



Case Study: Supportive Supervision towards Improved Performance and Quality of Services

Supervision is an integral function of any Government program in India, and there are designated supervisors for the same. In spite of this existing system, almost every evaluation identifies supervision as a weak program component.

The government system of supervision typically does not yield desired results because of various factors such as inadequacy of human resource, designated supervisors being assigned jobs other than supervision, supervision being limited to fault finding and blame shifting, and not being able to be facilitative.

In an effort to improve immunization system and reach of services, MCHIP (the Maternal and Child Health Integrated Program), developed a supportive supervision process and coined the name RAPID (Regular Appraisal of Program Implementation in Districts). RAPID is a participatory supportive supervision approach for periodically assessing processes and practices, suggesting corrective actions and supporting functionaries to effectively perform their duties according to program benchmarks.



RAPID process includes:

- Developing action plans at district level with district officials and partners to conduct RAPID
- Training the identified supervisors, including hands-on training
- Visiting health facilities (cold chain points) and outreach vaccination sites to observe, discuss and provide onsite support to healthcare functionaries
- Using a Microsoft Excel-based tool for data analysis and to generate reports in graphical form
Debriefing all concerned staff and facilitating preparation of action plans for improving performance over next three to six months when another round of RAPID may be conducted



Picture 1: Hands-on training of supervisors

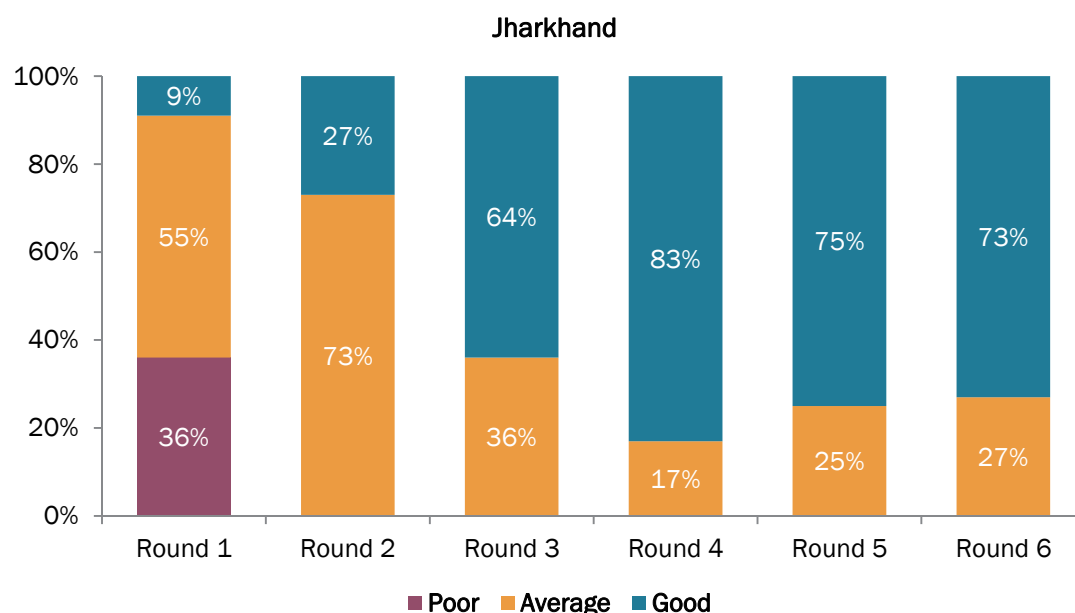
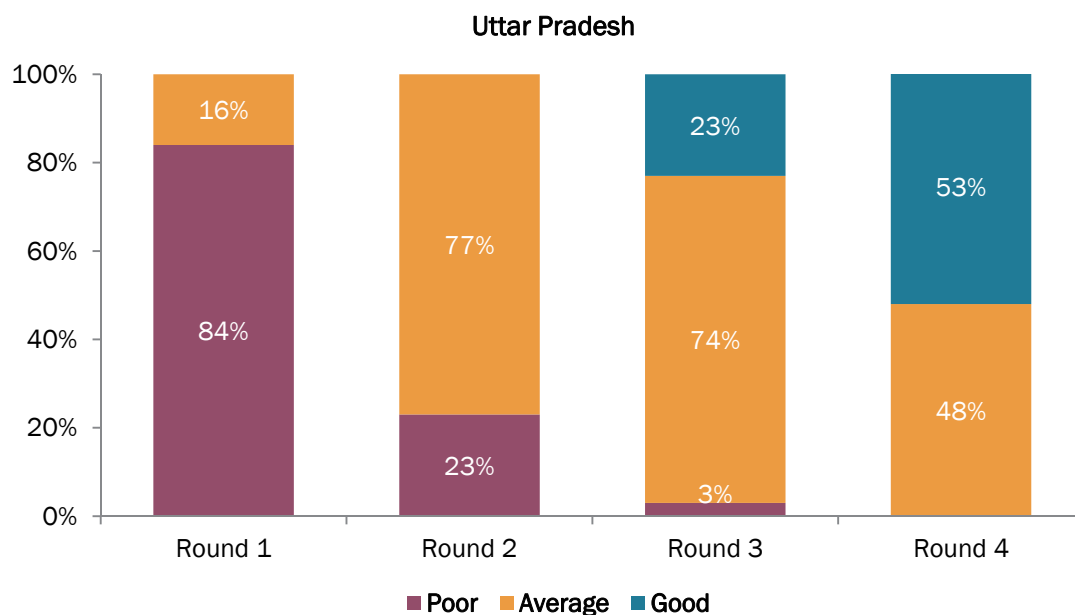
The teams of trained supervisors visit all health facilities in a district and a few randomly selected outreach immunization sessions, in a defined time period (not exceeding 4–6days) and collecting specific programmatic information through the use of structured checklists.

RAPID also involves correction of incorrect practices through on-site demonstration, training of staff members on guidelines and correct processes. The information collected during visits is entered into an electronic spreadsheet, which analyses and auto-generates graphical reports. The findings are then shared with managers at different levels to prepare corrective action plan.

The reports also allow ranking of health facilities both in terms of overall performance and the status of individual indicators. The process is repeated every three to six months to assess improvements and identify remaining gaps at each level.

The model has proved to be effective and sustainable. Repeated rounds in MCHIP focus districts have yielded promising results as reflected in the graphs below.

Grading of health facilities based on composite scoring for quality indicators



Since 2010–2011 in Jharkhand, RAPID has been incorporated in the state PIP (Program implementation Plan), and the government has provided funds to cover all the 24 districts of the state. In Uttar Pradesh, RAPID was implemented in 32 districts by UNICEF with the participation of Government Medical Colleges. In addition the model was demonstrated and scaled statewide in Haryana.



“We checked the progress and improvement after every RAPID round on the basis of RAPID checklists & scores. After almost every RAPID round, we have seen improvements in performance and quality of services. MCHIP has been the major contributor to this achievement.” says Dr. Sumant Mishra (Director in Chief of Health Services, Jharkhand)

RAPID is scaled-up across the states of India and shared internationally in Kenya, Tanzania, Madagascar, Uganda, DRC and Nigeria. It is a sustainable intervention to improve the performance and quality of service delivery, leading to improved immunization quality and coverage. This approach was also adapted for other public health programs like Newborn Care.