Linking Activity Reports of Senior Treatment Supervisors to their Annual Performance Appraisal under RNTCP
S K Sahu*

Activity reports are an important component of daily routine for any staff, like Senior Treatment Supervisor (STS), whose work involves lot of travel. Workers, who don't monitor their own activities and are not supervised by their seniors, are likely to loose their focus to perform optimally. Thus the activity reports and performance appraisal is necessary to keep the worker focused in their duties and give them the opportunity to assess their own contributions. Self-assessment is also an opportunity to identify one's own deficiencies and work on those deficiencies to overcome the same. This in long term, keeps the workers motivated enough to contribute optimally. This also gives an opportunity for the seniors to identify deficiencies, if any, among their staff and give them the necessary supportive supervision to overcome the same.

For streamlining self-introspection by STS and encouraging supportive supervision by seniors, three formats have been proposed:

- First format (Format 1) is to be filled by STS reflecting his findings during his visit to the Designated Microscopy Centre (DMC) / Peripheral Health Institution (PHI).

- The second format (Format 2) would be used by STS to collect information regarding TB patients during their home visits, identify problem areas and recommend corrective actions.

- The third one is the Performance Appraisal Sheet (Format 3) for objective assessment of the performance of STS. This would be filled by the District Tuberculosis Officers (DTO), Medical Officer – Tuberculosis Unit (MO-TU) and State supervisory officials.

Key words: Activity Reports, Performance appraisal

The objective and justification for implementing the formats:

(i)   The feedbacks on field visit findings by STS should help the Medical Officer (I/C) of PHIs to monitor RNTCP activities in his area. It can pinpoint the problems in each Sub-centre so that appropriate remedial actions could be initiated by the MO (I/C) of PHI. This would also reflect the involvement of Health workers in RNTCP activities.

(ii)   The tool would facilitate STS in becoming more objective while carrying out their duties. It should also act as a self-evaluation tool or guide for STS to ensure quality home visits.

* Asst. Professor, Department of Community Medicine, Indira Gandhi Medical College
and Research Institute (IGMC&RI), Puducherry -605009
Contact No: 9488494613, 0413-2273313, E maid ID: swaroop.sahu@gmail.com

(iii)   The format has to be simple and user friendly, so that STS need not spend much time to fill the same in the field. Not all STS are comfortable in writing good English; but that should not pose hindrance in collecting or sharing quality information. To overcome this, the major portion of the format is made in such a way that, it can be filled easily just by stating – "Yes/No" and "codes or numbers". Thus STS can write short and crisp reports without using sentences. Simplified entries in the format would also facilitate easy comprehension/ analysis of the field visit findings both by STS and their supervisors.

(iv)   The information collected by STS should be minimal. But at the same time, STS should be given the opportunity to contribute more where necessary. The minimum information expected from STS are the ones that are mentioned in Format 1 and upper portion of Format 2. The bottom portion of format 2 gives STS an opportunity to demonstrate their problem identification and problem solving abilities. This is also expected to break the monotony of filling the same format each time and give them the opportunity to innovate.

(v)   This is expected to improve the use of Supervisory register, which at present is not optimally used by STS, for citing the problems identified during their field visits. It is practically not feasible for STS to fill the supervisory register if he/ she don't visit the concerned PHI after each day's field visit, as it is difficult for them to recall the findings of any specific PHI after visiting many other PHIs. But it is also not practical for STS to always fill the supervisory register, maintained at the PHI, after each day's field visit. To overcome these constrains it is ideal for STS to maintain a record of their field visit findings and transfer this information to the respective supervisory register during their subsequent visits to the PHI. Highlighting problems in supervisory register, at regular intervals, would facilitate problem identification and initiation of corrective actions.

(vi)   These records can also fulfill the purpose of STS tour diaries as it would reflect the places and PHIs visited by them. Thus these formats can also be useful for routine administrative purposes like timely disbursement of fuel bills and travel allowances for STS.

(vii)   Moreover, activity reports are important for STS as they can demonstrate their contributions with evidence.

(viii)   The entries made in the formats by STS can be easily reviewed for its quality, by DTO and MO-TU during their routine field visits. This in turn would help in identifying the training needs of STS.

(ix)   Objective performance assessment is better than mere subjective assessment as it is less prone to biases. The activity reports submitted by STS can act as a starting point for their objective assessment. These performance appraisals can also be used for justifying renewal of their yearly contracts at district level.

