Mid-Level Management Course for EPI Managers

BLOCK VII: Monitoring and evaluation

Module 16: Supportive supervision by EPI managers

World Health Organization
REGIONAL OFFICE FOR Africa

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Mid-Level Management Course for EPI Managers

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Mid-Level Management Course for EPI Managers

BLOCK VII: Monitoring and evaluation

Module 16: Supportive supervision by EPI managers

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Abbreviations and acronyms

AD	auto-disable (syringes)
AEFI	adverse event following immunization
ANC	antenatal care
BCG	Bacillus Calmette-Guérin (vaccine against TB)
CHW	community health worker
DHMT	district health management team
DOR	drop-out rate
DTP	diphtheria-tetanus-pertussis-containing vaccine
EPI	Expanded Programme on Immunization
GAPPD	Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
Gavi	Global Alliance for Vaccines and Immunization
GVAP	Global Vaccine Action Plan (2012–2020)
GIVS	Global Immunization Vision and Strategy
HepB	Hepatitis B (vaccine)
Hib	*Haemophilus influenzae* type b (infection or vaccine)
HMIS	health management information system
IDSR	Integrated Disease Surveillance and Response
IEC	information, education and communication
IM	intramuscular
IMCI	Integrated Management of Childhood Illness
IPV	inactivated polio virus (vaccine)
ITN	insecticide-treated net
NT	neonatal tetanus
OPV	oral polio vaccine
ORS	oral rehydration solution
PHC	primary health care
RSPI	Regional Strategic Plan for Immunization (2014–2020)
TOR	terms of reference
TT	tetanus toxoid vaccine
VVM	vaccine vial monitor

Glossary

Authority	Having supremacy or exercising influence over others.
Autocratic method	When the supervisor exercises authority alone without involving other staff in the decision-making process ("one-man show").
Checklist	A written list of key technical items to be checked during a supervision visit.
Corrective measures	Actions undertaken by supervisor during supervisory visit to prevent errors by the health worker conforming performance of the staff to an established standard. Supervisor can also apply some immediate corrective measures (e.g. when supervisor observes violation of injection safety) by explaining to the health worker in simple terms the skill or activity to be learned, or demonstrating the skill using a model, etc.
Feedback	Information provided by supervisor on the results of supervision to the health worker. Usually the feedback is done through a supervisory report or through newsletters, seminars, circular letters, face-to-face communication etc. It can also be done through telephone calls. Feedback enables the health workers to know what is done correctly as well as ways to improve their work.
Field visit	A method of supervision that entails the supervisor going to a health centre or district/ provincial health offices to personally observe the situation and hold discussions with the staff.
Follow up	Action taken after a supervisory visit. It includes preparation and dispatch of the supervisory report to the health centre, which has been supervised, implementation of recommendations made in the report by both parties (supervisor and supervisee), and further follow-up supervisory visits etc.
Inspection	Verification through observation and checks aimed at ensuring that the staff fulfils/lists duties properly. The emphasis is placed on identification of tasks that are not properly carried out, rather than on assisting the staff to resolve their problems. Inspection is often used in autocratic method of supervision.
Integrated supervision	This type of supervision links immunization programme with other health sector priorities in a well defined and cost effective package of essential interventions (e.g. maternal and child health services). Integrated supervision is carried out by well-trained multi-purpose team using supervision tools which include key issues of essential programmes in line with primary health-care strategy.
Job description	Job description is based on post description and provides the job's technical details and appropriate time allocated to each job unit.

Monitoring	A systematic and continuous process of examining data, procedures and practices to identify problems, develop solutions and guide interventions. Monitoring is conducted on a regular basis (daily, weekly, monthly and quarterly). It is linked to implementation of programme activities. The information collected is used to direct programme activities on a continuous basis.
Motivation	Interest in an activity. When there is a lack of motivation not much effort is put into what one does and there is little or no effort.
On-site training	A short-time training activity during supportive supervision (short talks, demonstration, role play, etc.) carried out by supervisor when they observe certain weaknesses in performance of the staff member or some consistent errors in recording and reporting documentation of the health centre.
Participatory method	A method of supervision where by the supervisor allows the participation of the supervisees.
Post description	Post description is an important administrative document that the human resource department presents to the health workers upon their recruitment which defines incumbents grade in post classification, required functions assigned to the job, how and regularity these functions must be carried out.
Supervisee	A health worker who is supervised by the supervisor.
Supervision	A process to guide, support and assist service providers to carry out their duties and assigned tasks so as to achieve planned organizational goals. The process is based on observations, interviews, inspections, review of documentation that helps supervisor to assess the situation, as well as health worker to improve performance.
Supervisory report	A product of supervisory visit describing the purpose of supervision, observations, findings and recommendations by the supervisor.
Supportive supervision	A special type of supervision which is formative and involves on-the-job transfer of knowledge, attitude and sills between the supervisor and supervisee.

1. Introduction

1.1 Context

The Expanded Programme on Immunization (EPI) is a key global health programme. Its overall goal is to provide effective and quality immunization services to target populations. EPI programme managers and staff need to have sound technical and managerial capacities in order to achieve the programme's goals.

The immunization system comprises five key operations: service delivery, communication, logistics, vaccine supply and quality, and surveillance. It also consists of three support components: management, financing and capacity strengthening.

National immunization systems are constantly undergoing change, notably those related to the introduction of new vaccines and new technologies, and programme expansion to reach broader target populations beyond young children. The EPI programme also faces external changes related to administrative decentralization, health reforms, as well as the evolving context of public-private partnerships (PPPs) for health, among others.

To ensure the smooth implementation of immunization programmes, EPI programme staff have to manage these changes. This requires specific skills in problem-solving, setting priorities, decision-making, planning and managing human, financial and material resources as well as monitoring implementation, supervision and evaluation of services.

National immunization programmes (NIPs) operate within the context of national health systems, in alignment with global and regional strategies. For the current decade, 2011–2020, the key global immunization strategies are conveyed through the Global Vaccine Action Plan (2011–2020) (GVAP) and the African Regional Strategic Plan for Immunization (2014–2020) (RSPI).

These strategic plans call on countries to:

- improve immunization coverage beyond current levels;
- complete interruption of poliovirus transmission and ensure virus containment;[1]
- attain the elimination of measles and make progress in the elimination of rubella and congenital rubella syndrome;[2] and
- attain and maintain elimination/control of other vaccine-preventable diseases (VPDs).

The key approaches for implementation of the GVAP/RSPI include:

- implementation of the Reaching Every District/Reaching Every Community (RED/REC) approach and other locally tailored approaches and move from supply-driven to demand-driven immunization services;
- extending the benefits of new vaccines to all;
- establishing sustainable immunization financing mechanisms;
- integrating immunization into national health policies and plans;
- ensuring that interventions are quantified, costed and incorporated into the various components of national health systems;
- enhancing partnerships for immunization;
- improving monitoring and data quality;
- improving human and institutional capacities;
- improving vaccine safety and regulation; and
- promoting implementation research and innovation.

The RSPI promotes integration using immunization as a platform for a range of priority interventions or as a component of a package of key interventions. Immunization is a central part of initiatives for the elimination and eradication of VPDs, and of the integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) by 2025.

It is understood that while implementing the above strategies, EPI managers will face numerous challenges and constraints that they need to resolve if the 2020 targets are to be met. Building national capacity in immunization service management at all levels of the health system is an essential foundation and key operational approach to achieving the goals of the global and regional strategic plans.

In view of this, the WHO Regional Office for Africa, in collaboration with key immunization partners such as the United Nations Children's Fund (UNICEF), United States Agency for International Development (Maternal and Child Survival Program) (USAID/MCSP), and the Network for Education and Support in Immunisation (NESI), have revised the Mid-Level Management Course for EPI Managers (MLM) training modules. These modules are complementary to other training materials including the Immunization in Practice (IIP) training manuals for health workers and the EPI/Integrated Management of Childhood Illnesses (IMCI) interactive training tool.

1 WHO, CDC and UNICEF (2012). Polio Eradication and Endgame Strategic Plan 2013-2018.
2 WHO (2012). Global Measles and Rubella Strategic Plan 2012-2020.

This module (16) titled *Supportive supervision for EPI managers* is part of Block VII: Monitoring and evaluation.

1.2 Purpose of the module

This module aims at to provide the skills needed to undertake effective supervision of subnational and peripheral health workers. Many of the skills proposed in this module are generic and staff should have no problem adapting them to the specific needs of their countries or situations.

1.3 Target audience

This module is intended for EPI programme managers at national and subnational levels and instructors in health sciences and students from health training institutions.

