

Improving immunization through supportive supervision

Vietnam has made great strides in getting vaccination to all of its children. Building on the country's success, PATH has been working on improving the quality of existing immunization services.

A solid foundation

Vietnam's National Expanded Program on Immunization (NEPI) has achieved impressive coverage levels; more than 90 percent of infants receive all recommended vaccinations. A 2003 review concluded that the program performs remarkably well in the face of limited resources and considerable obstacles.

In Vietnam's rural, geographically diverse Ha Tinh Province, PATH has improved the skills and practices of health workers and their managers, by introducing the technique of "supportive supervision."

What is supportive supervision?

Because systems are only as strong as the people who participate in them, supporting health workers and increasing their skills has proven to be an excellent way to improve performance and ultimately increase the number of children who receive the essential protection of vaccines.

During supportive supervision, managers help staff improve—often by encouraging effective two-way communication,

identifying and resolving problems, and conducting robust performance planning and monitoring. The relationship between the manager and employee is based on mentorship rather than fault-finding. Managers provide ongoing reinforcement of good practices and ensure that weaker performers receive extra support. UNICEF, WHO, and the GAVI Alliance have identified supportive supervision as one of the best ways to improve vaccine coverage.

New uses for existing structure

Traditionally, managers in Vietnam have understood supervision to include checking for errors, which can lead health workers to hide mistakes, missing opportunities to learn and to improve their skills. In Ha Tinh, however, supportive supervision has taken hold.

For example, Vietnam's immunization program mandates regular meetings between each level of management structure—between national and regional personnel, between regional and provincial personnel, and on down through the village level. Previously, meetings were used only for discussing administrative issues, such as salaries. Now they are opportunities for managers to review best practices, update the skills of their staff, and disseminate checklists and other tools for use by health workers.



In Vietnam's Ha Tinh Province, PATH trained 70 supervisors in supportive supervision methods that led to immediate, significant performance improvements.

The start of supportive supervision

In 2004, PATH began training province- and district-level supervisors in supportive supervision. We developed a curriculum based on the latest information in the field of adult education.

The resulting three-day training was highly interactive, with most sessions devoted to discussion, role playing, and two-way communication. Participants left with new skills and tools for setting goals, providing constructive feedback, and measuring progress.

For example, during one role-playing activity, participants were divided into small groups, where they discussed a case report from a supervisory visit and identified objectives for the next supervisory visit. Participants then traveled to a field site to conduct a supervisory visit and practice using a performance-indicator checklist. Training participants developed a new tool to continuously measure project success by using quantifiable benchmarks.

In all, PATH provided training and refresher training to 70 province- and district-level managers.

In conjunction with the training, we helped national and province-level program managers identify and chart performance expectations. The resulting matrix became an important tool for measuring worker performance of individuals and health centers.

In addition, national and province-level leaders documented roles and responsibilities for managers and modified existing checklists to contain information to guide identification and resolution of performance problems. They also formalized a comprehensive supervision plan that allows managers to prioritize sites for supervisory visits, make the most of monthly meetings, and align refresher trainings with program goals and priorities identified during performance monitoring. These activities helped integrate supportive supervision at every level, with managers in turn receiving supportive supervision from *their* supervisors.

Spreading success

PATH initiated this pilot project in five districts in Ha Tinh Province. After just one year, there were dramatic improvements in the quality of immunization services (Figure 1).

PATH staff presented the project results in several quarterly meetings of the NEPI. The results caught the attention of decision-makers, and national and regional staff have since requested that the checklists developed for supportive supervision be added to the Vietnamese edition of *Immunization in Practice*, WHO's technical manual.

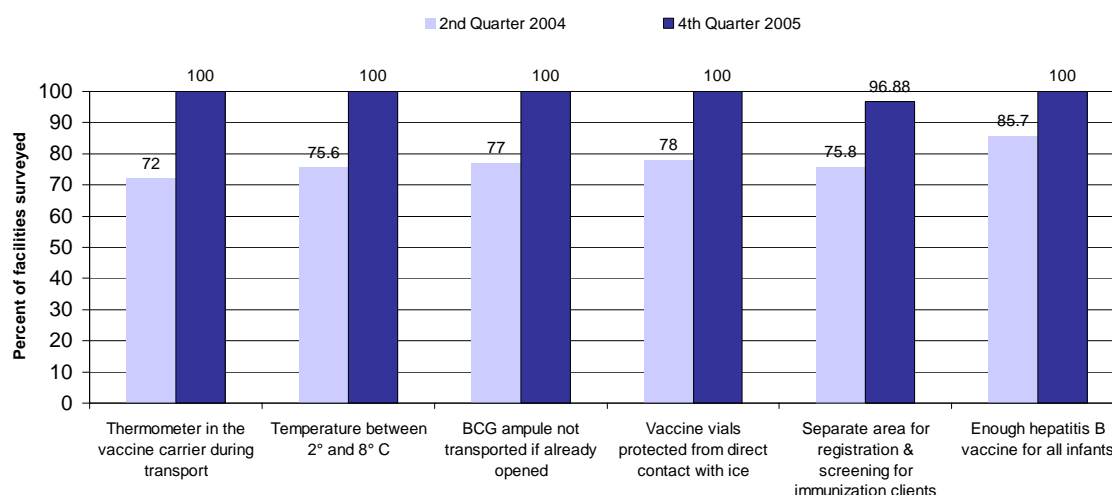
Together, Vietnam's NEPI and PATH have finalized a standard training curriculum that can be used throughout the country. Supportive supervision manuals and guidelines are now available for adaptation and use both within and outside Vietnam.

Vietnam is very committed to supportive supervision and plans to use available resources to roll out the strategy in select provinces in 2007 and nationally in the future. Ideally, other health departments will note the quality improvements gained by this cost-effective intervention and implement supportive supervision to improve other health programs.

More information

For more information about this work, please contact vietnam@path.org or info@path.org.

Figure 1. Quality improvements after introduction of supportive supervision checklists



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