
UNIT 3 LEADERSHIP, SUPERVISION AND MONITORING

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3.0 INTRODUCTION

In the previous units you have read about work management. While all of us are managers, managing things all the times at our home and work places, very few individuals become effective leader. In this unit we will learn about qualities of a good leader. Not all leaders are alike, their work styles are different. We will also learn about different types of leader based upon their working style. As a mid-level health care provider your job involves observing the work of the ground level staff. They are the most vital link between the community and health care system. It is very important to monitor their performance. Performance management involves a regular tab on the work of the staff. Supervision is a step ahead of the monitoring. In this unit we will learn about the nuances of monitoring and supervision. Though providing health care to the community is not considered to be traditional stressful job, managing the staff can sometime be stressful. It is

essential that you must keep your cool while supervising the staff and adopt different techniques to keep yourself stress free.

3.1 OBJECTIVES

At the end of the unit, you will be able to:

- explain the meaning of leadership;
- list the types of leader;
- describe the qualities of a good leader;
- enumerate the differences between a leader and a manager;
- organise a health camp or other health related activities in your community;
- explain the meaning of monitoring and supervision;
- differentiate between the monitoring and supervision;
- discuss the various techniques of monitoring; and
- describe the methods of de-stressing yourself.

3.2 LEADERSHIP

Professor Warren G. Bennis has said that '*Leaders are people who do the right thing; managers are people who do things right.*' A leader is a person who creates an inspiring vision of the future, motivates and inspires people to engage with that vision, manages delivery of the vision and coaches and builds a team, so that it is more effective at achieving the vision. Leadership brings together the skills needed to do these things. Good leadership is important for the success of any organisation.

3.2.1 Qualities of a Good Leader

An effective leader has following personalities traits:

- **High energy level and stress tolerance:** They have high levels of energy and can work effectively for long periods. They are also less affected by conflicts, crisis events and pressure. They are able to think relatively calmly in crisis situations and communicate that calmness and confidence to others.
- **Self-confidence:** They are optimistic and confident in the face of difficulties. They are more likely to deal with difficult situations rather than deny or avoid them. However, excessive self-confidence or self-esteem can make leaders prone to making risky or wrong decisions.
- **Internal locus of control:** They believe what happens around them is more under their control than the control of external forces and are motivated to take action to influence and control events. This is associated with a tendency to be proactive rather than passive.
- **Emotional maturity:** They have emotional maturity and intelligence in the sense that they are less prone to moodiness, irritability and angry outbursts. They are positive and optimistic, communicating their positivity to others. They are aware of their own strengths, weaknesses and typical reactions to situations.

- **Personal integrity:** High levels of personal integrity, along with honesty, transparency and trustworthiness are key characteristics of a good leader.
- **Achievement orientation:** High achievement orientation is associated with leadership effectiveness.
- **Low needs for affiliation:** This refers to the need to be liked and accepted by others, which effective leaders do not have.

3.2.2 Types of Leader

Though leaders can be classified based upon various aspects, the most common types of leader based on their style of working are:

- 1) Authoritarian leader:
 - a) They are directive and do not permit any participation from team members
 - b) They are concerned for completing the task. Each member of the team is told what to do and how to do
- 2) Democratic leader:
 - a) They are the most successful
 - b) They encourage participation and discussions by group members
 - c) They usually involve all group members in planning and completing the task
- 3) Laissez-faire leader:
 - a) These type of leader give complete freedom to the group members, do not provide any leadership, do not establish policies or procedures
 - b) As a result, no member of the group influences another member
 - c) There is chaos in organisation

3.2.3 How a Leader is Different from a Manager

Let us now, read the difference between a leader and a manager.

While a leader can be a manager, the reverse is not true. We all are manager, managing various activities both on personal and professional fronts throughout the day. A leader is hard to find. It takes generations for a nation to produce a good leader. The following Table 3.1 shows important differences between a leader and a manger.