Suggested criteria for evaluating the activities of STS:

It is usual human psychology to link individual activities of STS to the overall output indicators of Tuberculosis Unit (TU)/ District. But when the output is dependent on multiple factors, it is important not to link achievement of TU/ District targets to an individual's performance, especially for workers like STS who doesn't have powers to force any policy decisions. If STS are graded based on performance indicators of the TU/ district, it might also encourage them to falsely inflate the output indicators. To avoid such practices, it is important to concentrate on their individual activities and quality of reporting, rather than linking it to the achievement of

overall targets. If there is evidence that the problems are promptly identified and reported, it gives STS an opportunity to document their contributions. This also gives an opportunity for decision makers to facilitate appropriate remedial actions and monitor its impact. This also helps the programme evaluators to easily identify the issues of different PHIs from the DTC itself; as the activity reports are expected to be compiled at District TB Centres (DTC).

As District Tuberculosis Officer (DTO) is the responsible person for RNTCP activities of a district, his judgment on STS performance need to be given more weightage as compared to the perceptions of both MO-TU and state officials combined (Format 3). Thus it is important to ensure that the DTO does objective assessment of STS performance, rather than relying on his/ her subjective evaluation. For evaluation purpose, STS need to be evaluated both for his routine activities and quality of reporting. In the present plan of assessment it is proposed to give equal importance to the STS's performance for his/ her routine activities and for their quality of reporting, each carrying $1/3^{rd}$ weightage. Assessments of both these activities need to be done by DTO as per the format (Format 3), thus the evaluation by DTO carries $2/3^{rd}$ weightage. For objective evaluation of both these domains, sub-points have been enumerated under each broad area. Performance on these sub-points can be assessed on a four-point-liker scale. Assessments on all these sub-points can be combined to derive overall merit for each domain. The sub-points, given in the format, under each broad area can be modified to suit local needs as per the requirement and relative importance of the place. The assessment by both MO-TU and state officials would together weigh remaining $1/3^{rd}$ points. Although there is no provision in the format for MO-TU and state officials to make objective evaluations, they are expected to give their overall assessment based on the sub-points given in the format for the DTOs.

The idea of having three sets of evaluators, i.e., DTO, MO-TU and state level officials, is to see if there is congruency between all the three levels of supervisors. This will also make the evaluation process open to getting feedbacks from all possible quarters. In routine annual evaluations, importance needs to be given to DTO's assessment over both MO-TU and state official's views. But in situations, like state internal evaluations and central evaluations, the assessment of the evaluation team should override the routine evaluation reports. The purpose of routine evaluations by DTOs, MO-TU and state officials should be mainly for rendering supportive supervision, on-the-job training and motivation to STS. But the evaluations by the team of evaluators during internal evaluation or central evaluation can be stricter and action oriented depending on the gravity of the situation.

Experience from implementation of the formats:

Implementation of format 1 & 2 were closely monitored in at least 6 districts of Orissa. At the beginning, as expected, some STS were not confident in filling the formats as they were not briefed regarding the same earlier. But later, compliance improved once they were briefed and imparted on-the-job training during field visits. On subsequent visits to the districts after implementation, most Senior Treatment Supervisors opined that the format has helped them in "making quality home visits" and "remain focused" in their job. Some STS said that the formats were "like a guide" for them so that that they "don't fail to collect certain important information" during their field visits. This also helped them to identify issues on the field, thus they were more confident while filling the Supervisory Registers. Few STS also expressed that they were "happy to document their contributions" to the programme.

But there were also few issues like – (i) In few TUs, STS were not supplied adequate number of forms, thus they had to spend from their own pockets for photocopying the forms. (ii) In few PHCs, the staffs were not comfortable if the STS pointed out errors and documented the same in Supervisory Register. Thus STS had reservations in filling Supervisory Register although they had no problems writing activity reports. To over come this, STS were given on-the-job training regarding how to present things in the Supervisory Register. It was impressed upon them that they should highlight only things which were or weren't as per norms without referring to any individual. They were also advised to highlight both strengths and limitations while filling the supervisory register instead of concentrating only on the limitations.

Linking of STS activity reports to their Annual Performance Appraisal has not been field tested as it required some more time for pooling the information and checking for its quality. But informal feedbacks from the STS revealed that - they do not have reservations on linking their activity reports to their annual performance appraisal. Most of them felt that this would help them to know if they were performing well and keep them focused on their objectives.

Conclusions:

Hence the starting point for initiating performance appraisal of STS should be to encourage them to write their daily field visit or Peripheral Health Institution (PHI) visit activity reports, summarize it and ensure that it is optimally reflected in the supervisory registers. Entries in the supervisory register could be on a daily or monthly basis, depending on feasibility and gravity of the issues. These activity reports are expected to be discussed in all monthly RNTCP review meetings at district level and monthly meetings at PHC level, so that necessary corrective actions can be planned and implemented. Implementation of corrective actions, based on STS reports, will keep them motivated to contribute further. STS who fail to identify the problems promptly can be imparted on-the-job training by the MO-TUs and DTOs, during their routine supervisory field visits, to ensure their optimal functioning.

