SUPERVISION AND MONITORING

Health Managers Modules for Immunization

Compiled by NIPI-UNOPS and NCHRC-NIHW, Delhi, India
For Child health managers/Block program managers under NRHM.
The Universal Immunization Program, launched in 1985 for reducing deaths and disabilities due to vaccine preventable diseases in the country, has received a special impetus through the National Rural Health Mission (NRHM). The strengthening support provided by NRHM includes funds, resources, strategic guidelines and contractual manpower for program management. Since 2005, when the NRHM came into effect, there has been an increasing trend in Immunization coverage and quality.

Child Health managers introduced to manage and oversee child health and immunization in select districts of low performing states, as well as other health managers from non-medical background introduced through the NRHM, was found to have an increasing role in the Immunization Program. However they often came with no prior knowledge, experience or skills related to management of the Immunization program. Their roles and therefore their requirement in the program were identified as being a mixture of technical, supervisory and managerial. This set of modules covers many of these aspects, and have been developed for self as well as collective learning by program managers and supervisors.

The modules have been compiled from existing literature related to the Immunization program and health management available in India with the Ministry of Health and Family Welfare as well as with UNICEF, WHO, USAID and PATH. The materials have been adapted to meet the requirements at the primary levels of health program management in the country, particularly at the sector, block and district levels.

The National Child Health Resource Center (NCHRC) at the National institute of Health and Family Welfare (NIHFW) has worked closely with national trainers in Immunization at the NIHFW and the Immunization officer of United Nations Office for Project Services, Norway India Partnership Initiative (UNOPS-NIPI) in developing these modules. The pilot testing of these modules has been conducted in Orissa, Bihar and Rajasthan involving the district, block and sub block level managers and supervisors along with select state level trainers, and their feedback has been incorporated. UNOPS-NIPI has been instrumental in identifying the need for improving program management at implementation levels as an important step to achieve enhanced program coverage and quality, and have also provided the required support for the development of these modules.

We hope that this set of module will prove to be useful in enhancing the capacity of managers and supervisors at implementation levels for improving quality and coverage of Immunization.

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## Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Extended form</th>
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<tbody>
<tr>
<td>ADS</td>
<td>Auto disable syringes</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary Nurse Midwife</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>AVD</td>
<td>Alternate Vaccine Delivery</td>
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<tr>
<td>BCG</td>
<td>Bacillus Calmette-Guérin</td>
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<tr>
<td>CHC</td>
<td>Community Health Center</td>
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<tr>
<td>DPT</td>
<td>Diphtheria Pertussis Tetanus Vaccine</td>
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<tr>
<td>DT</td>
<td>Diphtheria Tetanus</td>
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<td>ICDS</td>
<td>Integrated Childhood Development Services</td>
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<td>IFA</td>
<td>Iron and Folic Acid Tablet</td>
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<td>JE</td>
<td>Japanese Encephalitis</td>
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<td>NRHM</td>
<td>National Rural Health Mission</td>
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<td>OPV</td>
<td>Oral Polio Vaccine</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
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<tr>
<td>PDA</td>
<td>Personal Digital Assistant</td>
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<tr>
<td>PHC</td>
<td>Primary Health Center</td>
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<td>PRI</td>
<td>Panchayati Raj Institutions</td>
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<tr>
<td>TT</td>
<td>Tetanus Toxoid Vaccine</td>
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<tr>
<td>VVM</td>
<td>Vaccine Vial Monitor</td>
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Objectives of this module

- Outline methods for setting and maintaining an effective supportive supervision system at block level
- Articulate the role of Child health managers in establishing and maintaining this system

Contents:

I. Introduction
II. Creating a Supervisory system
III. Making a supervisory plan
IV. Supervision methods
V. Actions following supervisory visits
VI. Monitoring and supervision
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VIII. Annexures
1. What is the need for supervision?

All activities benefit from supervision in many ways. Some of these are

- Supervision provides opportunity for learning in case there are any gaps in the knowledge or skills of the service provider.
- Supervision helps in understanding ground realities and challenges and a good supervisor can suggest or provide means to overcome the problems.
- Supervision motivates the health worker to perform well.
- Supervision helps in team building.
- Supervision also helps in making the workers aware of new guidelines and notices.
- Supervision helps the workers relate better to the community.