1.4 Learning objectives

At the end of this module participants should be able to:
Master the supervision process:

- explain basic concepts involved in supervisory process;
- describe the integrated supportive supervision approach;
- describe the main supervision styles.

Set up a supportive supervision system:

- describe immunization team functions and tasks;
- identify resources required to implement supportive supervision of the immunization programme;
- develop the right tools required to implement supportive supervision of the immunization programme.

Plan, conduct and follow up on EPI supervision:

- determine the objectives of the EPI supervision;
- draw up an action plan for EPI supervision;
- conduct EPI supervisory visits;
- collect information using appropriate checklists and other tools;
- discuss findings and provide written feedback to staff;
- implement corrective measures on the spot if urgent action is required.

1.5 Contents of the module

This module is organized into five chapters shown below.

1.6 How to use this module

This module introduces the supervision process for immunization services. To use this module:

- read the supporting text;
- ask your facilitator questions or clarifications on the technical content of the module;
- go through exercises as proposed;
- after doing the exercises discuss the answers with your group or facilitator;
- make presentations in the group or plenary if requested; and
- note that this module or some of its chapters can be adapted and used as a tool for on-the-job training.

2. Supervision process

2.1 Basic concepts

To conduct supervision, the programme manager needs to be familiar with similarities and differences among certain key concepts, such as:

- supervision
- monitoring
- evaluation.

Supervision is a process that can assist health workers to improve their performance through pre-evaluation, self-evaluation and teamwork. Like monitoring and training, supervision is a supportive strategy for immunization services aimed at reinforcing competencies of health workers.

To achieve better results, supervision should be planned and carried out at regular intervals by a team consisting of an EPI officer, logistics officer and any other relevant expert. The important component is following up the supervision by sending the supervisory report to the health facility and by providing the support that has been discussed and agreed upon during the visit.

To ensure their practicality and usefulness, supervision tools must be developed in consultation with the supervised levels. This includes development of a questionnaire within a certain framework and in a standard manner. Because this questionnaire is one of many supervision tools within the MOH, its scope should be limited to the specifics of the EPI.

Depending on the approaches used towards supervision process, it can be:

- **Formative (skills development) supervision:** This focuses on the improvement and/or the enhancement of the skills of staff to ensure provision of quality services. It requires an assessment of the performance of the EPI and the staff assigned to it, feedback and necessary remedies. It usually includes on-the-job training.
- **Integrated supervision:** This is a direct product of health reform processes and is the type of supervision that links the immunization programme with other health sector priorities. Integrated supervision is carried out with well-trained multi-purpose teams using supervision tools which include key issues of essential programmes in line with the primary health-care (PHC) strategy.

Supportive supervision is helping to make things work, rather than checking to see what is wrong.

Monitoring is the process of continuous observation and collection of data on the immunization programme to ensure that the programme is progressing as planned.

Monitoring and supervision are closely related activities aiming at improving the quality and effective implementation of the programme. While monitoring is predominantly a continuous (ongoing) internal evaluation process, supervision is basically an external activity. Monitoring can be done on daily, weekly, monthly or quarterly basis, while supervision is undertaken with longer intervals, often quarterly or semi-annually.

Evaluation is the systematic and critical analysis of the adequacy, efficiency and effectiveness of the immunization programme, its strategies as well as its progress. Evaluation refers to long, mid-term and annual analysis of performance in relation to the goals, objectives and targets set.

Exercise 1

Group work.

Task 1: Participants describe the links between training and supervision and discuss the concept of "supportive supervision" which includes "on site" training. The group should come up with the qualities that make "the best supportive supervisor".

Task 2: Groups are asked to identify advantages and constraints regarding integrated supportive supervision and propose ways to overcome constraints.

2.2 Linking training with supportive supervision

Various training needs assessment exercises as well as EPI reviews conducted in the African Region have pointed out key issues related to EPI training of human resources, notably:

- lack of harmony between pre- and in-service training in immunization;
- demotivation (low staff morale) leading to inadequate performance of trained staff; and
- high attrition rate and turnover of trained EPI staff.

It is well recognized that the quality of staff performance, executed by health facility personnel or supervisors, depends on proper training conducted in pre-service training institutions and within service settings. Therefore, pre- and in-service training content should be harmonized. A good job performer or a good supervisor is also a well-trained health worker. It is very important for a supervisor to be constantly in touch with recent developments in their programme area in order to perform quality supportive supervision.

As such, linking training with supportive supervision is one of the key contributors to maintaining and improving quality performance of trained supervisors. It is also proved by experience that conducting regular supportive supervision enhances motivation of staff who would otherwise feel abandoned by their superiors.

2.3 Integrated supportive supervision approach

2.3.1 What is integrated supportive supervision?

Integrated supportive supervision is a process of guiding, supporting and assisting service providers to carry out their duties and assigned tasks in various components of the minimum package of priority health interventions at district and subdistrict levels. It involves on-the-job transfer of knowledge, attitudes and skills between the supervisor and supervisee. This is a process of two-way communication, interaction, learning by doing and other interactive processes. It is implemented by many parties, including officially designated supervisors, informal supervisors, peers and health workers themselves. The external supervisor acts as facilitator, trainer and coach. Integrated 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. Conducted on regular basis, integrated supportive supervision builds partnerships with health workers maximizing quality of services as opposed to the traditional top-down approach of supervision.

Integrated supportive supervision:

- improves the competence of health workers at all levels;
- strengthens internal relationships within the health system;
- promotes identification of problems and their collective solution; and
- optimizes the use of resources because it reduces the number of visits by individual programmes as well as transport costs.

2.3.2 Pre-requisites for integrated supportive supervision

Effective integrated supportive supervision requires primarily the following conditions:

- A functional health-care delivery system with a well-defined minimum package of priority health interventions.
- Competent human resources: polyvalent supervisors (supervisors who have adequate knowledge, skill and favourable attitude towards priority health interventions) both for delivery of health care and for carrying out supervision. They will need on-the-job training through short workshops and seminars.
- Team spirit between supervisors and health personnel to be supervised.
- Integrated supervision tools with key information on various technical programmes included in the health-care delivery package (HIV/AIDS, Integrated Management of

Childhood Illness (IMCI), reproductive health, malaria, EPI, Integrated Disease Surveillance and Response (IDSR), etc.).
- Well-prepared supervision plan with schedule of supervision.
- A reliable health management information system (HMIS), which should assist in providing data during supervision.
- Availability of logistics and financial resources to put the supervision process in operation.
- Accessibility to health-care facilities to be supervised. It is also important to include in the supervision plan health facilities located in hard-to-reach areas.
- Regularity of supervision visits.

2.3.3 Benefits of integrated supportive supervision

The direct benefits of supportive supervision are many when conducted on a regular basis with clear objectives for each visit. Integrated supportive supervision achieves the following:
- Builds partnerships with health workers to maximize quality of services as opposed to the traditional top-down approach of supervision.
- Increases accountability and helps health workers to see the progress in their work.
- Identifies areas for improvement.
- Provides on-site training and improves skills of health workers.
- Involves communities in the supervision process, increasing demand for health interventions (e.g. immunization, IMCI, etc.).
- Opens opportunities for a "peer supervision" when other centres in the district meet to discuss progress and share lessons learned.
- Stimulates advocacy for the supervised district, or health centre at provincial or central level, to get the needed support for better performance.
- Promotes training of employees using the following strategies:
  - interactive and short duration training
  - focusing on selective priorities
  - adapted to individual needs.
- Improves cost-effectiveness of interventions by reducing the number of supervisory visits for individual programmes as well as costs for transport and fuel.

2.3.4 Preparing for integrated supportive supervision visit

Before planning and implementing integrated supportive supervision, it is necessary to find out the supervision policies and references (norms/standards, job descriptions, workplans, etc.) that are currently implemented and, if necessary, update them to make sure that supportive supervision is part of integrated health services.

The manager should build on successful supervision currently in place, using the same standards, approaches and vocabulary to ensure consistency. One of the important activities is the incorporation of the integrated supportive supervision in district micro-plans/budgets and advocacy for financial support to implement supportive supervision. This can be facilitated by involving provincial and senior level managers in the supervision process. It is also important to find out the competency level of supervisors who will be responsible for integrated health service delivery. They may need training on how to coach, mentor and communicate effectively.

The manager should involve supervisors in the development of curricula and job aids and refresh them on new medical/nursing/ management techniques and on how to use new integrated supportive supervision tools.

The following pre-visit preparations are recommended:
- Develop clear objectives for the visits:
  - referring to post descriptions of the supervisees
  - referring to micro- and annual plans.
- Find out the implementation status of recommendations made during previous visits.
- Collect helpful publications, policy documents and supplies for the health facility.
- Review recent reports from the facility to be visited.
- Prepare for updates and/or refresher training that will be given during the visit (modules, handouts, training materials etc.).

