

## Strengthening immunization services through service delivery support

### The Andhra Pradesh Experience

#### Introduction

In 2001, a coverage evaluation report indicated 30 percent of children less than one year of age remained unimmunized. The evaluation found that supplies were usually in place and training was provided to the field workers, but a system to check the quality of immunization services was missing. To improve this quality, the Government of Andhra Pradesh, along with PATH (Program for Appropriate Technology in Health), an international development organization, launched a model Immunization Service Delivery Support (ISDS) system in November 2003. The objective was to strengthen immunization services through supportive supervision in around 1,500 public health centers (PHCs) in the 23 districts of the state.

#### The ISDS framework

The objectives of ISDS are to: (1) identify areas of high performance and those that need improvement; (2) assist staff in identifying and correcting wrong practices; (3) improve staff skills; (4) motivate staff; and (5) initiate peer pressure and focused actions at appropriate levels through information sharing. The team carries out these objectives through the following activities:

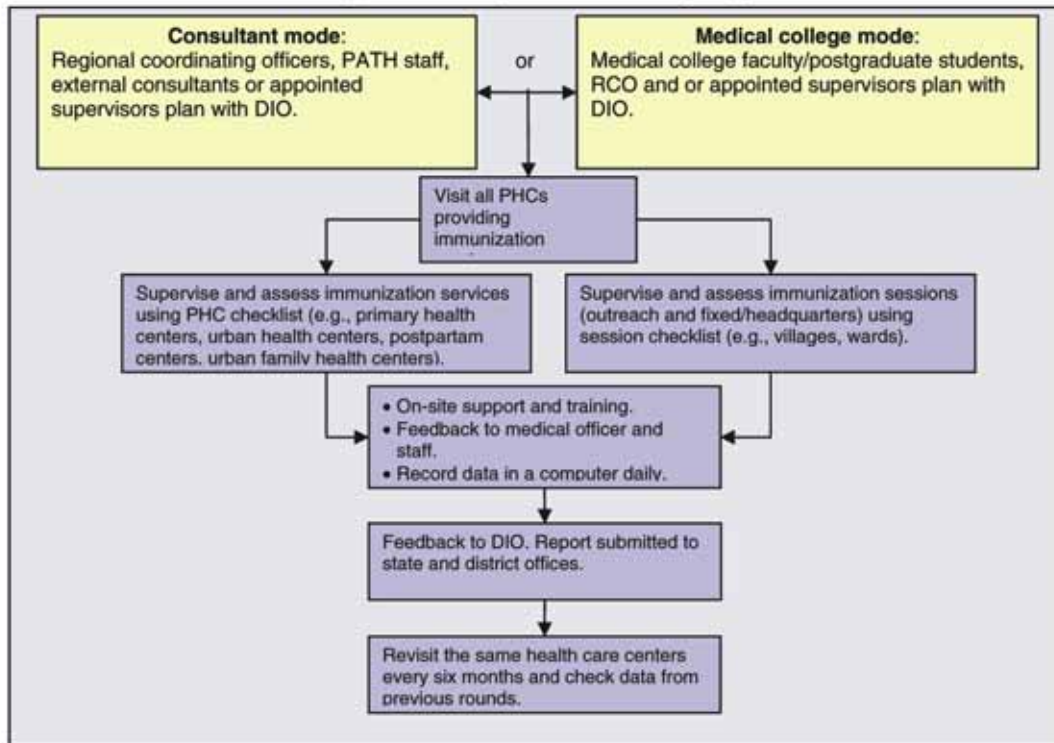
- Trained supervisors visit all the institutions providing immunization services. They spend approximately four to five days per district and at least two to three hours in each PHC. The supervisors use checklists to collect critical information on the immunization system. They give the Medical Officer of each institution feedback for proposed supportive actions. Supervisors also give feedback to the DIO in a debriefing session on the last day of the supportive supervision activity. The data collected using checklists are converted electronically and analyzed. Feedback is given to the district administration. Figure 1 (overleaf) shows the supportive supervision framework.
- The ISDS model is a combined intervention of the external consultant mode and medical college mode (Figure 1). The external consultant mode was coordinated by designated persons at PATH. It utilized a team of external consultants and regional coordinating officers (RCOs) to implement the model in 14 districts. In each supervision round, a team consisting of six to seven members, including PATH staff, external consultants, and RCOs, made four- to five-day visits to all PHCs that were providing immunization services and regular fixed and outreach immunization sessions on Wednesday and Saturday, respectively.

#### **Supportive supervision involves:**

- ✓ **Supervision:** Supervising immunization activities at all PHCs and during immunization sessions by identifying areas of high performance and those that need improvement. Standard checklists were used.
- ✓ **Training:** On-site training by supervisors to assist staff in identifying and correcting wrong practices.
- ✓ **Communication:** Publishing the performance of each PHC in the district and communicating the scores to the District Immunization Officer (DIOs). This served to provide "peer pressure" between PHCs for improvement as well as for helping DIOs to focus their efforts on the least-performing areas. Similar information was available at the state level for all districts.
- ✓ **Staff Skill Improvement:** Improving staff skills with training and motivation to help them perform better.

In the other seven districts, supportive supervision was provided by faculty and postgraduate students from medical colleges in coordination with RCOs and DIOs. In both interventions, the supervision team was accompanied by the DIO and other district program managers or DIO-appointed supervisors to ensure capacity strengthening and sustainability. PATH provided training, appropriate checklists, and financial and technical support to the supportive supervision teams.

**Figure 1. The supervision delivery support framework**



## Results

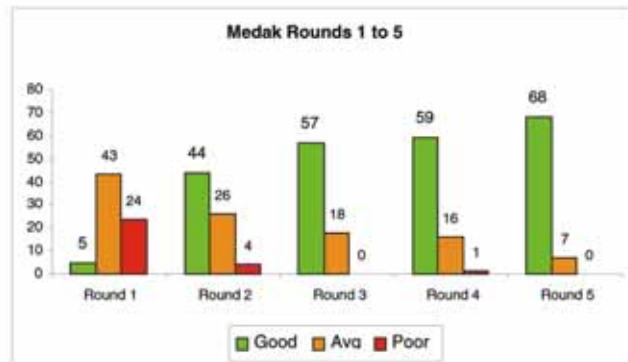
There has been a significant improvement in the quality of routine immunization. The information collected during the visits is given to the concerned PHC so that they can make improvements before the next visit. The institutions are ranked as “good”, “average”, or “poor” performers, and this ranking is sent to the medical officer responsible for immunization performance in each district. Finally, a ranking for each district is sent to the officials responsible for immunization in the state headquarters. Thus far, five rounds of visits have occurred.

## Sustainability of supportive supervision activity

Over the course of the program, management responsibilities were gradually handed over to trained RCOs. As the assistance from external consultants and PATH staff phased out, seven RCOs were assigned responsibilities for conducting supportive supervision in 14 districts, and for coordinating with the medical colleges in 9 districts and all DIOs. A detailed analysis on the cost and effectiveness of the ISDS model has been conducted. The analysis is in the process of being prepared for submission to a journal.

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**Figure 2. Ranking of institutions in Medak district**



*The illustration above shows improvement in one of the districts in Andhra Pradesh where the number of “good” institutions has increased from 5 to 68, over a two-year period.*