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## **Chapter: 2**

### **Supportive Supervision Initiative in Andhra Pradesh**

**2.1 Introduction:** Immunization Programme is one of the most cost effective public health interventions and its success is directly linked with quality of life. India's Immunization Programme has undergone a number of significant changes in recent years, which includes new policy environment, new vaccines, new procedures to solve old problems and new technologies for vaccine delivery and cold chain. Most of the programmes didn't function as expected or planned, because of the lack of effective supervision. This is possible only when good quality supervision is in place. This chapter will help to understand the concept of 'Service Delivery Support' through Supportive Supervision in general, and in the area of immunization in particular. It also explains the situation analysis of service delivery system in Routine Immunization Programme of Andhra Pradesh, the present set up of supervisory system and options for supportive supervision.

#### **2.2 Types of Supervision**

**2.2.1 Traditional Supervision:** Traditional supervisory visits generally focus more on inspection and fault finding rather than on problem solving techniques to improve performance. Health workers at peripheral level often receive little guidance or counseling on how to improve their performance. They are frequently left undirected, with few or no milestones to help assess their performance. Motivation is hard to maintain in such an atmosphere. Traditional Supervisors often lack the technical, managerial or supervisory skills needed to effectively evaluate health facilities across the many sectors for which they are responsible.

**2.2.2 Supportive Supervision:** Supportive Supervision is " a process that promotes quality at all levels of the health system by strengthening relationships with in 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." (Marquez and Kean 2002)

**Supportive Supervision or Service Delivery Support visits to health facilities as the name indicates, is more of support to the functionaries while capturing the bottlenecks in implementation of the program. Supervisory visits should be made in the spirit of co-operation and support to the staff working in the field rather than performing it as simple routine job. It differs from routine inspection and it is a fact finding exercise followed by on site corrections or facilitating to take up issues at appropriate levels so as to improve the program and achieve the desired results. The Global Alliance for Vaccines and Immunization (GAVI) partners have identified supportive supervision as a high priority and a critical gap in immunization training. Supportive supervision is also one of the five key elements of the Reaching Every District strategy to accelerate progress toward GAVI's goal of reaching 80 percent DTP3 coverage in 80 percent of developing country districts (WHO 2002).**

**2.3 Guiding Principles for Supportive Supervision: The following guidelines will help to undertake supportive supervision (PATH, 2003)**

- 1. Understand the existing practice of supervision.**
- 2. Outline the strengths and weaknesses of the programme, both at provider, and receiver point of view.**
- 3. Prepare a checklist of parameters, which can be assessed in supportive supervision.**
- 4. Find out an external supportive supervision agency that can deliver the goods scientifically and diplomatically in problem solving.**
- 5. Organize necessary workshops/trainings for supportive supervisory agency and other providers of service at district level and mandal (block) level.**
- 6. Make periodical rounds of supportive supervision with pre-defined checklist; give necessary on site job training; update skills and knowledge.**
- 7. Develop feedback on a positive note, as a fact finding rather than a fault finding mechanism, and**
- 8. Implementing agency (Health service providers) and supportive supervisory agency (external team providing support) should have reciprocal respect and esteem.**

**2.4 Situation Analysis on Service Delivery of Routine Immunization in Andhra Pradesh:** The Govt. of Andhra Pradesh and Programme for Appropriate Technology in Health (PATH) initiated a Partnership Project to introduce Hep.B vaccine in routine immunization programme and overall strengthening of the system. To understand the strengths and weaknesses of the programme, a statewide benchmark survey on immunization coverage was undertaken initially in the year 2001. In addition to this, a team consisting of PATH officials and State level officers visited randomly some institutions like Office of the District Medical and Health Officer (DMHO), Primary Health Centers (PHC), Sub-Centers (SC) and Outreach areas to understand the ground realities from the providers' point of view and made the following observations.

- Immunization sessions are not being conducted as per the plan.
- Cold chain management is poor, resulting in either freezing of Hep.B vaccine and T.Series of vaccine or VVM on OPV indicating either stage III or IV.
- Injection safety measures are not being followed.
- Supply mechanism was not good – some institutions have buffer stocks more than the required, where as in other places stocks are out.
- Poor documentation – in vaccine distribution and beneficiaries' record keeping.

The assessment team concluded that, this is because of deficiency in the system like lack of good quality supervision and monitoring.

**2.5 The Existing set up on Supervision:** It is traditional supervision in nature. In fact Andhra Pradesh is having good supervision system in place, but it often fails in performing its responsibilities.