The supervisor should make **regular** supervisory visits giving sufficient time (from several hours to a full day). Some institutions recommend monthly/bi-monthly supervisory visits, others quarterly. Lesser performing health facilities should receive more frequent visits. The timing of the visits should be adjusted to allow supervisors to observe an immunization session, interview clients and arrange for staff meetings without adding an extra burden to health facility staff.

In order to guarantee successful supportive supervision, the EPI manager should:
- Develop job descriptions together with health facility staff.
- Determine measurable performance goals together with health centre staff. Make sure that the goals to be reviewed during the supervision are realistic and attainable.
- Develop measurable indicators, milestones and tools (i.e. checklists) so that the health facility staff can monitor achievement toward goals between supervisory visits.

- Develop a supervisory team within the health facility that can provide regular supervision internally.
- Introduce a self-assessment/feedback system.
- Ensure availability of resources (human, material and financial).

2.3.5 Supervision process during integrated supportive supervision

At the visit site the supervisor should:

- Ensure that administrative and protocol procedures are arranged (visit to local authorities).
- Observe immunization sessions and note strengths and weaknesses.
- Talk to clients about the quality of services.
- Check the availability of stock, state of the equipment and quality of the vaccine and note any problems.
- Review health centre records, coverage charts, drop-out rates and logbooks.
- Meet with the supervision team within the health centre and ask for additional feedback on status of service delivery.
- Use information gathered during the visit to discuss progress with the health centre team.
- Review indicators, milestones, and performance with staff.
- Assess performance goals and make the adjustments as needed.
- Provide staff with regular updates on policies or new recommended practices.
- Discuss findings and recommendations with health facility team:
    - Identify areas of strength and weakness and give constructive feedback.
    - Find causes and reasons for poor performance – is it a capacity issue (technical)? Is it equipment or supply issue (logistics)?
    - Discuss, listen, give feedback and solve problems together with health centre staff.
    - Review coverage data and drop-out rates. Work with the team to identify reasons for high dropout and strategies for improvement.
    - Set new, more realistic targets for coverage rates if necessary.
- Identify information/training needs together with the health centre staff.
- Provide on-site updates/training or develop job aids according to priorities.

It is essential that at the end of the visit the supervisor:

- Gives praise and recognition to health workers for what they are doing right.
- Discusses with local decision-makers and demonstrates data on positive results gained from supportive supervision such as improved performance of health workers, improved immunization coverage, increased utilization of resources, etc.

Both the supervisor and supervisee should keep a log/record of items discussed and items that need action by the supervisor or supervisee. They should refer to the log during the next visit

2.3.6 In-between supportive supervision visits

The supportive supervision does not end with the conducted visit. Back in the office the supervisor continues to reflect upon the results of supervision, recommendations made and, with the EPI manager, designs a plan for follow up which may include the following:

- Identify career growth or leadership opportunities and provide further guidance and training needed for advancement of the supervised health staff.
- Involve health workers in the planning process and encourage supervisors to work together with health facility staff to develop checklists, job aids, monitoring tools, etc.
- Follow up on equipment/supply and delivery problems with the district or central level authorities.
- Act on feedback from the health workers and provide them with the same through official letters and newsletters. This may also include giving certificates for good work, new uniforms, symbolic pins, carrier bags or prizes for a job well done.
- Establish regular communication with staff at health facility or district etc. to see if recommendations are being implemented and if supervision is incorporated into their micro-plans and budget.

2.4 Supervisory roles assigned at each level of the national health system

2.4.1 National level

The national EPI manager is responsible for the following supervisory roles:

- Definition of quality standards and norms as well as development of technical guidelines for the implementation of EPI policies.
- Dissemination of policies and guidelines to reach to subnational level for implementation (provinces, regions, districts etc.).
- Training of staff on policy and policy

implementation guidelines to facilitate proper application of standards and norms.
- Development of a supervisory checklist for central and subnational level supervisors to ensure uniformity of policy interpretation and its correct application throughout the country.
- Develop supervision plan and schedule to undertake supervision visits.
- Feedback on the results of supervision through supervisory reports, bulletins/newsletters or circular letters.

The role of the national EPI manager therefore consists of ensuring that the national standards relating to EPI are observed at all levels.

2.4.2 Subnational levels (regional, provincial and district levels)

The role of the subnational EPI manager is to assist health workers at the lower level to provide quality services. Health workers at this level encounter many problems, particularly when they are posted to remote locations, where they often operate on their own. They often need help in planning their work, technical advice, in-service training and support in handling grievances, disciplinary problems, good leadership and motivation. Supervision at this level therefore entails:

- Making sure that the objectives at lower levels are consistent with the national objectives.
- Determining what is being done well and encouraging staff to continue good work.
- Observing immunization procedures at immunization sites to see if the target population is vaccinated according to EPI guidelines.
- Helping staff to identify and solve problems using in-service training approaches.
- Giving feedback through face-to-face communication or through letters and records in the special supervision record books.

2.5 Styles of supervision

Depending on the environment, resources and circumstances, the EPI supervisor may use any one or a combination of the following three styles of supervision:

- **Democratic style:** Consultative and consensual. Example: “I am sure you have accomplished the tasks that we discussed together during my last visit.”
- **Autocratic style:** Authoritarian. Example: “Bring me your reports to see if you have done what I told you during my last visit.”
- **Casual style:** Gives considerable latitude and confidence to the supervised. Example: “Let us see how much work you guys have done since my last visit.”

Exercise 2

For all groups.

Group 1: Role play – portrays “casual” style of supervision.

Group 2: Role play – portrays “autocratic” style of supervision.

Group 3: Role play – portrays “democratic” style of supervision.

Group 4: Participants in this group are requested to give their views about the advantages and disadvantages of each supervisory style.

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3. Setting up a supportive supervision system

To set up a supportive supervision system the following steps should be taken:

- Review concerned EPI staff job descriptions.
- Review the health centre's immunization implementation plan.
- Select the right supervisors – a core group of supervisors, well trained on supportive supervision techniques and with updated information and skills on immunization programmes.
- Select the right tools – training materials and job aids to update competence of health workers during supervision visits; checklists and forms for recording recommendations and follow up on their implementation.
- Obtain sufficient resources: vehicles, per diem, time allocated for supervision and follow up.
- Provide timely feedback to correct observed weaknesses in the programme.

3.1 Review concerned EPI staff job descriptions

The job descriptions should define all the tasks that must be carried out by a health worker in executing one or more specific tasks of the health centre. Review them to see if the job descriptions clearly specify the jobs to be accomplished, the regularity of the accomplishment and the quality required.

The job description should also indicate to whom the incumbent (staff) must report. (In some cases, if the post covers more than one programme, you may need to indicate the appropriate proportion of time that the incumbent (staff) should spend for each component (e.g. "incumbent (staff) should devote approximately 60% of their time to EPI and 40% to IMCI"). Thus, proportions will depend on identified programme priorities in the integrated package and the level of development of each programme.

Each health worker assigned to a post should have a job description. If necessary, revise the job description in consultation with the human resources department of MOH.

Several reasons may justify the revision of a job description. For example, change in the objectives of the health centre, increase or decrease in staff numbers, further integration of services due to decentralization, etc. The performance of health workers cannot be supervised if they have not been informed about what is expected of them. Job descriptions are necessary to define required functions assigned to the job.

3.2 Review the health centre's immunization implementation plan

When reviewing job descriptions, supervisors should check whether staff members' job descriptions define **what** is expected of them, **how** this must be carried out, and the **regularity** with which it must be carried out. To do this, proceed as follows:

3.2.1 Examine the objectives of the health centre

The objectives indicate what is expected to be accomplished through the EPI. Here is an example of an objective: "To reduce by 50% the current level of mortality due to preventable diseases through immunization by 2018". If the health centre does not have a measurable objective, explain the importance of having an objective and help them to formulate one. Please refer to Module 4: *Planning immunization activities*.

3.2.2 Review the key tasks of the health centre

These are tasks that must be executed in order to attain set objectives. Ensure that the list is complete and does not include any superfluous tasks. Here are a few examples of meaningful tasks you can consider: "Put in place a reliable and effective cold chain"; "Achieve high-level immunization coverage with measles, polio and Penta vaccines"; "Put in place a reliable surveillance system for the identification of all cases of neonatal tetanus, AFP and measles."