Table 3.1: Difference between a leader and a manger

Leader	Manager
Visionary	Planner, organiser
Strategist	Controller
Politician/ Advocate	Supervisor
Campaigner	Monitor
Team builder	Efficient user of resources
Change agent	Status quo

3.3 LEADERSHIP IN HEALTH

In health care setting leadership is central to improving the quality of health care and the improvement of organisational processes. In health care organisations the quality and safety of care is of paramount importance. For this to be achieved the leader who have the resources, influence, and control must provide these:

- A culture that fosters safety and quality
- Planning and provision of services that meet the needs of clients
- Human, financial, physical, and information resources for providing care
- Ongoing evaluation and improvement of performance

3.3.1 Common Leadership Approach in Health Care Setting

Common leadership approach in health care setting are:

- **Transformational Leadership:** It requires leaders to communicate their vision in a manner that is meaningful, exciting, and creates unity and collective purpose.
- **Collaborative Leadership:** Collaborative healthcare leadership requires a synergistic work environment, wherein multiple parties are encouraged to work together toward the implementation of effective practices and processes.
- **Shared Leadership:** It results in individual staff members adopting leadership behaviours, greater autonomy, and improved client care outcomes.
- **Distributed Leadership:** Here the work is distributed amongst staff members. The advantage is that individuals complement one another's strengths and offset one another's weaknesses.
- **Ethical Leadership:** A good leader must have intentions, values, and behaviours that intend no harm and respect the rights of all stakeholders.

3.3.2 Taking Control of Health of Community

Healthcare systems is very large and complex. It is composed of numerous professional groups, departments, and specialties with intricate, non linear interactions between them. The numerous groups with associated sub-cultures might support or be in conflict with each other. Leadership needs to capitalise on the diversity within the organisation.

3.3.3 Organising Health Camp

Health camps means that a team of health professionals 'camp' in an area to carry out a limited health intervention. This is one of the strategies adopted by both government and non-government organisations to provide health care services to the doorstep of the population. Following points should be kept in mind while organising a health camp in the community.

- a) **Choosing the date and timing for the camp:** The success of the health camp depends upon the number of persons turning up for it. Choosing a day which is suitable for most of the local residents is vital for the effectiveness of the camp. The health camp should preferably take place on a holiday

when most of the residents are expected to be in home. Preferably summer months should be avoided. The health camp should run for the entire day.

- b) **Target population:** The health camp can be thematic. The target population may be female of reproductive age group, children, adolescents, geriatric population etc. Special efforts should be made to mobilise youth and women groups in the community for camps focusing on reproductive issues.
- c) **Site of the camp:** The venue of health camp should ideally be situated in the center of the village or town. It should be readily accessible by public transport. There has been instances where despite the publicity the health camps had poor attendance just because it was located at some ground which was far from the center of the village where villagers had difficulty in commuting.
- d) **Publicity of the health camp:** Much of the success of the health camp depends upon the number of individuals knowing about the camp. A good pre-planned publicity campaign will draw good attendance to the camp. All effort should be made to involve the local level media tools such as folk media, miking, announcements through village health and nutrition days (VHNDs,) Gram Sabhas etc. to publicise the health camp. The publicity should begin atleast 2 days before the scheduled health camp. The publicity activity should cover the entire catchment area of the camp adequately.
- e) **Services at the health camp:** The services at the health camp should essentially include but not be limited to:
 - General health checkup facilities and provision of medicines
 - Antenatal checkups, immunisation can also be provided
 - Information, Education and Communication Activities
 - Health exhibitions
- f) **Sensitisation of the key stakeholders:** The key and influential persons of the area should be told about the health camp. They may help in mobilising the population and help in conducting the camp smoothly. The plan of the health camp should be shared with them.

Check Your Progress 1

1) List common leadership approach in health care setting.

2) Explain points to be kept in mind while organising a health camp in the community

3.4 SUPERVISION

Supervision is the process of guiding, helping and encouraging staff to improve their performance so that they meet the defined standards of their organisation. Supervision can be either traditional or supportive. The traditional way of doing

supervisory visits is effective to some extent only. It has several shortcomings. In the traditional way of supervising, the supervisor only inspects facility. He does not guide the staff in problem-solving. Thus performance improvement of the staff is not the objective of traditional supervision. Supportive supervision promote sustainable and efficient programme management through interactive communication, as well as performance planning and monitoring. Table 3.2 shows some of the differences between traditional supervision and supportive supervision.

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, optimising the allocation of resources, promoting high standards, teamwork and better two-way communication. Supportive supervision involves directing and supporting healthcare workers in order to enhance their skills, knowledge and abilities with the goal of improving health outcomes for the population they manage. It is an ongoing relationship between health careworkers and their supervisors. Supportive supervision is recognised as critical part of human resource management for the delivery of quality health care services.

