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Supportive Supervision as a Tool to Improve and Monitor Progress the Quality of Immunization Services in India

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Abstract: ***One of the major lacunae observed in the implementation of the Immunization program leading to low coverage and compromised quality is lack of Supportive Supervision by the Supervisors in the health system. This gap needs to be addressed by orientation and training of the health functionaries on skills of Supportive supervision. IMMUNIZATIONbasics a USAID supported project implemented a model SS approach in three least performing districts of Jharkhand i.e., Lohardagga, Dumka and Godda, to showcase the effectiveness of SS approach. Supportive supervision (SS) is defined as - 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, and helping to optimize the allocation of resources promoting high standards, teamwork, and better two-way communication.***

The results obtained in two successive rounds of supportive supervision in the three districts, indicated that there was a definite improvement in the quality of the program in all the 4 key areas of immunization i.e., program management, cold chain management, vaccine management and reports and records management

Keywords: Supervision, Supportive Supervision, Immunization, Quality

1. Introduction

Immunization Programme of India, is one of the world's largest in terms of number of beneficiaries, the quantity of vaccine used, number of immunization sessions and the geographical spread and diversity of areas covered [(1)]. Despite the commitment of Government of India, as reflected from cent percent national funding of routine Universal Immunization Programme (UIP) vaccines, the coverage evaluations have revealed far lesser vaccination coverage as compared to reported National (administrative) rates. National Family Health Survey (NFHS)– III (2005-06) has revealed 44% children (12-23 months) receiving all recommended vaccines, with only marginal progress in last 15 years [NFHS–I (1992-93) & II (1998-99) as 36% & 42% respectively]. This is further endowed with substantial geographical and social inequities, high dropout rates and declining trend in some poor performing states [(1)]. Review of UIP (2004) identified inadequate Supportive Supervision, Capacity Building, lack of adaptable Guidelines, Tools and Job aids as foremost gaps requiring prompt corrections at all levels.

Despite of recognition and widespread agreement of the critical importance of Supervision in Human Resource Management for delivery of basic health care services [(2)], the "promise" has not been adequately realized and addressed in India. The traditional Supervision has focused more on inspection and to find lacunae rather than on problem solving to improve performance [(3)]. Minimal effort has been put in to identify any mechanism or process for improving quality (and coverage) of Immunization Programme. At the same time many existing frontline supervisors lack the requisite technical and managerial skills or have limited authority to resolve service delivery problems [(4)]. Literature or evidence on Supportive Supervision in India, its current practices and possible role in improving service delivery component is largely meager.

With this milieu, IMMUNIZATION basics, a USAID supported project (2004-09) aiming to strengthen Routine Immunization in the country, undertook promotion of Supportive Supervision in priority states and development of Tools and Job Aids (for Mangers and Workers). The present article highlights the objectives and process of Supportive Supervision as conceived and introduced by IMMUNIZATION basics (IB); observations from activity undertaken in 3 districts of State of Jharkhand and its implication as Best Practice.

Supportive supervision (SS) is defined as - 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, and helping to optimize the allocation of resources promoting high standards, teamwork, and better two-way communication [5]. Cornerstone of SS is working with health staff to establish goals, monitor performance, identify and correct problems, recognize good practices, help health workers to maintain their high-level of performance and proactively improve the quality of service [3].

2. PROCESS

IB has conceptualized Supportive Supervision as a participatory process, an Intervention Tool and Best Practice which aims at supporting and directing staff, and providing follow up trainings, therewith making it more conducive to effectively perform their duties and improve performance. It also endows collection of critical information for taking managerial decisions, providing feedback to concerned authorities and recommending measures for improvement at appropriate levels.

The activity comprise of visiting all health facilities (cold chain points) and few randomly selected outreach immunization sessions in identified district (with population base between 0.5-2 million), by teams of Supervisors/Managers, in a defined period of time (not exceeding 2-3 days), and collect information on specific key & quality issues as per structured Check Lists. This involves on-site demonstration and correction of wrong ractices and sensitization of staff members on guidelines and correct processes. The information collected during visits is entered in MS Excel based template, which generates ready analyzed feedback in graphical and numerical forms, which is shared with Mangers at different levels for corrective actions. Scoring system wherein different indicators have been quantified on basis of their importance has also been developed and incorporated to rank health facilities between good, average and poor performing.

The same process is to be repeated on quarterly or biannual basis (priority wise), to show improvement by time/intervention and existing gaps. Other researchers in similar field have also found correlation between frequency of supervisory visits (ranging from monthly to every six months) and improvements, suggesting that increasing the frequency of supervision helps only if the activities that occur during supervision are productive and directly related to improving health worker performance [6].

Three possible approaches for the activity have been identified viz. involving Government Supervisors, Agencies/NGO Staff and mixed teams of Government & Private Supervisors. These 3 approaches have been tested in different settings, and their merits and demerits are briefed below.

Table 1 : Merits and Demerits of different approaches

	Supervisory Teams comprising of…		
	Government Supervisors	**Agencies or NGO Staff**	**(Public & Private**
Regularity	Not ensured	Ensured	Ensured (to an extent)
Compromise of activities	Compromised	Not compromised	Not compromised
Transportation	Extra funds required	Available	Arranged by NGO
Per Diem	Required (extra funds)	Not required	For Govt officials
Acceptance	High	Limited	Limited
Quality	Needs to be monitored	Ensured	Partially ensured

3. OBSERVATIONS

IB facilitated 2 rounds of Supportive Supervision exercise in selected high priority districts of State of Jharkhand during year 2006-07 with involvement of NGO staff. The data collected during 2 successive rounds of activity in 3 districts viz. Lohardagga, Dumka and Godda are discussed in this section. Teams of supervisors from NGO were trained extensively for 2 days before first round of activity. 22 and 23 health facilities with vaccine storage points were visited during first and second rounds respectively (Lohardagga–5,5; Dumka-10,10; Godda-7,8).