3.2.3 Review the key activities of the health facility to strengthen the immunization programme

These are key activities that must be executed in order to attain the objectives. Ensure that the health institution's list of activities is complete and does not include any general tasks which cannot be measurably assessed. Here

are a few examples of declarative but not measurable activities: “Put in place a reliable and effective cold chain” (a measurable activity would be: “Provide five new refrigerators to X, Y, Z health posts…”); “Achieve high-level immunization coverage with measles and polio, Penta vaccines” (a measurable activity would be: “Establish a list of unvaccinated target children in health facility B to initiate extensive defaulter tracing by community health workers”); “Put in place a reliable surveillance system for the identification of all cases of neonatal tetanus, AFP/polio and measles” (a measurable activity would be: “Conduct a two-day training course for health volunteers/activists in F, H, K and L villages in case recognition of AFP, NNT and measles”).

3.3 Select the right supervisors

As the supervisors will be providing on-the-job training to health workers, it is important that they themselves are well informed and trained, especially on coaching skills. The initial step will be to provide refresher training for the core of supervisors. To identify the training needs of supervisors, start by asking the following questions:

- Have there been any major changes in the immunization system which requires training (e.g. introduction of new vaccines, new policies or reporting procedures)?
- Do the supervisors require training on supportive supervision techniques and participatory approaches (e.g. problem identification, problem-solving, time management, two-way communication, on-site training, etc.)?
- Are there areas that can be strengthened by supportive supervision, and will therefore require supervisor training? You may, for instance, decide that the country’s disease surveillance system needs to be enhanced and therefore supervisors themselves need training.
- Equip supervisors with adequate coaching skills on the key practical tasks performed by the supervisees.

3.4 Select the right tools

It is important to have the right tools available to assist supervisors and to standardize the supervision system. These tools include a supervisory checklist, learning materials and job aids to be used by supervisors during supervision visits. All these materials and tools have to be prepared during the planning stage.

The supervisor must use predetermined indicators during the visit. Annexes 1 and 2 in this module provide model checklists both for the “classic” style of supervision and integrated supportive supervision. These simplified lists enable the immunization team to monitor the services.

Observations and comments should not be limited to coverage alone, but should also include general issues:

For supervision at district level:

- Are policies, norms and guidelines explained and available for reference?
- Are micro-plans and district budget prepared annually?
- Is there a budget allocation for immunization activities?
- Is there an operational interagency coordination committee (ICC) or a similar body at the district level?
- How many supervision visits per health centre are actually undertaken?
- Have objectives been set at the national and district levels?
- What proportion of health facilities: (a) submits their reports; (b) submits reports on time?
- Has a trained EPI team been put in place at the district level?

For supervision at health facility level:

- Is the target population known and assessed accurately?
- Has on-the-job training been planned for the health workers?
- Are the supervision visits and their findings documented?
- When was the last supervision visit to the health facility?

3.4.1 Preparing a supervisory checklist

Exercise 3

The supervision checklist in Table 3.1 does not cover all the critical functions that ideally should be supervised by national, regional and district managers regarding immunization services.

Task 1: From your group's various experiences identify additional indicators to be included in this checklist. Consider the following areas:

- cold chain system
- safety of injections.

Task 2: Review each item suggested in the supervision list and specify:

- the details about each of these items you need to find out
- the sources/documentation from which can you obtain these details.

The supervisory checklist is a list containing priority issues that the supervisor must observe and record during the visit to the facility.

The information collected should help the supervisor to decide what corrective action can be taken during the visit, and what issues need to be followed up for action in the longer term.

It is impossible to look at all aspects of immunization services in a single visit. The supervisor has to develop indicators that will best reflect how well the health facility is performing in each of the following key functions: service delivery, logistics and cold chain, vaccine supply and quality, immunization safety, disease surveillance, advocacy and communications, management, financing, staff motivation and community involvement. The supervisor has to organize these programme areas into a checklist or other useful tool such as a questionnaire that they can take with them when making visits. The specific checklist will contain the main items to be supervised. It has to be based on the tasks for which the supervisee is responsible. Please see annexes.

Three "s"s for a good quality checklist are:

Short: It should include only priority areas to observe and record during supportive supervision visits. If the list is too long, filling it will become a formal exercise. Also, supervision for immunization is likely to be integrated with supervision for other services, which further limits the time available and highlights the need to check on the most critical aspects of immunization during supervision.

Specific: Items should be specific, with details on what exactly needs to be observed. For example, a question such as "Does the health worker dispose of used syringes appropriately?" is not specific, but "Does the health worker dispose of used syringes in the safety box?" is more specific. The information collected should be critical and should help in taking managerial decisions.

Simple: Questions posed in the checklist should be simple and straightforward without complicated phraseology to avoid confusing the supervisee.

Table 3.1 Sample supervisory checklist for immunization activities

Activity	Items to be assessed
Coverage by antigen	BCG, Penta1 and Penta3, OPV1 and OPV3, measles, YF, PCV vaccine, vitamin A
Stocks and quality of vaccines	Vaccine stock levels over a period of time? If any stock out, why? What is the wastage rate for each antigen?
Logistics and cold chain	Are there interruptions in the cold chain? Does the district have any capability to repair cold chain equipment? Is there a recent inventory of cold chain equipment and functionality? Is there a functioning transport management system at the district level?
Safety of injections	Does the district health facility keep a register (AEFI log) of notified abscess cases after injections? Is there a difference between the quantities of syringes requested and those received? Are used syringes (AD and other syringes) collected in safety boxes and safely disposed of or incinerated?
Waste disposal	Number of safety boxes received. Number of safety boxes safely disposed of or incinerated. Visit to the waste disposal site to observe safety disposal procedures.
Immunization system	Is the system for disease notification effective? Do the districts send the reports on time to the national level? Number of outreach sessions organized? Proportion of health centres visited each year? Verification of the immunization status of sick children by health workers? Proportion of sick children immunized in the health establishments? Number and type of AEFIs?
Links/communication with the community	Is there an integrated plan of communication for EPI? Have health workers provided correct information to the community on immunization? What is the perception of the community about the services provided? Does the population collaborate in immunization management? Is there a functional health facility committee?
Integration	Inclusion of vitamin A supplement in routine immunization schedule. What are other activities integrated with immunizations (malaria, antenatal care (ANC), nutrition, deworming)? What is the perception of the health workers about the integration?
Capacity building	How many health workers have been trained or had refresher training in immunization management? What are the training needs in your district?

3.5 Obtain sufficient resources

When setting up a supportive supervision system, you need to ensure that adequate resources are available. The following items should be included in the budget:

- transport
- per diem
- fuel cost.

Supervisors must be mobile. The transport needed will depend on the location of the supervision sites. There is a need to find out the barriers to transportation. Sites that are difficult to access may need advanced planning for transport (e.g. mountainous areas, places that cannot be reached during the rainy season, etc.). Options to consider include:

- transport to be requested from a higher level
- visit to be planned with other health programmes to share transport
- use of public/local NGO or other transport (e.g. food trucks).

Other resources to consider:

- Is adequate time allotted for supportive supervision activities? In addition to scheduled visits, supervisors should have sufficient time to interact with staff using other opportunities such as monthly or quarterly meetings.
- What are the policies of the MOH for provision of per diem? Will supervisors and drivers receive per diem for the supervisory visits?

3.6 Provide timely feedback to correct observed weaknesses

The supervisor should master supervising techniques and have appropriate communication and coaching skills to provide effective feedback and to implement any immediate corrective measures on site. Details on feedback are discussed in detail in Section 6.3.

4. Planning EPI supervision

4.1 Why is supervision needed?

There are five possible reasons for conducting a supervisory visit:

1. To make sure the health centre's objectives are appropriate. The supervisor needs to verify if the objectives correspond to available resources and adequately address community needs.
2. To find out what is being done well. The supervisor needs to identify which problems the supervisee has solved on their own and which tasks they perform well. The supervisor should encourage staff to sustain good results.
3. To help staff identify and solve problems. The supervisor must observe how the tasks are carried out and under what conditions, the shortcomings in communication and leadership style of the supervisee, and jointly identify causes of and solutions to problems.
4. To motivate staff, the supervisor should discuss the work-related factors that enhance or discourage motivation. The supervisor should congratulate the supervisee for the task well done.
5. To improve the skills of staff, the supervisor will review the methods of work and jointly identify any need for additional technical information or skills and train the supervisee as needed.

Exercise 4 – supportive supervision planning

For all groups.

You need to plan supervision visits to health facilities A, B, C, E and M which are part of your district. Section 4.2.1 lists major criteria to choose where and when to supervise facilities. Look at the list of the criteria provided in Section 4.2.1 to complete the table in this exercise.

Task 1: Select at least three priority criteria per heath facility from Section 4.2.1 for supportive supervision.

