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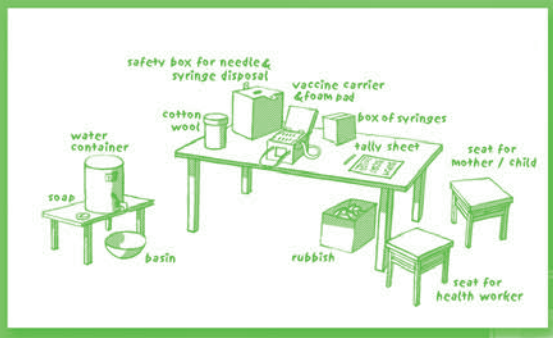
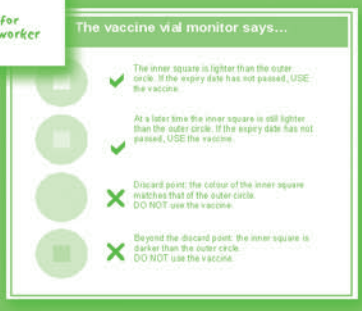
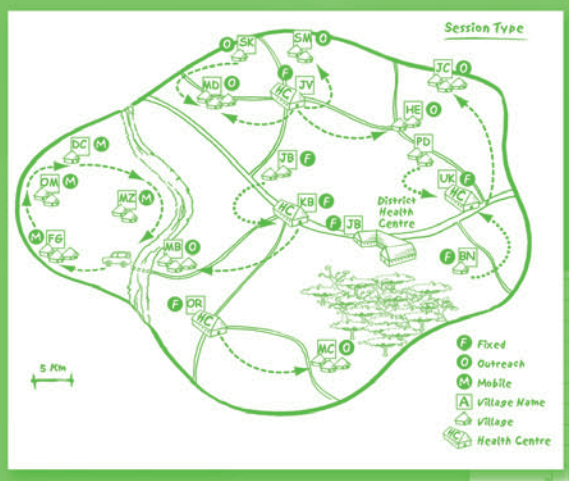
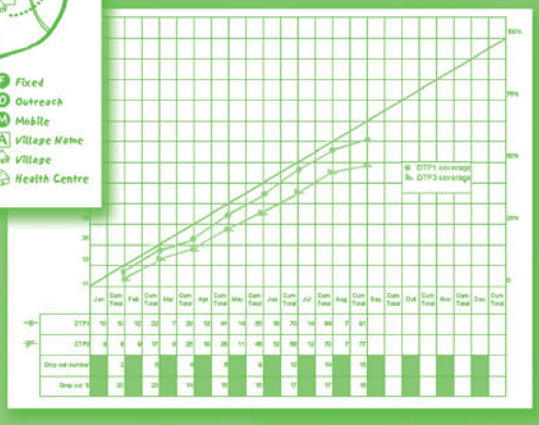
Training for mid-level managers (MLM)

4. Supportive supervision









Setting up a supportive supervision system

Planning regular supportive supervision visits

Conducting a supervisory visit

Follow-up activities

Immunization, Vaccines and Biologicals

World Health Organization

Training for mid-level managers (MLM)

Module 4 : Supportive supervision

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Introduction to the series

This new series of modules on immunization training for mid-level managers replaces the version published in 1991. As there have been many changes in immunization since that time, these modules have been designed to provide immunization managers with up-to-date technical information and explain how to recognize management and technical problems and to take corrective action and how to make the best use of resources.

More and more new, life-saving vaccines are becoming available, yet the introduction of a new vaccine does not necessarily require a separate plan and separate training. This new series for mid-level managers integrates training for new vaccine introduction into each subject addressed by the modules. In this way, introduction of new vaccines is put into its day-to-day context as part of the comprehensive range of activities required to improve immunization systems.

In the context of these modules, mid-level managers are assumed to work in secondary administrative levels, such as a province; however, the modules can also be used at national level. For district managers (third administrative level), a publication on 'immunization in practice'[1] is widely available. As it contains a large amount of technical detail, it is also recommended for mid-level managers courses.

In writing these modules, the authors tried to include essential topics for mid-level managers, while keeping the modules brief and easy to use. They are intended to complement other published materials and guidelines, some of which are referred to in the text. Many more documents are available on the CD-ROM which accompanies this series. Each module is organized in a series of steps, in which technical information is followed by learning activities. Some knowledge and experience are needed to complete the learning activities, but even new readers should be imaginative and constructive in making responses. Facilitators should also be aware that the responses depend on the national context. Thus, there are no absolutely right or wrong answers, and the series does not set down new 'policies' or 'rules'. The authors hope that the readers of these modules will find them informative, easy to read and an enjoyable learning experience.