Table 3.2: Comparison of Traditional and Supportive Supervision

Action	Traditional Supervision	Supportive Supervision
Who performs supervision	External supervisors	External supervisors 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 Visits by external supervisors
How do supervisors prepare	Little or no preparation	Supervisors review previous supervisory reports Supervisors review reported achievements Supervisors decide before the supervision visit on what they need to focus on
What happens during supervision	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

Action	Traditional Supervision	Supportive Supervision
What happens after supervision	No or irregular follow-up	improvement Joint problem solving Follow-up on previously identified problems Actions and decisions recorded Ongoing monitoring of weak areas and improvements Follow-up on prior visits and problems

3.4.1 Qualities of a Supervisor

A supervisor should possess these qualities in order to do his/her job well:

- She/He should be very familiar with health care system prevailing in his area
- She/He should have ability to address both administrative and programmatic issues of the health problems
- She/He should be committed, responsible and have strong interpersonal skills
- She/He should have the ability to train, motivate and support staff
- She/He must be flexible, respectful and should have hard working attitude
- She/He should have patience to listen carefully
- She/He should probe into the problems, analyse the situations and formulate solutions to overcome it
- She/He should have ability to provide and receive feedbacks after each visit and write reports

3.4.2 Things Required for Supportive Supervision

The main resources required for an effective supportive supervision are:

- Transport which should be reliable and should be available whenever required
- Sufficient time for preparation, travel, field visit, reporting and follow-up activities
- Supportive supervision tools (like checklist, standard operating procedures and guidelines) and stationery
- Support for periodic review meetings

3.4.3 Areas Covered During Supportive Supervision

Supporting supervision includes looking after the entire aspect of the programme. These can be covered under following headings:

A) *Patient care:*

- Coverage of health services in a given region
- Referral system and linkages
- Availability of policies, guidelines, standard operating procedures, Job aids, manuals and IEC materials at the health centre

B) ***Health infrastructure:***

- Facility and equipment
- Utilities such as water, electricity and communication facilities
- Privacy to patient as and when required

C) ***Human resources for health:***

- Staff adequacy, availability of trained staff
- Training and staff needs
- Short- and long-term plan

D) ***Logistics and resource management:***

- Availability and adequacy of medicines, lab reagents and other commodities
- Availability of reliable transport
- Sources and management of funds
- Implementation status of different health programmes

E) ***Monitoring and Evaluation:***

- Records and documentation system
- Patient records, registers/forms
- Data management

3.4.4 Key Elements of Effective Supervision

For a supervision system to be effective, there are a number of elements that need to be present:

- 1) **Management Commitment:** Supportive supervision is an integral part of any health programme. It should be given equal importance and separate resources should be allotted for this activity.
- 2) **Standards of Performance:** For supervision to be effective, the supervisor should have knowledge about the work profile of the staff. Unless he has the knowledge about the work of the ground staff he cannot supervise and comment on the performance of the staff.
- 3) **Planning for Supervision:** Proper planning prevents poor performance. Just like any activity supervision should start only when there is a planning in place. Planning should be practical and include resources available to the supervisor.
- 4) **Preparation for Supervision:** All the tools required for supervision should be made available beforehand. This involves availability of transport, check lists, documents amongst other things.
- 5) **Stakeholder Involvement:** All the relevant persons involved in the programme should be informed about the impending supervision prior to the activity. They should be involved in the activity on as and when required basis. This helps in conducting the supervision smoothly. The stakeholders become accountable also and has a sense of belonging to the programme.
- 6) **Supervisory Tools:** The supervisory tools help to ensure that all key areas are covered.

- 7) **Documentation of Supervisory Findings:** All the steps involved in supervision should be recorded meticulously. The results and findings should be recorded in detail. Any on-site training given should also be recorded. It is important that only those information and data which are important for programme purpose should be collected and recorded. Unnecessary data collection just lengthens the report and serve no purpose. The vital information may be lost in that case.
- 8) **Preparation of an Action Plan:** Follow-up activities after the supervision is as important as supervision process. Process of supervision is shown in Fig.3.1 given ahead. The supervisor should prepare an action plan following the field work. This plan include work to be done at later stage and should be prepared in consultation with the ground staff.
- 9) **Sharing of Supervision Findings:** The findings should be shared with supervisors and relevant officials. This ensures that all staff are aware of results, including actions to be taken.
- 10) **Self-Assessment:** Periodic self-assessment should be done by the staff himself to prepare for the supervisory visit by external assessor. This will help them in facing the supervision process by external team more efficiently and confidently.