Task 2: Decide the schedule bearing in mind:
a) You are busy with other activities during 2–15 January.
b) Village C is far from your office and inaccessible during March due to the heavy rains.
c) In village M, you have just learned that the health worker has resigned and a new nurse assumed her responsibilities without training in immunization procedures.
d) When preparing your schedule for supervisory visits bear in mind that resources are limited.

Task 3: Complete the "supervision plan" and provide a justification and prepare your presentation to the plenary.

Health facilities	Criteria for selecting health facilities (select at least three criteria per health facility from Section 4.2.1)	When to undertake your first and subsequent visits?	Justification for your choice based on criteria selected
A	1. 2. 3.		
B	1. 2. 3.		
C	1. 2. 3.		
E	1. 2. 3.		
M	1. 2. 3.		

4.2 Where and when to conduct supervision

4.2.1 Where to conduct supportive supervision visits

You need to decide priority districts/health facilities that need more supportive supervision visits. You must use immunization data and information from previous supervision visits to select priority areas for supervision. Review your priority plan with the EPI Manager. The most common criteria used for selecting priority areas include:

- Highest number of unimmunized target populations.
- Low coverage rates:
  - high drop-out rates
  - poor performance reports from previous supervision visits
  - hard-to-reach communities/areas.

Other criteria could include:

- Areas with few or no visits in the past.
- Areas with recent outbreaks of measles/AEFI cases.
- Frequent stock problems (overstock or stock-outs).
- New staff who may need monitoring/training on immunization practices.
- Problems identified by health staff or the community.
- Good coverage in the past but drop in coverage or low coverage now.
- High risk districts for MNT, measles; polio etc.
- Coverage rates above 100% or drop-out rates that are negative.
- Prioritized districts for new vaccine introduction.
- Areas submitting no reports (silent districts) or incomplete reports.

4.2.2 When to conduct a supportive supervision visit

Once you have prioritized areas to be visited over the next three/six months, you need to prepare a supportive supervision schedule. The annual/quarterly workplan of activities should be consulted when scheduling supportive supervision visits. The following issues should be considered.

- Visits should preferably be on days when there is an immunization session (fixed or outreach) planned.
- Routine as well as outreach and mobile sessions should be supervised.
- The health worker under supervision should be informed of the supervision schedule.
- The schedule should be feasible and practical, taking into account the distance, transportation and availability of financial resources.
- Difficulties or constraints due to weather and travel conditions.
- The supervisor should schedule enough time to visit the site fully, and if possible provide on-site training. It is important to conduct the visit according to the plan. If the visit cannot happen as planned, the health worker concerned should be informed in advance. It is important to monitor planned visits versus held visits and record the reasons for not holding any visit as planned (e.g. lack of transport, competing priorities, etc.).

The frequency of supervisory visits will vary with the situation:

- Problem-solving and motivation of staff will demand frequent supervision.
- New health centres or major changes in existing health centres (e.g. new staff, new responsibilities) will require frequent visits. As the centre becomes more firmly established and the staff gain in experience and confidence, supervision can be reduced or re-prioritized.

When planning the schedule, ensure that adequate time is available; for example, it may take two hours or more to meet the needs of a single supportive supervision visit.

4.3 Aims and objectives of EPI supervision

Supervision aims at:

- Helping service providers to achieve work objectives by improving their performance.
- Ensuring uniformity to set or to follow already set standards.
- Helping other people take responsibility.
- Following up decisions reached during the previous supervision visits.
- Providing options to staff for personal development.
- Maintaining and reinforcing the administrative and technical links between higher and lower levels of health-care system.

The primary objectives of the supervision are:

- To assist health workers provide quality services.
- To assess programme performance through the observation of the health establishments, their documentation and interview with the staff or clients.
- To identify specific needs in capacity building (training, supply of equipment, expertise, technical information etc.).
- To help staff identify and solve problems that may be related to their performance, working conditions or administration.

- To improve the skills of the staff through interpretation of technical guidelines, updating them on recent developments and research, and exchanging information on good practices that can be replicated in other districts.

4.4 Developing a specific supervision checklist and on-site training materials and tools

4.4.1 Developing a specific supervision checklist

It is impossible to look at all aspects of immunization services in a single visit. The supervisor has to develop indicators that will best reflect how well the health facility is performing in each of the following key functions:

- service delivery
- logistics and cold chain
- vaccine supply and quality
- immunization safety
- disease surveillance
- advocacy and communications
- management
- financing
- staff motivation
- community involvement.

The supervisor has to organize these programme areas into a checklist or other useful tool such as a questionnaire that they can take with them when making visits. The specific checklist will contain the main items to be supervised. It must be based on the tasks for which the supervisee is responsible. Annex 1 is a sample EPI checklist for central and district level supervisors. It contains key indicators that will inform a supervisor about the major components of immunization services performance. To ensure the completeness and uniformity of supervision, the checklist should be used at every site visit.

4.4.2 Developing on-site training materials and tools

To supervise national, provincial/regional and district health team members, the supervisor should update reference materials, tools and handouts that were used for pre- and in-service training of concerned EPI staff (MLM or specific EPI modules and handouts).

To supervise EPI staff at peripheral levels (health centres and community levels), the supervisor should develop appropriate tools as job aids targeting specific topics.

On-site training can take the form of:

- Interactive short training (two to three hours).
- Selected priority topics: micro-planning, use of monitoring chart, vaccine stock ordering, ensuring uninterrupted supply of AD syringes, making a map with target population, monitoring of AEFIs, safe disposal of waste equipment.
- According to individual training needs:
  - use simplified and updated job-aids
  - use the latest version of *Immunization in practice* modules.

4.5 Profile of team members to undertake supervisory visit

Ideally, the team should be multidisciplinary to carry out a successful supportive supervision in an integrated manner. Characteristics that enhance the supervisor's profile include a clear vision, sense of mission, energy, strength of character, ability to motivate and communicate, persuasiveness, self-confidence, competence, integrity, honesty and effective leadership.

The following list implies that depending on availability of staff, the EPI supervision team may be made up of:

- a team coordinator or leader who is a public health specialist
- a logistics expert and/or specialist in vaccine supply
- a human resource manager or focal point
- an expert in communication such as a health promotion officer.

In the African Region, due to lack or insufficient human resources, most of supervision visits at peripheral level are conducted by polyvalent supervisors such as an experienced nurse.

4.6 EPI supervision action plan

To achieve better results, supervision should be planned and carried out according to a well-elaborated schedule. While supervisory visits ought to be scheduled and known to both the supervisee and the supervisor, no opportunity should be lost to make an extra visit if the supervisory team happens to be nearby and has enough time for it. Moreover, from time to time, it is worth visiting a health facility unannounced.

The EPI supervisory action plan follows a common format. It consists of the objectives, supervision activities, who must implement what, where, when and with what resources. The plan should be incorporated into the overall EPI plan in order to be included in the budget. The plan can be revised based on information obtained from routine health facility or district reports. For instance, an extra trip to a health facility could be necessary if cases of polio, measles or neonatal tetanus are reported; no routine reports are received from a health facility; new staff is posted to a health facility etc.

5. Conducting EPI supervision visits

5.1 Collect all needed materials and resources for the visit

The lead supervisor and all supervision team members should be ready to conduct supervision visit by collecting all resources needed for the visit including vehicles, per diems, checklists, previous supervision reports, implementation plan, job descriptions, training materials and job aids.

5.2 Brief local authorities on the objectives of the visit

The supervisor should scrupulously respect the on-site protocol related to the planned supervision visit. This will include:

- **Getting clearance from provincial/district authorities:** Local administrative and health authorities should be aware of the supervision visit.
- **Courtesy visit to district administration and community authorities:** There is a need to brief local administrative authorities including community leaders on the objectives of the supervision visit. If necessary, when key findings require community participation or any administrative measure, the supervisor has to debrief local authorities at the end of their supervision visit.
- **Courtesy visit and briefing meeting with the health authorities:** Concerned health authorities should be briefed and debriefed by the supervisor and the supervisee should be invited to attend these sessions.

5.3 Collect information through observations, interviews and document review

The supervisory team can collect information using a number of methods/tools including:

- observing the health facility environment including immunization sessions;
- listening to health workers' responses to questions;
- reviewing the records;
- using a checklist;
- talking with parents and community members;
- reviewing implementation status of the recommendations from past visits; and
- conducting a rapid community survey.

5.3.1 Observing

Even before direct contact is made with staff, the supervisor can obtain much information by simply observing the health facility environment. For example, they may observe the following:

- Does the health facility clearly indicate to the public the type of services provided?
- Is the health facility clean?
- Are there any used syringes or safety boxes lying around that could pose a threat to the community?
- Are there expired or frozen reconstituted vaccine vials in the refrigerator?
- Is the health worker interacting well with the community members and informing them about services?
- Are information, education, communication (IEC) posters, monitoring charts, etc. displayed on the walls?
- Does the facility have a filing system for preventive and curative service recipients?

