MINISTRY OF HEALTH

National Public Health Laboratory Services

LABORATORY TECHNICAL SUPPORT AND MENTORSHIP GUIDELINE

Edition 1: 2016

FOREWORD

Laboratory mentorship and technical support in the country has for a long time being conducted in an unstructured manner. The lack of clear structures and guidelines and reduced the effectiveness and utility of this important interventions. The laboratory sub sector has experienced a push for quality improvement in the recent past. This has in effect doubled the need for a proper structured mentorship and technical support programs. There is need to establish a pool of technical experts and mentors and to develop a standardized process.

This guideline specifies the methodology to be utilized both at the national and county levels and also spells out the process at both levels; the national level will provide mentorship and technical support while the county level will provide support supervision and mentorship. The overall goal of mentorship and technical support is to aid in the decentralization of laboratory service delivery. This guideline provides mechanisms for sustainability and are relevant to all health facilities in Kenya including public and private facilities.

The guideline also clearly defines the rationale, purpose, objectives, activities, structures procedures and synergy between technical support, supportive supervision and mentoring needed to implement these programs. This guideline will therefore lead the establishment of systems to implement national laboratory support systems and mentorship programs. If well utilized, it will enhance the competency of laboratory professionals in the delivery of quality and reliable laboratory testing services. The Government of Kenya is committed to enhancing quality management systems in all medical laboratories through the implementation of this guideline. It is hoped that the implementation of this guideline will ensure delivery of quality laboratory services in line with Vision 2030.

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Director of Medical Services

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ACKNOWLEDGEMENTS

This laboratory support supervision and mentorship guideline is as a result of collaborative efforts by several institutions and organizations. The following members of the task force dedicated their time to the development of the laboratory support supervision and mentorship, provided input and guidance that resulted to this document.

Their dedication, hard work and tireless contributions are highly appreciated. Special gratitude goes to the following contributors who participated in the development of this document.

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ABBREVIATIONS

CMLC	County Medical Laboratory Coordinator
COAG	Cooperative Agreement
CDC	Centers for Disease Control and Prevention – Kenya
GLP	Good Laboratory Practices
HIV	Human Immunodeficiency Virus
IQC	Internal Quality Control
KEMRI	Kenya Medical Research Institute
LQMS	Laboratory Quality Management Systems
MOH	Ministry of Health
MSH	Management Sciences for Health
NHRL	National HIV Reference Laboratory
NPHLS	National Public Health Laboratory Services
OJT	On Job Training
QA	Quality Assurance
QI	Quality Improvement
SCMLC	Sub-County Medical Laboratory Coordinator
SOPs	Standard Operating Procedures
TLQM	Total Laboratory Quality Management
WHO	World Health Organization
SLMTA	Strengthening Laboratory Management Towards Accreditation

CHAPTER 1

Background

1.0 BACKGROUND

Public health and clinical laboratories play a critical role in all disease control, prevention, and management by providing timely and accurate information for use in patient management and disease surveillance. The Maputo declaration of 2008 on laboratory systems recognized the need to expand integrated quality assured laboratory services as part of a greater framework of health systems strengthening within resource limited settings.

For purposes of case management, disease control, and prevention, laboratories can be grouped into two broad categories: clinical laboratories and public health laboratories. Public health laboratories are responsible for providing timely and reliable results primarily for the purpose of disease control and prevention. However, clinical laboratories are responsible for providing accurate diagnosis of ongoing, recent or past infections for appropriate case management (WHO, 2010).

WHO recognizes quality laboratory services as key to improving global health and reaching sustainable development goals. Strengthening the breadth of laboratory services accessible to clients and ensuring that results are accurate, reliable, reproducible, and rapid enough to be useful, is crucial to improved health outcomes (WHO, 2011).

Despite strong commitment from the international community to fight major infectious diseases, weak laboratory infrastructure remains a huge rate-limiting step. Some major challenges facing laboratory systems in resource-poor settings include dilapidated infrastructure; lack of human capacity, laboratory policies, and strategic plans and limited synergies between clinical and research laboratories (Deborah *et al., 2009*). Previously, most support supervision and mentorship approaches were not structured. As such, they were duplicative and did not support proper monitoring, follow up, and decision making (WHO/IVB/08.04).

CHAPTER 2

Introduction

2.0 INTRODUCTION

2.1 Rationale

The successful implementation of this lab supportive supervision and mentorship guideline will enhance oversight of laboratory services, and motivate laboratory personnel, leading to improved service delivery in-line with the National Laboratory policy and requirements of ISO 15189:2012 standards for medical laboratories.

2.2 Purpose of the Guideline

The guideline will define and standardize the approach to supportive supervision and mentoring processes within MOH laboratory services. It will be used by laboratory supervisors and mentors to implement national laboratory supportive supervision and mentorship programs.

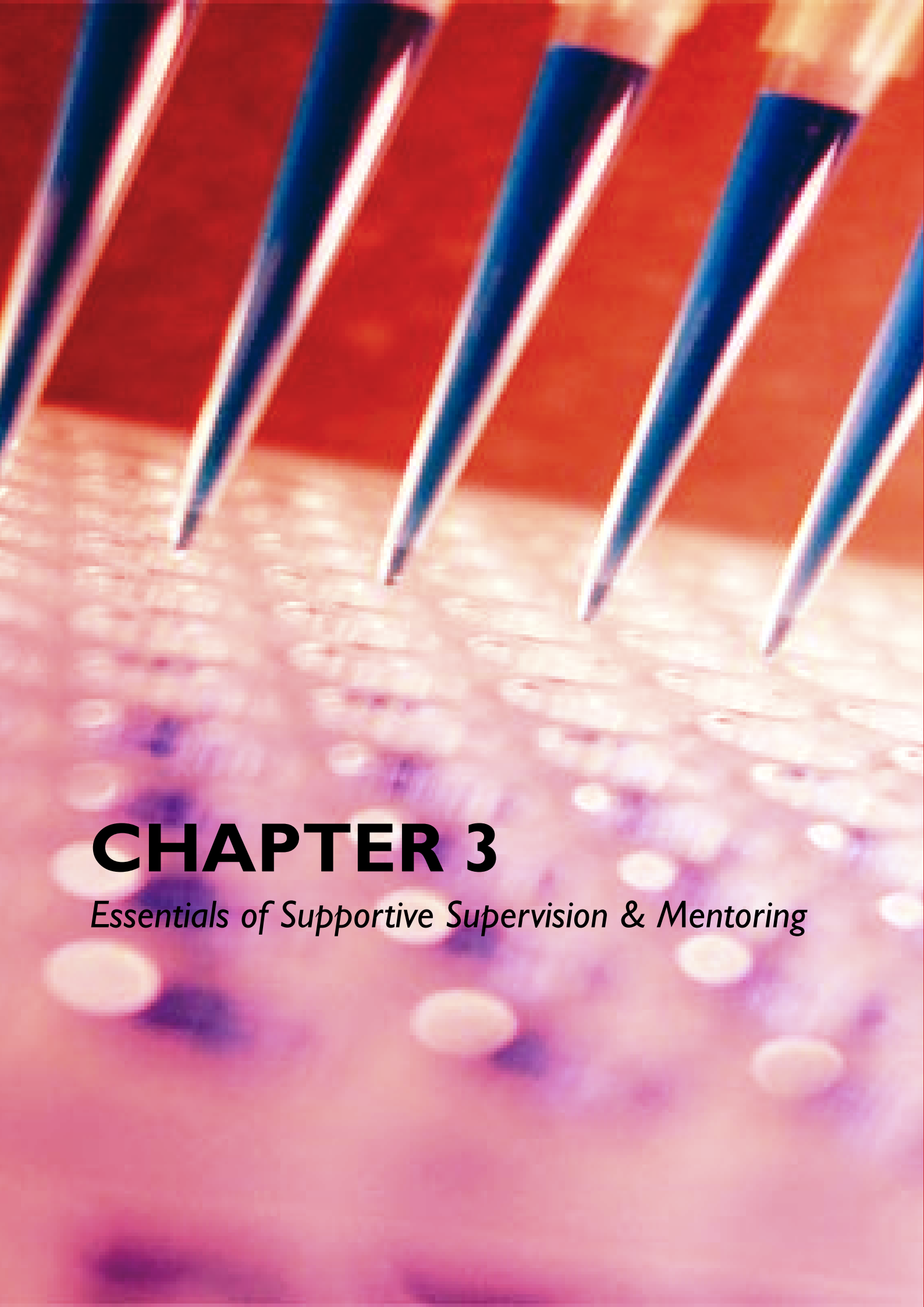
2.3 Objectives

The objectives of this guideline are to:

- Provide a standardized guidance on supportive supervision and mentoring
- Provide guidance in the planning and implementation of comprehensive supportive supervision and mentoring activities for Ministry of Health laboratory services

2.4. Target Audience

- Programme managers, administrators from public and private sectors, and partners who support laboratory services in Kenya.
- Supervisors, mentors, and mentees who are responsible for MOH laboratory service delivery at national, county, sub-county, health facility levels, and community levels.
- Trainers who provide in-service and pre-service training to laboratory health care workers.



