is you want to communicate**. Whether in writing or orally, make sure the ideas you want to communicate are clear in your own mind. Take time to think before you speak or write a message. Is it to inform, to get information, to give direction, to discuss, to consult, etc.?
- **Choose an appropriate means of communication**. Some things are better communicated orally than in writing, while others would best be written so that there is a permanent record. If in doubt, put the communication in writing. This helps to clarify just what it is you want to say and also provides a record of the idea or thought to be communicated.
- **Make certain any communication you send goes where you wanted it to go by asking for feedback**. For oral communication this can simply be asking the receiver of the communication what he/she heard or asking the person to give some feedback on the idea or thought. Another way is to get feedback in the form of results from the message sent. That is, seeing the response to the message or actually asking the receiver what

action is planned as a result of the message received. In all communication, insist on feedback.

- **Be an active listener**. This means more than just being quiet and letting others talk. Active listening means listening for content and meanings. We listen to see if our message has gotten through. Being an active listener means:
  - Talking less.
  - Listening for attitudes and feelings as well as facts.
  - Delaying the statement of your point of view until you have heard the other person's.
  - Repeating your understanding of the other person's point of view before stating your own.
- **Understand the other person's moods**. Be aware of peoples' moods and attitudes that may be affecting communication. Watch their body language to detect whether or not they are actively engaged in the conversation.
- **Ask questions of those with whom you communicate** to make sure they understand your message and that you understand their message.

7.5. Problem Solving

GUIDELINES

Problems will always occur in any organization. This is to be expected. It is essential for supervisors to be able to analyze and solve these problems.

Solving problems involves four basic steps:

1. Understand the problem.

- The first step in solving any problem is to clearly identify the situation that is causing the problem. Begin by gathering information. You should discuss the problem with those involved and, if possible, observe the problem or the consequences of the problem. You will want to review any reports or records that relate to the problem.
- Collect as many facts as possible. These facts should be the basis for your identification of the problem.
- In addition to facts, you should gather subjective information, such as opinions. Be careful though, not to base your identification of the problem solely on opinions.
- Be aware that some problems are really only symptoms of a larger, more fundamental problem. When identifying and understanding a problem, look beyond symptoms and try to discover the underlying causes.
- When supervising health facilities a good source of problem identification is the MoHSW Accreditation Checklist. What inadequacies in the facility were identified during the last visit by the accreditation team?

2. Identify all possible solutions.

- ❖ When you have a full understanding of the problem, the next step is to draw up a list of solutions to the problem. It is best to begin by consulting with those involved again and brainstorming all possible solutions. Do not discuss any of the possibilities at this point. Simply list anything and everything which comes to mind. Be creative!
- ❖ After compiling a list of all possible solutions, take time to analyze each one. Look at the extent to which the solution addresses the problem and its causes. Look at the financial costs of using the solution, look at the time and human resources necessary.

3. Select the best solution.

- ❖ Once you have identified a problem and listed all the possible solutions, and analyzed each solution in terms of its impact on the problem and the relative costs associated with implementing it, you are ready to make a decision as to the best solution. Remember that even experienced supervisors often cannot agree on which solution is best.
- ❖ Use your judgment to select a solution. Think again about what would happen if you carried it out. Would it solve your problem? What resources would you need? Who would be affected? How? How much time and effort would you require?
- ❖ Knowledge and experience improve your judgment and decisions. Experienced supervisors are usually able to select effective and efficient solutions. With practice and experience, you will improve your ability to select the best solutions to problems.
- ❖ Remember that not all problems have solutions. You may, for example, find that all the possible solutions to a problem are unacceptable. In such a case, you may decide to do nothing. To do nothing is also an alternative, and you should consider its consequences just as you considered the consequences of the other alternatives. If doing nothing is the best alternative, then select it.

4. Take action.

- ❖ It is no good selecting the best solution if you do nothing about it! You must take action to solve the problem. Then you must follow up to make sure that the problem has been solved.
- ❖ Be aware that as you carry out your solution, it may generate some resistance. Listen to those affected by the solution as you implement it. If your decision on the solution was wrong, do not be afraid to admit your mistake. Reverse the decision and try something else. However, as long as you feel the solution you chose was the best possible under the circumstances and that there is still no better alternative, stick with it.

7.6. Conducting Meetings

GUIDELINES

Meetings are the most frequently used management tool for exchanging ideas, information, and resolving problems. Meetings can also be an effective means of developing new initiatives and programs. However, meetings can also be excessively long and unproductive. Therefore, it is essential that meetings be carefully planned, have a designated chairman and secretary, a fixed agenda, a time limit, and provide for follow-up to ensure that decisions made at the meeting are acted upon.

- **To ensure maximum participation in a meeting:**
  - Staff must be notified well in advance of a scheduled meeting.
  - Written notification of a meeting should include the month, day, date, time, place, and expected length of the meeting. This can either be in the form of individually printed and distributed citations, or notification posted on a bulletin board.
  - The meeting agenda should either be included with the notice or briefly summarized in the notice.

County Health Team
Monthly Meeting
June 15, 2009
9:00 AM

AGENDA

1. Opening and Introductions
2. Reading of Minutes
3. Approval of Minutes
4. Matters arising from minutes
5. Supervisory Visit Plans for 2009
6. Discussion of new annual leave policy
7. Plans for visit of Minister
8. Any other business
9. Adjournment

Figure 19. Sample Meeting Agenda

- **An agenda should be prepared** by the secretary of the meeting following consultation with the chairman. A request for items to be placed on the agenda may be sought from those invited to attend. Issues should be discussed at the meeting in the order in which they appear on the agenda. If written background information on topics to be discussed is available, it may be attached to the agenda. See a sample agenda in Figure 19.
- **It is important to conduct a meeting according to a standard order or business** so that each meeting runs as smoothly as possible, and does not significantly depart from the planned agenda. It is important that the chairman of the meeting practice effective leadership and use good interpersonal skills in conducting the meeting. A "model meeting" might be conducted as follows:
  - The chairman starts the meeting after a quorum (minimum number of participants) is present. The agenda is adopted.
  - The secretary reads the minutes from the previous meeting. The chairman asks for additions or corrections to the minutes. The secretary notes these changes.
  - Issues raised in the minutes are discussed.
  - Any correspondence relevant to the meeting is read aloud.
  - The chairman makes a brief report/introduction. If there are committees related to the meeting, the chairmen of these committees are permitted to make brief reports.

- Agenda items are discussed beginning with the first item and continuing until all agenda items have been covered.
- Any other (new) business is brought up and discussed.
- The chairman summarizes the main points and adjourns the meeting.

❖ **Minutes are the official record of what was discussed and decided during a meeting**. Minutes are written the meeting secretary. Listed below are guidelines for writing the minutes of a meeting:

- Minutes should be clear, precise and brief, providing an accurate summary of what took place at the meeting.
- Minutes should contain the month, day, time and place of the meeting; the names of all present; and the time that the meeting opened and closed.
- Special attention should be given to recording motions and resolutions (with the titles of the proposers and those who seconded the proposals).
- Follow up actions, and who is responsible for taking the action, should be clearly noted in the minutes.
- The meeting chairman and secretary should sign and date the official copy of the minutes.
- Official minutes of meetings should be prepared and distributed within three working days after the meeting.

7.7. Conducting In-Service Training (IST) and On-the-Job Training (OJT)

GUIDELINES

Supervisors should consider themselves as trainers. When engaged in supervision, supervisors should be constantly thinking of opportunities to provide a learning experience for people they supervise. The emphasis should be on learning rather than teaching in this context. For example, a supervisor may facilitate a situation during a supervisory visit that provides an opportunity for learning: asking the OIC of the facility to have one of the staff give a health talk on a new subject and then provide constructive criticism and some helpful hints about how to better give the health talk next time. Supervisors should seek ways to improve their IST and OJT skills through attending Training of Trainers (TOT) workshops, self-study and advice from peers.

Adult Learning Principles

As a pioneer in Androgogy (adult education), Malcolm Knowles developed four basic principles:

- Adults need to be involved in the planning and evaluation of their instruction (Self-concept and Motivation to learn).
- Experience (including mistakes) provides the basis for learning activities (Experience).

- Adults are most interested in learning subjects that have immediate relevance to their job or personal life (Readiness to learn).
- Adult learning is problem-centered rather than content-oriented (Orientation to learning)

These principles are still valid and should guide the development of adult learning programs.

Adults learn in different ways from children:

Adults	Children
☑ Decide for themselves what is important to be learned.	☑ Rely on others to decide what is important to be learned.
☑ Need to validate the information based on their beliefs and experiences.	☑ Accept the information being presented at face value.
☑ Expect what they learn to be immediately useful.	☑ Expect what they are learning to be useful in their long-term future.
☑ Have much experience upon which to draw – may have fixed viewpoints.	☑ Have little or no experience on which to draw – are relatively "clean slates."
☑ Significant ability to serve as knowledgeable resource to the trainer and fellow trainers.	☑ Little ability to serve as a knowledgeable resource to teach fellow classmates.

Consequently, when arranging training, you'll want to ensure that the learning experience:

- ☑ Is highly interactive, involving participants fully.
- ☑ Takes into account the participants' knowledge and experience.
- ☑ Is related to the person's job and will help him or her provide reproductive health services.
- ☑ Is considered beneficial by the participant.

--- From Ittner and Douds 1988, *Train-the-Trainer: Practical Skills That Work,* 1988

7.8. Managing Change

GUIDELINES

Supervisors frequently find themselves in the position where they are required to introduce new ideas and procedures to their supervisees. This can be challenging and exciting work for the supervisor, but often this type of change is resisted by supervisees. Resistance to change is a common human reaction. Understanding how to deal effectively with this change is part of the supervisor's responsibility.

- **There are many reasons why supervisees resist change:**
  - Supervisees who have been successful within an old system often resist the change because **they feel they will lose power**.
  - Supervisees become comfortable with, or accustomed to the way they are doing things and have a **fear of the unknown** circumstances that change can bring.
  - Supervisees who have developed skills in the old way of doing things **fear that they may appear incompetent** in the new way.
  - Supervisees may **feel uneasy about taking a risk** with a new way of doing things that may not work properly.

  It is important for the supervisor to recognize these types of feelings in their supervisees for what they are: normal human response to change. Supervisors must be careful that they do not over-react or take such normal reactions personally. There are ways that supervisors can successfully overcome resistance to change.

- **Here are a few ideas that may help supervisors to introduce and manage change**:
  - The most effective approach to introducing change is one in which there is **effective two-way communication** between the person who is attempting to implement the change and the person(s) who will be changed or affected by the change.
  - After a change has been introduced, there is often a tendency for people to slip back into old routines. In these cases, the changes do not stay. **Be patient** and expect that you may have to try several times to get the change to stick.
  - **Identify supervisees who more easily accept change** and find ways they can help you convince their colleagues to also accept the change.
  - Remember that people tend to repeat behavior that they find rewarding, so if you want changes to stay, **there must be rewards** for their changing. This can be as simple as praising those who have made the change.
  - **Introduce changes in measured amounts**. If possible, change only a few things at a time.
  - **Provide reliable and timely information** to supervisees about the change.
  - As a change agent, you must be prepared to **allow room for negotiation and compromise** if there is substantial resistance to proposed change.
  - When identifying a method for introducing and managing change, **be creative**. Like problem solving, the need for change should present an opportunity to try new approaches and techniques.

- **Supervisors need to examine their own attitude about the change they are introducing**. If they do not feel a commitment to the change, it will be difficult to convince supervisees of the need for the change.

7.9. Facilitating Community Participation

> *Interventions will focus on community empowerment - seeking to enhance a community's ability to identify, mobilize, and address the issues that it faces to improve the overall health of the community. Translating community contributions into improved health requires that they have an understanding of health issues in order to make informed health decisions. Increased community capacity, in turn, is expected to enhance the health of the individuals within the community and the development of the community as a whole.*
>
> —MoHSW National Health Policy 2007-2011

GUIDELINES

CHT supervisors and health facility Officers in Charge should develop skills that enable them to work proactively to mobilize and empower community leaders and members to enhance their participation in and support for the services provided by the MoHSW. CHT supervisors and health facility Officers in Charge should direct specific attention to support for Community Health Volunteers and Trained Traditional Midwives.

There are two closely related aspects to community involvement and participation that concern CHT supervisors and facility OICs:

- Community participation in managing the services offered by the CHT's health facilities;
- Support for Community Health Volunteers and Trained Traditional Midwives.

In both of these aspects, CHT supervisors and OICs should develop the communication and organizational skills required to ensure that their supervisees support the programs designed to enhance community participation. Please refer to the MoHSW *Community Participation Policy and Procedure Manual* for more detailed information.

7.9.1. Community participation in managing services

When the leaders and people in a community have opportunities to participate in the management of services they receive from organizations, whether governmental or non-governmental, they feel more empowered and interested in the services they receive. Some health workers believe this is an unnecessary complication and don't want to involve the community. Experience has shown, however, that spending time finding ways to engage leaders and people in general from the community pays dividends by increasing

demand for services, valuing and following advice about changing health behaviors, and even providing in-kind contributions to improve the health facility.