Observation of clinic activities performed by various staff will provide additional insight into how well the clinic is organized. The supervisor must observe the supervisee actually **doing** the work, but making sure that the supervisee is not put under undue stress. Observation gives the most accurate information about performance. When observing look whether the supervisee:

- loads the refrigerator correctly
- screens infants
- prepares vaccination sessions appropriately
- immunizes infants according to national immunization policy
- reconstitutes vaccines correctly and labels the time of opening on the vials of BCG, measles and PCV vaccines
- completes tally sheets and immunization register
- handles used needles and syringes safely
- communicates with parents.

Important: Do not intervene or correct the health worker while they are working (unless you feel that harm will be done to the visiting child or mother without your intervention).

Praise performance in public, correct performance in private!

5.3.2 Interview and document review

During the visit, the supervisor may use several methods to collect information, including: talking with health workers and community leaders, and reviewing available records.

During discussions with health workers, the supervisor has to explain the purpose of the visit and give staff members the opportunity to express themselves. Sample questions to ask individual health workers include:

- Are they able to get their work done? If not, why?
- Do they have a special interest in any particular aspect of their job?
- Do they have any ideas about how the health facility could be organized so that the community receives a better immunization service?

Try to ask open-ended questions that require more than a "yes" or "no" answer.

Information is often collected by reviewing records, which can provide useful information about the performance of the programme. To learn about **immunization coverage status**, the supervisor can examine:

- immunization coverage monitoring charts (see Module 5: *Increasing immunization coverage*, Section 7 on monitoring)
- tally sheets
- monthly immunization reports
- the schedule and other details of outreach immunization sessions
- health record cards (health "passport").

To learn about **surveillance** activities, the supervisor can review the following:

- patient register
- monthly disease surveillance reports
- various graphs on disease trends and maps.

To learn about the **cold chain system and vaccine management**, the supervisor may review:

- refrigerator temperature charts
- vaccine and other supplies stock records
- preventive refrigerator maintenance plan.

Talking with members of the community is the only way in which the supervisor can learn how community members appreciate health services and immunization. It is especially useful to talk to women as they leave the health facility (exit interview) and to visit members of the village health committee. Particular questions to ask them are:

- Does the health facility offer services the community needs?
- Are services offered at convenient times? At convenient places?
- What do community members think of the behaviour and attitudes of health workers?
- What suggestions do community members have for improvement?

5.4 Discuss findings and organize effective feedback

Exercise 5

Role play.

Using two participants acting as caregivers in a role play, demonstrate in front of the group how a supervisor might find out what the community thinks about the attitude of health facility staff towards them when they come for immunization using the supervisory checklist for health facility supervision.

After a supervision visit there is a need to improve injection safety aspects; organize discussion, feedback and immediate corrective measures related to this key supervision finding.

When data collection is completed, the supervisor should conduct individual and group discussions with the entire health facility staff, making observations and summarizing their comments regarding performance of each individual staff member. The supervisor should provide an opportunity to the supervisee for self-feedback and have interactive and empathic discussions with the supervisee.

The supervisor then has to identify the priority problems according to the criteria on safety, quality and efficiency, describing each problem in detail and making constructive comments, which may include:

- Which tasks are not being performed correctly?
- Where does the problem occur?
- Who is involved in the problem – all health workers or only certain health workers?
- How often does the problem occur?
- When did the problem begin?

The supervisor also has to identify possible causes of the problem by answering the following questions:

- Why is the problem occurring?
- Does the health worker lack the necessary skills or knowledge to do the task?
- Does the health worker lack the motivation to do the task?
- Are there obstacles to adequate performance?
- Has the health worker been taught how to do the work?
- Is the task required included in their job description?

The supervisor should also discuss with the health facility staffs and management on the possible solutions by answering the questions:

- What support/opportunity is available to solve the problems?
- How can the health facility sustain/scale up the strengths?
- What does the health facility propose to solve the problems?
- Why does the health facility consider the proposed solution works?

5.5 Implement immediate corrective measures

The supervisor has to identify and implement immediate solutions that address the roots of the problem. For example:

If the cause is due to lack of **skills or knowledge:**

- Simplify task with job aids.
- Suggest provision of periodic practice.
- Provide training.
- Clarify targets/objectives.

To overcome lack of skills or knowledge offer on-site training. There are six main steps when teaching a skill:

- Explaining in a simple terms the skill or activity to be learned.
- Demonstrating the skill or activity using a model or role play.
- Participants practising the demonstrated skill or activity.
- Reviewing the practice session and giving constructive feedback.
- Practising the skill or activity with clients under trainer's guidance.
- Evaluating the participant's ability to perform the skill according to the standardized procedure, if possible as outlined in the competency-based checklist.

If the cause is due to lack of **motivation:**

- Reduce or eliminate negative consequences of the work. For example, low motivation may be a result of frequent vaccine stock-outs causing high dropout from vaccination. In this situation, the supervisor should take an action to regularize and stabilize vaccine supply.
- Reward good performance.
- Discourage poor performance. If it is serious and consistent, suggest disciplinary action.

If the poor performance is not serious and happened as a single episode, refer to it and explain consequences (e.g. harm to the client).

If the cause is an **obstacle:**

- Eliminate the obstacle or reduce its effect.

If the cause of poor performance is due to missing task in the **job description:**

- Revise the health worker's job description accordingly and explain the new responsibility to the health worker.

To provide an effective and immediate feedback, the supervisor has to be specific in their comments, which should be based on facts and not on the supervisor's judgement alone.

5.6 Supervision by "remote control"

Supervisory visits are excellent means for providing support to the personnel in the field. Due to transport needs and lack of financial resources, however, many health systems fail to accomplish fully planned supervisory visits. Under the pressure of insufficient funding, supervisory staff and transport means (including fuel), managers or department heads often cancel or postpone planned supervisory visits. In this difficult situation, EPI managers should show a high degree of creativity by looking for other options to compensate for the loss and to ensure follow up of immunization programme activities in the field. A few suggestions follow:

- **Peer evaluation:** Staff may make evaluation of each other. This exercise should take place in an atmosphere of frankness and goodwill.
- **Official correspondence or newsletters:** Carefully analyse monthly immunization reports and provide commentaries via official correspondence or newsletters.
- **Other health sector activities:** Take advantage of opportunities created by other health sector activities such as field trips, supervisory visits, meetings etc. The idea is that the supervisor supplies a supervisory checklist (or selected items from it) to colleagues from other programmes to carry out supervision on his or her behalf. In order to get good results using this approach, exchange of knowledge and technical information among programmes is essential.

6. Following up EPI supervision

Even if the supervision is carried out satisfactorily, the visits are not often followed up, thus losing much of their impact. This section focuses on ways of ensuring the follow up of each visit.

6.1 Preparing the supervision report

After each supervisory visit, the supervisor must plan ways to share the supervisory visit findings. The best way to do this is to prepare a supervisory report. This report is vital for planning non-immediate corrective measures. It should inform programme managers and others concerned (e.g. director of medical/health services, departmental heads, other stakeholders, community leaders, partners and health workers) of the situation in the health centre and the findings of the visit.

6.1.1 Supervision report outline and purpose

- Identify who has been supervised.
- List the tasks and responsibilities of the supervised persons and comment on how well they are performed.
- Assess overall performance of health workers (attendance, punctuality, spirit of initiative, creativity, capacity to work in an independent manner).
- Discuss each item in the supervision checklist.
- Describe what immediate corrective actions were taken during the visit.
- Identify the next steps agreed with the staff members concerned.
- Discuss with the supervisee verbally and share the written summary with them.
- Recommend improvements for EPI performance in between supervisory visits.

6.1.2 Other methods of sharing supportive supervision findings

- **Publish a newsletter:** This does not need to be sophisticated or costly. It could entail one or two pages of text with illustrations that could help make the document reader friendly. Accounts of personal experiences or successes, provided such stories are presented positively, will enable staff to recognize themselves in the process. The distribution of the newsletter should be as wide as possible.
- **Prepare a bulletin:** Send this to the concerned people.
- **Organize a seminar:** Discuss the results of the supervisory visits. You may find that this leads to interesting discussions or an exchange of ideas to contribute to problem-solving.
- **Monthly meetings:** Such meetings provide a regular opportunity to share information.