CHAPTER 3

Essentials of Supportive Supervision & Mentoring

3.0 ESSENTIALS OF SUPPORTIVE SUPERVISION AND MENTORING

3.1 Supportive Supervision

Supportive supervision is a process that promotes quality at all levels by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, and promoting high standards team work and better two-way communication (Marquez and Kean 2002,WHO 2008). Supportive supervision involves directing and supporting staff to enhance their skills, knowledge, and abilities with the goal of improving intended outcomes.

In the health sector, this would result in optimal health outcomes for the patients they manage. An ongoing positive relationship between laboratory health care workers and their supervisors is established. Benefits of supportive supervision include: achievement of work objectives, improved efficiency and effectiveness, ensuring uniformity to set standards, identification of problems and timely resolution, follow-up on decisions reached during previous supervision visit, identifying staff needs, providing opportunities for personal development, and reinforcing administrative and technical link at all levels of the system.

3.2 Traditional Supervision vs. Supportive Supervision

The traditional supervision approaches were authoritarian, inspection and control based which did not encourage follow up and problem solving. On the other hand supportive supervision is open, two-way communication and team building based. For these reasons, supportive supervision promotes quality outcomes by strengthening communication, focusing on problem-solving, facilitating teamwork, and providing leadership and support to empower health providers to monitor and improve their own performance.

Table 1 below highlights some of the differences between traditional supervision and supportive supervision.

Table 1: Traditional versus Supportive Supervision (Adapted from Marquez and Kean, 2002)

Action	Traditional supervision	Supportive supervision
Who performs supervision	External supervisors in management positions	External supervisors designated by the service delivery organization; laboratory colleagues from the same facility (internal supervision); facility health committee; community health committees;
When supervision happens	During periodic visits by external supervisors	Continuously: during routine work; departmental meetings; and visits by external laboratory supervisors
What happens during supervision encounters	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 open and corrective feedback on performance; discussion with clients; provision of technical updates or guidelines; onsite training; use of data and client input to identify opportunities for improvement; joint problem solving; follow-up on previously identified problems
What happens after supervision encounters	No or irregular follow-up	Actions and decisions recorded: ongoing monitoring of weak areas and improvements; follow-up on prior visits and problems

3.3 Mentoring program

Mentoring is a process for transfer of knowledge and the support perceived by the recipient as relevant to work, career, or professional development. Mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé). It involves interaction between a mentor and mentee to impart skills, knowledge, and attitude change for improved service delivery. Mentors need to be experienced, knowledgeable, committed, with good teaching and active listening skills.

The objectives of laboratory mentoring include;

- Building the capacity of laboratory workers at all levels of health care service delivery systems to enable them provide quality assured laboratory services
- Improving the motivation of laboratory health workers by providing continuous and effective technical support.
- Support development of laboratory work plans
- Support in the review of and utilization of laboratory information
- Supporting the application of on job training (OJT) for lab service delivery
- Maintaining and progressively improving good laboratory practices

3.4 Overlap between support supervision and mentorship activities

Although supportive supervision and mentoring are two very different approaches, there are areas in which they overlap as indicated in Table 2 below.

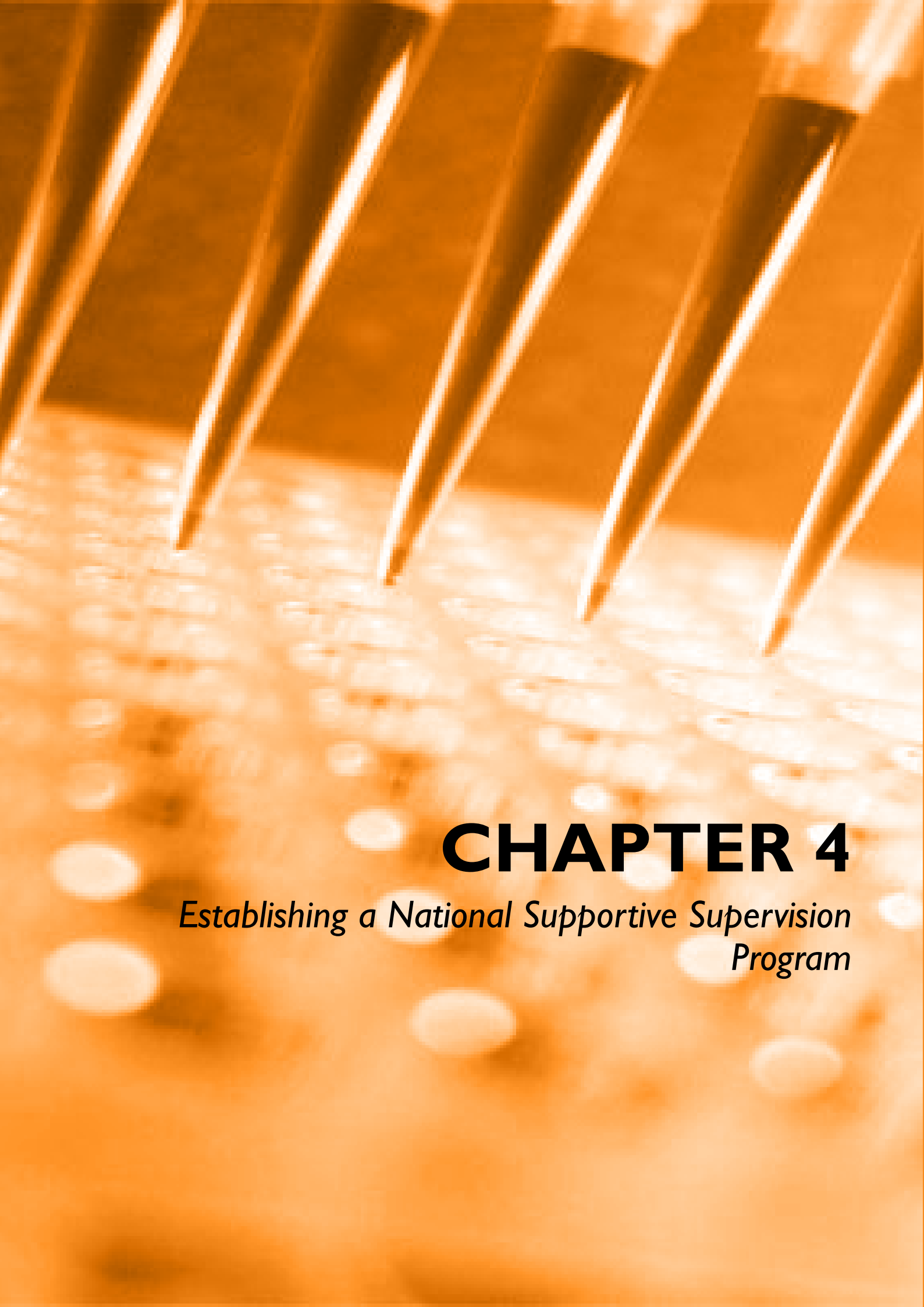
Table 2: Mentoring versus supportive supervision activities

Support Supervision	**Overlap**	**Mentorship:**
1. Focusses on whole system 2. "Addresses "What is being done? Is it being done right? Brief overview of what needs to be done". 3. Also addresses system issues.		1. Focuses on specific issues. 2. Addresses "How to do, shows by example, watches the doing and gives feedback until correct technique is mastered". 3. May advice how to address system issues.

Support Supervision	Overlap	Mentorship:
• Observe Space, equipment and documents • Review Supply chain management • Assess Training and staffing needs and other human resource issues • Review IQA & EQA reports • Identify best & poor practices • Determine availability and use of guidelines • Client satisfaction	• Patient flow • General lab organization • Quality monitoring • Process control • Departmental meetings • Review of laboratory networks	• Develop Specimen management protocol • Implement Bench teaching (OJT) • Initiate Quality assurance meeting • Assist in solving complex procedures • Available via distance communication • Perform internal audit • Support work plan development • Support forecasting and quantification

Although mentoring and supportive supervision are different issues with several areas of overlap, each requires different skills and should be undertaken by different, but complementary teams. Whereas, supportive supervision provides an excellent opportunity for follow-up training, to improve overall performance and solve other systemic problems that contribute to poor service delivery, mentoring mostly targets individual laboratory professionals. Laboratory mentors need to be very knowledgeable and experienced laboratorians, while supportive supervisors can be trained laboratory management staff.

At the laboratory level, quality laboratory services require that both mentors and supervisors monitor laboratory activities such as specimen management, laboratory organization, process monitoring, record-keeping, team meetings and review of referral decisions. As such it is important for these two systems to work in synergy to maximize the effectiveness of each other and to avoid duplication of efforts.



CHAPTER 4

Establishing a National Supportive Supervision Program

4.0 Establishing a National Supportive Supervision program

To set up the national laboratory supportive supervision system, it is important to define attributes, competencies and training of supervisors as well as resources needed and activities to be covered during supervision.