Modules in the mid-level managers series

Module 1 : Cold chain, vaccines and safe-injection equipment management
Module 2 : Partnering with communities
Module 3 : Immunization safety
Module 4 : Supportive supervision
Module 5 : Monitoring the immunization system
Module 6 : Making a comprehensive annual national immunization plan and budget
Module 7 : The EPI coverage survey
Module 8 : Making disease surveillance work

[1] *Immunization in practice : A practical guide for health staff.* Geneva, World Health Organization, 2004.

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Contents

Introduction to the series **I**
Modules in the mid-level managers series I
Acknowledgements **II**
Abbreviations and acronyms **IV**
Introduction to Module 4 **1**
Purpose of this module 1
Controlling supervision versus supportive supervision 1
1. Setting up a supportive supervision system **3**
1.1 Training a core of supportive supervisors 3
1.2 Right tools 5
1.3 Ensuring adequate resources are available for conducting visits 9
2. Planning regular supportive supervision visits **10**
2.1 Where to conduct supportive supervision visits 10
2.2 When to conduct a supportive supervision visit 11
2.3 What to cover during the visit 11
3. Conducting a supervisory visit **16**
3.1 Collecting information 16
3.2 Problem-solving and feedback 19
3.3 On-the-job training 21
3.4 Recording the results of supervision 21
4. Follow-up activities **24**
4.1 What to do after a supervision visit 24
4.2 Conducting follow-up visits 24
Annex 1: Sample supervisory checklist **26**

Abbreviations and acronyms

The following abbreviations have been used in this document.

AD	auto-disable (syringe)
AEFI	adverse events following immunization
CDC	United States Centers for Disease Control and Prevention
DTP	diphtheria-tetanus-pertussis
EPI	Expanded Programme on Immunization
HepB	hepatitis B (vaccine)
IEC	Information, education & communication
IIP	*Immunization in practice*
MLM	mid-level manager
MOH	Ministry of Health
PATH	Program for Appropriate Technology in Health (USA)
TT	tetanus toxoid
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VPD	vaccine-preventable disease
VVM	vaccine vial monitor

Introduction to Module 4

Purpose of this module

Do the supervisory visits in your area help your staff to solve their problems in implementing a good quality immunization service? How are your supervisors carrying out their duties? Are they well informed? Are they like teachers, or are they like the police ?

This module will help the mid-level manager to obtain the maximum benefit from every supervisory visit, from the training of supervisors, through managing a system of supervisory visits to following up and solving problems after the supervisory session.

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

Supportive supervision encourages **open**, **two-way communication**, and building **team approaches** that facilitate problem-solving. It focuses on **monitoring** performance towards goals, and **using data** for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.

Controlling supervision versus supportive supervision

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

Traditionally, many countries have used an authoritarian, inspection or control approach to supervision. This approach is based on the thinking that health workers are unmotivated and need strong outside control to perform correctly. However, it has been shown that a supportive approach, where supervisors and health workers work together to solve problems and improve performance, delivers improved results for the immunization programme. Table 4.1 compares the characteristics of the control approach and the supportive approach.

Table 4.1 : Comparison between supervision approaches

Control approach	Supporting approach
• Focus on finding faults with individuals. • Supervisor is like a policeman. • Episodic problem-solving. • Little or no follow-up. • Punitive actions intended.	• Focus on improving performance and building relationships. • More like a teacher, coach, mentor. • Use local data to monitor performance and solve problems. • Follow up regularly. • Only support provided.

This module is organized into the following steps:

Setting up a supportive supervision system

- Training a core set of supervisors.
- Creating checklists and recording forms.
- Ensuring appropriate resources are available — vehicles, per diem, areas for collaboration with other programmes.

Planning regular supervisory visits

- Where: using data to decide priority supervision sites.
- When: schedule supervision visits using a workplan.
- What subjects to train: identify training needs and skills that need updating.

Conducting supportive supervision visits

- Observation.
- Use of data.
- Problem-solving.
- On-the-job training.
- Recording observations and feedback.

Follow-up

- Follow up on agreed actions by supervisors and supervised staff.
- Regular data analysis.
- Feedback to all stakeholders.

Setting up a supportive supervision system > **Planning regular supportive supervision visits** > **Conducting a supervisory visit** > **Follow-up activities**

1. Setting up a supportive supervision system

*The three main '***Rs***' for an effective supportive supervision system are:*

1) **R**ight supervisors — a core set of supervisors, well trained on supportive supervision techniques and with updated information and skills on immunization issues.
2) **R**ight tools — availability of training materials and job aids to update skills of health workers during supervision visits, and checklists and forms for recording recommendations and following up.
3) **R**ight resources — sufficient vehicles, per diems, time allocated for supervision and follow-up.

