

Health Systems Strengthening



The need for Effective Supportive Supervision

For improving coverage and service quality in Immunization

The state of Madhya Pradesh is on an accelerated path to achieve 90% full immunization coverage with intensive vaccination campaigns in high focus districts, strengthening of routine immunization practices, and optimized vaccine logistics. A recent study conducted by NHM in 2018 reports the full immunization coverage of the state at 76% compared to NFHS-4 (2015) when it was at a low 54%. This suggests existence of a fully functional immunization infrastructure and resources across the state, with scope of optimization to reach the target of 90% coverage. A key component of optimized service levels is performance of frontline workers, which can be enhanced with regular training to develop competencies, supplemented with supportive supervision. This paper outlines the importance of supportive supervision in immunization and health system in general, its current practice in Madhya Pradesh, and key policy considerations for a systematic scale up in supportive supervision practice led by the state government of Madhya Pradesh.

What is Supportive Supervision?

Supportive supervision (WHO, 2008) is a process of helping staff to improve their own work performance continuously. Supervision is carried out in a respectful and non-authoritarian manner to focus on improving skills. Supportive supervision is most effective when it succeeds a training programme conducted to impart new skills or disseminate new guidelines. Several studies¹ in India and outside have shown that a systematic supportive supervision practice improves health worker's job satisfaction and motivation, resulting in improved service delivery in the health system.

Key Policy Considerations

- An outcome-based theory of change approach for supportive supervision, linking key programmatic outcomes with supervision inputs
- Establishing a relevant and meaningful relationship between supervisor and supervisee for a lasting impact, by training sector supervisors, and recruiting a dedicated block level supervisory cadre, also resulting in an increased number of supervisory visits
- Identify health system complementarities to include other health programmes under the renewed supervision practice, while focussing on immunization

Why is Supportive Supervision Required in Routine Immunization?

Immunization provides the opportunity for many households to access the public health system but makes way for the health system to reach communities more times during the first year of a child's life. This creates an enabling environment for the system to expand its primary health care services in the community. Immunization coverage thus remains one of the most vital indicators of India's strong commitment towards achieving Universal Health Coverage, as encapsulated in the Sustainable Development Goal – 3. Since, UIP is part of RMNCH+A continuum of care, immunization service delivery is integrated with other health programmes. For the frontline workers, in this case Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA), it results in a daily juggle between different programmes at the primary care level. Amid managing several programmes with their competing priorities, the application of new skills and guidelines learnt during classroom training is not always consistent and requires an additional push in the form of supportive supervision and hands on support.

Current Mechanism in Madhya Pradesh

Although broader programmatic supervision practice (RMNCH+A continuum and beyond) has been instituted in the state through a designated supervisory cadre (e.g. Lady Health Visitor or Male Multi-Purpose Worker), their contribution on immunization had either been minimal or unaccounted for. The current practice of supportive supervision of frontline workers in vaccine logistics, cold chain management and routine immunization begun effectively in 2014, through the UNICEF led Routine Immunization Supportive Supervision (RISS) initiative, funded by Gavi Health System Strengthening grant.

¹ India's RMNCH+A Strategy: Approach, Learnings and Limitations. Taneja G *et al.* 2019; How supportive supervision influences immunization session site practices: a quasi-experimental study in Odisha, India. Bhuputra Panda *et al.* 2015; Impact of Supportive Supervision intervention on health workers in Mozambique. Madele T. *et al.* 2017; Inspiring health worker motivation with supportive supervision in Pakistan. Rabbani *et al.* 2016; Supportive supervision of mid-level health workers in rural Nepal for improved job satisfaction, motivation and quality of care. University College London. 2017

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This included medical college faculty as master supervisors, conducting supportive supervision in high-priority districts, using mobile-based GoI standard immunization checklists. Later, those checklists were formalized under the NCCMIS web portal and application, resulting in state-wide implementation through the supervisory cadres and senior district and block levels officials (e.g. District Immunization Officer, Block Medical Officer etc.).

