

SUPPORTIVE SUPERVISION AS A TOOL TO IDENTIFY ACCESS GAPS IN PUBLIC HEALTH FACILITIES OF ANDHRA PRADESH, INDIA

Problem Statement

In the state of Andhra Pradesh, India, the Department of Health, Medical and Family Welfare manages 12522 Sub Centres (SC) and 1709 Primary Health Centres (PHC), apart from CHCs, Area, District and Teaching hospitals under public sector. These health facilities are designed to provide preventive and curative health services which are critical to the system in provision of maternal and child health care.

The department is facing the twin challenges of slow pace of decrease in infant and maternal mortality rates over the recent years when compared to other southern states and the concurrent demand for human resource, drugs, medicines, equipment, and other basic facilities. Hence the department decided to use the system of routine inspections by the field officials to translate the observations into meaningful action, deriving supportive supervision into decisive actions.

Program Description

The program was initiated with the following objectives: (1) Use of routine inspections of the health facilities to assess the gap in access areas to health care and (2) Prioritize the gaps for systematic reduction in the specified delivery areas (3) Estimate the implications on service delivery.

Methodology: Supervisory formats have been designed for the SC and PHC. A team of five senior officers have been formed at the district. The Statistical Officer of the district was asked to carefully select the SC and PHC for field inspection team on stratified sampling technique to eliminate dual and repeated inspections. The team was asked to visit 2 SC and 2 PHC and record their

observations in the supervisory formats at the inspecting field unit and attest their signature along with those of the field staff. The reports are scanned and sent to the State office where a program has been developed to compile the data and analyse the results to identify the gaps.

Results: About 10% of SCs and 75% of PHCs which are spanned across twenty three districts in the State have been covered in period of about two and half months. An analysis of the SC reports reflected 34 % of gap in infrastructure, 62 % in rented buildings, about 90% facilities having drugs, 72% having equipment, 22% not having registers, about 66% of staff require training and capacity building in conducting certain lab tests and usage of equipment.

Similarly an analysis of the PHC reports reflected 43 % of gap in human resource, 99% Facilities having own buildings, about 90% facilities having drugs, about 35% facilities not having lab facilities, 74% having equipment, 24% not having registers, about 15% of staff nurse and ANM not knowing the use of partographs, initiation of oxygen in emergencies, take measurement of BP, conducting foetal examination and undertaking cervical dilatation assessment.

Program Impact

This arrangement is a cost effective solution, as people and processes adopted in the activity are completely internal to the system, the system is internalized to complement the departments' planning of infrastructure, human resource placement, capacity building, training and provision of funds processes. The results from the efforts are integrated into a mechanism of review, monitoring, evaluation and decision making process to provide the

required continuous support to the field units and extract the desired results.

Scalability

Provision of basic health care remains the responsibility of the Government; hence it is important to realize the comparative advantage of involvement of the public health cadre for efficiency and effectiveness. Supportive supervision proves to be an immense opportunity for public health providers to understand the gaps in health care and offer affordable and timely solutions. However continuity of such systems largely depends on clearly defined focus areas in public health services. Sustainability of such arrangements also depends on the commitment and will of all involved partners.

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