1.1 Training a core of supportive supervisors

As the supervisors will be providing on-the-job training to health workers, it is important that the supervisors are themselves well informed and trained. 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 require 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, training adults, time management, two-way communication, coaching, 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 needs to be enhanced and therefore supervisors themselves need training.

Learning activity 4.1: Supervisors' training topics

Table 4.2 below provides examples of changes in an immunization programme.

1) Identify the main topics to include in the supervisors' training so that supervisors can in turn train health staff during supervisory visits.

2) Are there other areas that require training e.g. current immunization policies, how to interpret data on immunization, and how to access the resources needed for outreach services and supervision itself? Add them to the list.

Table 4.2: Supervisors' training topics

	Change in the immunization system	Main training topics for supervisors' training
1	A new vaccine introduced recently	Vaccine schedule and presentation; storage; preparation; injection; side-effects; communication with parents and community; reporting
2	A new vaccine combination (DTP-HepB instead of DTP and monovalent HepB introduced recently)	Cold-chain and logistics issues for new vaccine
3	Change in immunization schedule (measles second dose)	How to record and monitor the second dose
4	New type of AD syringes introduced	Improving the vaccine distribution system to avoid stock-outs
5	New guidelines on multi-dose vial policy, and use of VVM	Using simple training material for every immunization site
6	New monthly reporting form with new items, such as reporting AEFI	How to investigate AEFI
7	Policy that supportive supervision be provided in every health facility at least twice a year	Making and monitoring a supervisory plan
8	Many health facilities with kerosene refrigerators now replaced with electric refrigerators	
9	Coverage monitoring charts to be used at each health facility	
10	Use of a drop-out tracking system in every health facility	
11	New disease reporting form with reporting on VPDs and other diseases	
12	Measures to prevent freezing of vaccines	
13	New team of community mobilizers added	
14		
15		
16		

Developing and adapting training materials

Once you have prioritized the main training issues, you must check to see if there are existing training materials that can be used or adapted, and identify the need for developing new materials.

1.2 Right tools

In addition to training supervisors, it is important to have the right tools available to assist supervisors and to standardize the supervision system. These tools include:

1) Supervisory checklist.
2) Learning materials and job aids to be used by supervisors during supervision visits.

1.2.1 Preparing a supervisory checklist

The supervisory checklist is a list containing priority issues that must be observed and recorded by the supervisor. The checklist helps the supervisor to focus on priority issues and reminds him/her to observe and record them.

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.

A checklist contains items to be checked at EVERY site visit. However it should not deter the supervisor from recording and following up on other critical issues that he/she has observed but that are not included in the checklist.

Three '**S**s' for a good quality checklist are:

1) **Short**: should include only priority areas to observe and record during supportive supervision visits. If the list is too long, filling it will become a mechanical 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.
2) **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.
3) **Simple**: Additional observations or comments should be easy to complete and flexible to record.

Learning activity 4.2: Preparing a supervisors' checklist

You are a district supervisor about to visit a health facility. You have little time available as this will be one of the many health facilities that you have to visit. Your challenge is to create a checklist not more than one page long (maximum 15 questions). Give priority to issues on which you can provide on-the-job support.

The table lists the five main immunization-system components, and for each component you need to write the main questions to be included in the checklist. Annex 1 provides a more comprehensive checklist, and you may use this to choose the most relevant issues for creating your checklist, but be sure to adapt it to your country's particular situation.

Here are some examples.

Vaccine and cold-chain management

Is there an up-to-date stock-recording system?

Monitoring and use of data

Is the monitoring chart used regularly to track performance? What does it tell you about access, drop-out, and completion of the schedule?

Communication with parents and links with the community

How are parents informed about the next visit and about side-effects? How many meetings are held per year with the community to discuss/plan services?

Immunization safety

Are all used syringes disposed of in safety boxes?

Planning

How many planned outreach sessions were actually held?

In each row, write a question that can be used in a supportive supervisory checklist.

Vaccine and cold-chain management (include use of VVMs)
Monitoring and use of data (include review of monitoring charts)
Planning (include review of session plan and workplan)
Immunization safety (include observation of injections, waste disposal)
Communication with parents and community (include caretaker's knowledge of when to return)

1.2.2 Preparing learning materials and job aids

A supervisory visit is an excellent opportunity to provide on-the-job training to individual health workers or with health-centre staff as a whole. As supervisors will be providing on-the-job training it is important to have standard materials available that:

- are specific to the skills that need to be improved
- can be used to prepare for training
- supervisors can refer to during training sessions
- health workers can use to practice and reference.

Health workers need simple, easy-to-follow materials rather than heavy reference guides or training manuals. For health-facility staff, materials with clear explanations on how to do a particular task, preferably with drawings, worked examples, and practice exercises, are the most useful. The supervisor needs to be well prepared and fully knowledgeable about the topic and materials.