**PHC Level:** In addition to the Medical Officer (MO), 2 or 3 other staff members are available at PHC designated for supervision [one Medical Officer, two or three Multi Purpose Health Supervisors (MPHS), one Community Health Officer (CHO)/ Multi Purpose Health Extension Officer (MPHEO)]. Though supervision is mandatory for them most of them do not perform up to the expected levels.

**District Level:** There are district level officers who are kept in charge of 10 to 12 PHCs for the overall programme's supervision including immunization. They are as follows.

- District Medical & Health Officer: 1
- Addl. District Medical & Health Officer: 1
- District TB officer(DTO):1
- District Leprosy officer (DLO):1
- Project officer District Training Team: 1
- District Immunization Officer(DIO):1
- Two deputy civil surgeons: 2
- Statistical officer exclusively for immunization :1
- Statistical officer for Family Welfare Programme: 1
- District Mass Media officer :1

In spite of such a supervisory set up at district level, immunization gets the least priority, and if at all the programme is reviewed only the statistics and not root causes of it. Every programme officer prefers his or her own programme. District Immunization Officer is promoted from the post of Medical Officer and he/she cannot command the other programme officers, as he is a subordinate in cadre, to all other programme officers.

**Regional Level:** Regional Directors and Regional Coordinating Officers (usually retired persons) were appointed for every 4 or 5 districts. However their role at the ground level was not up to the mark.

**State Level:** It is highly difficult to make any planned supervision by the state officials. And also the review of immunization takes place once in a while with DIOs. The number of supervisors is increasing, without good quality supervision.

**Decision:** After assessing the situation, the Govt. of Andhra Pradesh and PATH decided to initiate 'Service Delivery Support' through Supportive Supervision in all the districts, after conducting workshops with faculty of Community Medicine of partner medical colleges in the state.

## **2.6 Options for Supportive Supervision:**

1. Supportive supervision through PATH officials.
2. other options:
  - a. Supportive supervision through the Medical College Faculty.
  - b. Community Participation
  - c. Performance based supervision
  - d. Using local NGOs to support health system

**2.6.1 Supportive supervision through PATH officials:** It is highly difficult to cover around 1500 health facilities by a single agency (PATH). Difficulties of logistics in terms of transport, manpower, salaries/ honorarium may arise. Keeping this in view, some of the districts opted for other agencies (medical colleges).

**2.6.2 Other Options:** Among the given options the best option is 'Supportive Supervision through the Medical College Faculty/ Post Graduates' from the departments of community medicine. Because, the senior faculty members from these departments already had some experience in giving consultancy for quite a number of the health programmes in the past. With this background the Andhra Pradesh Government and PATH decided out-sourcing supervision to local medical colleges' faculty/ postgraduate medical students to support the government supervision system and strengthen it by providing a fresh perspective to the system. In way the outsourcing supervision also provides the faculty/postgraduate medical students with real experiences from the rural and urban slum health service sites. The purpose of this outsourcing is to provide a fast upgrade in supervision, while building capacity for the government and encouraging new recruits towards public health, and to develop skills that needed throughout their careers. As such all the Govt. Medical Colleges in the state that are having sufficient staff/ post graduates involved in the activity of supportive supervision also known as 'Service Delivery Support'.

In other options the second strategy is Supervision through Community Participation. This can be tried only for regularity in visiting the villages by the health staff but not to provide the quality/technical assurance. It is better to have a

**pilot project to start with few villages. Village health committees should play a role in this regard. This is the best option for the future interventions under NRHM.**

**The third option is Performance based Supervision. Here it is necessary to develop a mechanism grading the Health Facilities to identify high performing, low performing and poor performing health facilities. Each centre would receive more or less frequent supervision visits according to their status.. The status of the centers would be regularly evaluated based on service improvements or declines and performance levels and status would change accordingly. The criteria for each of the three levels would continually increase, encouraging the centers to improve their performance when compared to their colleagues in other health centers. This has been tried some the districts by the PATH officials. Results are encouraging.**

