

## **RAPID- SUPPORTIVE SUPERVISION FOR STRENGTHENING ROUTINE IMMUNIZATION SERVICES**

### **Problem Statement**

It is well established the effective Supportive Supervision (SS) is key towards successful implementation of any public health intervention measure or program. With more than 9 million immunization sessions and a high number of cold chain points supervision is an integral part of the Universal Immunization Program (UIP) in India. **Regular Appraisal of Program Implementation in District (RAPID)**; a SS and review approach developed by USAID-MCHIP has been adopted and implemented by Government of Jharkhand (GOJ) in collaboration with Development Partners (DPs) in the State primarily UNICEF, MCHIP and WHO-NPSP. The model aims at improving the quality and service delivery of the Immunization Program by focussing on key thematic areas of program management; cold chain maintenance including vaccine and logistics management; immunization safety and waste disposal; records, reports and use of data for action.

### **Program Description**

Conducted as a 3-4 day activity the RAPID model includes a one day orientation and training on Routine Immunization (RI) facilitated for all stakeholders at the district level. Following that, teams visit all Community Health Centers (CHCs) and Primary Health Centers (PHCs) which are planning units for immunization and have vaccine storage facilities and randomly selected outreach session sites in the district over one or two days. Each team is comprised of trained supervisors – a district level health official, Medical Officers at the block level and a Partner representative. The teams observe key thematic areas as outlined above at the

cold chain points and session sites and capture the observations in standardized checklists. The team discusses program related issues with facility staff, ensure onsite corrections, and provide training to contribute to the strengthening of skills and service delivery of the facility staff and ANMs at session sites. Collected data is compiled and analyzed using an Excel based tool, contributing to an analytical report with indicators and grading of ILR points. The findings are shared with the district to develop an action plan for the next six months.

### **Program Impact**

The model has resulted in a significant improvement in the quality of services across Cold Chain points in various districts as evidenced by the following data. Whereas in the first round only 1 (14%) cold chain point was in good category; 6 (75%) facilities were in good category after six rounds.

### **Scalability**

The RAPID model is being implemented across the State with funds approved in the State Program Implementation Plan (PIP). The model has also been adopted by other States in the country.

### **Conclusion**

The model has definitely resulted in improved services at the cold chain points in the districts.

### **For further details contact**

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# Results of six rounds of RAPID conducted in Deoghar district

Facility / CHC	Round 1 (Feb 2010)		Round 2 (Nov 2010)		Round 3 (April 2011)		Round 4 (Nov 2011)		Round 5 (May 2012)		Round 6 (March 2013)	
	Points	Grade	Points	Grade	Points	Grade	Points	Grade	Points	Grade	Points	Grade
Sarath	47	Avg	41	Avg	53	Good	55	Good	51	Good	55	Good
Madhupur	36	Avg	41	Avg	50	Avg	55	Good	56	Good	57	Good
Jasidih	54	Avg	52	Good	52	Good	58	Good	56	Good	54	Good
Sarwan	47	Good	53	Good	53	Good	58	Good	56	Good	56	Good
Palojori	37	Avg	50	Avg	50	Avg	53	Good	46	Avg	55	Good
Mohanpur	33	Avg	43	Avg	55	Good	59	Good	51	Good	51	Good
Karron	25	Poor	35	Avg	53	Good	58	Good	57	Good	47	Avg
Devipur							46	Avg	47	Avg	41	Avg