Different training methods that a supervisor could use to help on-site training are:

- participatory exercises
- group discussion
- small group work
- case-study
- practical exercises
- demonstrations/presentations
- role-playing
- question-and-answer sessions.

What is a job aid?

A job aid is a learning product available for on-the-job training which is designed to facilitate correct performance of the task by extending the performer's capability to retain and utilize information. It is also called quick or easy reference. Often these are paper-based and posted on the wall in plain sight or in a small reference notebook. They can also take the form of posters, cards, manuals, etc. It might be useful to carry a known accurate thermometer along with other job aids.

Job aids are useful as they target specific tasks or skills and allow the health worker to quickly refer to them without having to search through long training manuals.

Some examples of job aids.

1) National immunization schedule.
2) Checklist of things to carry to an outreach site.
3) One-page sheet with pictures showing how to administer different vaccines.
4) Poster put on the refrigerator showing how different vaccines should be stored.
5) Poster showing methods to prevent freezing.
6) Poster with standard case definitions and disease pictures.
7) Important telephone numbers — measles/polio laboratories, state hospital, etc.

Learning activity 4.3: Preparing job aids/training materials

Many health workers at busy sites forget to inform mothers when they should next come.

1) Create a checklist that can serve as a quick reminder, with things to tell the mother/caretaker at every visit.

2) Discuss other job aids that may be useful.

1.3 Ensuring adequate resources are available for conducting visits

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
- drivers
- fuel.

In addition to scheduled visits, supervisors should be able to interact with staff at opportunities such as monthly or quarterly meetings.

Transport to visit the supervisory sites

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

- what are the barriers to transportation?
- can transport be requested from a higher level?
- can the visit be planned with other health programmes to share transport?
- can public/local transport be used?
- is it possible to share transport with other supplies going to the site (e.g. food trucks)?

Other resources to consider

Is adequate time allotted for supportive supervision activities? If not, what are some of the barriers, and what are some strategies to overcome this?

Will supervisors receive per diem for the supervisory visit? What are the per-diem policies of your immunization programme?

2. Planning regular supportive supervision visits

Planning for supportive supervision visits should be an integral part of the annual/quarterly work-planning exercise. It is important to look at the data when you plan for supervision visits.

The plan should indicate:

- **where** to conduct visits
- **when** to conduct visits
- **what are the objectives** to cover during the visit.

2.1 Where to conduct supportive supervision visits

You need to decide priority areas, as certain ones, such as districts/health facilities, will 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 Expanded Programme on Immunization (EPI) Manager. The most common criteria used for selecting priority areas include:

- highest number of unimmunized
- high drop-out rates
- low coverage rates
- poor reports from previous supervision visits.

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 TT, measles;
- coverage rates above 100% or drop-out rates that are negative;
- prioritized districts for new vaccine introduction;
- areas submitting no reports or incomplete reports.

2.2 When to conduct a supportive supervision visit

Once you have prioritized areas to be visited over the next quarter/year, you need to prepare a supportive supervision schedule. The annual/quarterly work-plan 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 schedule.
- The schedule should be feasible and practical, taking into account the distance, transportation 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 if they are to result in improved performance.
- 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.

It will be necessary, however, to undertake **at least** two visits per year to each health facility. 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.

2.3 What to cover during the visit

It is important to have a clear understanding of the main objectives of the visit. This could include main tasks to observe, or main topics on which training should be given, etc.

A review of previous supervision reports, checklists, or data analysis, can assist in identifying which topics to cover during supportive supervision visits.

- Always be prepared to use data:
  - review the local data on site during the visit;
  - bring summary data, monthly reports, etc. as reference material.
- Prepare an agenda for the visit in advance. The agenda should include one or two issues that have already been identified as priorities for the area.

Although certain training topics can be planned in advance, some training needs may become evident during the visit or during discussions with health staff.

Section 2.1 also provides some criteria for deciding on training topics.

Learning activity 4.4: Supportive supervision planning

You need to plan supervision visits for the first quarter. Health facilities A, B, C, E and M are part of your district. Look at the data provided to answer the following questions.

1) Identify three health facilities which are a priority for supportive supervision.
2) Decide the schedule bearing in mind:
   a) you are busy with other activities 1–15 January;
   b) village C is far from your office and inaccessible during March due to the heavy rains;
   c) you can schedule only one supervisory visit per month because of limited resources.
3) Complete the 'Supervision Plan' and provide a justification.