Table 2 : Comparative observations of 2 successive SS rounds in 3 districts in percentage

	Lohar dagga		Dumka		Godda		Total of 3 districts	
Rounds	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**2**
Microplanning								
Updated Microplan available	40	100	50	50	28.6	62.	40.9	65.2
No missed areas in Microplan	60	100	77.8	90	42.9	75	59.	87.0
Session planned equal to sessions held	60	40	16.7	100	16.7	62.5	22.7	73.9
Supervisor visit plan available	0	100	0	40	28.6	50	9.1	56.5
Cold Chain								
Correct equipment placement	60	100	70.0	60.	100.	87.5	77.3	78.3
Equipment temp record maintained	60	80	60.0	50.	71.4	75.	63.6	65.2
ILR Temp between +2 to +8 degree C	80	80.0	40.0	60.0	42.9	62.5	50.0	65.2
Correct storage of vaccines in ILR	80	80.0	44.4	50.	0.0	87.5	36.4	69.6
Absence of frost > 5mm in ILR/DF	60	100	60.	60.	85.7	87.5	68.2	78.3

Table 3 : Comparative ranking of districts during 2 successive rounds

	Lohardagga		Dumka		Godda		Total	
	R-1	*R-2*	*R-1*	*R-2*	*R-1*	*R-2*	*R-1*	*R-2*
Good	1 (20.0%)	4 (80.0%)	1 (10.0%)	5 (50.0%)	1 (14.3%)	4 (50.0%)	3 (13.6%)	13 (56.5%)
Average	4 (80.0%)	1 (20.0%)	4 (40.0%)	3 (30.0%)	5 (71.4%)	2 (25.0%)	13 (59.1)	6 (26.1)
Poor	0	0	5 (50.0%)	2 (20.0%)	1 (14.3%)	2 (25.0%)	6 (27.3%)	4 (17.4)

Rounds	Lohardagga		Dumka		Godda		Total of 3 districts	
	1	2	1	2	1	2	1	2
Absence of frost > 5mm in ILR/DF	60	100	60.	60.	85.7	87.5	68.2	78.3
Correct state of freeze-sensitive vaccines	100	100.0	70.0	80.	57.	87.5	72.7	87.
No medicines and other items in ILR	60.	80.0	50.0	60.	42.9	62.5	50.0	65.2
Injection Safety								
Correct use of hub-cutters	0.0	0.0	20.0	70.0	28.6	50.	18.2	47.8
Correct use of disposal pits	0.0	40.0	20.0	60.	57.1	62.5	27.3	56.5
Records and reports								
Vaccines issued from PHCs accounted for	40.	100.0	70.0	90.	100.	100	72.7	95.7
Acceptable DPT 1-3 Dropout Rates	80.	100.0	37.5	90.	57.1	75.	50.	87.
Reporting of Measles cases	0.0	0.0	10.0	20.0	28.6	62.5	13.6	30.4
Supervisory visits by district officials	80.	100.0	40.0	100	71.4	75.0	59.1	91.3

Information collected and compiled during the 2 rounds of exercise in 3 priority districts clearly indicates qualitative progress in selected key indicators (Table 2). Cumulative improvement in 3 districts reveal significant improvement in availability of updated microplan at health facility level (from 40.9% to 65.2%) and supervisory visit plan (9.1% to 56.5%). Similarly important cold chain indicators like correct vaccine storage temperature, correct vaccine storage, correct state of freeze sensitive T series vaccines have also shown progress.

With context to ranking (on basis of total score), number of good performing health facilities increased from 13.6% to 56.5%, with reduction in average and poor performing districts (Table 3).

4. CONCLUSION

Qualitative improvement in key indicators and overall ranking of health facilities between 2 rounds is indicative of adoption of Supportive Supervision as Best Practice, and that the process if sustained and replicated on a larger platform can definitely serve to improve quality of immunization services in the country. A key note behind success of SS is that it is implemented by multiple parties, including officially designated supervisors, informal supervisors, peers, and health care providers themselves, thereby addressing acceptance and ensuring ownership.

In nutshell, Supportive Supervision exercise can serve as a useful tool for the managers, since it serve to collect and analyze information, and grade a district for a particular program in minimal time. It also serves to generate feedback for corrective action and monitor improvement during subsequent visits.

Because Supportive Supervision involves behavior change, it is not a "quick fix" that can be implemented through one manual or training course. And the key for sustainability is to build capacity for improved supervision into existing systems and processes, rather than imposing entirely new systems from the outside, since changes and improvements that "work around" current systems and processes are generally less sustainable [(7)].

T he experience of Supportive Supervision, eligible as a best practice can also be replicated as a sustainable intervention and adapted to other health and non health programs. There is need to incite institutional support for Supportive Supervision and advocate with National & State Governments and to ensure that adequate funds are made available through incorporating this into annual health budgets, national work plans, and financial sustainability plans.

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[8] Table 3 : Comparative ranking of districts during 2

[9] successive rounds

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