6.2 Data analysis

A supervisory visit entails the collection of data of all kinds. Some are gathered in the form of tables, while others are qualitative and must be followed when they appear in registers and descriptive comments. Such data are all valid. A few basic charts may be drawn up for data such as coverage by district and subdistrict. These charts are useful as they provide a strong visual representation of the situation and can be easily understood and referred to. Charts on trends over a time period are also informative because they show the progress made to attain the objectives set or the reduction/increase of cases of a given target disease.

6.3 Feedback

Although one of the justifications for the collection and analysis of data in the supervisory report is to inform programme managers to enable them to plan corrective measures, it is also important to inform others of the situation in the health centre and the findings of the visit. These may include the director of medical/health services, departmental heads, other stakeholders, community leaders, partners and health workers, particularly those who are contributing to the database. In the first instance, feedback must be to the supplier of the information (the institution supervised). It is polite and useful to do this.

Feedback tips

• Feedback should generate more light than heat (provide solutions than confusion).

• Proposed solutions should be workable (feasible and address the problem) rather than "magic solutions".

• Do not hurry to leave without offering solutions to problems identified during supervision (all problems identified must have some suggested solutions).

• Keep in mind that tough choices/recommendations will need time and resources to implement.

6.4 Follow-up visit

A follow-up visit is an effective way of assessing changes in performance and behaviours of the supervised. Supervisors should prepare plan for subsequent visit.

During the follow-up visit it is essential for the supervisor to:

- Refer to the log/record of items discussed that need action by the supervisor or supervisee.
- Refer to the workplan of the supervisee.
- Assess the results achieved using indicators and milestones.
- Assess the changes in performance of the supervisee.
- Prepare an evaluative supervisory report.

During a subsequent visit, you should always begin with information gathered during the previous visit. If you have not personally conducted the previous visit, then review the supervisor's report in order to continue where they left off. Inform the personnel of what you have learned in order to avoid repeating the same information. Draw up a list of behavioural weaknesses or improper attitudes that were noticed during the previous visit. Observe the personnel to see if such behaviours or attitudes have been corrected and, if it is the case, congratulate them. Where such change has not occurred, highlight the observations made the previous time and note that this item still needs to be followed up. Check if the lack of improvement is due to hidden problems that need to be addressed. If supplies or technical information/documentation was promised at the previous visit, ensure that such promises are fulfilled.

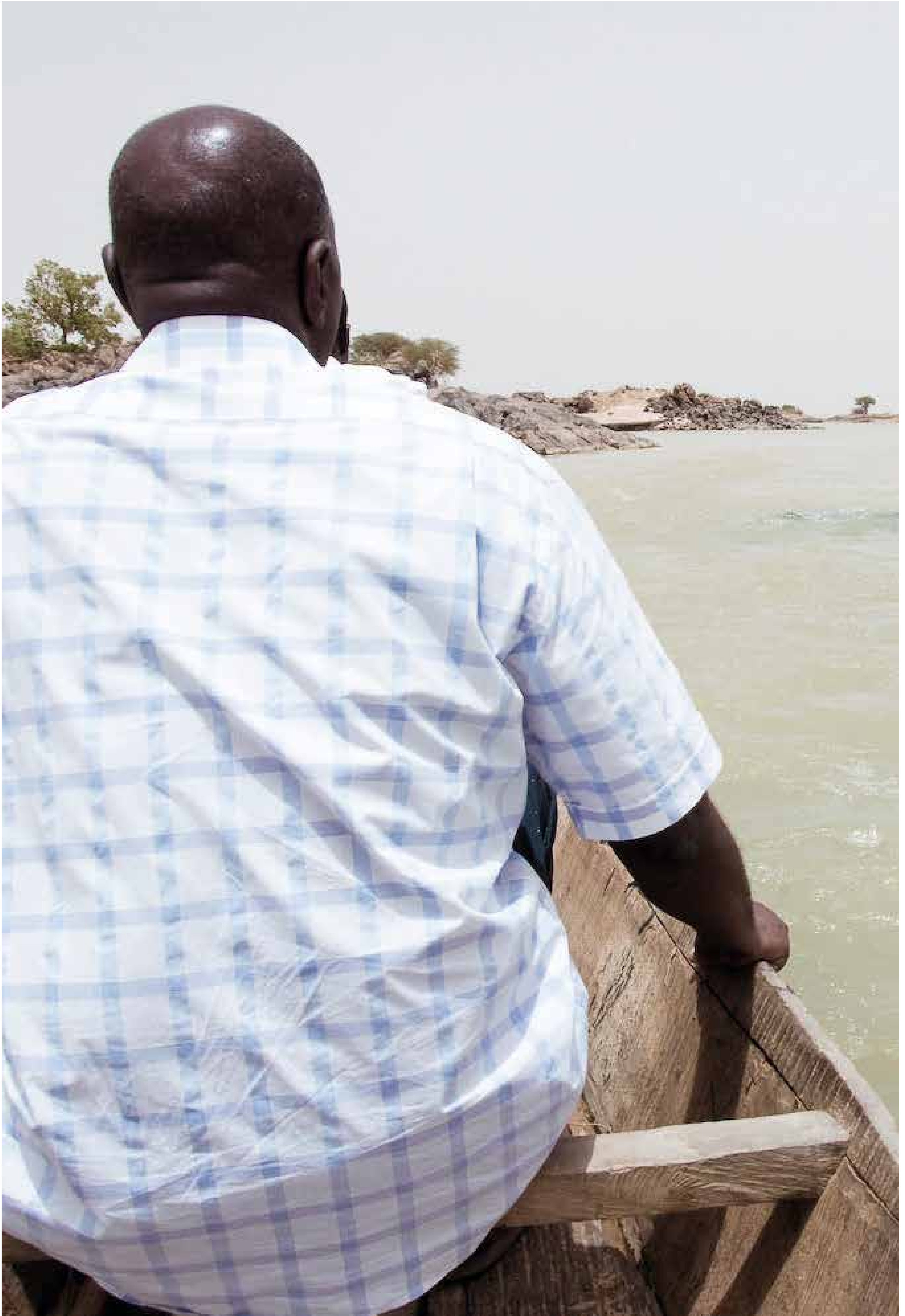
Exercise 6

For all groups.
As EPI manager, you receive regular requests for supervision visits from districts facing problems that the health management team cannot solve. Each time you make proposals on daily allowances, transport, fuel and other logistics items, you are told that supervisory visits are a waste of resources, especially now that the administration is decentralized and districts are autonomous or under the administration of the local government. For its part during the last year, the district health management team (DHMT) could only make a single visit to half of the health centres. These visits revealed several problems that need to be followed up.

Answer the following questions:

- Why are supervision visits (from national to district level or from district to health facilities) difficult to conduct?
- What may be the reason for poor perception of supervisory visits by the MOH ("waste of resources")?
- What must be done to improve effectiveness of the supervision at all levels?
- Are there other supervisory methods that do not necessarily require field visits? How do such methods ensure effectiveness, reliability and quality of the supervision?
- How can supervision of the EPI be integrated into the entire health system?

Resume work in the plenary session and report on your findings. Be open to innovations. Make constructive suggestions to the plenary.



Recommended reading

WHO (2008). Implementing the Reaching Every District approach: A guide for district health management teams. Regional Office for Africa: World Health Organization. Available at: http://www.who.int/immunization/programmes_systems/service_delivery/AFRO-RED_Aug2008.pdf (accessed 5 December 2016).

WHO (2013). Global Vaccine Action Plan 2011–2020. Geneva: World Health Organization. Available at: http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/ (accessed 5 December 2016).

WHO (2015). Regional Strategic Plan for Immunization 2014–2020. Regional Office for Africa: World Health Organization. Available at: https://www.aho.afro.who.int/en/ahm/issue/19/reports/regional-strategic-plan-immunization-2014–2020 (accessed 5 December 2016).

WHO (2017). Mid-level training course for EPI managers. Module 4: *Planning immunization activities*. Geneva: World Health Organization.

WHO (2017). Mid-level training course for EPI managers. Module 15: *Monitoring and data management*. Geneva: World Health Organization.

Websites

WHO – Immunization, Vaccines and Biologicals (Service delivery):
http://www.who.int/immunization/programmes_systems/service_delivery/en/

WHO – Immunization, Vaccines and Biologicals (Immunization training resources):
http://www.who.int/immunization/documents/training/en/

Annex 1: Supervisory checklist for central level managers of EPI activities at province/district level (country example)

Objectives

1. To assess if the district/province management team provides adequate support to health centres and other health providers for provision of immunization services.
2. To determine if the above team needs support to solve administrative or technical problems.
3. To assess whether the above team members need capacity building in EPI.
4. To assess performance of the above team by reviewing documents and reports and conducting one-on-one interviews.
5. To note success stories for replication in other districts/provinces.