Supervision Plan

Health-facility name	When	Where (fixed or outreach)	Main topics to cover
A			
B			
C			
E			
M			

Table 4.3 : Data analysis table

Area name	**Compile population, immunization coverage data in previous 12 month**							**Analyse problem**						**Prioritize area**
village name	Target population	Doses of vaccine administered			Immunization coverage (%)			Unimmunized (No.)		Drop-out rates (%)		Identify problem		
		DTP1	DTP3	Measles	DTP1	DTP3	Measles	DTP3	Measles	DTP1-DTP3	DTP1-Measles	Access	Utilization	Priority 1,2,3…
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o
A	580	615	352	272	106%	61%	47%	228	308	43%	56%	Good	Poor	
B	387	365	232	332	94%	60%	86%	155	55	36%	9%	Good	Poor	
C	362	164	75	25	45%	21%	7%	287	337	54%	85%	Poor	Poor	
E	399	447	256	190	112%	64%	48%	143	209	43%	57%	Good	Poor	
M	134	105	75	41	78%	56%	31%	59	93	29%	61%	Poor	Poor	

Additional information about each health facility

Health-facility name	**Additional information**
A	Reports inaccurate and incomplete.
B	New health worker.
C	Stock-out recently, AEFI death last year.
E	No supervisory visit in the last two years.
M	Community reported health worker is often off duty.

Table 4.4 : District immunization workplan

Health Centre	1.Jan Wed	2.Jan Thu	3.Jan Fri	4.Jan Sat	5.Jan Sun	6.Jan Mon	7.Jan Tue	8.Jan Wed	9.Jan Thu	10.Jan Fri	11.Jan Sat	12.Jan Sun	13.Jan Mon	14.Jan Tue	15.Jan Wed	16.Jan Thu	17.Jan Fri	18.Jan Sat	19.Jan Sun	20.Jan Mon	21.Jan Tue	22.Jan Wed	23.Jan Thu	24.Jan Fri	25.Jan Sat	26.Jan Sun	27.Jan Mon	28.Jan Tue	29.Jan Wed	30.Jan Thu	31.Jan Fri
M	Fixed M														Outreach at K							Outreach at L							Outreach at P		
E	Fixed E		Outreach at D																												
C	Fixed C		Outreach at J												Fixed C																
B	Fixed B					Outreach at R									Fixed B																
A	Fixed A							Fixed A	Mobile to S & W	Mobile to T & X					Fixed A							Fixed A									

Health Centre	1.Feb Sat	2.Feb Sun	3.Feb Mon	4.Feb Tue	5.Feb Wed	6.Feb Thu	7.Feb Fri	8.Feb Sat	9.Feb Sun	10.Feb Mon	11.Feb Tue	12.Feb Wed	13.Feb Thu	14.Feb Fri	15.Feb Sat	16.Feb Sun	17.Feb Mon	18.Feb Tue	19.Feb Wed	20.Feb Thu	21.Feb Fri	22.Feb Sat	23.Feb Sun	24.Feb Mon	25.Feb Tue	26.Feb Wed	27.Feb Thu	28.Feb Fri
M					Fixed M							Outreach at K							Outreach at L							Outreach at P		
E					Fixed E		Outreach at D																					
C					Fixed C		Outreach at J												Fixed C									
B			Outreach at R		Fixed B														Fixed B									
A					Fixed A							Fixed A							Fixed A							Fixed A		

Health Centre	1.Mar Sat	2.Mar Sun	3.Mar Mon	4.Mar Tue	5.Mar Wed	6.Mar Thu	7.Mar Fri	8.Mar Sat	9.Mar Sun	10.Mar Mon	11.Mar Tue	12.Mar Wed	13.Mar Thu	14.Mar Fri	15.Mar Sat	16.Mar Sun	17.Mar Mon	18.Mar Tue	19.Mar Wed	20.Mar Thu	21.Mar Fri	22.Mar Sat	23.Mar Sun	24.Mar Mon	25.Mar Tue	26.Mar Wed	27.Mar Thu	28.Mar Fri	29.Mar Sat	30.Mar Sun	31.Mar Mon
M					Fixed M							Outreach at K							Outreach at L							Outreach at P					
E					Fixed E		Outreach at D																								
C					Fixed C		Outreach at J												Fixed C												
B			Outreach at R		Fixed B														Fixed B												
A					Fixed A							Fixed A							Fixed A							Fixed A					

Use the district workplan to schedule supervisory visits to health facilities.

Notes :

3. Conducting a supervisory visit

During a supervisory visit to the health facility, the supervisor should conduct the following main steps.

1) Collecting information.
2) Problem-solving and feedback.
3) On-the-job training.
4) Recording the results of supervision.

3.1 Collecting information

Supervisors can collect information using a number of methods/tools including:

- observing the health-facility environment and the health worker giving immunizations;
- listening to health workers;
- reviewing the records;
- using a checklist;
- talking with parents and community members;
- reviewing recommendations from past visits;
- conducting a rapid community survey.