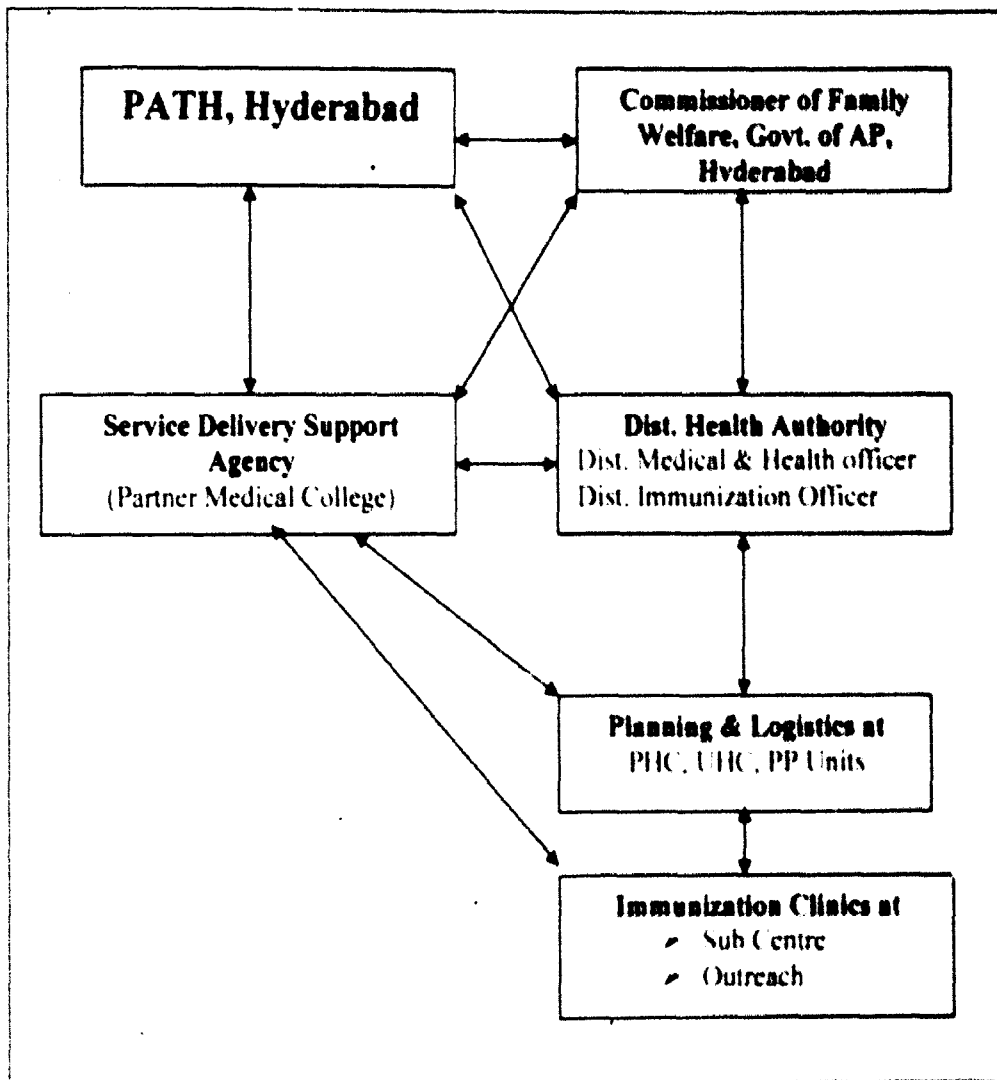
**The fourth option is Using local NGOs to support the government health supervision system. Here one thing must be kept in mind that most of the NGOs do not have any medical background. Skills/knowledge levels are different from health/para- medical personnel. Their capacity building must be taken care. NGOs may be very enthusiastic to take up responsibility of supportive supervision. But the problem is that they need support from the health staff. It is a difficult task to convince the health staff. Unless one should have reciprocal respect and esteem between implementing agency (Health service providers) and supportive supervisory agency (external team providing support) the motive behind the attempt may fail.**

**With this background after considering the pros and cons , strengths and weakness of the available options the Government and PATH categorically selected the option 'Supportive Supervision through Medical College Faculty'. As such East Godavari District was assigned to the Dept of Community Medicine, Rangaraya Medical College, Kakinada, right from the initiation of supportive supervision in the district (August 2004). Incidentally the Researcher was working in the same department as a faculty, and having a keen interest in the programme, made him to attempt the analysis of the out come of the supportive supervision in the district. There were five rounds of supportive supervision visits. The first round is intended to understand existing practices and to identify the deficiencies in each Primary Health Centre (PHC)/ Urban Health Centre (UHC)/ Post Partum Units (PPU), where the**

immunization services are provided. The subsequent four rounds also are intended to give on site job training/ up-date technical skills as well as planning and management aspects.

The framework of supportive supervision is shown below in *Figure: 2.1*.

**Figure 2.1 Monitoring Mechanism of Service Delivery Support**



The next chapter takes on the available literature confined to interventions in the area of routine immunization and status of various vaccine coverage levels and its linkages in different locations of local, regional, national and international evidence to identify the gaps.

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