SUPPORTIVE SUPERVISION AT HEALTH FACILITIES IN HARYANA

Problem Statement

Program implementation at the Health facilities is a challenge due to various constraints related to availability Infrastructure, functional equipments and a robust supply chain management of drugs and logistics, and efficient human resources with skills to provide the requisite services. Supportive supervision is of paramount importance in smooth implementation and ensuring quality of health care service delivery at the grass root level. Such supervision ensures providing the requisite support or changing staff attitude to work more effectively towards achieving the goals of NRHM. It also provides greater coordination between the supervisor and employee to resolve problems and creating a better working environment. The NRHM, Haryana has introduced one such regular and systematic approach of supportive supervision concurrently through internal and external mechanisms.

Program Description

Supportive supervision in Haryana covers peripheral health facilities such as the sub – centres, Primary Health Centres, Community Health Centres, Sub Divisional Hospitals and the District Hospitals. It has the following components:

Tools: Regular information is collected in checklists such as the a) Supervision Format for the Health Facility b) Questionnaire for ANM or Staff Nurse c) House to House monitoring formats (for sub centres only) and d) Supervision feedback format. These forms are available online and have to be entered after each visit is completed.

Human Resources for supervision: The external supportive supervision component

relies heavily on the residents of the Department of Social and Preventive Medicine, of the local Medical College. They spend one week every month on conducting supportive supervision in the districts. For internal supervision Program Officers and Consultants from State NRHM Head Quarters are engaged. Mostly the external and internal supervisory activities are conducted synergistically. The Deputy Civil Surgeons, Senior Medical Officers and Medical Officers of the District also accompany and are actively involved in this process.

Plan for supervisory activities: The plan for supervisory activities is drawn up much prior to the activity on the field. This plan has details of the date of visit, health facility to be visited, and names of the internal and external monitor. The activities are carried out according to schedule to ensure efficient and effective supervisory visit.

Process: The rounds of supportive supervision activities are conducted every month or over two months by Residents of PGIMS, Rohtak and Program Officers/Consultants from NRHM State HQ. The Residents and Program officer are allotted Districts and the facilities to be supervised within the districts. At least one Resident and One Program officer supervise each district. Advance monthly roster is prepared by Deputy Civil surgeon (Supportive Supervision) for all the Medical officers, Senior Medical Officers and Other Deputy Civil Surgeons. Minimum of 3 subcenters are to be supervised per PHC by the MOs. The SMOs supervise PHCs and subcenters while Deputy Civil Surgeons supervise SDH and CHCs. The tool used in the field is uniform for all supervisors. As an incentive a sum of Rs 500/- is given for each documented visit by the MO at sub - center on submission of completed form and online entry of the supportive supervision format.

is underway. A total of 366 sub centres, 311 Primary Health Centres and 161 Community Health Centres have been effectively covered under this activity.

Program Impact

The achievements of the supervisory visits are reflected in Table 1. Until date two rounds of the activity has been conducted and the third

Scalability

Such models comprising of teams of external and internal monitors can also be implemented in other states.

Round/Health Facilties type	Subcenters	PHCs	CHCs/SDHs/DHs
Ist round	225	168	89
2nd round	141	143	72
3 rd round	Undergoing	Undergoing	