3.1.1 Observing the health-facility environment and health worker giving immunizations

Supervisors can obtain a lot of information by simply observing the health-facility environment. For example, they may observe the following:

- are injection practices correct?
- is the health facility clean?
- are there any syringes or open safety boxes lying around that could pose a threat to the community?
- are there frozen vaccines or expired vaccine vials in the refrigerator?
- is the health worker interacting well with the community and informing them about services?
- and other members of the community?
- are IEC posters, monitoring charts, etc. displayed on the walls?

As a supervisor you should watch the health worker doing the work, rather than simply listening to health staff talking about what he/she usually does. When observing the health worker, watch how he/she:

- loads the refrigerator
- screens infants
- prepares vaccinations
- immunizes infants
- completes tally sheets and immunization register
- handles used needles and syringes
- communicates with parents.

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

3.1.2 Listening to health staff

Listening to health workers' concerns is critical in providing appropriate support. During discussions with health workers you should explain the purpose of your visit, and offer them the opportunity to share their concerns. If possible, try to meet with each staff member individually, and explain the reason for the visit. Sample questions to ask individual health workers include:

- are they able to get their work done? If not, why not?
- 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 questions that require more than a "yes" or "no" answer. For instance, ask open-ended questions.

Example of a closed-ended question
"Do you know how to use VVM?"

Example of an open-ended question
"How would you know if the vial needed to be discarded?"

3.1.3 Reviewing data and using a supervisory checklist

Reviewing data can provide useful information about a health worker's performance. It may also provide information on any gaps in the knowledge and skills of health workers, or alternatively any lack of equipment. Table 4.5 provides some data records that should be reviewed during a supervisory visit.

Table 4.5 : Data records to examine during a supervisory visit

Key components	Main data records to examine
Immunization coverage status.	• Immunization coverage monitoring charts. • Tally sheets, registers. • Defaulter tracking system. • Monthly immunization reports. • Immunization workplan.
Disease surveillance activities.	• Patient register. • Monthly disease surveillance reports. • Various graphs on disease trends and maps.
Cold chain, vaccine safety and vaccine management.	• Refrigerator temperature charts. • Vaccine and other supplies stock records.
Communication and links with community.	• IEC materials posted on walls. • Minutes of community meetings.

During the visit the supervisor may also use a set of predetermined indicators that are formatted into a checklist (discussed in Section 1.2).

3.1.4 Talking to the parents and community members

Talking with parents and members of the community is the only way supervisors can learn how community members view the health services provided. It is especially useful to talk to women as they leave the health centre (exit interviews) and to visit members of the village health committee. Refer to *Module 2: Partnering with communities*.

3.2 Problem-solving and feedback

3.2.1 Problem-solving with staff

Step 1 : Describe the problem and its impact

- Focus on the problem and not individuals. Be sure and identify if the problem is due to a lack of skills or to an external factor that prevents the health worker from doing his/her job ?
- Explain the impact (long-term and short-term) of the problem.
- Tackle one problem at a time.
- Be specific in explaining the problem. If possible, back it up with facts rather than judgment alone.

Step 2 : Discuss the causes of the problem with health staff

- Identifying the cause of the problem involves asking " **why** " repeatedly.
- This should not be an opportunity to blame others or blame the system.
- It may sometimes be necessary to seek causes in other sources (e.g. community members, data, etc.).
- Prioritize causes according to those that can more easily be addressed.

Step 3 : Implement solutions and monitor regularly

- Solutions to be implemented should reach a common awareness of what needs to be done and by whom.
- Solutions that can be implemented immediately should be implemented first, e.g. training on how to assemble a safety box.
- Develop an implementation plan that details what, how, who and when.
- Follow up on progress.

3.2.2 Feedback to the health staff concerned

In the first instance, feedback must be to the supplier of the information, i.e. the health worker under supervision. When data collection is completed, the supervisor should work with health-facility staff as a team, describing each problem in detail and making constructive comments.

If you have some bad behaviour to comment on, begin with the positive, and be specific about weaknesses, rather than simply saying, "That was not done well ".

Give learners reasons for their success or failure. Don't just say "Well done " but give a reason – "Well done. You correctly read the VVM and took appropriate action ". Don't say "You are wrong " but rather "There may be a problem " and explain it. Example : "The data from your tally sheet do not match the data in the reporting form. How can this be corrected ? "

Learning activity 4.5: Problem-solving

Below is an example of a checklist from a supervisory visit. Some comments have been entered, in the form of problems observed.

What corrective action can the supervisor take to solve the problems observed, both on site during the visit, and in the longer term?