The "Ladder of Citizen Participation" in Figure 20 is a classic in the development of community participation concepts. It shows the various levels of participation from "Nonparticipation" through "Tokenism" to "Power." This "ladder" is useful in determining the level of participation that exists in your county, and the ideal level of participation that you would like to achieve.

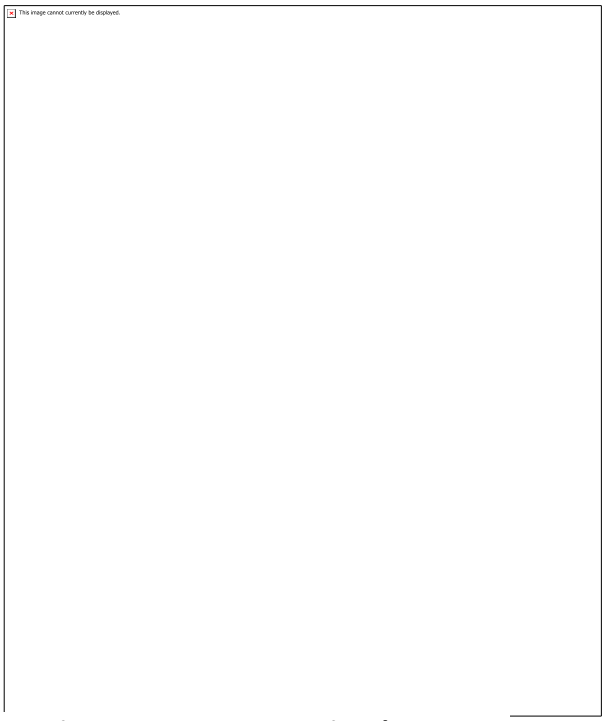

Figure 20. From Arnstein, Sherry R., *A Ladder of Citizen Participation*, 1969

You can also use the more detailed information in the matrix in Figure 21 to measure the degree of community participation in your county. While ideally the degree of participation should be high, what is actually advisable is that the degree of participation should be no higher than the community is prepared to manage. It could be counterproductive to give a community control of decision making and resource management if they do not have the skills and organizational ability to do so. Until community institutions are built up and capable, a moderate level of participation may be most appropriate, with the goal of increasing their capacity to take on a high level of participation. In the matrix, you can substitute "CHT" or "health facility" for "organization."

At the county level, the CHT should take part in the formation of a County Health Board that has broad membership, with representatives from traditional authorities, prominent community leaders, non-governmental groups and other government ministries. Such Health Boards provide a forum for the community to express their health problems and needs, give advice and guidance to the CHT, and provide a conduit for information to the community from the CHT. Generally Health Boards function at the policy level and not the day-to-day management and operational level of the CHT. Health Boards can assist the CHT in ensuring that services and programs adequately take into account the needs of the community in terms of poverty reduction, equality, gender issues, social justice and good governance. Their exact role would be determined on a county-by-county basis, based on the interests of the community and the CHT, while in keeping with the policies of the MoHSW and Government of Liberia. Subcommittees designed to work more closely with the CHT on specific issues and programs might also be formed. CHT supervisors need to be fully engaged in meetings and other representations of the County Health Board to ensure that the services and programs they support are consistent with the perceived needs of the broader community. Supervisors can also work with the Board to ensure that messages about campaigns, programs, services and healthy behavior are properly communicated throughout the community.

At the health facility level, OICs and their CHT supervisors should support the formation of Community Health Committees (CHCs). CHCs can help mobilize local support for the health facility, and hold the facility accountable to the community for providing good quality services that meet their perceived needs. A key responsibility of the CHC is the recruitment and support of Community Health Volunteers and Trained Traditional Midwives (see the next section for more detail). OICs and their staff should met frequently (at least monthly) with the CHC associated with their facility. These meetings should focus on receiving feedback from the community as to the quality of services and how well these services are meeting the perceived needs of the community. Such meetings can also provide opportunities for the facility staff to provide health information to the community regarding services offered, days and hours of operation, upcoming campaigns, and behavioral change. CHCs can also be coached in the support of their Community Health Volunteers and Trained Traditional Midwives. In addition, it may at times be appropriate to ask the CHC to help solve some of the problems troubling the facility, such as buildings that need repair, or transportation to/from the CHT headquarters to pick up drugs and supplies. CHT supervisors should support OICs in their relationship with their CHC by attending CHC meetings with them and taking a supportive (as opposed to dominating) role. Additionally, CHT supervisors should ask to accompany their OICs and staff when they perform outreach the community, and provide a good example of how to effectively interact with community leaders and members.

Degree of Participation	Community Participation	Example
High	Has control	Organization asks community to identify the problem and make all key decisions on goal and means. The organization is willing to help community at each step to accomplish goals.
	Has delegated powers	Organization identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.
Moderate	Plans jointly	Organization presents a tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advises	Organization presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.
	Is consulted	Organization tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.
Low	Receives information	Organization makes a plan and announces it. Community is convened for information purposes. Compliance is expected.
	None	Community told nothing.

Figure 21. Matrix showing degrees of community participation

From Chatora, Rufaro and, Prosper Tumusiime, *Management, Leadership and Partnership for District Health,* WHO, 2004. (Original reference: *Community participation for health*

for all. Community Participation Group of the United Kingdom Health for All Network, London, 1991.)

7.9.2. Support for Community Health Volunteers and Trained Traditional Midwives

A mentioned above in describing the role of the OIC in working with CHCs, it is essential to assist the CHC to provide support, guidance and supervision for the Community Health Volunteers (CHVs) and Trained Traditional Midwives (TTMs). OICs and their staff at the facility will be the main source of technical guidance and supervision for CHVs and TTMs.

> *…supervisors generally should participate as trainers for any CHV training activities provided to the CHVs they are supervising. Materials will be developed to help facilitate supportive supervision, including checklists. Generally contacts with CHVs should happen at least monthly. These contacts can be used to do follow-up reinforcement related to recent training and on any programmatic area where CHV performance is less than optimal. They will review stock status of all key program commodities and ensure any needed resupply. They will collect MIS reports. They will provide support and encouragement to CHVs, reflecting their valued role as community volunteers.*
>
> —MoHSW National Policy and Strategy on Community Health Services

In their regular contact with CHCs, OICs should make sure that the work of the CHVs and TTMs is discussed. They should ensure that they have the material support they require, including drugs and medical supplies and educational materials. OICs should also encourage CHVs and TTMs to visit the health facility of a regular basis to pick up supplies, deliver their reports and meet with facility staff to review their technical work. The facility staff, with guidance from the OIC, should develop a regular community outreach program that includes visits to CHC members and CHVs and TTMs.

7.10. Partnering/Coordinating

GUIDELINES

CHT leadership and staff should maximize efforts to establish and lead strong collaborative relationships with all other organizations and partners within the county that are engaged in activities and services related to public health. Collaboration with organizations and partners should be frequent, structured, documented, and designed to achieve mutual benefit for all partners.

The Ministry will effectively manage the diverse set of health sector partners who are motivated by a range of different mandates, interests, resources and ways of working. Liberia needs effective partnerships that are characterized by continuous and frank consultations, information sharing, clear rules of engagement and conflict resolution, transparent transactions, and explicit incentives. Partnerships for health shall be guided by the Government, to ensure that their actions are coherent with the principles of the national health policy. The involvement of potential partners in policy formulation and planning since early stages is the first step towards strengthened collaboration.

—MoHSW National Health Policy 2007-2011

Within the MoHSW we understand that the future of health care in Liberia will be a collaborative effort of government and non-government partners, working in harmony towards a common goal.

At the county level, the CHT should take the lead in ensuring that collaborative relationships are established, strengthened and maintained. Each of Liberia's counties has its unique collection of organizations, groups and individuals who have been actively engaged in improving the health and wellbeing of their communities. Forging these into strong partnerships is to the advantage of all parties concerned. County Health Boards and Community Health Committees discussed in Section 7.9 offer excellent opportunities for partnering and coordinating with others, and should factor into all meetings and gatherings of such groups.

Chatora and Tumusiime, in their WHO publication, *Management, Leadership and Partnership for District Health,* spell out the advantages to partnering in health care:

- *When resources are scarce there is an obvious need to share the limited resources.*
- *Partnership makes the most efficient and effective use of resources while avoiding duplication.*
- *Significant health problems always have environmental, social, economic, political and legal determinants. These multiple determinants of health problems may only be addressed through combined efforts by various sectors.*
- *Through collaboration, organizations may identify common areas of interest and they may pursue activities in similar standards. Eventually they may develop common policies and thus increase a common sense of direction.*
- *Monitoring of progress is easier when efforts and technology are harmonized.*
- *Combined health interventions or programmes may be more responsive to specific health needs of a particular area or community than multiple isolated efforts.*
- *Exchange of data, information and networking may improve the approaches of individual partners and sustain the capacity of large programmes that cover many areas. Such exchange and sharing of information may make an organization avoid mistakes, learn from the problems and successes of others, and avoid wasteful and unnecessary activities. It may also benefit the design, implementation and evaluation of programmes in all kinds of fields including health, education, home-based care, etc.*

- *Maintenance of equipment may be both convenient and inexpensive when technical inputs are made compatible.*
- *When organizations coordinate, they can assign activities to those organizations that are best qualified to carry out those activities, thus putting an end to duplication of services. This should free both funds and personnel to take on new activities, thereby broadening the scope of the services provided.*
- *Collaboration brings greater influence. When all service-providers speak with one strong voice, they are much more likely to be heard, respected and answered.*

In summary, collaboration among partners builds solidarity and reduces unnecessary competition and uncertainties among stakeholders while addressing major health problems. Therefore, organizations need to remove doubts they may have about each other if they are to establish and develop a spirit of cooperation.

7.11. Logistics/Supply Chain

GUIDELINES

While there are numerous consumable supplies needed to deliver the BPHS at the county level, drugs and medical supplies are undoubtedly the most critical. Because of this, the focus here will be on the skills supervisors need to manage the supply chain that brings drugs and medical supplies to patients. The County Health Officer takes the key role in supervising the personnel who operate this system, but the County Pharmacist, Drug Depot Focal Person, the Director of the Community Health Department and the Clinical Supervisor share in this supervision in a significant way at the CHT level. The health facility OICs also play a major role in supervising personnel at that level who receive, store, keep track of, use and dispense medicines and medical supplies. The focus in this section to provide a brief description of some of the skills and concepts that supervisors need in managing the personnel who operate the drugs and medical supplies system at the county level. Information in this section is taken from the *Adjunct Integrated Standard Operating Procedures for Supply Chain Management of Health Products*, a document prepared in 2008 that is as a guide to how to manage the supply chain at the county level. Supervisors are encouraged to read and frequently consult this document for more detail in how to manage the system and supervise the personnel involved. Quoting from this document, its purpose is described as:

> *… a reference for health care staff in Drug Depots and health facilities throughout Liberia to guide staff in the completion of the following tasks related to management of health products:*
>
> - *Maintaining adequate supplies of health products*
> - *Recording and reporting consumption of health products*
> - *Ordering and issuing health products*
> - *Receiving and storing health products.*

Each of the tasks mentioned above requires close supervision of the personnel performing those tasks to ensure that the supply chain is working properly. Before describing the skills and concepts supervisors need to make sure these tasks are being performed, let's take a brief look at the levels of the supply chain.

National Programs

MoHSW runs five national health programs:

- National Malaria Control Program (NMCP)
- National AIDS Control Program (NACP)
- National Leprosy and TB Control Program (NLTCP)
- Reproductive Health Program (RHP)
- Essential Drugs Program (EDP)

Each of these programs conducts the following activities:

- Conducts national quantification and procurement
- Determines distribution plans, including calculating resupply quantities, for health products to the drug depots
- Monitors the supply chain and takes actions to avoid supply chain shocks and expiries
- Provides supervision and support to health workers throughout the system

National Drug Service

- Receives health products from international suppliers
- Issues and distributes health products to Drug Depots
- Serves as Drug Depot for counties that currently have no drug depot
- Oversees destruction of expired or damaged health products at all levels of the system
- Stores health products and maintains minimum stock levels (buffer stock)

County Drug Depots

- Aggregate and report data from all health facilities in the county
- Receive health products from NDS
- Issue and distribute health products to health facilities in the county
- Store health products and maintain minimum stock levels (buffer stock)

Health Facilities (including private and non-governmental organization facilities)

- Dispense and issue health products to patients
- Report stock on hand and consumption to Drug Depots every month
- Request resupply quantities every month
- Receive health products from the Drug Depot
- Store health products and maintains minimum stock levels (buffer stock)

These levels of the supply chain, which make up the *National Pipeline*, are shown graphically in Figure 22. The skills required of supervisors include full knowledge of supply chain, the functions required at each levels of the chain, and a good understanding of some of the key concepts used in managing supply chains. Some of these key concepts are defined and explained below.