In any management process, it is more important to monitor the process rather than the outcome. Any indicator that is closely monitored is expected to improve with time. Good management should not be complacent on achieving the targets but to analyze if there are further areas where improvement is possible. The main objective of this evaluation sheet should be to identify issues, initiate corrective actions, motivate and support the STS and other staff; rather than taking disciplinary actions based on the evaluations.

Sl. No.	Name of Sub-Centre	Number of patients currently under treatment whose outcome is not yet declared	No. of updated Treatment cards	No. of end IP follow-up expected in coming one month	No. of end IP follow-up pending from last visit/ last month	No. of mid CP follow-up expected in coming one month	No. of mid CP follow-up pending from last visit / last month	No. of end CP follow-up expected in coming one month	No. of end CP follow-up pending from last visit / last month	Status of stock as recorded in last monthly PHI report is correct (Yes / No)	No. of new cases registered in this visit / in aggregate since last reported (usually for last one month)	No. of new patients initiated treatment within 7 days of diagnosis	No. of patients who has not given two sputum sample for diagnosis since last visit/ last month (from lab. Register)
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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21													
22													
23													

Name of STS: Name of TU: Name of DMC/PHI visited: Date of visit:

FORMAT 2: FINDINGS FROM PATIENTS / FIELD VISITS

Name of STS:						Name of TU:			Name of PHI area visited:		Date of visit:	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	Name of patients visited	Name of Sub centre	TB number of the patient and the type of patient	Patient in IP / CP	Patient is satisfied with the DOT Provider (Yes /No); if not, site the reasons below)	Are you satisfied with Quality of DOTS? (Yes /No)	Patient is regularly taking the drugs or not (Regular/Not Regular)	Is there anybody in the family with similar symptoms? (For Pulmonary TB patients)	Status of Child chemoprophylaxis (Initiated / Not Initiated / Not Applicable)	Is the patient being given correct category of drugs? (Yes /No)	What is the number of sputum samples given by patient during diagnosis?	Follow-up sputum examinations done as due or not; if missed which one
1												
2												
3												
4												
5												
6												
7												
8												

Patient's reasons for not being satisfied with the DOT provider (write reason below and insert the same Sl. No. in column No. 6, for the corresponding patient)

1	
2	
3	
4	
5	

Any other remarks:(Training needs of Health Worker /DOT Provider, need to involve PP/NGO/SHG/Volunteer, need to open sputum collection centre, LT performance, IEC needs of patient/general public, reasons for late initiation of treatment, etc)

1	
2	
3	
4	
5	
6	
7	

FORMAT 3: Annual Performance Appraisal of Senior Treatment Supervisors (STS)
(As per their performance on a 4 point liker scale)

(I)   **Activities of STS (1/3rd weightage;** to be assessed by DTO**)**
[Strongly agree(4)/ Some what agree(3)/ Some what disagree(2)/ Strongly disagree(1)]

(i) STS is able to take DTO/ State supervisory Officials/ Consultants to all the selected registered patients' houses with easy   _____
(ii) STS fills supervisory register at regular intervals with good quality information and submits quality monthly activity reports   _____
(iii) STS has significantly contributed in improving cure rates, conversion rates, decreasing default rates.   _____
(iv) STS does timely work up of TU quarterly reports   _____
(v) STS takes keen interest in data analysis and its interpretation   _____

(II) Reporting of STS: STS has correctly identified the problems in different PHIs and documented the same in supervisory register at regular intervals **(1/3rd weightage;** to be assessed by DTO**)**
[Strongly agree(4)/ Some what agree(3)/ Some what disagree(2)/ Strongly disagree(1)]

(i) Adequately identified the issues related to card updating _____

(ii) Adequately identified discrepancies related to diagnosis and follow-up sputum examination as per guidelines (Regarding its timing and adequate number) _____

(iii) Adequately identified wrong categorizations during field visits   _____

(iv) Adequately identified issues related to child chemoprophylaxis during field visits _____

(v) Adequately identified issues related to quality of DOTs, during IP and CP, and has taken appropriate corrective actions_____

(vi) Adequately identified issues related to drug stocks _____

(vii) Adequately identified the training needs of Health workers, DOT providers, patients, or other priority groups _____

(viii) Adequately identified the Private Practitioners/ NGOs to be involved in programme   _____

(ix) STS has submitted his/ her monthly claims in time _____

(x) STS has submitted his/ her monthly activity reports in time _____

(III) **Perceptions of MO-TU/ State supervisory officials** (These should be based on the STS's demonstration of attitude and activities as detailed in points I and II) **(1/3rdweightage)**
[Excellent(4)/ Very Good(3) / Good(2)/ Poor(1)]

(i) MO-TU's view regarding the activities of STS (weightage 50%)   _____

(ii) State official's view regarding the activities of STS (provided the state officials have visited his/ her TU) (weightage 50%)   _____

Note: The perception of the team of evaluators should override the above evaluation report in special situations like internal evaluation or central evaluation)