4.1 Attributes and competencies of a Supportive Supervisor

A supervisor should have the following attributes and competencies:

- Familiar with the medical laboratory services to be provided at each level of health care system, as guided by various policies including the Kenya essential package for health, the national health sector strategic plan, national laboratory policy, and laboratory strategic plan.
- Ability to address both administrative and programmatic issues and needs in medical laboratory services.
- Committed to improving health systems, responsible, good communicator with strong interpersonal skills.
- Ability to train, motivate and support supervisees.
- Flexible, respectful and hardworking
- Have the right attitude.
- Ability to write reports in timely manner.

4.2 Training of Supportive Supervisors

All laboratory supervisors at the national, county, Sub County and health facility levels require training in order to make them effective supervisors. Their training should be based on a standardized training curriculum which should cover the following topics:

- Orientation to national policy documents related to laboratory service.
- Basic administration regulations within GOK (Human resources, funds, procurement).
- Concepts of laboratory quality management and improvement.
- Supportive supervision:
    - Purpose of conducting supportive supervision.
    - Key items to be covered during supervision.
    - Communication and coaching skills.
    - Roles and responsibilities of both supervisors and supervisees.
    - Practical of conducting supportive supervision including the use of tools, forms, charts and registers used in medical laboratory services.
    - Monitoring and evaluation of supportive supervision.

4.4 Resources Needed for Supportive Supervision

The following resources are needed to conduct supportive supervision activities:

- Means of transport
- Adequate time for preparation, travel, field visit, reporting and follow-up activities.
- Travelling allowances.
- Supportive supervision tools and stationery.
- Support for periodic review meetings.

4.5 Areas covered during laboratory Supportive Supervision

According to the checklist, areas covered during supervision differ depending on the level of laboratory testing services.

Review testing services:

a) Number of testing disciplines e.g.; microbiology, chemistry, histology, cytology, hematology, parasitology, serology, molecular testing.
b) Scope of testing services per discipline.
c) Number of patients tested per day/month.
d) Tests volume per day/month.

Review Lab data management practices:

a) Availability of laboratory recording and reporting tools/registers.
b) Correct use of lab data collection and reporting tools.
c) Data confidentiality and storage.
d) Utilization of lab data to improve services.
e) Data security policies and procedures.

Discuss/review/observe Laboratory Quality Management Systems practices:

a) Organization
    - Updated laboratory organogram.
    - Efficient laboratory layout plan.
b) Personnel
    - Terms of reference for the laboratory personnel.
    - Personnel competence reports.
    - Number of staff.
    - Training records and needs.
    - Duty roster.
    - Staff rotation schedule.
    - Personnel orientation checklist.

c) Equipment
   - Availability of SOPs for equipment operation and maintenance.
   - Equipment maintenance schedules.
   - Voltage stabilizers and UPS available for all equipment.
   - Safety hoods and biosafety cabinets functional and certified.
   - Availability of specific equipment files.
   - Service contract document.
   - Equipment validation records Hours of equipment downtime.
     - Equipment installation and training certificates.
     - Preventive maintenance records.
     - Repair records.

d) Purchasing and inventory.
   - Guideline for purchasing and inventory management.
   - SOPs for purchasing and inventory process.

e) Process control
   - Specimen collection, packaging and transportation guidelines.
   - Appropriately filled:
     - Internal quality control charts.
     - Temperature monitoring charts.
   - Enrollment in EQA programs for all disciplines.
     - At least 80% pass in EQA.

f) Information management
   - Availability and implementation of laboratory information management guideline.
   - LIS training records.
   - Security of data.

g) Documents and records
   - Availability of prescribed laboratory documents and records.
   - Registers appropriately filled.
   - MOH summary reports submitted in timely manner. (CDRR, 711, 713, 519, etc.).
   - Filing and archiving system.

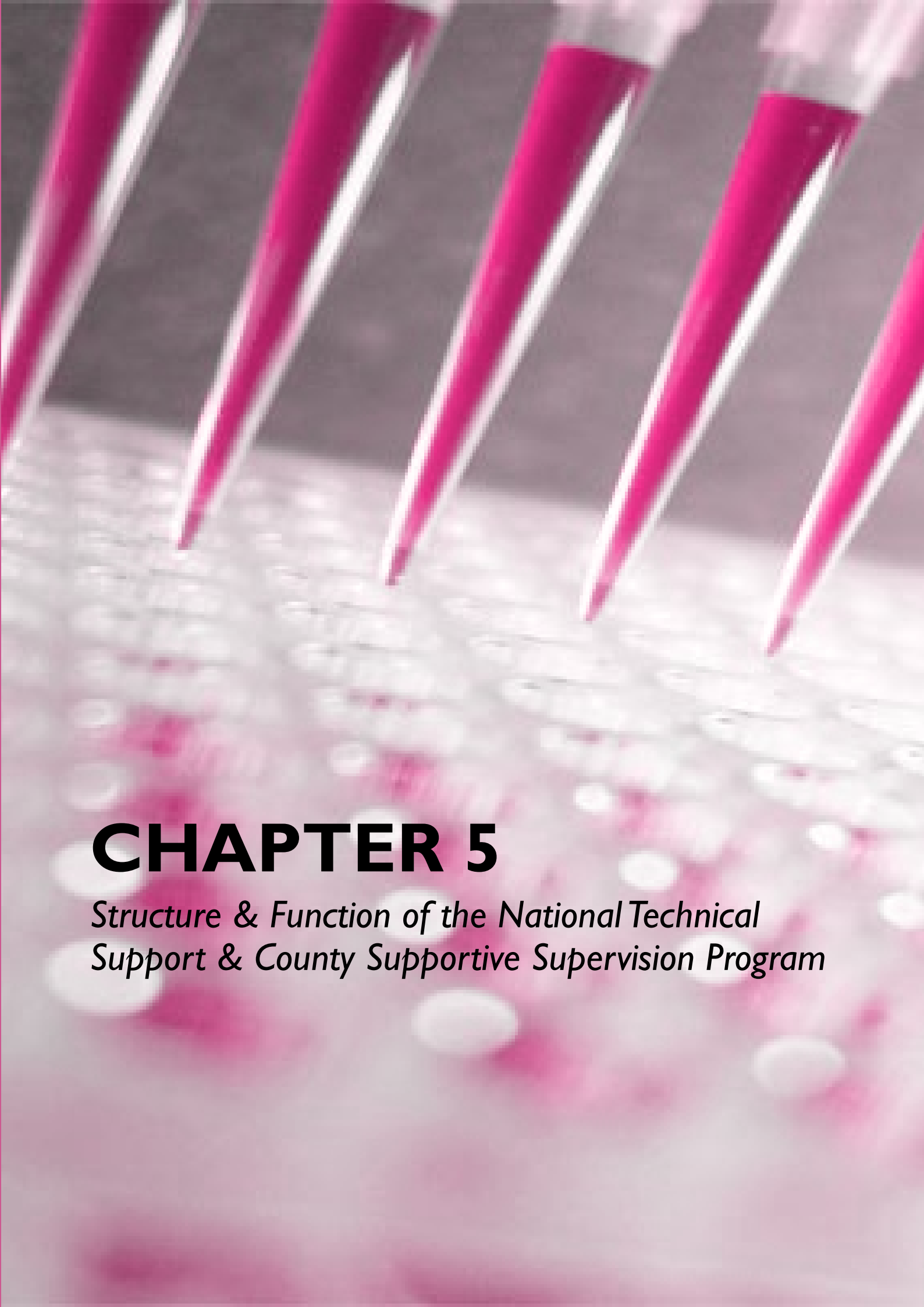
h) Occurrence management
   - Availability and implementation of incident documentation and response procedures.
   - Availability of policy guidelines on occurrence management.
   - PEP register.

i) Assessment
   - Implementation of laboratory audits.
     - Internal audit reports available.
     - External audit reports available.

j) Process improvement
   - Availability and utilization of quality improvement plans.
   - Minutes of internal laboratory staff meetings.
   - CME records.

k) Customer service
   - Implementation of customer satisfaction surveys.
     - Check reports and actions taken.
   - Existence of customer care desk.
     - Check entries and resolution of client queries/complaints.
   - Customer service charter.
   - Laboratory user's manual.

l) Facilities and safety
   - Policy guideline and SOPs on biosafety and biosecurity.
   - Facility design and organization.
   - Proper waste segregation, disposal and management process.
   - Implementation of laboratory signage.



CHAPTER 5

Structure & Function of the National Technical Support & County Supportive Supervision Program

5.0 Structure and Function of the national technical support and county Supportive Supervision program

As per the national laboratory policy , laboratory strategic plan and devolved structure of government medical laboratory services are provided at different levels of health care system. The national technical support and county Supportive Supervision program takes the structure and form of this arrangement, from the national, county, sub-county, health facility, and community level

5.1 National Level

At this level a technical support team will be constituted from members of the different medical laboratory technology disciplines. The team shall conduct technical support at the national and county levels. Adequate technical support teams shall be formed and trained to be able to provide the services. The national level will provide technical support to the counties on request based on needs . The support will be provided in collaboration with the county and will be focused on specifc issues and needs. The team shall use a technical support checklist guide.