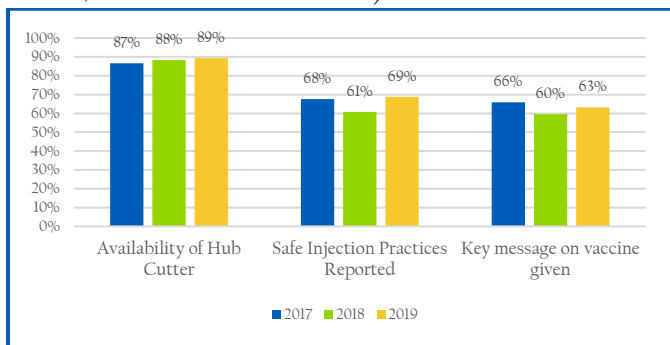


Figure 1: Supervision data from six UNICEF high priority districts (n-164 (2017), n-755 (2018), n-763 (2019))
Source: collected from NCCMIS portal

Data from previous years collected through NCCMIS application shows steady performance and adherence to guidelines (Figure 1) by ANMs at session site. However, it only resulted in coverage of less than 1% of total routine immunization sessions held in the state. Moreover, as per accounts from several frontline workers² in high priority districts, the supervision practice in several districts / blocks takes the control approach rather than the supporting one, focussing more on finding faults in individuals, than supporting them. In addition, supervision visits were not planned as per any systematic strategy and did not effectively use the massive data generated at each event. Hence, it has been difficult to see the impact of supervision, except from anecdotal evidence provided by frontline workers.

Key Considerations for Policy Makers

Immediate action is required for streamlining supportive supervision in the state for improving routine immunization coverage and service delivery. Key policy considerations are:

- An outcome-based theory of change approach:** Supportive supervision should be linked with key programme outcomes and goals, thereby identifying key areas where supervision of frontline workers can create lasting impact. For example, *detailed identification and listing of families are required to track migratory population to facilitate vaccination and improve coverage. Hence, objective of supportive supervision can be improvement of population tracking activity by ANMs and ASHA.* In addition, the state needs continuous review of supervision practice through analysis of data generated from each supervision visits, making relevant adjustments to the goals and the process.

- A meaningful supervisor – supervisee relationship:** Supervision is effective when the relationship between the supervisor and supervisee is relevant and respectful. To establish this, the current sector supervisors needs to be trained on effective supervision practices with a detailed guidance on ‘Do’s and Don’ts’ of supportive supervision. This can be supplemented with the addition of a dedicated block level supervisory cadre either recruited directly by the government or through a third-party agency. The block level supervisor with appropriate training, can act as a mentor and reviewer of supportive supervision in their respective areas. The relationship between frontline workers, sector supervisors and block supervisors need to be monitored by a state level project management team, supported by the current lot of trained medical college faculty from RISS initiative who

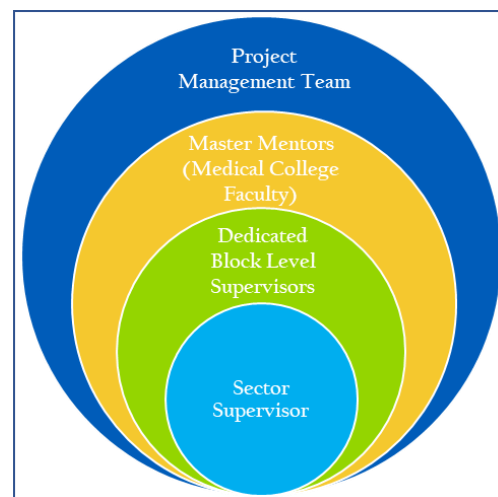


Figure 2: Proposed structure of supervisory cadre

can provide technical insights in the process, monitoring of supervisors and hands on training in specific contexts.

- Identify health system complementarities:** While focussing on immunization, supportive supervision practice can be instituted for other health programmes like pneumonia and diarrhoea management, ante natal care / post-natal check-ups, family planning and others in the RMNCH+A continuum with specified objectives. This will provide 360-degree support to frontline health workers resulting in improved motivation and management of programmes. Key officials at block and district level (e.g. Chief Medical & health Officer, Block Medical Officer etc.) shall be made accountable to facilitate broader supervision practice, with regular action based on findings from the visits.

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² Collected during data collection of RISS Case Study