

Abstract

Introduction - This study consisted of two phases. (phase I was a descriptive study & phase II was an educational intervention among PHNSS). Supervision is an essential component in Maternal and Child Health Family Planning (MCHFP) programme of Sri Lanka. Supervision has been defined as the support and guidance given by a supervisor to the subordinate staff to perform their duties effectively and efficiently in order to acquire job satisfaction. The study was carried out in Kalutara district of Sri Lanka.

Objectives- This study was conducted to assess the selected aspects of MCHFP supervision system (phase I) and to assess the effectiveness of an educational intervention aimed at PHNSS and PHMM (phase II) in 2009.

Methodology – The study was conducted at Kalutara district in Year 2010. Phase I was a descriptive study which assessed the coverage of supervision by each category of supervisors in 2009. Coverage of supervisees (PHMM), assessment of quality of interaction between supervisor and supervisee, needs assessment of supervisors, views assessment of selected supervisors, assessment of knowledge, attitudes and self perceived competencies of MCH FP supervisors and attitudes of supervisees (PHMM). Total supervision events in relation to total duty time of supervisors and total teaching time on supervision in relation to total training time for each supervisor were also examined in this study.

Phase II was an education intervention aimed at all PHNSS and PHMM of Kalutara district (study area). Gampaha district was selected as the control area.

Total number of MCHFP supervisors (n=54) and total number of PHMM (n=288) was selected for the study. During intervention, total number of MCHFP Supervisors (n=35) of Gampaha district and total number of PHMM (n=501) were selected. All the study instruments were pre-tested and a pilot study was undertaken and necessary adjustments were done prior to study

Results-Reported coverage was always higher compared to actual coverage among every category of MCH/FP supervisors. (MOOH 24.7% and 1.7%, AMOOH 9.0%,1.0%, PHNSS 56.6% and 6.3%, SPHM 30%, and 4.1% , RDHS 75.0% and 1.7% Deputy RDHS 76.7% and

00%, MOMCH 78.1% and 55.2% and RSPHNO 58.4% and 15.6% respectively). Following variables showed significant association with the supervision coverage in bivariate analysis; age of supervisors ($p=0.03$), knowledge of supervisors ($p=0.04$), No. of training sessions ($p=0.02$), place of residence($p=0.03$), non supervisory activities($p=0.01$) and support from higher officers($p=0.03$)

Supervisee (PHMM) coverage in Year 2009 was as follows; percentage of PHMM subjected to 0,1, 2,3 and >3 supervision visits were 35.1% , 23.2% , 19.2%, 15.8% and 6.7% respectively.

All categories of MCHFP supervisors reported 1.5% of total duty time for MCHFP supervision. RDHS, DRDHS, MOMCH, RSPHNO, MOOH, AMOOH, PHNS and SPHM dedicated 0.4%, 00%, 20.0%, 5.7%, 0.6%, 0.2%, 1.7% and 1.9% respectively of total duty time for MCH supervision.

Training course for SPHM has the highest percentage of time for teaching supervision that is 10%. Courses designed for other MCHFP supervisors i.e: MOMCH, MOOH, AMOOH and PHNS have less than 10% of total course duration for teaching supervision.

PHNSS and SPHM had following needs; official supervisory guide 100%, training on supervision 20% , less work load of supervisors 20%, proper attention to service problems by the administrators 24%, receiving logistics quickly 100% .Needs of MOOH/AMOOH and supervisory staff of RDHS office of Kalutara district were official supervisory guide 100%, training on supervision 23.8% , less workload of supervisors 13.6%, proper attention to service problems by the administrators 57.8%, proper attention by the administrators 57.8% and receiving logistics quickly 100%

Views on supervision notes by MOOH/AMOOH and RDHS/Deputy RDHS were as follows Supervisory reports to be forwarded as soon as possible (80% and 100%), summarized reports would be better (92% and 50%), giving feedback is necessary (100% , 100%), helping to implement action plan (100% , 100%), discussing findings in supervisory reports (72% and 50%), supervisors need training in preparing supervision reports (100% , 100%) and easy interpretation of supervisory reports (92% and 100%).