During this activity the team shall:

- Pay a courtesy call to the county director of health for briefing at the start of the visit and de-briefing at the end of the visit.
- At the sub county level, pay courtesy call to the sub county director of health.
- At the facility and community level the team shall pay courtesy call to the head of the facility.

At the national level the technical support team shall:

- Develop and review policy documents on technical support .
- Develop budget for national on technical support activities.
- Coordinate on technical support teams at the national level.
- Review progress reports, finance management, and implementation of national and county annual plans.
- Review the activities of the county quality improvement team, share the debriefing report and review reports of technical support from County health management teams.
- Capacity build technical support teams at the county, sub-county, health facility, and community levels.
- Monitor record-keeping and reporting, documentation, departmental meetings and challenges.
- Train lower levels on how to develop relevant laboratory document materials to meet local needs.
- Hold dissemination meetings on supervisory reports with stakeholders.

5.2 County Level

At this level, a supportive supervision team for medical laboratory services composed of members from the medical laboratory technology disciplines will be formed. It will be chaired by the county director of health and it will have the county health laboratory director as its secretary. For its day to day running it reports to the county director of health and for technical issues it reports to the national technical support team.

The team shall conduct supportive supervision at the county, sub-county, health facility, and community level, to reach each facility at least once a quarter in a budget year. Adequate supervisory teams shall be formed and trained to be able to provide the service across the county. The team shall use a support supervion checklist guide to carry out the supervision.

During this activity the team shall:

- Pay a courtesy call to the county director of health in which the facility is located for briefing at the start of the visit and de-briefing at the end of the visit.
- At the sub county level they will pay courtesy call to the sub-county director of health.
- At the health facility and community level the team shall pay courtesy call to the head of the facility.

At the county level the team shall;

- Develop budget for county supervisory activities.
- Coordinate supervisory teams at the county, sub-county, health facility, and community levels.
- Review progress reports, finance management, and implementation of county and sub-county annual plans.
- Review the activities of the county Quality improvement (Q I) team and share the debriefing report, reviews reports of supportive supervision from county and sub-county health management teams.
- Capacity-build the supervisory teams at the county, sub-county, facility and community levels.
- Monitor record-keeping and reporting, documentation, departmental meetings, and challenges.
- Train lower levels on how to develop relevant laboratory documents to meet local needs.
- Hold dissemination meetings on supervisory reports with stakeholders.

5.3 Sub-County Level

A supportive supervision team at the sub-county level for medical laboratory services will be composed of members from the medical laboratory technology disciplines. It will be chaired by the sub- county director of health and it will have the sub- county health laboratory director as its secretary. For its day to day running it reports to the sub- county director of health and for technical issues it reports to the county supervisory team.

The team shall conduct supportive supervision at the sub- county, health facility and community level, to reach each facility at least once a quarter in a budget year. Adequate supervisory teams shall be formed and trained to be able to provide the service across the sub-county.

The team shall use support supervision checklist guide to carry out the supervision. During this activity the team shall pay a courtesy call to the sub- county director of health in which the facility is located for briefing at the start of the visit and de-briefing at the end of the visit. At the facility and community level the team shall pay courtesy call to the head of the facility.

At the sub- county level the team shall;

- Develop budget for sub-county supervisory activities.
- Coordinate supervisory teams at the sub-county, health facility, and community levels.
- Review progress reports, finance management and implementation of sub-county, and facility annual operational plans.
- Review the activities of the sub-county quality improvement team and share the debriefing report, reviews reports of supportive supervision from county and sub-county health management teams.
- Capacity build the supervisory teams the sub-county, health facility and community levels.
- Monitor record-keeping and reporting, documentation, departmental meetings, and challenges.
- Train lower levels on how to develop relevant laboratory documents to meet local needs.
- Hold dissemination meetings on supervisory reports with stakeholders.

5.4 Health Facility Level (Health Centre and Dispensary)

Supportive supervision at a health care facility shall be internal in nature and it shall be conducted by the facility health management team members including the in-charges of the health facility and the quality improvement team. .

This team is responsible:

- For setting and monitoring quality of care standards and assuring that guidelines and SOPs are disseminated to staff and followed.
- For supporting and motivating providers; training and recognition; forming and building teams and promoting team-based approaches to problem-solving; fostering trust and open communication; and collecting and using data for decision-making.
- Make follow-up actions recommended by sub- county supervisors. At this level, the team will also supervise inventory, patient and specimens flow and laboratory organization and department meetings.
- The laboratory in-charge will be responsible to ensure that all agreed action points related to the laboratory are implemented.

The team shall:

- Supervise all relevant units in the facility providing health laboratory services and all its health care workers.
- Discuss and promote the utilization of SOPs and look at infrastructure especially space issues, equipment and forms, supply chain management, patient and specimen monitoring, record-keeping and reporting and financial management. Other areas of interest are human resources, client satisfaction, training needs as well as referral systems, and community linkages.
- Conduct supportive supervision at the health facility and community level adequate supervisory teams shall be formed and trained to be able to provide the service across the health facility and community units.
- Use a National technical support checklist guide to carry out the supervision. During this activity the team shall pay a courtesy call to the Health facility in charge in which the facility and community unit is located for briefing at the start of the visit and de-briefing at the end of the visit.

At the facility level the team shall;

- Develop budget for health facility supervisory activities.
- Coordinate supervisory teams at the health facility and community levels.
- Review progress reports, finance management and implementation of health facility and community unit annual plans.
- Review the activities of the health facility quality improvement team and share the debriefing report, reviews reports of supportive supervision from facility health management teams and community units.
- Capacity-build the supervisory teams at the health facility and community levels.
- Monitor record-keeping and reporting, documentation, departmental meetings, and challenges.
- Train staff on how to develop relevant laboratory documents to meet local needs.
- Hold dissemination meetings on supervisory reports with stakeholders

5.5 Community Level

At the community level, supportive supervision shall be done from the health facility supervisory team, for medical laboratory health services. The health facility in-charge, the laboratory in charge and the relevant community health extension worker will ensure that supportive supervision is provided at the community level. This will be conducted on a monthly basis or as need arises.

The team will pay a courtesy call to the community unit chairperson during such a visit. Community–based health care workers such as community health workers who perform laboratory related activities will be supervised. Supportive supervision will be on SOPs, equipment and supplies, specimen management, laboratory service delivery based on guidelines, client satisfaction, training needs, referral systems, and community linkages.

5.6 Internal SupPortive Supervision at the facility level

Supportive supervision relevant team at a health care facility shall be internal in nature and it shall be conducted by the facility health management team members including the in-charges of the health facility and the quality improvement team. This team is responsible for setting and monitoring quality of care standards and assuring that guidelines and SOPs are disseminated to staff and followed. The team is also responsible for supporting and motivating providers; training and recognition; forming and building teams and promoting team-based approaches to problem-solving; fostering trust and open communication; and collecting and using data for decision-making.

The team shall supervise all relevant units in the facility providing health laboratory services and all its health care workers. The team shall also discuss and promote the utilization of SOPs and look at infrastructure especially space issues, equipment and forms, supply chain management, patient and specimen monitoring, record-keeping and reporting and financial management. Other areas of interest are human resources, client satisfaction, training needs as well as referral systems and community linkages. The team shall be responsible to make follow-up actions recommended by sub- county supervisors. At this level, the team will also supervise inventory, patient and specimens flow and laboratory organization and department meetings. The laboratory in-charge will be responsible to ensure that all agreed action points related to the laboratory are implemented.

CHAPTER 6

Supportive Supervision Process

6.0 Supportive Supervision Process

The process of supportive supervision includes planning, getting started, conducting supportive supervision, and giving feedback, wrap up, and report writing. At each of these stages, the roles and responsibilities of supervisors differ as demonstrated in Table 2 below.

Table2: stages and Specific Tasks in Conducting Supportive Supervision

Stages	**Tasks to be Performed**

Planning stage	• Develop annual supervision plan covering all sites as required for each level of supervision.
	• Identify sites/health facilities to be supervised and develop a route plan.
	• At least 60 days before the visit, inform the relevant authorities and supervisees of the dates, team composition, time, objectives of the visit and support needed.
	• Review previous reports and take note of:
	  • All the vital information about the supervision sites/health facilities such as types of health services and the capacity;
	  • All the strengths and limitations regarding the supervision site/health facility performance in delivery of health laboratory services; and
	  • Important supervision site/health facility issues, action points already known/reported if any.
	• Arrange logistics.
	• Organize a preparatory team meeting the preceding day.