	Question	Yes/ No	Comment (problems observed)	On-site Corrective action	Longer term Corrective action
1	Is the session organized efficiently?	Yes			
2	Are immunization cards in use for every infant and pregnant woman?	Yes			
3	Is the register used for recording information on each child/mother/pregnant woman?	Yes	Not filled correctly		
4	Are parents advised on when to return?	No			
5	Does the health facility have a monitoring chart displayed?	Yes			
6	Does the health facility have a map of the catchment area displayed?	No			
7	Does the health facility have a workplan for the quarter?	Yes	Available but not used		
8	Are planned sessions monitored for completeness/timeliness?	No			
9	Is there a system for tracking defaulters?	Yes			
10	Does the health facility display a spot map of measles cases?	Yes			
11	Is a temperature monitoring chart in use?	Yes			
12	Are the vaccines stacked properly inside the refrigerator?	No	HepB vaccine kept too close to freezer		
13	Are there any expired vaccines inside the refrigerator?	No			
14	Are there any vaccines with VVM reaching the discard point?	Yes			
15	Do the health workers know how to read and interpret the VVM? Ask them to describe the stages of the VVM and what they mean.	Yes			
16	Does the staff member know WHEN to perform the shake test? Can he/she correctly perform the shake test? (Ask them to demonstrate how they would do it).	Yes			
17	Is there an adequate supply of AD syringes for the planned sessions?	Yes			
18	Are AD syringes used for every immunization?	Yes			
19	Is the injection technique appropriate?	Yes			
20	Are safety boxes used for each AD syringe and needle?	Yes			
21	Are immunization posters displayed on the health-facility wall?	Yes			
22	Is there a schedule of community meetings?	No			
23	Is there a community volunteer involved with immunization?	No			
24	Is there a stock register?	Yes			
25	Does the stock register show adequate vaccines and supplies?	No	AD syringes out of stock		

3.3 On-the-job training

Six main steps when teaching a skill.

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

Learning activity 4.6: On-the-job training

Prepare a short training session for health staff based on the following most common training issues.

1) Reading the VVM.
2) Arranging vaccines in the refrigerator.
3) Understanding the multi-dose vials policy.
4) Improving communication skills with parents.

Think about relevant job aids/materials that health workers can refer to in future.

Think about what opportunities you will give to learners to practise their new knowledge and skills.

3.4 Recording the results of supervision

3.4.1 Record-book at the supervisory site

It is useful to maintain a supportive supervision record-book at each supervisory site.

This should record the date of the visit, main observations, training given, and agreed follow-up actions.

Table 4.6 : Sample format of a supportive supervision record-book

Date of visit	Basic tools (tick if available and up-to-date)						Training/ guidance provided on	Agreed follow-up action
	Map	Session plan	Workplan	Chart	Drop-out tracking	Stock recording system		

3.4.2 Preparing a supervision report

After each supervisory visit, the supervisor must prepare a supervisory report. This report is vital for planning corrective measures, and also future supervisory visits. It should inform programme managers and others (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.

The supervision report must :

- identify who is being 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 ;
- be shared with the supervisee (either a copy or written/verbal summary).

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 and send this to various people.
- Organize a seminar to discuss the results of the supervisory visits. You may find that this results in interesting discussions, an exchange of ideas, or on-the-spot problem-solving ideas.
- Share information at monthly meetings.

Notes :

4. Follow-up activities

4.1 What to do after a supervision visit

Supportive supervision does not end with the conducted visit. Back in the office the supervisor should plan for follow-up, which may include the following:

- acting on issues you agreed to work on;
- involving health workers in the planning process and working with them to develop checklists, job aids, monitoring tools, etc.;
- discussing equipment supply and delivery problems with higher levels;
- reviewing monthly reports and establishing regular communication with supervised staff to see if recommendations are being implemented;
- identifying career growth or leadership opportunities for the personal development of supervised health staff.

4.2 Conducting follow-up visits

Follow-up visits provide continuity between past and future supervisory visits for a health worker, in the following ways:

- ensuring problems identified at a previous visit do not persist;
- reinforcing with the health worker that issues found during the last visit are still important;
- supporting the health worker. If the problem has not been fixed, why not?
- checking if past on-the-spot training has been effective;
- ensuring that the performance of the health worker is being monitored and improved.

As a supervisor, you can also benefit from the follow-up visit in the following ways:

- allows you to give consistent messages;
- ensures that even if you have not visited this health facility before, you are still able to confirm your visit is relevant, and based on previous visits and findings;
- ensures that even if different supervisors visit a clinic, relevant supervision can still be provided.