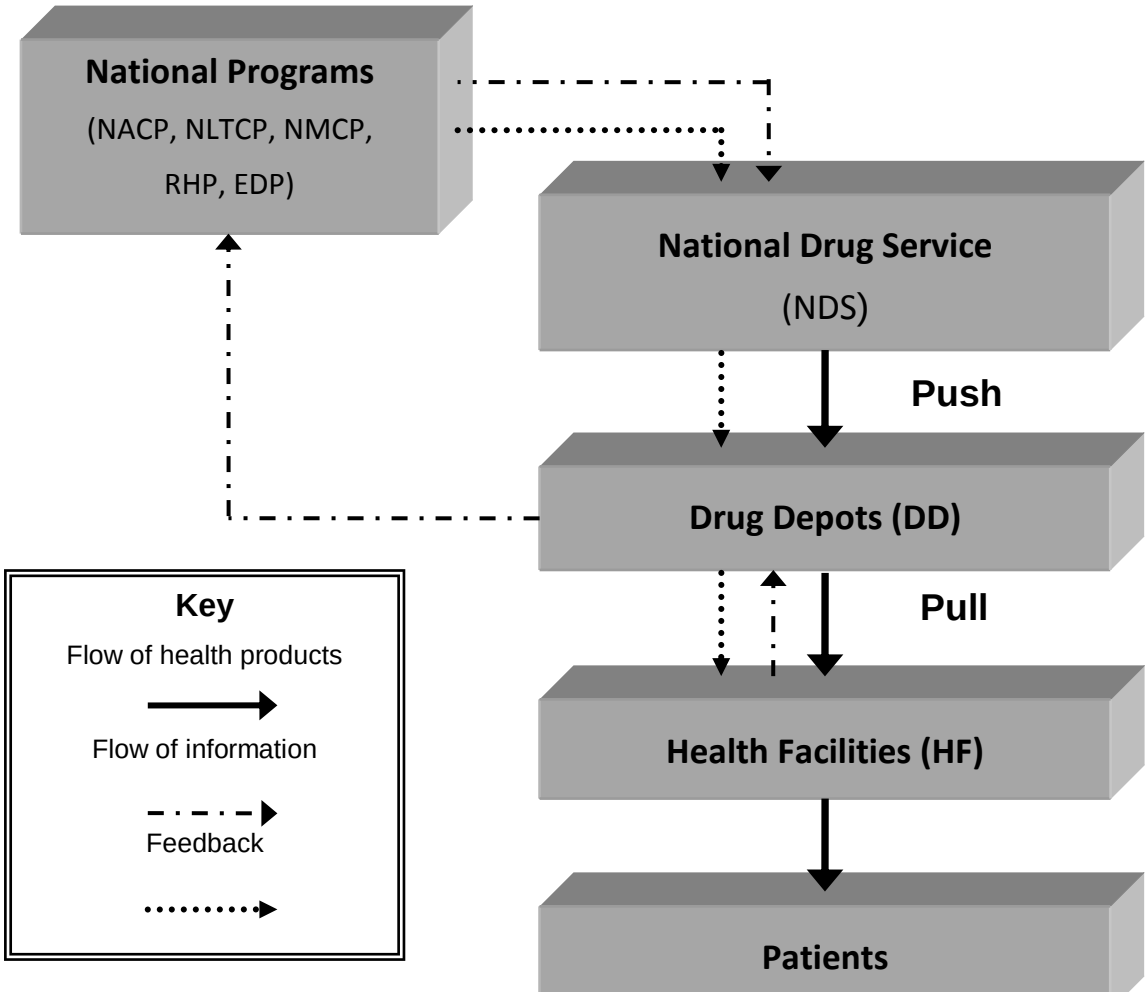

Figure 22. National Pipeline - Movement of Health Products and Facility Reports

Some **Key Supply Chain Concepts** are presented here that supervisors, especially those who oversee or supervise health facilities need to know, so that they can provide guidance and technical support to personnel managing storerooms and supply chains. (Information to explain these concepts has been taken from *Adjunct Integrated Standard Operating Procedures for Supply Chain Management of Health Products* and *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs.*)

- ***Climate Control***: Extreme heat and exposure to direct sunlight can degrade health products and dramatically shorten shelf life. If exposed to heat for a long time,

medicines may expire well before their printed shelf life. In a storage facility air conditioning is an ideal means of controlling the temperature. It is expensive, however, and alternatives include ceiling fans and forced air ventilation.

- ***Dispensing*** is a process of supplying medicines to patients—it is the last step in the supply chain.
- ***Expiration Date***: The date a product will expire is pre-determined by the manufacturer and printed on the dispensing unit (e.g. bottle) and usually also on the packing carton. If a product reaches its expiration date it becomes unsuitable for consumption by patients.
- ***FEFO*** (First Expiry First Out): To help manage by expiration date, when new stock is received, products that will expire first, are moved or "rotated" to the front of the shelf, with products that will expire later placed at the back of the shelf. By rotating stock in this way, stock which expires first is always more accessible than stock which expires at a later date.
- ***Forecasting/Quantification:*** Estimating the quantities of the various commodities that will be needed for a specified time period.
- ***Inventory***: Commodities that are kept in storage until issued from the storage facility.
- ***Issuing*** occurs when products leave the storage facility of one level of the supply chain and are received by another level. The issuing facility must record the items and quantities of those items that leave the facility.
- ***Lead Time***: The time between when new stock is ordered and when it is received and available for use. Lead time varies, depending on the system, speed of deliveries, availability and reliability of transport, and, sometimes, weather.
- ***Logistics Cycle:*** Presented in Figure , the cycle is circular in shape, which indicates the interdependence of the various elements in the cycle. Each activity—serving customers, product selection, forecasting and procurement, and inventory management—depends on the others.
- ***Maximum Stock Level:*** The level of stock above which inventory levels should not rise under normal conditions.
- ***Minimum Stock Level*** is the number of months of usable stock that must be on the shelf and available at all times.
- ***Months of Stock:*** The quantity of a commodity required based on the rate of consumption per month of that commodity.
- ***Ordering***: The process of officially requesting commodities required.
- ***Physical Inventory*** involves physically counting by hand the quantity of each item of usable stock available at a point in time and comparing this with the quantity in the stock record for that item.
- ***Pipeline***: The entire chain of storage facilities and transportation links through which supplies move from manufacturer to consumer, including port facilities, the central

warehouse, regional warehouses, district warehouses, all service delivery points, and transport vehicles.

- ***Procuring***: The process of selecting a commodity vendor and purchasing, receiving and making payment for the commodities from that vendor.
- ***Pull***: The facility that receives the supplies calculates their order quantities, e.g., the health facilities calculate their own resupply quantities (see Figure 22).
- ***Push***: The facility that issues the supplies calculates the resupply quantities, e.g., the Programs/NDS calculate the resupply quantities for the Drug Depots (see Figure 22).
- ***Receiving*** occurs when a one level of the supply chain is supplied or obtains products from another level. When receiving health products it is important to record the items and quantities of those items received and to visually inspect all items to ensure they are not damaged.
- **Secure storage**: Keeping commodities in a storage facility that ensures safety from theft and pilferage, as well as from damage by environmental elements: heat, water, fire, etc.
- ***Shelf life*** is the length of a time a product may be stored under ideal conditions without affecting its usability, safety, purity or potency
- ***Stock***: Used interchangeably with commodities, goods, products, supplies, and other terms to refer to all the items that flow through a logistics system.
- ***The Six "Rights":*** ***The right goods***
  in the right quantities
  in the right condition
  delivered . . .
  to the right place
  at the right time
  for the right cost.
- ***Visual Inspection*** is an activity undertaken to guarantee the quality of health products during any form of handling i.e. receiving, issuing, storage and when conducting a physical inventory.

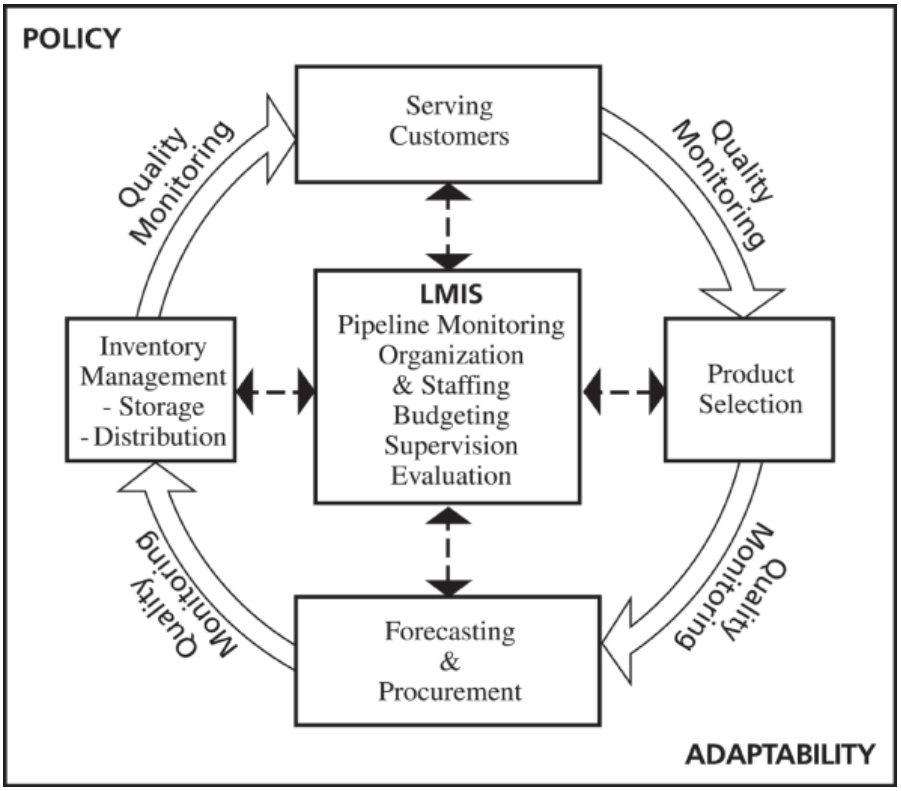

Figure 22. The Logistics Cycle

An important point to remember concerning the supply chain for drugs and medical supplies in the MoHSW is that all supervisors, indeed all Ministry personnel, are required to be vigilant in their duties by reporting to their supervisor, or to the CHO if necessary, any irregularities they observe. This includes observations of mismanagement, abuse, theft or pilferage of these commodities.

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Appendix A: Sample CHT Job Descriptions

The following sample Job Descriptions are included:

- County Health & Social Welfare Officer
- Community Health Department Director
- Clinical Supervisor
- Officer in Charge
- Certified Midwife

Other Job Descriptions may be obtained from the Central Ministry Personnel Division or Human Resources Division.

Republic of Liberia

Ministry of Health & Social Welfare

Job Description

Job Title: **County Health and Social Welfare Officer (CHO)**

Responsible To: Deputy Minister of Health/CMO, Republic of Liberia

Direct reports: County Health Services Administrator, Community Health Department Director, Hospital Medical Director, County Pharmacist, and County Laboratory Supervisor

Job Purpose: As head of the CHT, responsible for the successful implementation and supervision of all county health and social welfare services, with a clear and strong focus on community-based health care (CBHC).
Work with health partners to coordinate health programs and foster inter-sectoral links, while keeping focus of policies.

Tasks and Responsibilities:
Administrative and Coordination Responsibilities:

1. Oversee all members of the County Health Team and their work
2. Demonstrate a participatory management style
3. Create a senior management team that, guided by the County Health Team's mission and values, strives for excellence and quality in all operations
4. Submit health services reports (administrative, technical, contingency) quarterly to the office of the Deputy Minister/CMO, using the designated reporting formats
5. Conduct quarterly performance evaluations for all CHT senior management. Identify strengths and gaps in staff performance, and, in conjunction with staff members, develop and document action plans to improve performance
6. Conduct monthly County Health Sectoral Coordination meetings with all partners
7. Serve as the permanent Secretary to the County Health Board; attend all quarterly CHSWB meetings, and inform CHSWB members of all ongoing health activities in the county
8. Liaise with county line ministries and sectoral agencies (e.g., WHO, UNICEF, NGOs) through regular briefings, including initiating MOUs when necessary

Provision of Services and Quality Management:

9. Plan, coordinate, and supervise county health services through sectional heads (e.g., CHSA, CHDD, Hospital Medical Director, County Pharmacist, etc.). Health activities include curative, preventative, rehabilitative and emergency preparedness response (EPR).
10. Monitor the quality of care at all health facilities within the county and supervise staff through on-site supervision, HIS and regular appraisals of CHT and facility staff
11. Ensure quality health services are provided in accordance with approved guidelines and protocols from central MOH
12. Ensure effective coordination between all health facilities and the surrounding communities through the CHWs and CDCs

Policy, Planning and Implementation:

13. Oversee planning and administration of all county health and social welfare services,
14. Develop multiyear implementation plans and budgets in collaboration with the CHSA and other members of the CHT senior management
15. Oversee implementation of all county health and social welfare plans, including the County Health Plan and longer-range strategies aimed at implementing the National Health Plan
16. Track progress made on implementing CHT and national plans; ensure objectives are achieved and projects do not exceed budget
17. Co-sign all checks originating from the CHT (with CHSA)

Operational Management:

18. Oversee preparation of monthly reports. Analyze data from all county health facilities and develop appropriate responses to address any management issues and/or health outbreaks
19. Review, analyze and approve all monthly reports before submission to MOH, NDS, or other external agencies

Professional Accountability: .