Commencing the supervision	Pay a courtesy call to the relevant authority according to the level of supervision. • Introduce the team • Introduce the objectives, priority practices to be observed and sites to be visited • Determine the debriefing period (30 minutes, etc.) At the supervision site/health facility: • Establish rapport: always start by greeting and introducing yourself and the rest of the team to the supervisees. • Tell the in-charge and supervisees the purpose of the visit. Let the supervisees introduce and listen in a relaxed manner but attentive and avoid interruption; • Explain the whole supportive supervision plan e.g. supervisee to be met, time to be spent, feedback session etc.; • Avoid making promises that cannot be fulfilled and be honest • Use communication skills to encourage active participation.

Conducting supportive supervision	• Show respect and patience throughout the supervisory visit. • Allow time for staff to complete any consultations underway and for any hand over. • Review the previous action points and status of implementation. • Observe and gather information using the checklist. • Listen to their problems and challenges. • Address and follow up on problem areas. • Provide corrective and supportive feedback on performance. • In case a procedure is performed incorrectly, demonstrate the correct procedure and ask for return demonstration. • If there is a need, liaise with mentors. • Update supervisees on new guidelines and information. • Give on-the-job training on new techniques and approaches if required.
Immediate feedback	• Once you are done with supervision, find a encouraging environment with appropriate privacy to give feedback. • Use positive feedback, when performance is good; and constructive feedback, when performance needs improvement. • Start with those areas they are doing well followed by those where there are problems. • Focus on systems and processes, the performance or action, not on the person. • Discuss previous action points which were not implemented and include them in the new action plan. • Outline areas needing improvement and guide them to come up with corrective actions and time line. Link the behavior to service goals e.g. "If we don't get the reports on time, then we won't be able to use the information to make decisions. • Listen attentively, with encouragement and open mind believing that everyone has good contributions to make. Give a chance to the supervisee to respond. • Invite the supervisee to give you feedback and questions. You may ask: • How did the process go? • What things did you find helpful? • What are some things that you didn't like, or were not helpful to you? • Are there things you want help with which we did not address today?

Wrap up	During wrap up, the following points should be discussed/considered: • Share new information, such as guidelines and training opportunities • Share some observations/findings made such as data recording and reporting • Summarize the specific aspects that require change or improvement, discuss/review and agree on what needs to be done and how. • Identify areas of strengths including specific aspects of laboratory services going well and commend them appropriately. • Identify areas that need improvement/strengthening and agree on the action plan using a joint problem solving approach. • Set aside adequate time for supervisees' questions. • Identify persons responsible to solve the identified action points and problem areas; • Share with staff as a group the supervisor's general impressions on what is going well and what needs further improvement based on the supervisor's findings; • When ready to leave, thank the supervisees and others.
Report writing and follow up action	• Use the report writing format to document the visit including action and follow up plans • Disseminate the report to the relevant levels including the supervision site/health facility • Share the information on the identified gaps with mentors

Monitoring and Evaluation of Laboratory Technical Support/ Supportive Supervision

Monitoring and evaluation of the effectiveness of Technical Support /supportive supervision activities will take place at all levels by the National, and county laboratory monitoring and evaluation committees. At each level both implementation and impact indicators will be monitored and evaluated.

Indicators to be monitored and evaluated will include:

a) Baseline information collection.
b) Review of written reports from supervisors/mentors – whom, where, on what, when, SS or mentoring, (check against the plan).
c) Feedback from supervisees and mentees on supervisors and mentors' performance;
d) Reports of meetings between supervisors and mentors.
e) Use of comprehensive technical support and mentorship guideline by supervisors and mentors.
f) Periodical assessment of supervisors and mentors.

g) On a regular basis track:

- Number of laboratories participating in EQA programs by testing types.
- Change in laboratory SLMTA performance.
- Number of laboratory doing Internal Quality Control by testing type.
- Number of laboratory using rejection criteria.
- Turnaround Time by testing type.
- Number of laboratories with annual work plans.
- Number of mentors/supervisors trained.
- Number of sites and personnel mentored.
- Number of laboratories practicing good inventory management.
- Number of laboratories with good data management and accurate reporting.
- Number of laboratories practicing good temperature and log sheet maintenance.
- Number of laboratories with client exit interview.
- Laboratory equipment downtime.
- Number of laboratories with equipment service contract
- Customer satisfaction trends

CHAPTER 7

Setting up a National Laboratory Mentoring Program

7.0 Setting up a National Laboratory Mentoring program

Setting up a national laboratory mentoring system requires identification and definition of attributes; competencies and training of mentors as well as resources needed and items to be covered during mentoring.

7.1 Attributes and Competencies of a Mentor

A laboratory mentor is required to have the following attributes:

- Be knowledgeable, skilled and experienced in technical areas of the laboratory services.
- Be approachable and accessible with good interpersonal communication skills.
- Be actively practicing/providing the specific laboratory service.
- Be familiar with the country's health laboratory systems, good laboratory practices, and national laboratory policy guidelines.
- Be willing, committed and available to provide technical assistance to less experienced professional.
- Ability to help mentees improve knowledge, skills and confidence to provide laboratory services accurately, consistently and independently.
- Ability to utilize effective mentoring techniques, coaching and communication skills to transfer or impart the mentor's knowledge and skills to the mentee.
- Use a variety of mentoring techniques such as bench teaching, demonstration and SOPs review/discussions.

7.2 Training of Laboratory Mentors

Laboratory mentors should be well-trained and familiar with their work. Elements of their training should cover the following key components:

- Basic concepts of mentoring and supportive supervision.
- Basic concepts of GLP, national laboratory policy guidelines and any relevant SOPs.
- Terms of reference.
- Basic knowledge on quality improvement planning.
- Coaching skills including interactive communication and relationship building.
- Mentoring methods.
- Mentoring tools.
- How their work complements or relates to supervisors.
- Synergy between supportive supervision and mentoring.

7.3 Resources Needed for Implementing Laboratory Mentoring

The resources needed for laboratory mentorship training are similar to those resources needed in supportive supervision and include:

- Reliable allocated transport (can also be shared with supervision team).
- Adequate time for mentors' preparation, travel, field visit, reporting and follow up activities.
- Allowances for the mentors.
- Stationery.
- Tools/checklists for mentoring.
- Current national laboratory policy guidelines.
- Monitoring and Evaluation tools.
- Communication support: radio call, airtime, landline, e-mail or internet access.
- Support for periodic mentors' review meetings.

ACTIVITIES TO BE COVERED DURING MENTORING

As in supportive supervision training, areas/issues to be covered differ depending on the level of mentoring. Audit on quality of testing services: knowledge skills and practices in the different benches:

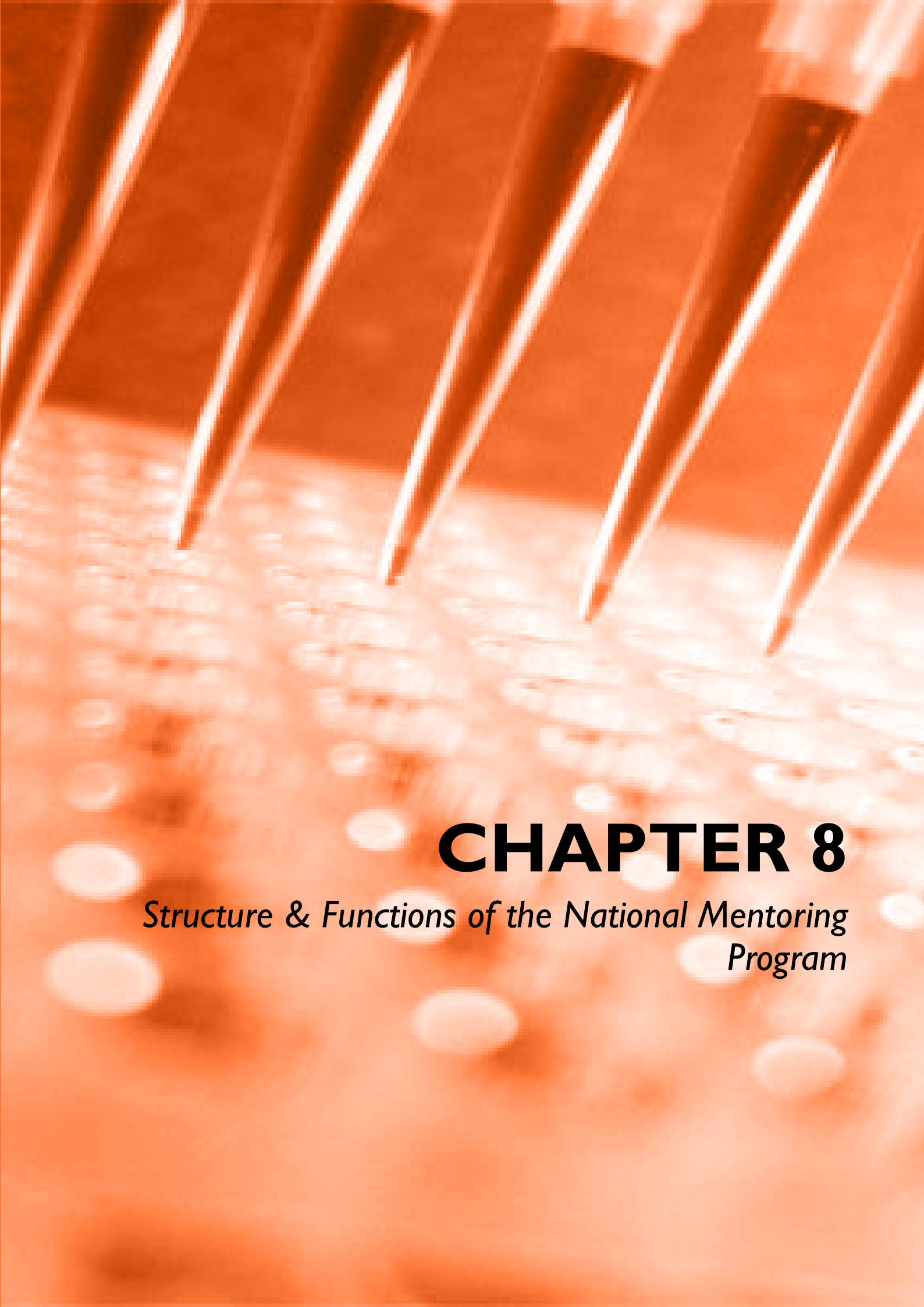
a) Hematological techniques
b) Biochemical techniques
c) Immunological techniques
d) Bacterial isolation and identification techniques
e) Viral isolation and identification techniques
f) Parasite detection and identification techniques
g) Molecular techniques
h) Histological and cytological techniques