3.4.5 Advantages of Supervision

There are many proven advantages of supportive supervision. Some of these are:

- Supportive supervision helps service providers to achieve work objectives by improving their performance
- It ensures uniformity to set standards
- It helps in identifying problems and solving them in a timely manner
- It helps in making a follow-up on decisions reached during previous supervision visit
- It also identifies staff needs and provides opportunities for personal development
- It reinforces administrative and technical link between high and lower levels

Box: Effective behaviours for encouraging performance improvement

Behaviours that are helpful in gaining the commitment of the supervisees to make efforts in order to improve performance are:

- 1) Supervision should be facilitative, not fault-finding.
- 2) Always praise work well done before raising problems.
- 3) If you see a problem, check to see if the supervisee sees the same problem.
- 4) Analyse problems with the supervisee to gain a good understanding of the underlying causes.
- 5) Let the supervisee suggest possible solutions. This facilitates ownership and acceptance of the solutions.

3.4.6 Challenges in Providing Supportive Supervision

Some of the challenges in providing supportive supervision of health programmes in our country are:

- Lack of a standardised approach to supportive supervision
- Lack of adequate and reliable financial resources
- Shortage of human, financial and time resources
- Lack of technical skills and work overload among health care workers
- Vertical, uncoordinated intervention-specific supervisory activities

Setting up a supportive supervision system

- Training a core set of supervisors
- Creating checklists and recording forms
- Ensuring appropriate resources are available – vehicles, per diem, areas for collaboration with other programmes

Planning regular supervisory visits

- Where: using data to decide priority supervision sites
- When: schedule supervision visits using a work plan
- What subjects to train: identify training needs and skills that need updating

Conducting supportive supervision visits

- Observation
- Use of data
- Problem-solving
- On-the-job training
- Recording observations and feedback

Follow-up

- Follow up on agreed actions by supervisors and supervised staff
- Regular data analysis
- Feedback to all stakeholders

Fig. 3.1: Process of supervision

3.5 MONITORING

Let us discuss concept and process of monitoring.

3.5.1 Concept and Process of Monitoring

Monitoring is a process of measuring, recording, collecting and analysing data on actual implementation of the programme and communicating it to programme

managers so that any deviation from the planned operations are detected, diagnosis for causes of deviations are made and suitable corrective actions are taken. For any monitoring to be effective, first a plan for the district health programme needs to be prepared. Such a plan would specify what needs to be done, who is going to do it and when. During the course of implementation, monitoring can help identify whether activities are being implemented as planned and if not then reasons for such deviation.

The word monitoring instils fear in the staff. There is opposition to monitoring due to the fear that it can expose the deficiencies in working both at worker and supervisor level. But monitoring is essential in running a programme efficiently. Timely submission of appropriate amount of data to higher authority is essential for effective monitoring. The staff should be given feedback after the monitoring. Workers are motivated if they receive the feedback.

The monitoring process comprises of:

- **Detecting deviation from the plan:** The monitor should compare the activities with the standard of procedure, if there is one or the micro plan. He should know what should be measured. It is important to measure major input, activities and outputs. Everything need not be measured frequently. Some crucial points need daily monitoring, for some other activities yearly monitoring is enough.
- **Diagnosing causes of deviations:** After finding out the deviations look for the reasons of it. In-depth analysis of the deviation should be done. The staff may not always be at fault all the time. At the same time staff may put blame on someone else or find some excuse for the deviation. The problem areas should be investigated thoroughly so that it is not repeated.
- **Taking corrective actions:** Corrective actions depend upon the level of the deviations. The mid-level health provider can take corrective action at the spot without informing his superior if the deviation is small and does not harm the programme in a major way. But he should inform the authority during reporting if the deviation is major one or repetitive in nature.

3.5.2 Difference between Monitoring and Supervision

The difference between monitoring and supervision is that monitoring is usually concerned with aspects of the programme that can be counted, whereas supervision deals with the performance of the people working within the programme including giving them support and assessing conditions in the health facility.