Dependability/Reliability:

1. Report to work on time and inform appropriate staff when involved in other duties away from the agency.
2. Provide advance notice in a timely manner for all scheduled leave.
3. Maintain proper attendance requirements in compliance with MOHSW policies.

Attitude and Flexibility:

1. Exercise good judgment under various work situations.
2. Adapt to changes in MOHSW and CHT routines and issues.
3. Accept additional responsibilities as requested by the DM
4. Maintain flexibility in completing tasks as required by the position.
5. Exhibit positive daily work attitudes on a consistent basis.

Interpersonal Relations:

1. Create a positive environment for all in the MOHSW by immediately addressing issues of harassment, discrimination or lack of respect.
2. Continue to pursue the development of cultural sensitivity and proficiency in service delivery.
3. Provide documentation regarding difficult situations.
4. Exhibit cooperation and courtesy while creating a positive public image for the MOHSW and productive work environment.

Quality/Quantity of Work:

1. Perform all daily functions III accordance with MOHSW and CHT policies and procedures.
2. Ensure that all work is completed to quality professional standards.

Qualifications:

1. Must be a Liberian
2. Minimum 3-5 years experience managing direct reports; experience working with government, NGOs, and INGOs an added advantage;
3. MD with at least five years working experience in PHC required, with Public Health degree preferred;
4. Attention to detail and ability to ask the right questions;
5. Strong ability to use data to solve problems.

Minimum Requirements:

1. Basic computer skills, with proficiency in MS Office (Word, Excel, PowerPoint, Access, and Outlook; Visio a plus) and intemet/email applications.
2. Ability to manage multiple tasks with shifting priorities.
3. Excellent written and oral communication skills.
4. Excellent interpersonal skills and ability to work with diverse community groups and volunteers.
5. Excellent analytical skills.

Job Description

Job Title: Community Health Department Director

Base: County of Assignment

Responsible To: County Health Officer

Job Purpose: Responsible to liaise with the CHO in planning and implementing all healthcare activities in the County. Directly Responsible for supervising all PHC, CBHC activities in the County.

Tasks and Responsibilities:

1. Supervise all community health programs and public health clinics to ensure quality health care services are provided in accordance with approved guidelines and protocols from MOH central
2. In conjunction with CHO and CHSA, identify, recruit and train all clinic and health center staff and manage assignments of all personnel to the facilities
3. Supervise and manage health program supervisors (e.g., Clinical Supervisor, EPI Supervisor, etc.) in the management and provision of health care in PHC clinics, including identifying problems and developing solutions to address any problems
4. Provide support and training of staff, including:
   a. Regular supervisory and monitoring visits to monitor staff performance
   b. Make supervisory schedule for supervisors and conduct in-service training
5. Gather monthly reports from other supervisors and synthesize into CHT monthly report
6. Ensure that effective PHC and CHBC activities are carried out in coordination with CDCs, CHW s, TTMs, etc.
7. Provide regular feedback on reports from PHC centers and CBHC activities
8. Ensure that referral forms are completed and a feedback discharge summary is given to every patient referred to the hospital
9. Any other reasonable duties as indicated by the CHO

Qualifications:

1. RN/P A with at least five years working experience; knowledge in PHC or above is an advantage
2. Basic computer knowledge an advantage

Republic of Liberia

Ministry of Health & Social Welfare

Job Description

Job Title: **Clinical Supervisor**

Base: County of Assignment

Responsible To: Community Health Department Director

Job Purpose: To oversee all clinical activities in health facilities throughout the county; to communicate with the CHDD regularly regarding health care service delivery in the county

Tasks and Responsibilities:

1. Ensure quality of care meets or exceeds the standards defined by the MOHSW at all county health facilities
2. Assist CHDD in compiling reports on the population health needs in the county
3. Oversee, facilitate and enforce the implementation of the Basic Package of Health Services at all county health facilities
4. Oversee all Health Center and Clinic staff in the county; communicate regularly with OICs regarding clinical activity at facilities
5. Ensure the regular availability of all standardized MOHSW forms and registers at all facilities (i.e. patient record, referral forms, etc.)
6. Relate HR challenges/needs from OICs to HR Supervisor on CHT
7. Participate in monthly supervisory site visits with Surveillance Officer and surveillance team to monitor and evaluate provision of health services at all county facilities
8. Complete regular performance evaluations of all facility OICs (at least annually) and submit to HR Supervisor
9. Liaise with all MOHSW programs and external partners to initiate new services and programs at facilities within the county.

Professional Accountability:

Dependability /Reliability:

1. Report to work on time and inform appropriate staff when involved in other duties away from the agency.
2. Provide advance notice in a timely manner for all scheduled leave.
3. Maintain proper attendance requirements in compliance with MOHSW policies.

Attitude and Flexibility:

1. Exercise good judgment under various work situations.
2. Adapt to changes in MOHSW and CHT routines and issues.
3. Accept additional responsibilities as requested by the CHO/CHDD
4. Maintain flexibility in completing tasks as required by the position.
5. Exhibit positive daily work attitudes on a consistent basis.

Interpersonal Relations:

1. Create a positive environment for all in the MOHSW by immediately addressing

issues of harassment, discrimination or lack of respect.

2. Continue to pursue the development of cultural sensitivity and proficiency in service delivery.
3. Provide documentation regarding difficult situations.
4. Exhibit cooperation and courtesy while creating a positive public image for the MOHSW and productive work environment.

Quality/Quantity of Work:

1. Perform all daily functions according to MOHSW & CHT policies and procedures

Qualification:

Physician Assistant or Nurse.

Minimum Requirements:

1. Basic computer skills strongly preferred, including proficiency in MS Office (Word, Excel, PowerPoint, Access, and Outlook) and intemet/email applications.
2. Ability to manage multiple tasks with shifting priorities.
3. Excellent written and oral communication skills.
4. Excellent interpersonal skills and ability to work with diverse populations.
5. Excellent analytical skills.

Republic of Liberia

Ministry of Health & Social Welfare

Job Description

Job Title: Officer-in-Charge

Base: County and Clinic of Assignment

Responsible To: County Clinical Supervisor

Job Purpose: Responsible for overall supervision and management of clinic activities, including ensuring the highest quality of healthcare for all clinic patients and members of the clinic catchment community.

Tasks and Responsibilities:

1. Supervise the running of the clinic, including management of human resources, stocks and epidemiological data
2. Assign responsibilities to all clinic staff and maintain accurate attendance records
3. Conduct regular clinical conferences to improve the clinical skills of health care staff; focus on diagnosis and treatment of the major causes of morbidity and mortality and review MOHSW protocols
4. Ensure steady flow of patient consultations, including participating in screening activities, and supervision of patient's triage
5. Supervise the short stay of all patients in the clinic
6. Supervise the referrals between the PHC and the relevant secondary facilities. Ensure follow-up on all referral cases
7. Ensure availability of drugs, supplies and equipment through timely reporting and requisitions
8. Supervise the organization and maintenance of all clinic records
9. Enhance good working relationship between CHT and the community
10. Encourage the Community Health Committees (CHCs) to plan and hold monthly meetings with the community members, including the Community Health Workers (CHWs). Actively participate in planned meetings
11. Attend monthly meetings with the CHT
12. Perform any other reasonable duties as indicated by the County Clinical Supervisor

Qualifications:

P.A. or R.N. with at least two years prior working experience preferred. L.P.N.s and C.M.s with relevant working experience also considered.

Job Description

Job Title: Certified Midwife

Base: County and Clinic of Assignment

Responsible To: Clinic OIC

Job Purpose: A Certified Midwife (CM) is one who provides maternal and child health services, including family planning, in the PHC clinic. The CM is responsible for supervising the activities of the TMs/TTMs in the clinic catchment area, and for coordinating the referral of high-risk pregnancies.

Tasks and Responsibilities:

1. Assesses and diagnoses pregnancies
2. Gives prenatal care to all pregnant women, including malaria prophylaxis and tetanus immunization
3. Identifies mothers at risk and makes the necessary home visits and referrals
4. Conducts and manages all normal deliveries in the clinic or home setting, giving supportive care to the mother
5. In consultation with the OIC, assesses the newborn and makes referrals, if necessary
6. In consultation with the OIC, handles obstetrical complications/emergencies as they arise and makes timely referrals
7. Gives safe and clean care to the mother and the newborn during delivery and immediately afterwards
8. Assesses the needs of the post-partum mother, supervises, supports and teaches her to care for herself and the newborn
9. Recognizes the child at risk, especially the newly weaned child, and takes preventive action, including visits in the home
10. Coordinate TM & TTM activities
11. Perform any other reasonable duties as indicated by the OIC

Qualifications:

Must have completed two years of training from a recognized midwifery training institute and have passed the Midwifery State Board Exam.

Appendix B: Blank Forms

(Suitable for photocopying)

	Health Facility General Checklist
A	Human Resources & Facility Management
B	Pharmacy, Dispensary & Storeroom
C	Drugs & Supplies
D	Laboratory & Diagnostic Services
E	Equipment
F	Communicable Disease Control & Infection Prevention
G	Medical Records, Confidentiality & Referral
H1.1	Ante Natal Care
H1.2/3	Labor, Delivery, Postpartum & Newborn Care
H2	Reproductive Health
H3	Child Health
H4	Communicable Diseases
H6	Emergency Care
H7	SGBV
I	Infrastructure
	Supervision Schedule form
	Attendance form
	Overseeing Supervisors Checklist
	Staff Performance Appraisal

Ministry of Health & Social Welfare
Republic of Liberia

Health Facility General Checklist

General Information

Name of Facility_____

Type of Facility: ❒Health Center ❒Clinic ❒Laboratory at facility ❒EMONC at Facility

Location: Town/City_____District_____ County_____

Date of Visit_____ Time visit began_____Time visit ended _____

Facility supported by: ❒MoHSW ❒NGO/FBO: _____❒Other:_____

Which In-Depth Checklist(s) were used on this visit? _____

Who from the CHT (other than a driver) accompanied you on this visit? _____

Name of Supervisor Completing Checklist: _____ Signature: _____

1	Did you have an introductory meeting with the OIC?	❒Yes	❒No
2	Did you have a meeting with the entire facility staff?	❒Yes	❒No
3	Did you briefly review the facility's plan with the OIC and discuss whether the plan is being followed and how well they are accomplishing their objectives?	❒Yes	❒No ❒No plan
	What were the main points of feedback given to the OIC?		
4	Did you leave a copy of your completed checklist with the OIC?	❒Yes	❒No
5	Did you record your visit in the facility visitor's book?	❒Yes	❒No
6	Did you complete the *Checklist for Overseeing Supervisors*?	❒Yes	❒No

Overall Condition of Facility

7	Size of facility	❒ Adequate	❒ Inadequate
8	Cleanliness	❒ Adequate	❒ Inadequate
9	Furniture	❒ Adequate	❒ Inadequate
10	Equipment	❒ Adequate	❒ Inadequate
11	Supplies	❒ Adequate	❒ Inadequate
12	Water/ Sanitation	❒ Adequate	❒ Inadequate

	Drugs and Supplies		
13	Have there been any drug or medical supply stockouts in past month	❒Yes	❒No
	If yes, please list and include a brief reason for the stockout:		
	Human Resources		
14	How adequate is the staffing level of the facility?	❒Adequate	❒Inadequate
	If inadequate, list the positions required and the plan for filling them:		
15	Are there any new staff at the facility who were not on board during your last visit?	❒Yes	❒No
	If yes, list their names and positions:		
16	If yes, how adequate has their orientation been?	❒Adequate	❒Inadequate
17	Do they each have a copy of their job description?	❒Yes	❒No
18	How well is the facility's daily attendance record being kept?	❒Adequate	❒Inadequate
19	Were any staff absent from the facility on the day of the visit?	❒Yes	❒No
	If yes, list them, the reason for absence, and who is covering for them		
	Community Involvement		
20	How many Community Health Volunteers are supported by the facility?	Number →	
21	Do CHVs receive monthly supportive supervision visits from facility staff?	❒Yes	❒No
22	Does the facility have a map showing the communities served by the facility?	❒Yes	❒No
	HMIS		
23	How many HMIS reports were required of this facility last month?	Number →	
24	Were all required reports submitted?	❒Yes	❒No
25	Were all required reports submitted within the deadline?	❒Yes	❒No
26	Are all of the required record books and registers available?	❒Yes	❒No
27	How adequately is data entered into the record books and registers?	❒Adequate	❒Inadequate

Item No.	Notes, Comments, Follow up required Continuation Sheet	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