Review laboratory Quality management system practices with reference to:

a) Laboratory organization practices
b) Personnel management
c) Equipment management
d) Purchasing and inventory
e) Process control
f) Information management
g) Documents and records
h) Occurrence management
i) Assessment (Audit)
j) Process improvement
k) Customer service
l) Facilities and safety

Review Data management practices:

a) Data entry, storage and protection
b) Cleaning and editing
c) Analysis and interpretation
d) Utilization



CHAPTER 8

Structure & Functions of the National Mentoring Program

8.0 Structure and Functions of the National Mentoring program

As per the national laboratory policy, laboratory strategic plan and devolved structure of government medical laboratory services are provided at different levels of health care system. The national and county laboratory mentorship program takes the structure and form of this arrangement, from the national, county, sub-county, health facility, and community level

8.1 National Level

At this level mentoring activities shall be done by a pool of mentors. Adequate mentors shall be trained to provide the services. The national level will offer mentorship support to the counties on request. The support will be provided in collaboration with the counties and will be focused on specific issues and needs

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At the national level mentorship team shall:

- Provide guidance on mentoring and disseminate mentorship guidelines to all county coordinators.
- Keep track of an inventory/database of experts who serve as national laboratory mentors.
- Develop a monitoring and evaluation framework of mentoring activities
- Identify and empower mentors of mentors and ensure continuous mentor training.
- Obtain feedback on guideline and updates as needed.

8.2 County Level

The county medical laboratory coordinator (SCMLC) shall oversee and coordinate the implementation of laboratory mentoring activities at county level.

The main responsibilities include:

- Disseminating this guideline to sub-counties
- Identifying mentorship needs at the county level
- Creating a team of county mentors
- Coordinating sub-county mentoring activities
- Communicating with national mentors for facilitation/guidance and technical referencing

Other responsibilities are to increase pool of mentors in the county, implement M&E of mentoring activities and identify potential mentors during trainings. In addition, the CMLC shall develop activity calendar, organize joint meetings between supportive supervision and mentoring teams and conduct visits to county and sub-county hospital laboratories to observe mentoring activities.

8.3 Sub-county Level (District)

The SCMLC shall oversee the implementation of mentoring activities at sub-county level and coordinate mentoring activities.

SCMLC shall:

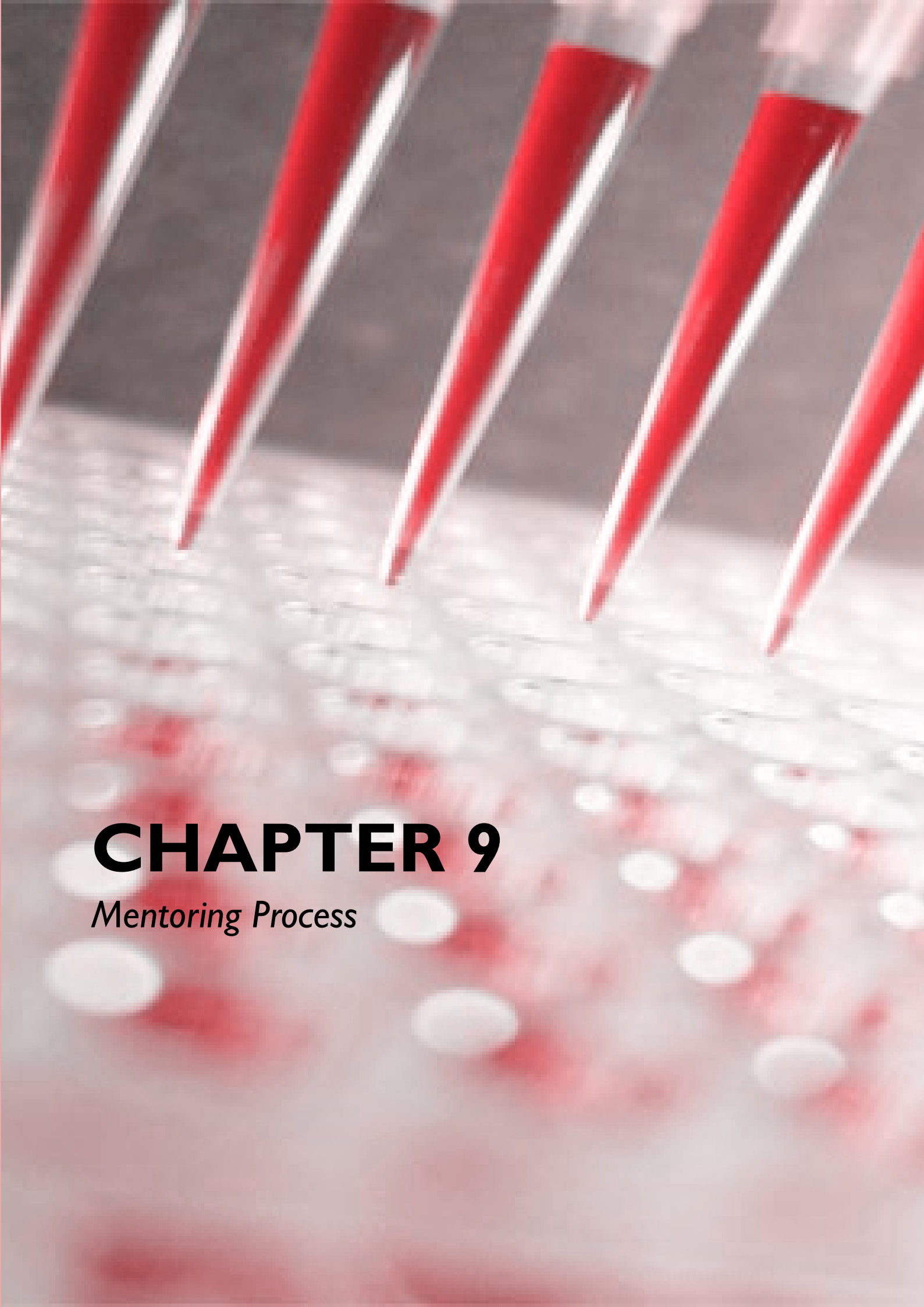
- Identify mentorship needs at the sub-county level.
- Coordinate mentors and mentoring activities in the sub-county.
- Assess/evaluate mentors and their performance.
- Select mentors.
- Review mentor's work plan.
- Coordinate and hold joint meeting between supportive supervision and mentoring teams.
- Create and keep an inventory of sub-county mentors.
- Monitor and evaluate the mentorship programmes.
- Disseminate monitoring and evaluation results to sub-county, county, national levels and other stakeholders including partners from time to time.

Sub-county mentors target mentees in sub-county hospitals, health centers, FBOs, NGOs, parastatal organizations and other private owned health facilities. Mentors perform their activities through a number of methods such as bench demonstration and teaching, distance support (telephones, emails, and sms), joint meetings, health laboratory facility visits, review of reports, follow up using agreed tools, and feedback of mentees.

The technical assistance provided shall be documented using the mentoring tools and the report shall be properly filed at the facility and shared with NPHL and other stakeholders. For better results, mentorship ought to be well planned, scheduled fully implemented and periodically monitored and evaluated. The mentoring activities shall be conducted as deemed necessary.