Some aspects of monitoring are closely connected to supervision. During the supervisory visit, the supervisor can monitor by taking notes and recording data, such as how many trained healthworkers at the session are giving injections according to the protocols, and the vaccines and supplies available. However, a person who monitors does not always come in contact with the staff, for example, when reviewing reports to count the number of health workers who attended training. Thus, supervision must involve interaction with staff, and usually also has an element of monitoring. Monitoring does not often or automatically have a supervisory element.

Table 3.3: Differences between monitoring and supervision

Monitoring	Supervision
Episodic in nature	Continuous process
Narrow meaning	Wider (includes monitoring)
May not involves interaction with humans	Always involves interaction with staff

Check Your Progress 2

Choose the best option:

- 1) The attitude of supervisor towards the health workers should be
 - a) Strict and controlling
 - b) Submissive and requesting
 - c) Polite and listening
 - d) Based on situations

- 2) Monitoring means
 - a) Regular observation and recording of activities taking place in a project or a programme so as to facilitate feedback and improved performance
 - b) Process of helping staff to improve their own work performance
 - c) Controlling all processes related to the delivery of services and not just the final activities
 - d) A systematic approach for compiling the information

- 3) What are the features of ‘Supportive Supervision’?
 - a) More like a teacher, coach, mentor
 - b) Focus on improving performance
 - c) Follow up regularly
 - d) All of the above

- 4) As a manager, your role is to provide constant oversight to ensure that health workers and service providers deliver programme objectives. This can be provided by
 - a) Supervision
 - b) Episodic problem solving
 - c) Authoritarian inspection
 - d) Supportive Supervision

- 5) Differentiate between a leader and a manager.

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3.6 HOW TO DE-STRESS YOURSELF

Working hard has its disadvantages too. Sometimes we get involved so much in our work that we forget to relax and it shows physically and mentally. Work can be demanding and if we do not maintain a proper balance between the professional and personal life our health will deteriorate.

3.6.1 Importance of De-stressing

Stress can develop through many ways at the work place. The most common cause of stress is not meeting the expectations of the superiors. This can be in the form of not meeting the target, not able to visit a place, staff not listening to you etc. Sometimes personal problems can have bearing on your work. Stress produces a hormone in our body which causes physiological changes inside. Recurrent or chronic stress produces changes which may become irreversible. Physical ailments following stress are hypertension, peptic ulcer diseases and headaches. Stress can lead to some mental conditions like depression and anxiety disorders. It has been proven that stress makes some diseases like bronchial asthma, irritable bowel syndromeworse. Stress can also lead to insomnia which has a cascading effect on health. Thus it becomes very important to de-stress ourselves on regular basis and maintain good health.

3.6.2 Techniques of De-stressing

Here are some ways to de-stress yourself. Each of these is backed by sound scientific evidences.

- 1) **Deep breathing exercise:** Breathing exercise or *pranayama* helps us to relax. Taking a few deep breaths helps in reducing the tension and relieves stress due to an extra boost of oxygen entering the lungs. Clinical research has shown that deep breathing exercise reduces the high blood pressure.
- 2) **Listen to some music:** Your favourite music slows heart rate, lowers blood pressure and decreases levels of stress hormones.
- 3) **Have a good laugh:** It may sound cliché but it is true that 'laughter is best medicine'. Find time in between the work schedule to laugh for a while.
- 4) **Alternative contracting and relaxing muscles:** Tighten your foot muscles as much as you can, then relax them. Then go up and do this exercise for all the voluntary muscles of your body.
- 5) **Meditation:** Performing different *asanas* specific for stress is stress buster and has been found effecting in different trials. Meditation is a great way to calm the mind.
- 6) **Have a walk:** Just ten minute of brisk walk and not thinking about the work has positive impact on our body. Monitor own time and work hours; take responsibility for personal rest and renewal.

These are the methods to improve yourself:

- 1) Set personal growth goals and follow plan to attain them
- 2) Get and use a mentor or coach. Ask for help
- 3) Learn to delegate work
- 4) Understand your own style of learning, approach to power and to problems, dealing with criticism and conflict

3.7 LET US SUM UP

In this unit you have learned about the three important aspects of your work: leadership, monitoring and supervision. As a mid-level health care provider you play an important part in connecting the ground level health care worker with your superiors. We cannot work in isolation. Providing health care to community is a team work. Again, in a team not all players do same things. Each player has different role to do. Here comes the role of hierarchy in a team. You have to play a leader role while leading your team. Basic qualities of effective leader are mentioned in the unit. Though we live in a target free era, we have to work towards achieving some goals for which there are targets and indicators. You have to monitor the performance of the staff and see their performance level. Supervision should be supportive one and not a fault finding exercise. You may have to find immediate solutions to problems faced by staff and train them on spot. All these work can have bad effects on your health. Thus it is important to de-stress yourself on daily basis by doing deep breathing exercise. There are other proven techniques too de-stress yourself. Doing yoga is one of them. During counselling it is important to keep yourself in client's shoes but remember to put it off at the end of your work. In this way you will be an effective health care provider and will definitely become an asset for your organisation.