A.	HUMAN RESOURCES & FACILITY MANAGEMENT							
	Interview OIC: How many of the	**Minimum**	**Minimum**	**Number**	**Adequate?**		H	C
1	Officer In Charge (Must be a PA,	1	1		❒Yes	❒No	●	●
2	Physician Assistant				❒Yes	❒No	●	●
3	Nurse	2			❒Yes	❒No	●	●
4	Licensed Practical Nurse	1			❒Yes	❒No	●	●
5	Nurse Aide				❒Yes	❒No	●	●
6	Certified Midwife				❒Yes	❒No	●	●
7	Nurse Midwife	4	1		❒Yes	❒No	●	●
8	Trained Traditional Midwife				❒Yes	❒No	●	●
9	Dispenser				❒Yes	❒No	●	●
10	Lab Technician				❒Yes	❒No	●	●
11	Lab Assistant	1			❒Yes	❒No	●	●
12	Lab Aide				❒Yes	❒No	●	●
13	Environmental Tech.				❒Yes	❒No	●	●
14	Social Worker	1			❒Yes	❒No	●	●
15	Recorder/HIS				❒Yes	❒No	●	●
16	Security	1	1		❒Yes	❒No	●	●
17	Housekeeping/Cleaner	1	1		❒Yes	❒No	●	●
18	Is the OIC a full-time employee and a licensed PA, RN, or Nurse/ Midwife? **(HC only)**				❒Yes	❒No	●	○
19	Is the OIC present in the facility at least 20 days/month? (check attendance records and/or ask staff)				❒Yes	❒No	●	●
20	Does the OIC work at any other facility, or hold another job?				❒Yes	❒No	●	●
21	If yes, how many hours/week?				Number→		●	●
22	Does the facility have a written organizational chart (position chart)?				❒Yes	❒No	●	●
23	Are there written job descriptions on record for all positions in the facility? (check to see job descriptions)				❒Yes	❒No	●	●
24	Are there employee files for all current facility staff (paid and volunteer)? (Check 2 medical staff and 2 non-medical staff)				❒Yes	❒No	●	●
25	Does the facility have performance evaluations completed and on record at least once a year for all staff? (Check 2 medical staff and 2 non-medical staff)				❒Yes	❒No	●	●
26	Have all dispensers been trained and certified in the Drug Dispensing course? (check all dispenser's employee files for records of training)				❒Yes	❒No	●	●
27	Does the facility keep daily attendance? (Check to see attendance book)				❒Yes	❒No	●	●
28	Does the facility run 24 hours with professional medical staff covering all shifts? **(HC only)**				❒Yes	❒No	●	○
29	Are there security guards at the facility 24 hours a day, 7 days a week? **(HC only)**				❒Yes	❒No	●	○
30	Are there volunteers working at the facility?				❒Yes	❒No	●	●
	If yes, what are their jobs at the facility?							

A.	HUMAN RESOURCES & FACILITY MANAGEMENT				
31	**How does the facility communicate to all patients that all BPHS services are free of charge?**	Check all that apply:			
	Permanent (painted) signs in all patient areas	❒		●	●
	Posters or signs	❒		●	●
	Written paper or pamphlet given to patients	❒		●	●
	Word of mouth (staff tell patients)	❒		●	●
	No formal system - staff and patients know services are free	❒		●	●
32	Is there a patient confidentiality policy <u>posted</u> in the facility?	❒Yes	❒No	●	●
33	Ask 3 patients how much they paid for registration, services, and drugs/supplies during this visit or any visit in the past month. **Did any patient report paying for anything at the facility?**	❒Yes	❒No	●	●
34	Does the OIC hold regular (at least monthly) **full** staff meetings?	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

B.	PHARMACY, DISPENSARY & STOREROOM			HC	Clinic
	Storeroom/Pharmacy (observe storeroom and interview dispenser)				
1	Does the storeroom use a functional air conditioner to maintain appropriate temperature for drug storage?	❒Yes	❒No	●	○
2	Are all drugs neatly aligned on shelves and labeled? (no boxes of drugs on the floor)	❒Yes	❒No	●	●
3	Does the pharmacy/dispensary have sufficient shelving space?	❒Yes	❒No	●	●
4	Does each drug in the storeroom have a BIN card (tally sheet)?	❒Yes	❒No	●	●
	Choose 5 drugs, then check the following for each of those drugs in storeroom/pharmacy:				
5	Is there a label on the shelf identifying where the drug belongs?	❒Yes	❒No	●	●
6	Is the drug in a labeled container?	❒Yes	❒No	●	●
7	Is there any expired product?	❒Yes	❒No	●	●
8	Are drugs arranged in FEFO order (First Expire, First Out - the drugs that expire soonest are at the front of the shelf)?	❒Yes	❒No	●	●
	List the 5 drugs you checked:				
	1. / 2. / 3. / 4. / 5.				
9	Is there a locked cabinet or drawer in the pharmacy for storing controlled drugs (i.e. diazepam)?	❒Yes	❒No	●	●
10	Does the facility correctly store and dispose of expired drugs? (these should be incinerated, or stored separately for collection by the CHT/MOHSW for incineration at another site)	❒Yes	❒No	●	●
11	Is an internal requisition ledger available in the dispensary? **(HC only)**	❒Yes	❒No	●	○
12	Is there a stock ledger in the store room?	❒Yes	❒No	●	●
13	Does the internal requisition ledger tally with the stock ledger? **(HC only)**	❒Yes	❒No	●	○
14	Are drugs tallied from charts to daily tally sheets? **(HC only)**	❒Yes	❒No	●	○
15	Are weekly tally sheets compiled?	❒Yes	❒No	●	●
16	Does the facility submit scheduled requisitions for medications and supplies? (check last 3 requisitions to see if they are regular, i.e. monthly)	❒Yes	❒No	●	●
17	**Have there been any stockouts of drugs or supplies in the past month?**	❒Yes	❒No	●	●
	If yes, list them here:				
	Patient Interviews				
18	**Observe whether the dispenser or screener explains the use and side effects of medications to patients. Observe 1 or 2 interactions, then ask 2 patients:** How often should you take your medication? What side effects should you expect? How should you take this medication?				
	Were both patients you talked to able to answer those questions?	❒Yes	❒No	●	●
19	Ask 5 patients how much they paid for registration, services, and drugs/supplies during this visit or any visit in the past month. **Did any patient report paying for anything at the facility?**	❒Yes	❒No	●	●

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

C.	DRUGS & SUPPLIES (Physically observe drug and supply stock)			HC	Clinic
	Are the following drugs and supplies present and unexpired today?				
1	Local anesthetics (lidocaine)	❒Yes	❒No	●	●
2	Analgesics and Anti-Inflammatory Medicines (paracetamol, ibuprofen, etc.)	❒Yes	❒No	●	●
3	Antiallergics and medicines used in anaphylaxis **(promethazine in clinics,** epinephrine, hydrocortisone, prednisolone, dexamethasone)	❒Yes	❒No	●	●
4	Diazepam	❒Yes	❒No	●	●
5	Magnesium Sulphate ampoules **(HC only)**	❒Yes	❒No	●	○
6	Phenytoin tablets **(HC only)**	❒Yes	❒No	●	○
7	Mebendazole tablets or equivalent (albendazole, piperazine)	❒Yes	❒No	●	●
8	Antibacterials (amoxycillin, ampicillin, penicillin, chloramphenicol, ciprofloxacin, cotrimoxazole, doxycycline, erythromycin, gentamycin, metronidazole)	❒Yes	❒No	●	●
9	Antituberculosis medicines (isoniazid, ethambutol, pyrazinamide, rifampicin, streptomycin)	❒Yes	❒No	●	●
10	Antifungal Medicines (clotrimazole, fluconazole, miconazole, ketoconazole)	❒Yes	❒No	●	●
	Antimalarials				
11	Amodiaquine + Artesunate tablets	❒Yes	❒No	●	●
12	Artemether ampoules	❒Yes	❒No	●	●
13	Quinine Sulphate tablets	❒Yes	❒No	●	●
14	Quinine Dihydrochloride ampoule	❒Yes	❒No	●	●
15	Sulphadoxine/pyrimethamine tablets	❒Yes	❒No	●	●
16	Ferrous salt + Folic acid, or ferrous sulfate and separate folic acid tablets	❒Yes	❒No	●	●
17	Ferrous Fumarate syrup	❒Yes	❒No	●	●
18	Gentian Violet powder (solution)	❒Yes	❒No	●	●
19	Antiseptics (alcohol disinfectant, chlorhexidine, and/or povidone iodine)	❒Yes	❒No	●	●
20	Calcium Hypochlorite 70% (solution tablets)	❒Yes	❒No	●	●
	Gastrointestinal medications				
21	Antacids and other antiulcer medicines (magnesum trisilicate)	❒Yes	❒No	●	●
22	Antiemetics (promethazine)	❒Yes	❒No	●	●
23	Laxatives (bisacodyl) **(HC only)**	❒Yes	❒No	●	○
24	Oral Rehydration Salt	❒Yes	❒No	●	●
	Contraceptives				
25	Oral Hormonal Contraceptives	❒Yes	❒No	●	●
26	Intra-uterine device (IUD)	❒Yes	❒No	●	●
27	Female condoms	❒Yes	❒No	●	●
28	Male condoms	❒Yes	❒No	●	●
	Immunologicals				
29	BCG vaccine	❒Yes	❒No	●	●
30	Pentavalent vaccine	❒Yes	❒No	●	●
31	Measles vaccine	❒Yes	❒No	●	●
32	Polio vaccine (drops)	❒Yes	❒No	●	●
33	Tetanus toxoid	❒Yes	❒No	●	●
34	Tetracycline 1% eye ointment	❒Yes	❒No	●	●
35	Ergometrine (or combined with syntocinon - syntometrine)	❒Yes	❒No	●	●
36	Oxytocin	❒Yes	❒No	●	●
37	Antioxytocics (salbutamol tablets or injection)	❒Yes	❒No	●	●
38	Parenteral solutions (dextrose, normal saline, Ringer's lactate)	❒Yes	❒No	●	●

C.	DRUGS & SUPPLIES (Physically observe drug and supply stock)			HC	Clinic
39	Water for injection 10ml	❒Yes	❒No	●	●
	Vitamins and minerals				
40	Calcium gluconate **(HC only)**	❒Yes	❒No	●	○
41	Multivitamin	❒Yes	❒No	●	●
42	Retinol (Vit. A)	❒Yes	❒No	●	●
	Medical Supplies				
43	Lubricating jelly (KY)	❒Yes	❒No	●	●
44	Hydro gauze	❒Yes	❒No	●	●
45	Hydrophobic gauze	❒Yes	❒No	●	●
46	Urinary catheter and collection bag	❒Yes	❒No	●	●
47	Clean delivery kit and cord ties	❒Yes	❒No	●	●
48	Oral airways, various sizes, adult and pediatric	❒Yes	❒No	●	●
49	Suturing set	❒Yes	❒No	●	●
50	I.V. giving sets and canulas	❒Yes	❒No	●	●
51	Infusion bottles	❒Yes	❒No	●	●
52	Wound dressing set	❒Yes	❒No	●	●
53	Syringes and needles	❒Yes	❒No	●	●
54	Dressings	❒Yes	❒No	●	●
55	Splints and slings	❒Yes	❒No	●	●
56	Plaster bandages for casts	❒Yes	❒No	●	●
57	Gloves	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (use continuation sheet if needed)	Responsibility

Health Facility:_____ Date:_____ By:_____

D.	LABORATORY	Observe lab and interview lab tech						HC	Clinic
	Is the following equipment present, clean and functional in the lab?								
1	Microscope	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
2	Microcsope lens oil					❒Yes	❒No	●	●
3	Microscope slides & cover slips					❒Yes	❒No	●	●
4	Centrifuge (❒hand-operated or ❒electrical)	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
5	Chemistry analyzer **(HC only)**	❒Present	❒Not present	❒Replace	❒Non-functioning			●	○
6	Hemoglobin meter **(HC only)**	❒Present	❒Not present	❒Replace	❒Non-functioning			●	○
7	Timer	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
8	Laboratory scale and weights	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
9	Slide rack	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
10	Stain jars	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
11	Pipettes and stand	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
12	Spirit lamp	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
13	Measuring jars	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
14	Beakers	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
15	Test tubes	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
16	Specimen collection tubes	❒Present	❒Not present	❒Replace	❒Non-functioning			●	●
17	Capillary tubes					❒Yes	❒No	●	●
18	Specimen collection cups					❒Yes	❒No	●	●
19	Field stain A					❒Yes	❒No	●	●
20	Field stain B					❒Yes	❒No	●	●
21	Is laboratory equipment recalibrated on a scheduled basis? **(HC only)**					❒Yes	❒No	●	○
22	Is all donated blood screened for Hepatitis B, Hepatitis C, Syphilis and HIV every time blood is transfused (24hrs/day, 7 days/week)? **(HC only)**					❒Yes	❒No ❒Refer	●	○
23	Are all blood donors who test positive for Hepatitis B, Hepatitis C, Syphilis or HIV referred to a clinician for evaluation and treatment? **(HC only)**					❒Yes	❒No ❒Refer	●	○
24	Are Determine test kits currently available for HIV rapid testing? **(HC only)**					❒Yes	❒No	●	○
25	Are Bioline test kits currently available for HIV rapid testing? **(HC only)**					❒Yes	❒No	●	○
26	Are Capillus test kits currently available for HIV rapid testing? (or can indeterminate samples be sent to another facility for capillus testing?) **(HC only)**					❒Yes	❒No	●	○
27	How are sputum samples collected? (Correct if all sputum samples all collected outside or in a well-ventilated area, incorrect if done inside or in a closed space) **(HC only)**					❒Correct	❒Incorrect	●	○
28	Is there a functional air conditioner in the laboratory that maintains an appropriate temperature for laboratory equipment? **(HC only)**					❒Yes	❒No	●	○
29	Are all windows in the lab closed fully to maintain a dust-free environment? **(HC only)**					❒Yes	❒No	●	○
30	Are gloves available in the laboratory?					❒Yes	❒No	●	●
31	Are sharps containers used for disposal of all sharps in the lab?					❒Yes	❒No	●	●
32	Is there running water in the lab?					❒Yes	❒No	●	●
34	Is distilled water available in the lab? **(HC only)**					❒Yes	❒No	●	○
35	Are work areas free of clutter?					❒Yes	❒No	●	●
36	Are all reagents and test kits refrigerated as needed? **(HC only)**					❒Yes	❒No	●	○
37	Are all lab tests documented in a ledger? (check to see the ledger)					❒Yes	❒No	●	●
38	Is blood collected using disposable needles and syringes? **(HC only)**					❒Yes	❒No	●	○
	Are the following laboratory <u>services</u> available today?								
39	Hemoglobin					❒Yes	❒No	●	●