8.4 Health Care Facility and Community Levels

Mentorship within the health facility laboratory is a cost effective and sustainable approach for quality improvement of laboratory services. Therefore, laboratory mentors are encouraged to provide mentorship to staff providing laboratory services at their own facilities. Their activities are similar to those of mentors at sub-county level and they will use the same methods. The health facility laboratory mentors shall also be responsible for mentoring community based care providers.



CHAPTER 9

Mentoring Process

9.0 Mentoring Process

Process of Mentoring

The process of mentorship includes planning and/or identification of sites, conducting mentorship, and giving feedback, wrap up and report writing. At each of these stages, the roles and responsibilities of supervisors differ. The process includes identifying sites that require mentorship, determine specific weaknesses and strengths for each site and identifying appropriate mentors for the specific need.

The mentoring process and tasks performed in each stage:
Pre-mentoring planning:

- Orient the laboratory management and mentees to the upcoming mentorship initiative, which should cover the process and the expected outcome of mentorship.
- Obtain permission from appropriate authorities.
- Arrange the logistics.
- Plan and communicate with mentee about arrival date and time.

Arrival at mentoring site:

- Greet site authorities and staff.
- If time allows, tour all the units within the laboratory facility to get a sense of how services are provided.

Establish a warm mentoring climate:

- Introduce yourself to your mentee.
- Establish a warm relationship with mentee and health facility staff.
- Make your mentee feel comfortable and at ease.

Arriving at a mentoring agreement with mentee:

- Explain goal of mentoring (to share knowledge skills, to help mentee's Professional development, to provide best services).
- Ask mentee if there are areas that he/she especially wants to work on, or has had difficulty with.
- Explain the mentoring process and how you like to review the mentor.

Perform internal audit through review of records and observations:

1. Review record e.g. registers or client file. Mentee to summarize background information Identify a few issues to discuss with the mentee.
2. Jointly with the mentee, develop a work plan on how to resolve the gaps identified
3. The following are some of the activities:

Setting up the work station

- The mentee should prepare and assemble equipment and reagents for the routine work. The mentor should observe while this is being done and countercheck with what SOP or job aide states.

Analytical process (pre-analytical, analytical and post-analytical)

- As the mentee processes the samples through the analytical phases, the mentor observes and gives inputs where necessary.

Identifying teaching moments

a) Teaching moments occur when:

- Mentor has identified something to contribute or teach during the analytical process.
- The timing is appropriate to do so.

b) Content that mentors may wish to contribute include:

- Follow-up questions supplementing knowledge base: demonstrating a procedure;
- Model communication skills; and
- Suggest alternative realistic management approach.

c) Timing for teaching moments:

- Mentors need to be mindful of when and how they chip in.
- Avoid long, extended discussion with the mentee. Mentors need to be mindful of what is and is not appropriate to discuss in front of the client/patient. Look for an opportunity to have a private conversation with mentees, especially when providing constructive feedback to mentee.

Between procedures

- The time you have with a mentee between procedures is an ideal time for targeted, focused teaching.
- This can be an opportunity for the mentor to:
- Reinforce key teaching points from earlier observations made during a procedure
- Answer mentee's questions.

Next procedure

- Process repeats.
- Mentee could feel more confident.
- Mentor could allow mentee to do most of the activities.
- Mentor shall review and assess performance.

Post mentoring feedback session

a) After all the laboratory procedure's has been finished, find a quiet and ideal place for a feedback session with the mentee.
b) Ask the mentee: "how did the session go for you?" "What did you like" and "what did you learn?"
c) Provide feedback to mentee, utilizing principles of providing effective feedback
    - Start with positive, encouraging feedback. (things that you observed the mentee doing well);
    - Then, identify areas you feel the mentee should work on. Be specific and concrete. Conclude feedback with encouraging remarks; restate positive things that the mentee is doing. Encourage the mentee to keep working on self-improvement.
d) Ask the mentee to give you feedback. Examples of how to do this include asking the following questions:
    - How did the mentoring session go for you?
    - What things did you especially like? What did you learn? What was particularly useful for you?
    - What are some things that you didn't like, or was not as helpful to you?
    - Are there issues that we did not cover today? Are there things you want help with which we did not address today?

Planning the way forward

a) At the end of the feedback session, make a plan with the mentee about next steps for continued professional growth. Agree on things the mentee will:
    - Work on after this mentoring session.
    - Try to teach or support on a future mentoring visit.
b) Identify a means of communication between mentor and mentee between mentoring sessions
    - Invite mentee to call you (the mentor) with any questions that may come up between mentoring visits

c) Identify other ways that mentor can support mentee between mentoring visits
    - Does the mentee need job aids? Were there questions/ issues that came up today which the mentor did not have the answer to? Identify issues or questions that the mentor will look up (from other colleagues, senior mentors, internet, etc). Identify how the mentor will share what she/he learns with the mentee.
    - Plan the next mentoring session: When?
    - Prioritizing the issues for the next mentoring session.

Documentation

a) Mentors should document: all mentoring visits made. Who was mentored? What was mentored? What methodologies were used?
b) Mentor should document the mentee's performance. This allows mentors to track mentee's improvement in specific areas.
c) Mentor should use a checklist. To keep track of what has been mentored/taught. What has not been addressed? Make a reminder to look for ways to introduce topics that have not yet come up.

Duration and Frequency (summary on a table)

Activity	**Frequency**
Initial assessment/internal audit	Once
Visit to reference lab to learn best practices	Once
Work plan development	Quarterly
Work plan implementation	Monthly
Follow up visits on progress	Monthly, quarterly then transition to yearly

Laboratory mentors should conduct initial visit to laboratories in order to establish the needs and demands. Mentoring needs at the laboratories will likely diminish in terms and duration as the laboratory health workers gradually gain experience and acquire skills. However, mentoring should be continued for as long as it is required. Remember that mentoring is an ongoing knowledge and skill transfer from mentor to mentee.

Mentors initially need to spend at least one week at all levels of laboratory service delivery systems and mentor intensely, then the staff needs time to practice and implement. Mentoring leads to capacity building of laboratory health facility staff, and should be reflected in improved service delivery and improved outcomes.

It is expected that a laboratory will eventually 'mature' and be capable of delivering quality services independently. This is referred laboratory graduation/maturity. Site maturity is measured by laboratory staff technical competencies and quality service provision. In the first 6 months, a laboratory needs to be intensively mentored and then in the subsequent 6 months this can be decreased both in frequency of visits and number of days that the mentor stays at the and laboratory eventually can be based on demand by the laboratory needs as per agreement by mentee and mentor. With time, mentees will become mentors themselves and can mentor other site staff and may be capacitated to mentor lower level staff.

9.3 Mentoring Methodologies

There are certain guiding principles and concrete techniques that can help a prospective mentor to begin mastering the skills of mentoring. Some of these methods are discussed below using mentoring perspective:

9.3.1 Identifying Teaching Moments

A "teaching moment" is any opportunity that comes up for a mentor to share insights, knowledge, or skills with a mentee. In addition, a teaching moment requires proper timing (for example, interrupting a laboratory procedure while the mentor is talking to impart a teaching point is inappropriate). Tips for identifying knowledge gaps (potential teaching moments):

- *During pre-analytical process:*
  As you (the mentor) review the laboratory request form with the mentee on the request (examples: Is the sample in the right container? is it sufficient? is it stored at the right place before the analytical process, you should ask yourself: what do I think needs to be done practically, based on temperature?) Ask the mentee what she/he thinks are the priority issues to address today. A difference of opinion, or something which the mentee forgot or has overlooked, is an opportunity for a teaching moment.

- *During analytical process, observe how the mentee handles the samples*
  If the mentor has suggestions for improving the sample handling, the mentor can demonstrate practically how this is done. Practical demonstration is an effective and powerful way to teach. During sample processing observe closely how the mentee is performing the procedure. If there is something that the mentee overlooks which the mentor feels is important based on available SOP, this can be a teaching moment and the mentor can demonstrate how to perform a procedure. At the end of the procedure, the mentor observes how the mentee documents the report and makes input where necessary.

- *During post-analytical process:*

  Mentor observes how the mentee reviews the test report. Mentor can show mentees how to review the test result. This is an opportunity for mentor and mentee to discuss the report. Mentor observes how the mentee dispatches the report to the client and can demonstrate how to communicate with the client. Mentor observer how the mentee does filing and archiving.

9.3.2 Bench Teaching

Bench teaching is a powerful and effective means of teaching. It is especially useful for:

- Demonstrating actual laboratory procedures and processes.
- Demonstrating sample handling and analysis.
- Relating clinical history and laboratory findings.
- Providing an opportunity for mentees to practice laboratory procedural skills under the supervision/guidance of a mentor.
- Mentor must always adhere to current site SOPs.

9.3.3 One-on-One procedure Observation

This refers to the process of observing a mentee as she/he performs the procedure. The mentor provides guidance and shares his/her experience with the mentee. Most of the mentoring that occurs involves one-on-one observation.

