

policy

February 2014

MANAGER'S TOOL

*Mentoring and
Supportive Supervision
for Districts and
Subdistricts*

HEALTH SYSTEM STRENGTHENING AND EFFECTIVE MANAGEMENT FOR JHARKHAND FAMILY PLANNING

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What is the Manager's Tool?

The USAID-funded Health Policy Project supported the state to develop the *Manager's Tool* as an aid for health managers to check critical aspects of the health system during their field visits to health facilities, to note their observations, and to record the issues discussed and resolved together with health centre staff. The tool also serves as a means to address issues in quality assurance (QA) meetings and family planning-related trainings.

This tool is useful for managers at all levels. State-level managers may include members of the family planning (FP) cell and state programme managers. District-level managers may include: district programme managers; civil surgeons; additional chief medical officers (ACMOs); reproductive and child health (RCH) officers; district programme coordinators; district programme officers; information, education, and communication (IEC) officers; and district data officers. Block managers may include programme managers, data managers, and development officers.

Managers use this monitoring tool to inform decisionmakers of progress being made in each block or district, and identify the issues that need to be addressed to strengthen the health system and improve health service delivery.

Managers use a separate tool for each district.

Manager's Tool Basics

For each section in the *Manager's Tool*, add the details in the top portion under 1, 2, 3, 4, or 5 rows. Continue using the same row to add other details.

Step 1

When the State/District/Block Programme Manager visits a health facility or a meeting, first s/he informs the facility level staff that the visit's purpose is to understand the functioning of the centre or meeting, which aspects are doing well, and which areas need strengthening. The manager assures the staff that this is neither a test nor a record for punitive action. Rather, the purpose of this visit is to improve the overall health system and health service delivery to the community and to jointly arrive at possible solutions to address existing issues. Invite one person to show you around, and share relevant documents. The manager may ask questions to gather more information for the *Manager's Tool*, and should ask the health facility staff to spend 15–20 minutes sharing and discussing things 30–40 minutes, after making observations.

Step 2.

The manager records the observations as '1' (for present or yes), or '2' (for absent or no). For example, during a sub-centre visit, under the equipment and supplies section, the manager should record information on whether electricity and a telephone are present or absent. Information should also be recorded for water supply, whether an auxiliary nurse midwife (ANM) is staying at the centre, and whether the ANMs are trained as suggested by the Indian Public Health Standards (IPHS).

In addition to recording observations, the manager asks the staff to share relevant documents and notes this information. For example, the manager can request the supply register to verify whether all the sections are current and complete. The register is checked against the available stock of supplies to see if it matches. No feedback is given

at the recording stage—the manager waits to ask questions about why it is or is not updated. Comments are made during the follow-up discussion.

Step 3

When all the sections are filled out, the manager meets with the key staff to, discuss what is going well, what needs strengthening, and gather more information on the health facility and its functioning. The discussion should begin with a focus on the positive aspects observed during the visit. S/he can then look at all the areas marked ‘2’ and address all these issues with the relevant staff in a group discussion.

This is a good opportunity for the entire staff to consider the positives and negatives; assess the resources they have and those that they can maximise; recognise and accept the issues or problem areas; and think together about options to address the issues at hand and find innovative solutions.

Step 4

The next step is to develop specific actions with both a timeframe and assigned responsibility to address particular issues. Be realistic with timelines and responsibilities to assure that problems are addressed in a timely fashion and that the relevant people are informed about the needs, requirements, and changes.

The manager may also assign some responsibility to himself/herself. Some issues do not have an obvious solution, and may require a human resource or policy decision from the district or state. In this case the manager adopts the appropriate chain of command, communicates with the responsible person, and keeps the relevant staff informed of communication and follow-up for all policy actions.

For example, a manager may learn that the supply of emergency contraceptive pills (ECPs) has been depleted for the last three months. Since ECPs are procured at the centre and contracted out to

a manufacturer, if the manufacturer has delayed supply to the state or the district, the sub-centre staff cannot be held responsible. In such a case, the district programme manager should inform the state programme manager, the state FP cell, or the procurement officer to remedy the problem—or short-term solutions can be explored. One option is to check whether unused or excess ECP stocks exist in other districts, facilities, or in the state repository, and can be shared with the sub-centre. Simultaneously, take steps to ensure that clients are advised to use ECPs available in the private sector.