3.8 KEY WORDS

IEC	:	Information education and communication. A public health approach aiming at changing or reinforcing health-related behaviours in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles.
Job aids	:	An external device that provides just-in-time knowledge and information to help individuals with tasks by directing, guiding, and enhancing performance.
Leadership	:	Process of influencing the activities of an organised group in its efforts towards goal setting and goal achievement.
Mentoring	:	System of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes.
Monitoring	:	A management function which uses a methodical collection of data to determine whether the material and financial resources are sufficient, whether the people in charge have the necessary technical and personal qualifications, whether activities conform to work plans, and whether the work plan has been achieved and had produced the original objectives.
Motivation	:	An individual's degree of willingness to exert and maintain an effort towards organisational goals.
Performance management	:	A continuous process of identifying, measuring and developing the performance of individuals or teams and

aligning that performance to the strategic goals of the organisation.

Supportive supervision : A process that uses dialogue and constructive feedback to help staff to improve their performance in pursuit of the organisation's mission, while also setting goals for growth and development.

3.9 MODEL ANSWERS

Check Your Progress 1

- 1) Common leadership approach in health care setting are:
 - **Transformational leadership:** It requires leaders to communicate their vision in a manner that is meaningful, exciting, and creates unity and collective purpose.
 - **Collaborative Leadership:** Collaborative healthcare leadership requires a synergistic work environment, wherein multiple parties are encouraged to work together toward the implementation of effective practices and processes.
 - **Shared Leadership:** It results in individual staff members adopting leadership behaviours, greater autonomy, and improved client care outcomes.
 - **Distributed Leadership:** Here the work is distributed amongst staff members. The advantage is that individuals complement one another's strengths and offset one another's weaknesses.
 - **Ethical Leadership:** A good leader must have intentions, values, and behaviours that intend no harm and respect the rights of all stakeholders.
- 2) The points to be kept in mind while organising a health camp in the community are:
 - **Choosing the date and timing for the camp:** The success of the health camp depends upon the number of persons turning up for it. Choosing a day which is suitable for most of the local residents is vital for the effectiveness of the camp. The health camp should preferably take place on a holiday when most of the residents are expected to be in home. Preferably summer months should be avoided. The health camp should run for the entire day.
 - **Target population:** The health camp can be thematic. The target population may be female of reproductive age group, children, adolescents, geriatric population etc. Special efforts should be made to mobilise youth and women groups in the community for camps focusing on reproductive issues.
 - **Site of the camp:** The venue of health camp should ideally be situated in the center of the village or town. It should be readily accessible by public transport. There has been instances where despite the publicity the health camps had poor attendance just because it was located at some ground which was far from the center of the village where villagers had difficulty in commuting.

- **Publicity of the health camp:** Much of the success of the health camp depends upon the number of individuals knowing about the camp. A good pre-planned publicity campaign will draw good attendance to the camp. All effort should be made to involve the local level media tools such as folk media, miking, announcements through village health and nutrition days (VHNDs,) Gram Sabhas etc. to publicise the health camp. The publicity should begin atleast 2 days before the scheduled health camp. The publicity activity should cover the entire catchment area of the camp adequately.
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 - Information, Education and Communication Activities
 - Health exhibitions
- **Sensitization of the key stakeholders:** The key and influential persons of the area should be told about the health camp. They may help in mobilising the population and help in conducting the camp smoothly. The plan of the health camp should be shared with them.

Check Your Progress 2

- 1) C 2) A 3) D 4) D

- 1) Difference between a leader and a manger

Leader	Manager
Visionary	Planner, organiser
Strategist	Controller
Politician/ Advocate	Supervisor
Campaigner	Monitor
Team builder	Efficient user of resources
Change agent	Status quo

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