9.3.4 Documentation Review

Careful documentation in registers, patient laboratory report files and other records is essential for the successful operation of laboratory health services. Therefore, assisting mentees in developing good documentation practices can be a significant contribution a mentor makes to the laboratory operations at a site. The mentor observes the filing and archiving process as it is an essential process in documentation.

Though these tasks fall in the overlap between mentoring and supportive supervision, mentors have an opportunity to observe mentees in actual laboratory practice, and can make suggestions regarding documentation in real-time. A good way to do this is through demonstration.
Mentors can also discuss what essential/important things to document are and which are less important.

9.3.5 Laboratory review team meetings

Laboratory team meetings are opportunities to bring together all members of a laboratory, to discuss issues relating to laboratory procedures, promote continuous quality improvement at the laboratory and for staff to provide support for each other. The spirit of a mentoring team meeting is to foster exchange of ideas and perspectives among different specialties.

Laboratory team meetings can serve as a forum:

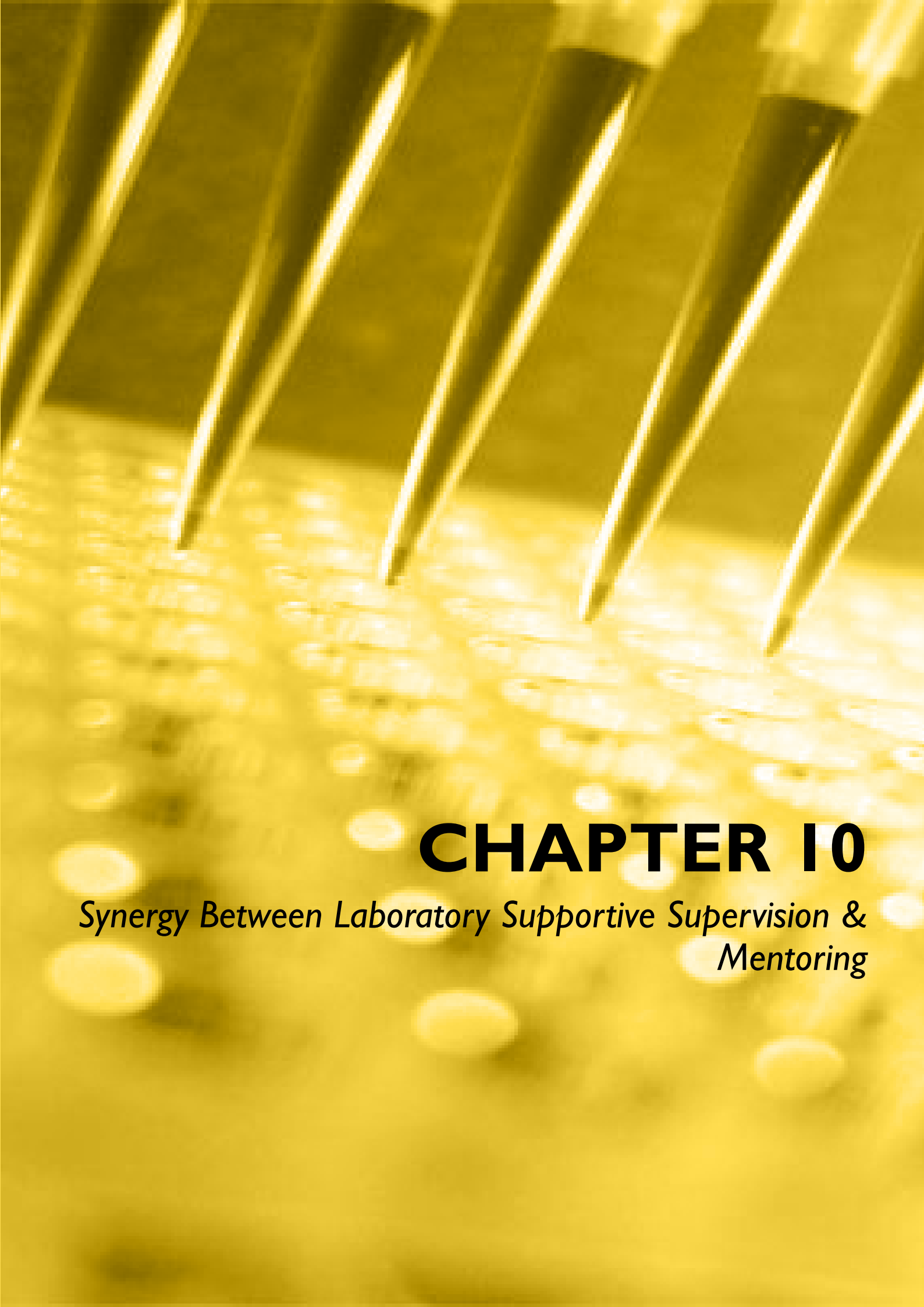
- For various staff members to share what is going well in the laboratory.
- To share what is not going well.
- To brainstorm for ways to improve the problem area with input from different members of the team.
- To provide recent updates in lab sector that is important for all staff.
- For laboratory staff to provide support for each other, to help prevent burnout among themselves.
- To promote continuous quality improvement at the laboratory.

9.3.6. Monitoring and Evaluation of Laboratory mentorship

Monitoring and evaluation of the effectiveness of mentorship activities will take place at all levels by the national and counties mentorship team. At each level both implementation and impact indicators will be monitored and evaluated.

Indicators to be monitored and evaluated will include:

- Number of laboratories with annual work plans
- Number of mentors/supervisors trained
- Number of sites and personnel mentored
- Number of Laboratories practicing good inventory management
- Number of laboratories with good data management and accurate reporting
- Number of labs practicing good temperature and log sheet maintenance
- Number of laboratories with client exit interview



CHAPTER 10

Synergy Between Laboratory Supportive Supervision & Mentoring

10.0 Synergy between Laboratory Supportive Supervision and Mentoring

Supportive supervision and mentoring are conducted by different teams though they are complementary and synergistic. Regardless of the level at which supportive supervision and mentorship are taking place, the goal is the same. This means that supervision and mentorship mechanisms must be synergistic across all levels; from national, county, sub-county, health facility to community unit levels.

10.1 Synergy at National Level

At the national level the partners, mentors, and the national quality improvement team are the key players creating synergy between technical support and mentoring. Although technical support and mentoring activities will be carried out at different times in a year, the teams should meet at least twice a year to share experiences, challenges and lessons learned. At national stake holders meeting, the reports shall be tabled during the technical and management meetings. The national sub-committee meetings should also discuss technical support and mentoring reports as a standing agenda item. The same agenda should also be discussed during the biannual national stakeholder's coordination forum. Issues for discussion may include:

- Key findings during technial support and mentoring.
- Lessons learned and best practices in technical support and mentoring.
- Challenges identified during technical support and mentoring and action taken.
- Further action recommended improving laboratory service delivery/patient care.
- Action plan.
- Monitoring and evaluation plans.

This level will also have the responsibility to develop a monitoring and evaluation framework.

10.2 Synergy at county Level

Similarly at the county level, county support supervision committee members, county health laboratory supervisors, mentors, county health laboratory quality improvement committee, and partners will be the key players to bring synergy between supportive supervision and mentoring activities. They will also implement the monitoring and evaluation framework for supportive supervision and mentoring. At this level, the teams will meet on a quarterly basis or may use biannual county health laboratory stakeholders meetings to discuss the following issues:

- Key findings from supportive supervision and mentoring.
- Lessons learned and best practices in supportive supervision and mentoring.
- Challenges identified during supportive supervision and mentoring and action taken.
- Further action recommended to improve medical laboratory service delivery/client satisfaction.
- Action plan.
- Plans for monitoring and evaluation.

The county meetings will be used to discuss the outcome of supportive supervision and mentoring visits. The county health laboratory technologist secretariat shall keep the reports where supervisors, mentors, quality improvement teams, laboratory health care workers and partners can easily access. Synergy related decisions should be shared with the county health management team.

10.3 Synergy at the sub county level

Synergy at the sub county level will be similar to that of the county level. The key players at this level are the sub county health laboratory committee, sub county supervisors and mentors, sub county health laboratory quality improvement teams and partners. The teams will meet on a monthly basis using existing forums like, sub county health laboratory committee meeting. The decisions from the synergy meetings should be shared with the sub county health management team.

10.4 Synergy at the Health Facility Level

At the facility level, the key players will include the facility in-charge, health facility management team, the facility quality improvement team and in-house mentors. The teams will meet during health facility governing committees to discuss issues identified through supportive supervision and mentoring and take appropriate actions. The teams meet on a monthly basis to discuss:

- Key findings which arise during supportive supervision and mentoring.
- Lessons learned and best practices in supportive supervision and mentoring.
- Challenges identified during supportive supervision and mentoring and action taken.
- Further action recommended to improve service delivery/patient care.
- Action plan.

10.5 Resources Needed for Synergy Meetings

The main resources required are:

- Travelling allowances.
- Supportive supervision and mentoring reports.
- Stationeries.
- A projector and a laptop computer.
- Refreshments.

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