The Manager's Tool contains the following sections:

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Basic Information

Name of manager:		Mobile number:		
District:		Email:		
List of Blocks and Contact Details				
No.	Block	Name of medical officer in charge (MOIC)	Contact number	Email
1				
2				
3				
4				
5				
6				
7				
8				
List of Blocks and Contact Details				
No.	Block	Name of block MOIC	Contact number	Email
11				
12				
13				
14				
15				
16				
17				
18				

Plan for the Month

Write the names of the blocks or villages and the number of visits you plan to make in each section. Consider the number of working days, holidays, and seasonal variations that may affect your visits.

TASK	Month: _____			
	Week 1	Week 2	Week 3	Week 4
Sub-centre visit				
CHC visit				
PHC visit				
District hospital (DH) visit				
Rogi kalyan samiti (RKS) meeting				
QA meetings				

TASK	Month: _____			
	Week 1	Week 2	Week 3	Week 4
Village health and sanitation committee (VHSC) meetings				
Village health and nutrition day (VHND) with FP services				
District headquarters				
Health management information systems (HMIS) data quality at district headquarters				
Adolescent reproductive and sexual health (ARSH) clinics providing counselling on delaying				

TASK	Month: _____			
	Week 1	Week 2	Week 3	Week 4
VHSC meeting including FP agenda				
FP camps and fixed-day services				
FP-related trainings				
Other				

Sub-centre Visit

Add the details of the sub-centre visit.

#	Date	Sub-centre name	Block	Village	Person in charge	Mobile/landline number
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Sub-centre Visit: Basic Infrastructure

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Sub-centre visit: Basic facilities								
	Labour room hygienic	Electricity available with backup, telephone functional	Toilet facility available and functional	Clean drinking water supply	ANM staying at sub-centre	ANM trained in SBS and postpartum intrauterine contraceptive device (PPIUCD)	Male health worker appointed and working	Contractual Safai Karmachari to assist ANM	Labour room well equipped
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Sub-centre Visit: Health Management Information System (HMIS)

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Management information system (MIS) data updated	MIS data checked by lady health visitor (LHV)/block programme management unit (BPMU)	MIS data checked by MOIC	MIS data complete	Sterilisations done/failure cases	ANM-reported intrauterine contraceptive device (IUCD)/HSC cases	JSY/postpartum IUCD/sterilisation	Newly married/oral contraceptive pill (OCP)	Motivated for sterilisation
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Sub-centre Visit: Discussion with Staff

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Issues discussed	With	Solutions offered	Next steps		
				Action	Responsible person	Due date for action
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Primary Health Centre (PHC) Visit

Add the details of the PHC here.

#	Date	PHC	Block	Name of medical officer in charge	Mobile/landline number and Email
1.					
2.					
3.					
4.					
5.					

Primary Health Centre: Basic Facilities

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Computer functional	Labour room hygienic and well equipped	Water supply regular and clean	Normal-delivery kits	Deep freezer	Neonatal warmer	Operation theatre + Boyles Apparatus	Operation theatre + anaesthetic medicine
1.								
2.								
3.								
4.								
5.								

Primary Health Centre: Supplies

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Auto dispensable syringes	IFA tablets	Vitamin A	ORS packets	Received untied fund and utilising it	Haemoglobin tests	Supply register updated	Blood smear for malaria	Condoms	Pills	ECPs	IUCD
1.												
2.												
3.												
4.												
5.												

Primary Health Centre: Human Resources

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Medical officer (MO) staying	Laboratory technician present	MO received training in IUCD insertion	MO received training in PPIUCD insertion	Nurse/LHV/ANM trained in IUCD	Nurse trained in PPIUCD	FP Counsellor present
1.							
2.							
3.							
4.							
5.							