D.	LABORATORY	Observe lab and interview lab tech			HC	Clinic
40	Malaria parasites/smear		❒Yes	❒No	●	●
41	Urine microscopy	**(HC only)**	❒Yes	❒No	●	○
42	Gram stain for discharges, pus	**(HC only)**	❒Yes	❒No	●	○
43	Sputum for acid fast bacilli (AFB, Ziehl Nielsen stain)		❒Yes	❒No	●	●
44	Proteinuria & glucosuria		❒Yes	❒No	●	●
45	RDT for malaria		❒Yes	❒No	●	●
46	Rapid pregnancy test	**(HC only)**	❒Yes	❒No	●	○
47	Rapid Plasmareagin (RPR) test for syphilis		❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

	E. EQUIPMENT **Is the following equipment present in the facility?** Verify through observation.					**HC**	**Clinic**
	Delivery Equipment						
1	Delivery bed	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
2	Bed linens	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
3	Curtains if more than one bed	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
4	Work surface near bed for newborn resuscitation (infant table)	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
5	Instrument trolley	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
6	Tray with routine & emergency drugs, syringes and needles	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
7	BP machine	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
8	Stethoscope	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
9	Thermometer	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
10	Fetal stethoscope	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
11	Towel and blankets for newborn	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
12	Mucus extractor	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
13	Self-inflating bag and mask – adult & neonatal size	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
14	Baby scales	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
15	Vacuum extractor set	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
16	Speculum & vaginal examination kit	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
17	MVA syringe and canulas	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
18	IUD insertion set	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
	Short Stay/Emergency Equipment						
19	Are there enough short stay/emergency beds (1 person per bed and no patients sleeping on floor)?	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
20	Examination table	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
21	Stool, adjustable height	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
22	Instrument / dressing trolley	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
23	Instrument tray	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
24	I.V. stand	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
25	Ambu resuscitation set with adult & child masks	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
	Inpatient Equipment						
26	Beds	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
27	Washable mattresses	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
28	Patient trolley on wheels	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
29	Dressing trolley / Medicine trolley	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
30	Urinals and bedpans	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
31	I.V. stands	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
32	Ophthalmoscope	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
33	Medicine storage cabinet	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
34	Otoscope	❒Present	❒Not present	❒Replace	❒Non-functioning	●	○
	Outpatient Equipment						
35	Functional weighing scale(s)	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●
36	Functional baby (hanging) scale	❒Present	❒Not present	❒Replace	❒Non-functioning	●	●

E.	**EQUIPMENT** **Is the following equipment present in the facility?** Verify through observation.				HC	Clinic
37	Tape measure(s)	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
38	Desk and chairs	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
39	Examination table or bed	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
40	Receptacle for soiled pads, dressings, etc	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
41	Container for sharps disposal	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
42	Wall clock with second hand	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
43	Torch with extra batteries	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
44	Instrument sterilizer	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
45	Jar for forceps	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
46	BP cuff	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
47	Stethoscope	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
48	Opthalmoscope	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
49	Otoscope	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
50	Thermometer	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
51	Fetal stethoscope	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
52	Height measure	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
53	Is there a fully functional ambulance that is available for use 24hrs/day, 7 days/week (including a driver and adequate fuel storage)?	❒Present	❒Not present	❒Replace ❒Non-functioning	●	●
54	Is electricity available in all clinical areas of the facility at all times (24hrs/day, 7 days/week using a generator and/or solar panels)? **(HC only)**		❒Yes	❒No	●	○
55	Is there a backup source of electricity in case of generator malfunction or other power failure? **(HC only)**		❒Yes	❒No	●	○

Item No.	Notes, Comments, Recommendations for Improvement (use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

F.	COMMUNICABLE DISEASE CONTROL & INFECTION PREVENTION			HC	Clinic
1	Does the facility have a written Infection Control Manual or Policy? (observe)	❒Yes	❒No	●	●
	Delivery Room				
2	Is there enough clean, running water available for handwashing in the delivery room?	❒Yes	❒No	●	●
3	Are there sterile gloves available in the delivery room?	❒Yes	❒No	●	●
4	Is the floor clean, with no dirt around the room?	❒Yes	❒No	●	●
	Emergency Room				
5	Is clean, running water available for handwashing in this area?	❒Yes	❒No	●	●
6	Is there enough space between the beds (at least 2 feet)?	❒Yes	❒No	●	●
7	Are there clean bed sheets on all beds?	❒Yes	❒No	●	●
8	Are there gloves available on the ward?	❒Yes	❒No	●	●
9	Is the floor clean, with no dirt around on the floor?	❒Yes	❒No	●	●
	Short Stay Room				
10	Is clean, running water available for handwashing in this area?	❒Yes	❒No	●	○
11	Is there enough space between the beds (at least 2 feet)?	❒Yes	❒No	●	○
12	Are there intact (not ripped) mosquito nets over all beds?	❒Yes	❒No	●	○
13	Are there clean bed sheets on all beds?	❒Yes	❒No	●	○
14	Are there gloves available on the ward?	❒Yes	❒No	●	○
15	Is the floor clean, with no dirt around on the floor?	❒Yes	❒No	●	○
	Inpatient Room				
16	Is clean, running water available for handwashing in this area?	❒Yes	❒No	●	○
17	Are there enough beds (1 person per bed and no patients sleeping on floor)?	❒Yes	❒No	●	○
18	Is there sufficient space between the beds (at least 2 feet)?	❒Yes	❒No	●	○
19	Are there intact (not ripped) mosquito nets over all beds?	❒Yes	❒No	●	○
20	Are there clean bed sheets on all beds?	❒Yes	❒No	●	○
21	Are there gloves available on the ward?	❒Yes	❒No	●	○
22	Is the floor clean, with no dirt around the room?	❒Yes	❒No	●	○
23	Are all bedridden inpatients bathed at least daily?	❒Yes	❒No ❒No bedridden pts	●	○
	All Areas				
	How do staff dry hands after washing them?				
24	damp towel	❒Yes	❒No	●	●
25	clothes	❒Yes	❒No	●	●
26	paper towel	❒Yes	❒No	●	●
27	air drying	❒Yes	❒No	●	●
28	clean, dry towel, with extras readily available, and towels should be regularly washed	❒Yes	❒No	●	●
29	Is drinking water available (from a reservoir/pump) during all facility hours? (observe)	❒Yes	❒No	●	●
	Outpatient Area				
30	Is enough clean, running water available for handwashing in this area?	❒Yes	❒No	●	●
31	Are gloves available in **all** consultation rooms?	❒Yes	❒No	●	●
32	Is the floor clean, with no dirt on the floors?	❒Yes	❒No	●	●
	Laundry				
33	Are water, soap, and bowls available and used to wash laundry?	❒Yes	❒No	●	○
34	Is hot water or chlorine used to wash bed sheets?	❒Yes	❒No	●	○
	Cleaning/Housekeeping				
35	Is there a designated person responsible for monitoring infection control?	❒Yes	❒No	●	●
36	Are disinfectants used for cleaning equipment and floors (e.g. chlorine)?	❒Yes	❒No	●	●

F.	COMMUNICABLE DISEASE CONTROL & INFECTION PREVENTION			HC	Clinic
	Waste Disposal				
37	How do staff dispose of <u>solid</u> waste? (Correct if non-infectious waste is buried in a designated pit that is at least 8 feet deep <u>and</u> at least 30 feet from nearest water source)	❒Correct	❒Incorrect	●	●
38	How do staff dispose of <u>sharps</u>? (Correct only if <u>all</u> needles and other sharp instruments are deposited in puncture resistant (i.e. plastic or metal) sharps containers - these should be placed throughout the facility and in all areas where sharps are used. Containers should be clearly labeled, easily accessible and emptied when three quarters full - used sharps should be **<u>incinerated</u>**.)	❒Correct	❒Incorrect	●	●
39	How do staff dispose of <u>infectious waste</u>, including placentas? (should either be incinerated or buried in a pit at least 8 feet deep and 30 feet from nearest water source?	❒Correct	❒Incorrect	●	●
40	Are there enough latrines or toilets for clients? (1 per 20 people at the facility)	❒Yes	❒No	●	●
41	Are the latrines or toilets clean?	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

G.	MEDICAL RECORDS Interview OIC and review patient records			HC	Clinic
1	Does each patient have one and only one medical record number (MRN), for both inpatient and outpatient visits to the facility?	❒Yes	❒No	●	●
2	Does the facility have a patient master file to retrieve patient MRN?	❒Yes	❒No	●	●
	Is the medical records area:				
3	Accessible 24 hrs/day, 7 days/week? **(HC only)**	❒Yes	❒No	●	○
4	Controlled to ensure patient confidentiality?	❒Yes	❒No	●	●
	Does the medical record contain:				
5	National Patient Record (or other standardized form)	❒Yes	❒No	●	●
6	Admission sheet **(HC only)**	❒Yes	❒No	●	○
7	Progress note(s) (either separate forms for each discipline or combined, including nursing reports) **(HC only)**	❒Yes	❒No	●	○
8	Lab test results	❒Yes	❒No	●	●
9	Radiology reports **(HC only)**	❒Yes	❒No	●	○
10	Medication Administration Record	❒Yes	❒No	●	●
11	Discharge sheet **(HC only)**	❒Yes	❒No	●	○
12	Consent forms **(HC only)**	❒Yes	❒No	●	○
13	Consultation summaries **(HC only)**	❒Yes	❒No	●	○
14	Facility **to** which patients are referred?	❒Yes	❒No	●	●
15	Facility **from** which patients are referred? **(HC only)**	❒Yes	❒No	●	○
	Look at 3-5 charts on an inpatient ward. Do they show:				
16	Nursing admission assessment **(HC only)**	❒Yes	❒No	●	○
17	Shift assessments and patient monitoring (nurses should check all patients at least once each shift) **(HC only)**	❒Yes	❒No	●	○
18	Medical orders have been carried out **(HC only)**	❒Yes	❒No	●	○
19	Route, time and dosage of medication administered **(HC only)**	❒Yes	❒No	●	○
	The last 2 times you referred patients to another facility, what was done?				
20	Standardized referral form filled out and sent with patient	❒Yes	❒No	●	●
21	Other facility contacted	❒Yes	❒No	●	●
	Where are patient deaths recorded if patient dies after being referred?	Check all that apply:			
22	At this facility	❒		●	●
23	At other facility (where patient was referred to)	❒		●	●
24	Don't know	❒		●	●
25	Deaths aren't recorded anywhere.	❒		●	●
26	Does the facility issue a notification of death form for each patient that dies in the facility? (ask to see the forms - check yes only if blank forms are available)	❒Yes	❒No	●	●
27	Does the facility have a written list of other health facilities to which they may refer patients (including contact information for each facility)? (observe)	❒Yes	❒No	●	●
28	Does the facility have a functioning way to communicate with other health facilities (i.e. cell phone coverage or working HF radio)?	❒Yes	❒No	●	●
29	Has the facility reported the number of cases and deaths for each priority disease to the CHT within the last month (observe record)	❒Yes	❒No	●	●