Section 1: General Date of the visit:

Name of the district/province: District/province:

Name of the team leader:

Name of the EPI focal person:

Name/s of the supervisor/s:

Date of the previous supervisory visit/s:

Section 2: Interview and document review	**YES**	**NO**
1. EPI policy document available	....	....
2. Policy document disseminated to health centres	....	....
3. Policy document disseminated to private clinics	....	....
4. Policy issues explained/discussed with health staff	....	....
5. Policy implementation guidelines available	....	....
6. Policy implementation guidelines disseminated	....	....
7. Micro-plans and district budgets prepared annually	....	....
8. Budget includes allocation for immunization activities	....	....
9. ICC at the district/province level exists	....	....
10. If yes, ICC has regular meetings	....	....
11. EPI focal person at district/province level designated	....	....
12. EPI focal person trained in MLM EPI course	....	....
13. On-the-job training planned for the health workers	....	....
14. Target population of district/province estimated and known by staff	....	....
15. Annual and monthly targets monitored	....	....

Section 3: Observations	**YES**	**NO**
1. EPI coverage monitoring chart displayed	....	....
2. Cold chain equipment/storing facilities are adequate	....	....
3. Vaccine supply for quarterly use is adequate	....	....
4. Adequate cold chain monitoring (twice a day) observed	....	....
5. Cold chain monitors/indicators in use	....	....
6. Injection equipment supply is adequate	....	....
7. Safety boxes supply is adequate	....	....
8. IEC posters and pamphlets displayed	....	....
9. Immunization site adequately arranged	....	....
10. Supervisory visit reports available	....	....

A "NO" answer to any of the questions in sections 2 and 3 indicates that there is a problem to be addressed and solved as soon as possible!

Section 4: Operational indicators

1. Number of health centres in the catchment area (a)	....
2. Number of health centres that sent their monthly reports (b) (say for March 2017):	....
Reporting completeness (%) for March 2017 will be: (b/a x 100):	....
3. Number of health centres that submitted their reports within established deadlines (c)	
Reporting timeliness (%) for March 2017 will be: (c/b x 100):	....
4. Using same method, the annual reporting completeness and timeliness can be calculated	....
5. Estimated proportion of children immunized during routine outreach activities	....
6. Number of supervision visits undertaken last year	....

Section 5: Useful tips

Before the field trip, the EPI supervisor should:

- Refer to the annual and multi-year plan.
- Refer to the job description of the staff to be supervised.
- Review previous supervisory reports to identify consistent issues.
- Review the recent reports received from the district/province to be visited.
- Take along copies of policy document, guidelines, and other technical material to leave for field staff in case they do not have them.

Annex 2: EPI checklist for supervision of health facilities

General information

a) Health facility ________________________ District/province____________________

b) Date of current visit ___________________ Date of previous visit________________

c) Name and responsibilities of the contacted person

1. ___________________________________
2. ___________________________________
3. ___________________________________

d) Total catchment area population: ________________

e) Target population for the year: Surviving infants____________ Live births ______ Pregnant women_______

f) No of EPI sites: Static _____________ Outreach___________ Mobile ______

g) Is the immunization focal person trained in the last two years? Yes____ No_____

h) Does the facility have EPI policy document or immunization guidelines? Yes ____ No_____

Section A: EPI plan

	Description	Yes	No
	1. EPI plan		
a)	Does the health facility have EPI work plan for the current year including coverage targets and strategies to reach all eligible population?		
b)	Did the health facility properly forecast its vaccine, AD syringe, mixing syringe and safety box needs?		
c)	Did the health facility incorporate communication and social mobilization activities in the EPI plan?		
	2. EPI service delivery		
a)	Have all the immunization sessions taken place? Consider planned sessions up until the month of the current supervision		
b)	Has the health facility monitored its immunization coverage monthly?		
c)	Is vitamin A given in your routine EPI programme?		
d)	Is multi-dose vial policy in use?		
e)	Does the facility have defaulter tracing mechanism? (Observe whether defaulters are listed and tracked.)		
	3. EPI monitoring		
a)	Have the vaccination monitoring chart been updated?		
b)	Have the vaccination monitoring charts been used correctly?		
c)	What is the current dropout rate for? 1) DPT1-DPT3 _______________%, is it less than 10%? 2) DPT1-Measles_______________%, is it less than 10%?		
d)	Are tally sheets properly used and same data recorded and reported?		
e)	Compare the current immunization coverage of the health centre with its annual coverage targets. Can the health centre attain its annual targets? **Penta1** **Penta3** **Rota 1** **Rota 2** **PCV 3** **OPV 3** **Measles** **TT2 PW**		

4. Vaccine supply and logistics			
a)	Have vaccine stocks been adequate (review vaccine stock book) since the last visit?		
b)	Does the health facility monitor vaccine wastage rate? If wastage rate is monitored, compare the wastage rate of one vaccine against the plan. Is the wastage within the limit?		
c)	Was the temperature of the refrigerator recorded twice a day? Since the last supervisory visit?		
d)	Did the temperature of the refrigerator remain between +2 and +8°C including the current reading? Since the last supervisory visit?		
e)	Is the expiry date, VVM and batch number recorded for all vaccines?		
f)	Does the cold chain person know the actions to be taken during power interruption?		
5. Safety of injection			
a)	Does the health facility have sufficient AD-syringes and safety box?		
b)	Are safety boxes used for needles and syringes?		
c)	Is incinerator available and properly used?		
d)	Was time of opening labelled for reconstituted BCG or measles vaccines		
6. Surveillance			
a)	Does the number of cases of measles, neonatal tetanus and polio recorded in the outpatient book correspond to the number mentioned in the monthly surveillance report?		
b)	Is "zero reporting" for polio, measles or neonatal tetanus in use at the health centre?		
c)	Are vaccination reports sent each month to district/province on time?		
d)	Are disease surveillance reports sent each month on time?		
e)	Does the health centre record and notify any AEFI to district/province?		
7. Community mobilization/community involvement			
a)	How is mobilization carried out for immunization in the subdistrict?		
b)	Is there community involvement in an outreach site selection?		
c)	Is there community involvement in scheduling outreach session?		
d)	Is there community involvement in mobilizing mothers?		
8. Support from higher level			
a)	Regular supervision (as per the plan) and feedback		
b)	Feedback using monthly EPI reports		
c)	Provision of guidelines		
d)	Review meeting		
e)	Financial support		
f)	Reporting formats		
9. Observation			
a)	Are needles separated from the syringe after use?		
b)	Are needles recapped?		
c)	Is a single mixing syringe used for one vial?		
d)	Have the vaccination schedules for children and women and contraindication for vaccination explained?		
e)	Is the immunization status of children and mothers checked?		

f)	Are the vaccines stored in the proper compartment?		
g)	Is there vial with VVM that has reached discard point?		
h)	Is there vaccine that has exceeded expiry date in the refrigerator?		
i)	Are the opened vials properly labelled and kept in the refrigerator		
j)	Is this health facility using appropriate tally sheets and reporting formats?		
k)	Are the used tally sheets and reporting formats appropriately filled?		
l)	Is reporting complete?		
m)	Is reporting timely?		
n)	Verify the validity of doses by checking the age of the child when he/she received the vaccine: 1) Number of DPT1 doses received before the age of 6 weeks in the previous one month. 2) Number of measles doses received **before** the age of 9 months in the previous one month. 3) Number of children vaccinated after age one year and misclassified and reported as under one in the previous one month.		
o)	Are birth dates for all children documented?		

Section B: Supervision through observing ongoing immunization session

Observe the health workers while they vaccinate at least five children and five women and record the results against questions 11 and 12 in the space provided below.

11. Is the immunization status of women and children checked?

12. Is each injection administered correctly?

	Question 11		Question 12	
1st observation	Yes	No	Yes	No
2nd	Yes	No	Yes	No
3rd	Yes	No	Yes	No
4th	Yes	No	Yes	No
5th	Yes	No	Yes	No

Section C: Supervision by vaccination card review and interviews with the women

13. Ask to review the vaccination cards. Have the vaccination schedules of women and children and the contraindication policy guidelines been followed today?

14. Ask the women the following question: “When must you come back for your/or your child’s next vaccination?”

	Question 13		Question 14	
1st interview	Yes	No	Yes	No
2nd	Yes	No	Yes	No
3rd	Yes	No	Yes	No
4th	Yes	No	Yes	No
5th	Yes	No	Yes	No

Summary:
Strengths of the health facility:

____
____
____
____

Five major challenges:

____
____
____

Five major recommendations:

____
____
____
____

NB: All challenges and recommendations have to be put in the supervisory book.

Name and title of supervisor: ____________________ **Date and signature of supervisor:** ____________________

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