Primary Health Centre: Information, Education, and Communication (IEC)/Behaviour Change Communication (BCC)

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	IEC BCC posters/banners displayed	Handouts for clients	Clients' Rights displayed	Dates for next community BCC event	Audio visual material on display	Counselling using a flip chart or facilitation tool	Staff trained in effective communication
1.							
2.							
3.							
4.							
5.							

Primary Health Centre: Health Management Information System (HMIS)

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

HMIS						Data Consistency		Data Linkages		
#	MIS data updated	MIS data checked by BPM	MIS data checked by MOIC/medical officer (MO)	MIS data complete	MIS software package used to enter service data	Sterilisations done/failure cases or deaths	ANM-reported IUCD/PHC Cases	JSY/PPIUCD	Newly married/OCP	Motivated for sterilisation
1.										
2.										
3.										
4.										
5.										

Primary Health Centre: Transport and Referral

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Transport vehicle available	Vehicle in running condition	Average number of trips/month	Types of cases for which the transport was used				
				Pregnancy and childbirth cases	Accidents	FP camp-related issues	Other maternal and child health (MCH) issues	Non-MCH issues
1.								
2.								
3.								
4.								
5.								

Primary Health Centre: Discussion with Staff

#	Issues discussed	With	Solutions offered	Next steps		
				Action	Responsible person	Due date for action
1.						
2.						
3.						
4.						
5.						

Community Health Centre (CHC) Visit

Add the details of the CHC here.

#	Date	CHC	Block	Names of key staff	Mobile/landline number and email
1.					
2.					
3.					
4.					
5.					

Community Health Centre: Basic Facilities

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Outpatient department	Waiting rooms	OT	Labour room	X-ray room	Blood storage	Pharmacy	Water supply	Electricity	Garden	Transport
1.											
2.											
3.											
4.											
5.											

Community Health Centre: Supplies

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Patients' rights	RKS		Supplies			Contraceptives				
		RKS meets monthly and minutes are sent to the state in the RKS format	Received untied fund and used for FP	Equipment register updated	Supply register updated	Blood smear for malaria	Condoms	Pills	ECPs	IUCD	Non-scalpel vasectomy (NSV) kits
1.											
2.											
3.											
4.											
5.											

Community Health Centre: Human Resources

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	CHC has general surgeon	CHC has obstetrician/ gynaecologist	Medical officer (MO) received non-scalpel vasectomy (NSV) training in last 5 years	MO received PPIUCD training in last 5 years	MO received IUCD insertion (380A and 375) training	MO received minilap training in last 5 years	MO received tubectomy training in last 5 years
1.							
2.							
3.							
4.							
5.							

Community Health Centre: Information, Education, and Communication (IEC)/Behaviour Change Communication (BCC)

In each section, add '1' (for 'present' or 'yes'), and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	IEC/BCC posters/banners displayed	Handouts for clients	Citizens' Charter displayed	Dates for next community-level BCC event	Audio-visual material on display	Counselling using a flip chart or facilitation tool	Staff trained in effective communication
1.							
2.							
3.							
4.							
5.							

Community Health Centre: Health Management Information System (HMIS)

In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

HMIS						Data Consistency		Data Linkages		
#	MIS data updated	MIS data checked by block programme management (BPM)	MIS data checked by MOIC/MO	MIS data complete	MIS software used regularly for data entry	Sterilisation done/failure cases and/or deaths	ANM-reported IUCD/PHC cases	JSY/PPIUCD	Newly married/OCP	Motivated for sterilisation
1.										
2.										
3.										
4.										
5.										

Community Health Centre (CHC): Adolescent Reproductive and Sexual Health Centre

In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Adolescent counselling services provided	Adolescent -friendly health services provided	Register with services provided updated	Provision and setting leads to privacy	Materials for adolescent reading/ playing	Display of adolescent- friendly services	IEC/BCC display	Facilitation tools (flip charts) for counselling available	Special sessions organised	Other
1.										
2.										
3.										
4.										
5.										

Community Health Centre: Transport and Referral

In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Transport vehicle available	Vehicle in running condition	Average number of trips/month	Types of cases for which the transport was used				
				Pregnancy and childbirth cases	Accidents	FP camp-related issues	Other maternal and child health (MCH) issues	Non-MCH issues
1.								
2.								
3.								
4.								
5.								