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H1.1. ANTENATAL CARE				HC	Clinic
	Health Talks (Mark any of the following that are mentioned in health talks at the facility):				
1	The importance of antenatal care, especially for teenage mothers & high parity women	❒Yes	❒No	●	●
2	Diet and rest during pregnancy and lactation	❒Yes	❒No	●	●
3	Birth preparedness and danger signs	❒Yes	❒No	●	●
4	Safe home delivery	❒Yes	❒No	●	●
5	Do ANC staff distribute Home-Based Mother's cards?	❒Yes	❒No	●	●
6	Do ANC staff use the correct procedure to diagnose pregnancy? (should be able to do so by observation and with urine test)	❒Yes	❒No	●	●
	How do ANC staff screen for high-risk pregnancy? Do they mention each of the following?				
7	Short height (<5ft)	❒Yes	❒No	●	●
8	Low weight (<100lbs) or obesity	❒Yes	❒No	●	●
9	Age < 15 or > 35	❒Yes	❒No	●	●
10	History of complications during previous pregnancies (including stillbirth, fetal loss, preterm labor and/or delivery, small-for-gestational age baby, large baby, pre-eclampsia or eclampsia)	❒Yes	❒No	●	●
11	More than five previous pregnancies	❒Yes	❒No	●	●
12	Bleeding during the third trimester	❒Yes	❒No	●	●
13	Abnormalities of the reproductive tract	❒Yes	❒No	●	●
14	Uterine fibroids	❒Yes	❒No	●	●
15	Hypertension	❒Yes	❒No	●	●
16	Infections of the vagina and/or cervix, kidneys, or fever	❒Yes	❒No	●	●
17	Acute surgical emergency (appendicitis, gallbladder disease, bowel obstruction)	❒Yes	❒No	●	●
18	Post-term pregnancy	❒Yes	❒No	●	●
19	Pre-existing chronic illness (such as asthma, autoimmune disease, cancer, sickle cell anemia, tuberculosis, herpes, HIV/AIDS, heart disease, kidney disease, Crohn's disease, ulcerative colitis, diabetes)	❒Yes	❒No	●	●
	Do ANC staff monitor the following during pregnancy?				
20	Growth of fetus (Height of fundus)	❒Yes	❒No	●	●
21	Mother's weight-gain throughout pregnancy	❒Yes	❒No	●	●
22	Eclampsia (check to see whether ANC cards/records show blood pressure is taken at every visit)	❒Yes	❒No	●	●
	Do ANC staff routinely provide the following to all pregnant women? (check 3 ANC records for the following, mark all that appear)				
23	Tetanus toxoid vaccine during pregnancy or very soon after pregnancy	❒Yes	❒No	●	●
24	Prophylactic iron	❒Yes	❒No	●	●
25	Folic acid	❒Yes	❒No	●	●
26	Multivitamins	❒Yes	❒No	●	●
27	Sulphadoxine/pyrimethamine in 2nd and in 3rd trimesters for Intermittent Preventive Treatment (IPT)	❒Yes	❒No	●	●
28	Mebendazole for deworming	❒Yes	❒No	●	●
29	Screening for syphilis (RPR) and treatment if needed - Benzathine Penicillin 2.4MU IM STAT (1.2 MU on each buttock)	❒Yes	❒No	●	●
30	Screening and treatment for anemia (test hemoglobin and give Iron and Folate; if sickle cell anemia give only Folate)	❒Yes	❒No	●	●

H1.1. ANTENATAL CARE					HC	Clinic
31	What do ANC staff do for pregnant women with pre-eclampsia or hypertension? (ANC or referral records should show mother being sent to hospital for delivery if blood pressure is high)	❒Refer to hospital for delivery		❒Other answer	●	●
32	What do ANC staff do if a patient presents with severe pre-eclampsia or hypertension? (Patient should be immediately referred to a hospital)	❒Refer immediately to hospital		❒Other answer	●	●
33	Do ANC staff offer an HIV test for all pregnant women?		❒Yes	❒No	●	●
34	Do ANC staff manage threatened or complete abortion? (Treatment for threatened abortion should include sabultimol to stop contractions, paracetamol or tramadol for pain, and in some cases diazepam to relax patient; causes should be investigated. For complete abortion, check Hb and treat if anemic.)		❒Yes	❒No	●	●
35	Do ANC staff manage urinary tract infections? (investigate and treat specifically; treatment usually includes antibiotics and/or antimicrobials)		❒Yes	❒No	●	●
36	What do ANC staff do if a pregnant woman presents with a fever? (should do a Rapid diagnostic test for malaria (Paracheck) and treat accordingly)	❒Do rapid test for malaria	❒Treat without testing for malaria		●	●
37	Do ANC staff use the syndromic method to manage vaginal discharge, and encourage partner to come for testing?		❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H1.2. H1.3.	LABOR, DELIVERY, POSTPARTUM & NEWBORN CARE			HC	Clinic
	What do staff do at end of first week & during puerperium? (check 3 medical records)				
1	Give postpartum vitamin A	❒Yes	❒No	●	●
2	Give prophylactic iron and folic acid	❒Yes	❒No	●	●
3	Detect puerperal sepsis, give first dose of ampicillin and refer to hospital	❒Yes	❒No	●	●
4	Detect and refer cases of anemia with symptoms	❒Yes	❒No	●	●
5	Detect and manage urinary tract infection (investigate cause, give specific antibiotics to treat)	❒Yes	❒No	●	●
6	Manage nipple or breast pain (counsel on breastfeeding best practices, give paracetamol, or brufen/ibuprofen to manage pain)	❒Yes	❒No	●	●
7	Manage constipation, hemorrhoids and other symptomatic problems (give laxative, i.e. ducolax, and paracetamol or other analgesic for pain)	❒Yes	❒No	●	●
8	Do staff manage a low birth weight (LBW) baby (1500gms – 2500gms)? (Monitor child closely for any signs of infection, keep warm, ensure child is breastfeeding properly – ask 3 medical staff)	❒Yes	❒No	●	●
9	Do staff manage neonatal jaundice? (investigate cause of infection, if laboratory testing available check bilirubin levels, treatment usually includes antibiotics, IV fluids, and putting child in sun wearing only a diaper and with eyes covered)	❒Yes	❒No	●	●
10	Are the correct newborn immunizations are given right after birth? (correct: BCG & Oral Polio)	❒Yes	❒No	●	●
11	Do staff treat cord infection? (antibiotics)	❒Yes	❒No	●	●
12	Do facility staff use a partograph to assess and monitor progress in labor? (Ask to see the partographs from the two most recent deliveries at this facility)	❒Yes	❒No	●	●
13	How long do facility staff wait to refer a patient in labor to a hospital? (correct: refer patient after a delay in labor of 12 hours or more)	❒Correct	❒Incorrect	●	●
	Do facility staff use the following when conducting a delivery?				
14	Sanitary pad or clean sheet on delivery bed	❒Yes	❒No	●	●
15	Clean (disinfected) delivery set	❒Yes	❒No	●	●
16	Gynecological gloves	❒Yes	❒No	●	●
17	Episiotomy set	❒Yes	❒No	●	●
18	Suction	❒Yes	❒No	●	●
19	What do facility staff do during the third stage of labor? (They should actively manage it, i.e. provide Syntocinon, or Oxytocin and CCT)	❒Correct	❒Incorrect	●	●
20	Do medical staff perform episiotomies and repair tears?	❒Yes	❒No	●	●
21	Do medical staff conduct breech deliveries?	❒Yes	❒No	●	●
22	Do medical staff perform vacuum extraction of retained products?	❒Yes	❒No	●	○
23	What do medical staff do to ensure the placenta is expelled following delivery? (should include bimanual compression of the uterus)	❒Correct	❒Incorrect	●	●
	Were the following services performed at least once during the last 3 months? (these are the major indicators for identifying EmOC and CEmOC centers - ask all questions at all facilities)				
24	Parenternal antibiotics	❒Yes	❒No	●	●
25	Parenternal oxytocics	❒Yes	❒No	●	●
26	Parenternal sedatives/anticonvulsants	❒Yes	❒No	●	●
27	Manual removal of placenta	❒Yes	❒No	●	●
28	Removal of retained products	❒Yes	❒No	●	●
29	Assisted vaginal delivery	❒Yes	❒No	●	●

H1.2. H1.3.	LABOR, DELIVERY, POSTPARTUM & NEWBORN CARE			HC	Clinic
30	Blood transfusion (including screening blood and use of disposable supplies)	❒Yes	❒No	●	●
31	Caesarean section	❒Yes	❒No	●	●
32	Do medical staff manage convulsions or unconsciousness with fever?	❒Yes	❒No	●	●
33	Are PMTCT services provided at this facility? **(if no, skip to 39)**	❒Yes	❒No	●	●
34	Are all women who deliver at this facility offered an HIV test when they arrive in labor?	❒Yes	❒No	●	●
35	Are ARVs for PMTCT available for mothers and newborns in the delivery room at all times (AZT, 3TC & sd-NVP in adult and pediatric doses)?	❒Yes	❒No	●	●
	Which ARVs are routinely used in the PMTCT regimen?			●	●
36	Nevirapine (NVP)	❒Yes	❒No	●	●
37	Zidovidine (AZT)	❒Yes	❒No	●	●
38	Lamivudine (3TC)	❒Yes	❒No	●	●
	What do facility staff monitor the mother for immediately after delivery?				
39	General condition/vital signs	❒Yes	❒No	●	●
40	State of uterine contraction	❒Yes	❒No	●	●
41	Vaginal bleeding	❒Yes	❒No	●	●
	Immediately after delivery, what do facility staff do for newborns?				
42	Keep the baby dry & warm	❒Yes	❒No	●	●
43	Clear airway if necessary	❒Yes	❒No	●	●
44	Provide correct cord care (cord should be cut ~7-8cm from baby's body with clean scissors/razor/scalpel, double tie cord, & nothing should be applied to it)	❒Yes	❒No	●	●
45	Put child to mother's breast	❒Yes	❒No	●	●
46	Resuscitate baby if he/she is not breathing well	❒Yes	❒No	●	●
47	Provide tetracycline eye ointment	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H2.	REPRODUCTIVE HEALTH			HC	Clinic
1	Does the facility provide family planning services?	❒Yes	❒No	●	●
	Health Talks (Mark any of the following that are mentioned in health talks at the facility):				
2	Information on birth spacing and family planning for adolescents	❒Yes	❒No	●	●
3	Counsel on informed choice	❒Yes	❒No	●	●
4	Promotion and distribution of condoms	❒Yes	❒No	●	●
	What kinds of birth control do staff distribute/prescribe?				
5	Oral Contraceptive Pills (Nordette, Microgynon, etc.)	❒Yes	❒No	●	●
6	DMPA (I.e., Depo-Provera®)	❒Yes	❒No	●	●
7	IUD (insert & remove, and explain its use)	❒Yes	❒No	●	●
8	Norplant® (insert & remove, and explain its use)	❒Yes	❒No	●	○
9	Do staff treat STIs in men according to NACP protocols (syndromic management)?	❒Yes	❒No	●	●
10	Do staff treat STIs in women according to NACP protocols (syndromic management)?	❒Yes	❒No	●	●
11	Do staff provide infertility counseling?	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H3. CHILD HEALTH				HC	Clinic
	Health Talks (Mark any of the following that are mentioned in health talks at the facility):				
1	Home care for the sick child, danger signs, importance of completing treatment and follow up	❒Yes	❒No	●	●
2	Cough or cold (teach home care and danger signs to caregivers)	❒Yes	❒No	●	●
	EPI Program				
3	Do staff check children's Road to Health cards at every visit to ensure that they are up to date for all vaccinations?	❒Yes	❒No	●	●
4	Are tally sheets for infant vaccination used in the facility? (observe)	❒Yes	❒No	●	●
	Which vaccinations are available every day?				
5	BCG	❒Yes	❒No	●	●
6	Oral Polio	❒Yes	❒No	●	●
7	Measles	❒Yes	❒No	●	●
8	Penta	❒Yes	❒No	●	●
9	Tetanus-Toxoid booster	❒Yes	❒No	●	●
10	Are all vaccines in a functioning refrigerator?	❒Yes	❒No	●	●
11	Do staff diagnose and treat pneumonia? (should report treating at least some cases, treatment is usually antibiotics and IV fluid)	❒Yes	❒No	●	●
12	Do staff diagnose and treat ear infections? (antibiotics and IV fluid)	❒Yes	❒No	●	●
13	Do staff treat diarrhea with different levels of dehydration, from no dehydration to severe dehydration? (stool microscopy, culture and sensitivity if available, treat accordingly – usually IV drip and/or ORS as well as antibiotics as appropriate)	❒Yes	❒No	●	●
14	Do staff diagnose and treat measles? (isolate patient, treatment usually includes antibiotics and IV fluids)	❒Yes	❒No	●	●
	Infant and young child nutrition:				
	Do staff encourage mothers to do the following with regards to the nutrition of their newborn baby and young children?				
15	Promote early breastfeeding (i.e. immediately after birth)	❒Yes	❒No	●	●
16	Promote exclusive breastfeeding for the first six months	❒Yes	❒No	●	●
17	Promote appropriate complementary feeding (i.e. introduction of solid foods after 6 months)	❒Yes	❒No	●	●
18	Do staff conduct growth monitoring & provide nutrition counseling? **(HC Only)**	❒Yes	❒No	●	●
19	Do staff provide vitamin supplementation to children 6-59 months?	❒Yes	❒No	●	●
20	Do staff provide iron supplementation for children 6-59 months?	❒Yes	❒No	●	●
21	Do staff conduct regular deworming of children (with mebendazole or piperazine)?	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H4. INFECTIOUS DISEASE CONTROL				HC	Clinic
	Health Talks (Mark any of the following that are mentioned in health talks at the facility):				
1	Promotion and distribution of condoms	❒Yes	❒No	●	●
2	Awareness and sensitization about Voluntary Counseling and Testing for HIV (VCT)	❒Yes	❒No	●	●
3	Spread of TB, recognition of symptoms and case management	❒Yes	❒No	●	●
4	Malaria case recognition and management	❒Yes	❒No	●	●
5	Preventing malaria transmission (particularly use of bednets)	❒Yes	❒No	●	●
	HIV and AIDS				
6	Do facility staff provide Voluntary Counseling and Testing for HIV?	❒Yes	❒No	●	●
7	Do facility staff provide treatment of opportunistic infections for HIV positive pts?	❒Yes	❒No	●	●
8	Do facility staff provide supervision of Cotrimoxazole for people living with HIV/AIDS?	❒Yes	❒No	●	●
	Tuberculosis				
9	Do staff correctly identify suspect cases of TB? (cough persisting for more than 2 weeks not responding to treatment with antibiotics, weight loss, fevers, night sweats)	❒Yes	❒No	●	●
10	Do facility staff screen household members of patients with TB?	❒Yes	❒No	●	●
11	Do facility staff provide diagnosis of TB in sputum negative cases?	❒Yes	❒No	●	●
12	Do facility staff diagnose TB in children?	❒Yes	❒No	●	●
13	Do staff assign TB patients to a treatment regimen?	❒Yes	❒No	●	●
14	Do facility staff supervise the first 2 months of DOTS? (facility staff watch patient swallow required meds at least 5 out of 7 days/week)	❒Yes	❒No	●	●
15	Do staff conduct sputum examination & treatment review at end of intensive phase?	❒Yes	❒No	●	●
16	Do staff conduct sputum examination & treatment review at end of continuation phase?	❒Yes	❒No	●	●
	Malaria				
17	Do staff do a rapid diagnostic test for children under 5 to confirm malaria diagnosis?	❒Yes	❒No	●	●
18	Do facility staff provide lab confirmation of malaria for adults and children over age 5?	❒Yes	❒No	●	●
19	What is the first line treatment for malaria? (should be ACT - Artesunate & Amodiaquine)	❒Correct	❒Incorrect	●	●
20	What do staff use to treat malaria in pregnant women - is it different depending on which trimester of pregnancy? (should give quinine in 1st trimester and Artesunate & Amodiaquine in 2nd & 3rd trimesters)	❒Correct	❒Incorrect	●	●
21	How long do staff wait to decide if first line treatment failed, and what is the second line drug? (should recognize failure after 48 hours, & give quinine as 2nd line drug)	❒Correct	❒Incorrect	●	●
22	Do staff correctly manage cases of severe, complicated malaria in under fives? (should give parenteral quinine, & manage convulsions, hypoglycemia & high fever) **(HC only)**	❒Yes	❒No	●	○
23	Do staff correctly manage cases of complicated malaria in adults? (should give parenteral quinine or Artemether) **(HC only)**	❒Yes	❒No	●	○
24	Does this facility promote and distribute ITNs for Children under 5 years of age?	❒Yes	❒No	●	●
25	Does this facility promote and distribute ITNs for Pregnant women?	❒Yes	❒No	●	●
	Other diseases with epidemic potential				
26	Do the facility report cases of notifiable diseases within 24 hours when a suspected case appears in the facility? (i.e. yellow fever or cholera)	❒Yes	❒No	●	●
27	Do staff diagnose and manage cases of Typhoid? (treat with ciprofloxacin) **(HC only)**	❒Yes	❒No	●	○
28	Do staff diagnose and manage cases of Measles? (isolate patient, usually give antibiotics & IV fluids) **(HC only)**	❒Yes	❒No	●	○
29	Do staff diagnose & manage cases of pertussis? (treat with antibiotics and provide supportive care) **(HC only)**	❒Yes	❒No	●	○
30	Do staff diagnose and manage cases of acute watery diarrhea or bloody diarrhea? (ORS and/or IV fluids, identify cause (test blood, urine, and stool samples) and treat accordingly; suspect cholera for watery, suspect polio for bloody)	❒Yes	❒No	●	●

