

8. Supervision

Introduction

Supervision is an integral part of support to all key elements of the DOTS strategy. It is an extension of training as well as a systematic process for increasing the efficiency of health workers by developing their knowledge, perfecting their skills, improving their attitudes towards their work, and increasing their motivation.

A strong TB control program and successful case detection and treatment depend on—

- The creation of a supervisory system from the central to regional level, and from the regional level to BMUs
- Specification of frequency and content of supervisory visits and use of supervisory checklists
- Modifying TB control activities according to feedback from supervisory activities.

Supervision should be performed at all levels of the health infrastructure. All health workers need help to solve problems and overcome difficulties. They also need feedback on their performance and encouragement in their work. Two main levels of supervision are distinguished in this document: 1) supervision of the regions by the central TB unit and 2) supervision of the BMUs by the region.

For supervision to be more efficient from regional level to the BMUs, it is necessary to have guidelines. During a supervision visit, health personnel and patients should be interviewed, information should be collected from different places and from different registers and cards, and supplies must be evaluated. All of these items should be described in these guidelines. Checklists of items that should be assessed during the supervisory visit are useful tools and should be part of the supervision guidelines.

Supervision from the central to intermediate level does not necessitate guidelines but requires a very good knowledge and comprehension of the TB manual of the NTP. Items to check during these central supervision visits should be discussed and identified for each visit well in advance and specifically for each intermediate level.

It is difficult to evaluate supervision. Supervision quality is an important factor for success, but improvement of program delivery does not depend solely on supervision. The elements that are easier to measure are the frequency of supervision and the existence of supervision guidelines. However, the main indication of the efficacy of supervision is the detection and solution of problems and a gradual improvement in the

indicators of program delivery, measured through case detection, smear conversion, and treatment outcome.

Indicators

- Supervision of DOTS implementation
- Existence of supervision guidelines

Resource

Pio A, Chaulet P. *Tuberculosis handbook*. Geneva, World Health Organization, 1998 (WHO/TB/98.253).

Indicator 8.1

SUPERVISION OF DOTS IMPLEMENTATION

Definition

Percentage of planned supervisory visits completed by the TB control program (either from the central to regional level or the regional level to basic management unit) according to the annual work plan.

$$\frac{\text{Number of supervisory visits performed during a specified time period}}{\text{Number of supervisory visits planned according to the annual work plan during the same period}} \times 100$$

What It Measures

Supervisory visits are a key activity of the NTP. Without supervision, it is difficult to know whether or not DOTS is implemented as planned by the NTP, and how to correct deficiencies. Unscheduled activities, as well as time and logistic constraints, often limit the number of visits originally planned. Inclusion of supervision in the core indicators for the NTPs will reinforce the importance of this activity. This indicator helps the NTP track the frequency of supervisory visits and identifies gaps.

How to Measure It

A calendar with the planned supervisory visits should be available in the annual work plan; this will provide the denominator. Reports of the supervisory visits performed by the NTP staff should be available; this information is used to determine the numerator. This indicator can be calculated for all supervisory visits or calculated separately for 1) supervision visits from the central to regional levels and 2) supervision visits from the regional to BMUs (e.g., district levels).

Data Sources

- Annual work plan at the central level
- Reports of the supervisory visits from the central level

Frequency & Function

This indicator should be reported systematically in the annual report of the NTP.

Strengths & Limitations

This indicator will measure quantity, but it does not reflect quality. Reading the supervisory reports, monitoring any changes after the supervisory visits, and measuring indicators at the regional levels allow the quality to be evaluated, but it cannot be quantified. Attention should be given to ensure that supervision coverage is addressed in the annual work plan and that this indicator reflects not only that the number of supervisory visits took place according to the work plan, but also that the visits took place in the regions that were specified in the work plan.

Indicator 8.2

EXISTENCE OF SUPERVISION GUIDELINES

Definition

Guidelines exist for supervision procedures, including checklists that summarize items that should be checked during supervisory visits. This is a yes/no indicator.

What It Measures

Supervision of the BMU is not an easy task, and a supervisor can be ineffective when attempting to address multiple disease or program concerns during the same visit. Guidelines will help the supervisors to focus on TB control issues in priority order and to evaluate sites in a uniform manner.

How to Measure It

The indicator is measured by the availability of the supervision guidelines at the appropriate level. The indicator would be scored as a “yes” if it includes all of the basic components listed below.

The following basic components (not an exhaustive list) should be included in the supervision guidelines:

- Review of the TB register
- Review of treatment cards
- Review of laboratory register
- Control of supplies (drugs and laboratory)
- Interviews of some patients.

Data Sources

- NTP supervision documents

Frequency & Function

This indicator should be measured annually for planning purposes.

Strengths & Limitations

Standardized guidelines alone will not ensure effective supervision. The existence of a checklist provides some assurance that the process is standardized.