Community Health Centre: Discussion with Staff

#	Issues discussed	With	Solutions offered	Next Steps		
				Action	Responsible person	Due date for action
1.						
2.						
3.						
4.						
5.						

Family Planning Camps and Fixed-Day Service

Provide details about the FP camps or fixed-day services you visit and the number of products/services offered that day, until your visit (they may offer more products and services after you leave).

#	Date	District	Block	Facility type	In field— village/landmark/location	Timing of the visit	Number of services/products offered						
							NSV	Tubectomy	Minilap	IUCD	Condoms	Pills	ECPs
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

Family Planning Camps and Fixed-Day Service: Tubectomy/Minilap

Write your observations about tubectomy/minilap services. Also, add client opinions in the same row.

#	Diagnostics done	Infection prevention procedures followed	Equipment and supplies present	Postoperative food and water provided for clients	Postoperative transport provided for clients	Surgical team transport provided	Preoperative counselling provided	Postoperative counselling provided	IEC material given to clients as handouts
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Family Planning Camps and Fixed-Day Service: IUCD

Write your observations regarding the IUCD services. Also gather some client opinions and add them in the same row. In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Check for reproductive tract infection (RTI)/sexually transmitted infection (STI)	Referral for RTI/STI	Treatment for RTI/STI	IUCD inserted	Pre-treatment counselling provided	Post treatment counselling provided	IEC material given to clients as take away
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Family Planning Camps and Fixed-Day Service: Discussion with Staff

#	Issues discussed	With	Solutions offered	Next Steps		
				Action	Responsible person	Due date for action
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Quality Assurance Committee (QAC) Meetings

In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Please write the number of visits in the last column. Write down the reason or details for the same.

#	Block QAC or district QAC	Meeting date	District	Block	All members present	Functional (meet every quarter for the last one year)	Trained in GOI format	Use GOI reporting format	Send QA quarterly reports to state	Make visits to FP camps to ensure QA	# of QA visits in the previous month
1.											
2.											
3.											
4.											
5.											

Quality Assurance Meetings: Discussion with Staff

#	Issues discussed	With	Solutions offered	Next Steps		
				Action	Responsible person	Due date for action
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Village Health and Nutrition Days (VHND)

Write down your observations regarding the VHND services. Include client opinions in the same row. In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Anganwadi worker name/contact number/address	District	Block	Village	Date	Sahiya and ANM present	FP products available, displayed and given to clients	FP counselling for pregnant women	Delay age of marriage/first child discussed with adolescents/newlyweds	FP messages displayed
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Community Monitoring: Rogi Kalyan Samiti Meetings, Village Health and Sanitation Committee Meetings, and Other Meetings with Community Providers/Mobilisers

In addition to the details asked for in the columns below, include client opinions in the same row. In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no'). Write down the reason or details for the same.

#	Meeting type (VHSC/RKS/ ANMs/ASHAs)	District	Block	Village	Date	Key person's name/contact number/address	Objective	Achievements	Next steps	Next meeting date
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Accreditation of Private Facilities and Empanelled Doctors/Providers

Provide details of the private facilities accredited this month. In each section, add '1' (for 'present' or 'yes') and '2' (for 'absent' or 'no').

#	Private facility name	Address	Doctor's name	Contact no.	No. of beds	Accreditation guidelines followed	24-hour facilities
1.							
2.							
3.							
4.							
5.							
#	Name of empanelled doctor	Degree	Specialisation	Name/address of practice	Contact No.	Empanelled for <u>which</u> service	Other details
1.							
2.							
3.							
4.							
5.							

Trainings, Workshops, and Orientation

Please include all details.

#	Date	Training or workshop topic	Objectives	For	District	Block	Duration	Venue	Number of participants		
									M	F	Total
1.											
2.											
3.											
4.											
5.											

Meetings

Please include all details.

#	State meetings attended	Date/s (from ___ to ___)	Purpose
1.			
2.			
3.			
4.			
5.			
#	District meetings attended	Date/s (from ___ to ___)	Purpose
6.			
7.			
8.			
9.			
10.			

For more information, contact:

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