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H6. EMERGENCY CARE						HC	Clinic
1	Do staff diagnose and manage cases of shock?	❒Yes	❒No	❒Refer		●	●
2	Do staff see cases in which they need to maintain airways & bag-breathe for the patient?	❒Yes	❒No	❒Refer		●	●
3	Do staff diagnose and manage cases of anaphylaxis?	❒Yes	❒No	❒Refer		●	●
4	Do staff diagnose and manage cases of seizures/convulsions?	❒Yes	❒No	❒Refer		●	●
5	Do staff diagnose and manage cases of status asthmaticus? **(HC only)**	❒Yes	❒No	❒Refer		●	○
6	Do staff diagnose and manage epistaxis (nose bleeds)?	❒Yes	❒No	❒Refer		●	●
7	Do staff see and manage cases of a foreign body in the ear or nose? **(HC only)**	❒Yes	❒No	❒Refer		●	○
8	Do staff diagnose and manage eye infections?	❒Yes	❒No	❒Refer		●	●
9	Do staff see and manage burn cases?	❒Yes	❒No	❒Refer		●	●
10	Do staff see and manage cases of sexual assault?	❒Yes	❒No	❒Refer		●	●
11	Do staff see and manage wounds and soft tissue injuries?	❒Yes	❒No	❒Refer		●	●
12	Do staff diagnose & manage closed fractures &/or dislocations of upper limbs?	❒Yes	❒No	❒Refer		●	●
13	Does the facility refer all emergency cases that it is not equipped to handle?		❒Yes	❒No		●	●

Item No.	Notes, Comments, Recommendations for Improvement (Use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

H7. SGBV				HC	Clinic
	SGBV				
1	Do facility staff screen all patients for danger signs and injury that may be from domestic or other interpersonal violence?	❒Yes	❒No	●	●
	What do staff do if domestic violence is suspected or reported?				
2	Provide initial counseling	❒Yes	❒No	●	●
3	Refer patient to a Social Worker	❒Yes	❒No	●	●
	What do facility staff do for victims or suspected victims of sexual assault, rape, domestic or interpersonal violence?				
4	Provide initial counseling	❒Yes	❒No	●	●
5	Screen for rape or other sexual assault when appropriate	❒Yes	❒No	●	●
6	Conduct a rape exam for all suspected cases	❒Yes	❒No	●	●
7	Offer an HIV test to all suspected rape victims	❒Yes	❒No	●	●

Item No.	Notes, Comments, Recommendations for Improvement (use continuation sheet if needed)	Responsibility

Health Facility In-Depth Checklist

Health Facility:_____ Date:_____ By:_____

I.	INFRASTRUCTURE				HC	Clinic
1	Does the facility have a sound structure? (non-leaking roof over all patient areas, intact concrete floors, intact concrete walls)	❒Yes	❒No		●	●
2	Does the whole facility need to be rebuilt?	❒Yes	❒No		●	●
3	Does the facility roof need any repairs?	❒Minor repairs ❒New roof ❒None			●	●
4	Does the facility need any new windows?	❒Yes	❒No		●	●
5	Does the facility need any new doors?	❒Yes	❒No		●	●
6	Does the facility need repairs to the locks/handles?	❒Yes	❒No		●	●
7	Does the facility need more shelves in the medical records area?	❒Yes	❒No		●	●
8	Does the facility need more shelves in the dispensary/pharmacy/storeroom?	❒Yes	❒No		●	●
9	Does the facility need any repairs to the walls?	❒Yes	❒No		●	●
	Does the facility need any of the following areas expanded?					
10	Delivery room	❒Yes	❒No	❒Not Applicable	●	●
11	Inpatient wards	❒Yes	❒No	❒Not Applicable	●	●
12	Pharmacy	❒Yes	❒No	❒Not Applicable	●	●
13	Dispensary	❒Yes	❒No	❒Not Applicable	●	●
14	Storeroom	❒Yes	❒No	❒Not Applicable	●	●
15	Emergency area	❒Yes	❒No	❒Not Applicable	●	●
16	Short stay	❒Yes	❒No	❒Not Applicable	●	●
17	Registration/medical records area	❒Yes	❒No	❒Not Applicable	●	●
18	OPD	❒Yes	❒No	❒Not Applicable	●	●
19	Lab	❒Yes	❒No	❒Not Applicable	●	●
	Other areas(please list)					

Item No.	Notes, Comments, Recommendations for Improvement	Responsibility

SUPERVISION SCHEDULE **Supervisor (Name, Title)_____** **Month, Year_____**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Health Center/Clinic Personnel Attendance Sheet

Key:
P = Present
A = Absent
E = Excused
L = Late

Health Center/Clinic Name_____ **Location**_____ **Month/Year**_____

	Name	Position:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Notes/Comments:

_____

OIC Signature

_____

Checklist for Overseeing Supervisors

Ministry of Health & Social Welfare
Republic of Liberia

County:	Date:
Supervisor:	Title:
Oversight by:	Title:

Based on your observation of the supervisor's performance <u>as a supervisor</u>:

Item No.	**How well does the supervisor…**	**Excellent**	**Satisfactory**	**Unsatisfactory**
1.	…**work as a team** with his/her supervisees?	☐	☐	☐
2.	…exhibit **listening skills** when interacting with supervisees?	☐	☐	☐
3.	…exhibit **observation skills** when interacting with supervisees?	☐	☐	☐
4.	…give appropriate **feedback** to his/her supervisees?	☐	☐	☐
5.	… **give praise** to supervisees where appropriate?	☐	☐	☐
6.	… **give constructive criticism** to supervisees?	☐	☐	☐
7.	… **provide technical advice** to supervisees?	☐	☐	☐
8.	… **encourage problem solving** in his/her supervisees?	☐	☐	☐
9.	… **conduct meetings** with supervisees?	☐	☐	☐
10.	Taking all of the above into consideration, how satisfactory is the **overall supervisory performance** of the supervisor?	☐	☐	☐

For each item marked either ***Excellent*** or ***Unsatisfactory***, you <u>must</u> enter the item number and your comments or recommendations for improvement, referring to specific behaviors and incidents you have observed.
Use back of the page if more space required.

Item No.	Comments, recommendations for improvement

Republic of Liberia
Ministry of Health & Social Welfare

Staff Performance Appraisal

Name:_____Job Title:_____Location:_____

Date of this Appraisal:_____ This Review Period: from_____to_____ Date of Last Appraisal:_____

STAFF MEMBER'S SELF-EVALUATION

Has the past year been satisfactory or otherwise for you, and why?	
Do you have a copy of your Job Description?	❒ Yes If No, why not? ❒ No
What part of your job do you find the most satisfying?	
What part of your job do you find most difficult?	

OBJECTIVES These are the five most important objectives you set for yourself last in your last Appraisal. Please rate how well you believe you achieved them.	**Achievement**			**Comments, including reason(s) if partially achieved or not achieved**
	Fully Achieved	**Partially Achieved**	**Not Achieved**	
1.				
2.				
3.				
4.				
5.				

Which of the above, or other achievement on your part, do you consider your most important since your last Appraisal?	

What action could be taken by you to improve your performance in your current position?	
What sort of training/experiences would benefit you in the next year? (Not just job-skills - also your natural strengths and personal passions you would like to develop)	
What other type of support would help you to improve your performance?	
What kind of work or job would you like to be doing in five years time?	

List the five most important objectives you plan to achieve in the next 6 month review period:

1.
2.
3.
4.
5.

Additional Comments:

Staff Member's Signature_____ Date_____

SUPERVISOR'S EVALUATION

Name of Supervisor_____ Title_____

Evaluation Criteria	Rating				
	Outstanding	Very Good	Good	Fair	Poor
1. Works well with other staff members					
2. Works well with public and patients					
3. Works well within team/ promotes teamwork					
4. Comes to work on time and is dependable					
5. Completes work within deadlines					
6. Follows directions of supervisor					
7. Works well without supervisory direction					
8. Quality of technical skills					
9. Follows policies and procedures					
10. Readiness for more responsibility					

Summary of Performance:
(Check the one category that best describes the staff member's overall performance)

- ❒ Outstanding: Exceeds established goals/expectations for the position and is clearly outstanding overall.
- ❒ Very Good: Meets and frequently exceeds all established goals/expectations for the position.
- ❒ Good: Adequately meets established goals/expectations for the position.
- ❒ Fair: Meets some, but not all established goals/expectations for the position and improvement in specific areas is required.
- ❒ Poor: Unacceptable for the position and significant improvement is required

General comments on overall performance (if Outstanding or Poor rating given, full explanation, including specific achievements/incidents must be cited):

Areas for improvement:	
Feedback given to staff member on: ❒ Quality of performance ❒ Strengths ❒ Weaknesses ❒ Ways to improve performance ❒ Potential for advancement ❒ Overall attitude and work ethic ❒ Other:	**Date of discussion of evaluation with staff** **Comments on discussion of this appraisal with the staff member:**

Supervisor's signature_____ Date_____

STAFF MEMBER'S RESPONSE TO SUPERVISOR'S EVALUATION

(To sign this evaluation only means that you acknowledge having read it, not that you agree or disagree with your rating.)

I have read my performance evaluation and have discussed it with my supervisor. I have the following comments (optional):

Staff Member's Signature_____ Date_____