In the assessment of quality of supervision following results were found. Total time taken for supervisory related activities in shorter visits < 2hrs was 91.1% of total supervisory session and longer visits > 2hrs was 82.3%. Non supervisory related activities during < 2hrs sessions and > 2hrs session were 8.9% and 17.7% respectively.

Median Total Quality Score (TQS) was 28. TQS was calculated for selected eleven favorable behaviors that should be possessed by the MCH/FP supervisors.

Ninety two (92%) of MOOH/AMOOH, none of PHNSS/SPHM and RDHS Office supervisors (50%) had adequate knowledge regarding supervision. Ninety two (92%) of MOOH/AMOOH, none of PHNSS/SPHM and RDHS Office supervisors (50%) had positive attitudes towards supervision. Ninety Two (92%) of MOOH/AMOOH, none of PHNSS/SPHM, and 50% /RDHS office supervisors had good self perceived competencies. There was a significant difference between proportion of supervisors with PC score ≥ 35 among those who had more non supervisory activities and who had less non supervisory activities.

Positive attitudes were shown only by 11.9% of PHMM. In multiple logistic regression analysis, following variables showed significant associations with supervisees' (PHMM) attitudes; age in years ≥ 45 years ($p=0.01$), grade 6-10 education level ($p = 0.03$), marital status ($p=0.01$), service as a PHMM <10 years ($p=0.001$).

In phase II, TQS, knowledge, attitudes and self perceived competency among PHNSS within the intervention area showed significant difference pre and post intervention (p was < 0.001 for all components). TQS, KAP among PHNSS between intervention and control area were all significant only post intervention ($p<0.001$).

Attitudes of supervisees (PHMM) within the intervention area showed significant difference ($p<0.001$) in post intervention. Attitudes of supervisees (PHMM) between intervention and control areas showed significant difference ($p<0.001$) in post intervention. Attitudes of supervisees (PHMM) between intervention and control areas showed significant difference $p<0.001$ in post intervention only.

Conclusions – Reported coverage was always higher in every category of MCHFP supervisors. The difference between actual and reported coverage was always significant. This study also

showed imminent need for official supervision guidelines. Receiving logistics quickly (100%) was also a major need of all MCHFP supervisors. All the MCHFP supervisors (MOOH/AMOOH, RDHS, Deputy RDHS) were of the view that giving feedback is necessary, helping to implement action plan, supervisors need training in preparing supervisory reports. Total quality of supervision was found to be poor among PHNSS (Median TQS 28).

Ninety two (92) percent of MOOH/AMOOH, none of PHNSS/SPHM, 50% of RDHS office supervisors had adequate knowledge, positive attitudes and good self-perceived competencies. Only 11.9% of supervisees (PHMM) were having positive attitudes. This study indicates majority of supervisors had dedicated very little time on supervision. This study indicates low priority given in the training courses for teaching supervision.

TQS, KAP among PHNSS within the intervention area showed significant difference pre and post intervention ($p < 0.001$ for all components). TQS, KAP among PHNSS between intervention and control area were only significant only post intervention ($p < 0.001$). Attitudes of supervisees (PHMM) within the intervention area showed significant difference ($p < 0.001$) in post intervention. Attitudes of supervisees (PHMM) between intervention and control areas showed significant difference $p < 0.001$ in post intervention only.

Recommendations - Measures to improve actual supervision should be taken immediately. In-service training for MCH supervisors in completing Formats A, B, C and preparing supervision reports should be arranged. Criteria to determine the frequency of supervision of PHMM should be developed. Measures should be taken to improve time dedicated for supervision by supervisors. Increased priority should be given in future training programmes of supervisors by allocating more time on teaching supervision.

Needs of the supervisors should be given proper attention by respective health managers. Measures to improve quality of supervisory reports and adequate in-service training should be provided to improve competencies in preparing supervisory reports.

In-service as well as on the job training should be provided to the supervisors on favorable behaviors of supervisors. It is essential to find strategies to improve KAP especially among PHNSS/SPHM. Well planned education intervention is able to improve KAP of MCHFP

supervisors and attitudes of supervisees (PHMM) in this study. Quality of supervisor- supervisee interaction was also improved post intervention.

Key words-supervisors, supervisees, total quality score, supervision coverage