Steps for the follow-up visit include:

- reviewing the supervisor's report from the previous visit and continuing to work on the issues raised in the report;
- telling health workers what you have learned from the previous visit, in order to avoid repeating the same information;
- observing health workers to see if bad behaviours or attitudes have been corrected and, if it is the case, congratulating them;
- highlighting the observations from the previous visit that have not changed and noting that these items still need to be followed up;
- checking if any perceived lack of improvement is due to hidden problems that need to be addressed;
- fulfilling promises made at the previous visit (i.e. if supplies or technical information/documentation had been promised).

Learning activity 4.7: Importance of follow-up supervisory visits

Instructions for the group.

Read through the following case study and discuss the questions below.

Case Study

As an 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 regarding daily allowances, transport, fuel and other logistics items, you are told that supervisory visits are a waste of resources, especially now that the districts are autonomous, or under the administration of the local government authorities.

The problem is that over the past year, the district supervisor could only make a single visit to about a half of the health centres. These visits revealed several problems that need to be followed up.

1) Why are supervision visits (from national to district level or from district to health facilities) difficult to conduct?
2) What could be the reason for poor perception of supervisory visits by the Ministry of Health (MOH) — who may regard such visits as a "waste of resources"?
3) What must be done to improve the effectiveness of supervision at all levels?
4) Are there other supervisory methods that do not necessarily require field visits? How do such methods ensure the effectiveness, reliability and quality of the supervision?

Annex 1 : Sample supervisory checklist

	Question	Yes	No
1	Is the session organized efficiently?		
2	Are immunization cards in use for every infant and pregnant woman?		
3	Is the register used for each child/mother/pregnant woman?		
4	Are parents advised on when to return?		
5	Does the health facility have a monitoring chart displayed?		
6	Does the health facility have a map of the catchment area displayed?		
7	Does the health facility have a workplan for the quarter?		
8	Are planned sessions monitored for completeness/timeliness?		
9	Is there a system for tracking defaulters?		
10	Does the health facility display a spot map of measles cases?		
11	Is a temperature monitoring chart in use?		
12	Are the vaccines stacked properly inside the refrigerator?		
13	Are there any expired vaccines inside the refrigerator?		
14	Are there any vaccines with VVM reaching the discard point?		
15	Do the health workers know how to read and interpret the VVM? Ask them to describe the stages of the VVM and what they mean.		
16	Does the staff member know WHEN to perform the shake test, and can he/she correctly perform the shake test? (Ask them to demonstrate how they would do it).		
17	Is there an adequate supply of AD syringes for the planned sessions?		
18	Are AD syringes used for every immunization?		
19	Is the injection technique appropriate?		
20	Are safety boxes used for each AD syringe and needle?		
21	Are immunization posters displayed on the health facility wall?		
22	Is there a schedule of community meetings?		
23	Is there a community volunteer involved with immunization?		
24	Is there a stock register?		
25	Does the stock register show adequate vaccines and supplies?		

The World Health Organization has provided technical support to its Member States in the field of vaccine-preventable diseases since 1975. The office carrying out this function at WHO headquarters is the Department of Immunization, Vaccines and Biologicals (IVB).

IVB's mission is the achievement of a world in which all people at risk are protected against vaccine-preventable diseases. The Department covers a range of activities including research and development, standard-setting, vaccine regulation and quality, vaccine supply and immunization financing, and immunization system strengthening.

These activities are carried out by three technical units: the Initiative for Vaccine Research; the Quality, Safety and Standards team; and the Expanded Programme on Immunization.

The Initiative for Vaccine Research guides, facilitates and provides a vision for worldwide vaccine and immunization technology research and development efforts. It focuses on current and emerging diseases of global public health importance, including pandemic influenza. Its main activities cover: i) research and development of key candidate vaccines; ii) implementation research to promote evidence-based decision-making on the early introduction of new vaccines; and iii) promotion of the development, evaluation and future availability of HIV, tuberculosis and malaria vaccines.

The Quality, Safety and Standards team focuses on supporting the use of vaccines, other biological products and immunization-related equipment that meet current international norms and standards of quality and safety. Activities cover: i) setting norms and standards and establishing reference preparation materials; ii) ensuring the use of quality vaccines and immunization equipment through prequalification activities and strengthening national regulatory authorities; and iii) monitoring, assessing and responding to immunization safety issues of global concern.

The Expanded Programme on Immunization focuses on maximizing access to high quality immunization services, accelerating disease control and linking to other health interventions that can be delivered during immunization contacts. Activities cover: i) immunization systems strengthening, including expansion of immunization services beyond the infant age group; ii) accelerated control of measles and maternal and neonatal tetanus; iii) introduction of new and underutilized vaccines; iv) vaccine supply and immunization financing; and v) disease surveillance and immunization coverage monitoring for tracking global progress.

The Director's Office directs the work of these units through oversight of immunization programme policy, planning, coordination and management. It also mobilizes resources and carries out communication, advocacy and media-related work.

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