2. What are the differences between control and supportive supervision?

Supportive supervision is a process of helping staff to improve their own work performance continuously. It is carried out in a respectful and non-authoritarian way with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

Supportive supervision encourages open, two-way communication, and building team approaches that facilitate problem-solving. It focuses on monitoring performance towards goals, and using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.

Supportive supervision is helping to make things work, rather than checking to see what is wrong.

Traditionally, many countries have used an authoritarian, inspection or control approach to supervision. This approach is based on the thinking that health workers are unmotivated and need strong outside control to perform correctly.

However, it has been shown that a supportive approach, where supervisors and health workers work together to solve problems and improve performance, delivers improved results for the immunization programme.

Table 4.1 compares the characteristics of the control approach and the supportive approach.

<table>
<thead>
<tr>
<th>Usable Stages</th>
<th>Unusable Stages</th>
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<tbody>
<tr>
<td>• Focus on finding faults with individuals.</td>
<td>• Focus on improving performance and building relationship.</td>
</tr>
<tr>
<td>• Supervisor is like a policeman.</td>
<td>• More like a teacher, coach, mentor.</td>
</tr>
<tr>
<td>• Episodic problem-solving.</td>
<td>• Use local data to monitor performance and solve problems.</td>
</tr>
<tr>
<td>• Little or no follow-up.</td>
<td>• Follow up regularly.</td>
</tr>
<tr>
<td>• Punitive actions intended.</td>
<td>• Only support provided.</td>
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</tbody>
</table>
Example:

**Punitive vs. Supportive feedback**

**Example: Punitive (ineffective) feedback**

“I’ve watched how you vaccinate the child, Reena, and frankly, I did not like what I saw. You really did hardly anything right.

You did not make the mother hold the child properly and were touching the needle with your finger. Why weren’t you listening properly during the training?

I observed that you also did not fill the tally sheet after each vaccination and did not cut the needle with the hub-cutter.

Finally you did not give the mother the four key messages. No wonder we have such poor immunization coverage in the area.

I will ask the Medical officer in-charge to take strong action against you.”

**Example: Supportive (effective) feedback**

“When you were vaccinating the child Reena, you greeted the mother and checked the vaccine you should give the child. I observed that you also checked the VVM and found it usable.

It would help you however, if you ask the mother to position and hold the child properly, so that the baby does not make sudden movements. You must know that the needle is sterile and you should not touch it.

Furthermore to avoid accidental injury, you should cut the needle with the hub-cutter immediately after use. Come let me show it to you. (The supervisor demonstrates how this is done).

Finally do remember to mark a tally after each vaccination and counsel the mother with the 4 key messages. . You will see soon your coverage will increase with these practices.

1. What are the steps involved in setting up / strengthening a supervisory system?

As a health manager, you have an important role in overseeing all processes related to the delivery of immunization and child health services in your area. While you will yourself be supervised by another senior medical officer and assisted by a team of health supervisors, it is necessary for you to establish sound supervisory systems and mechanisms for your area.

Remember, you have to supervise all processes related to the delivery of child health / immunization services and not just the final activities. That means for immunization, supervision will include

- visiting of session sites to oversee the administration of vaccines
- visiting household to assess beneficiaries
- Overseeing the quality of household surveys for enlisting of beneficiaries (Community needs assessments/ surveys),
- Ensuring the completeness and quality of micro plan preparation,
- Helping in team building with ASHAs and Aganwadis for mobilization,
- Overseeing and supervising the logistios movement process till all required vaccines and commodities are available at the immunization site,
• Observing actual vaccination of beneficiaries and their counseling,
• Supervising the disposal of immunization related wastes,
• Supervising the proper recording and tracking of immunization status and final report preparation
• Overseeing cold chain maintenance at storage level,
• Making best use of review meetings to provide proper supervisory feedback and initiate corrective action.

Therefore, in order to supervise all these processes, you have to ensure that suitable supervisory systems are in place. A good **system for supervision** should have the following components. These are all discussed in detail in the following chapters but are outlined here for your clearer understanding:

1. A supervisory team of persons who are well versed with the program and activity and have clear terms of reference for supervision of field workers and volunteers.
2. Supervisory tools including checklists, handbooks and job aids and
3. Resources such as mobility arrangements.

Event-wise you may also look at supervision in the following order:

A. As preparedness is the key to success of any activity, it is imperative that a well thought of **supervisory plan** is prepared, written down and communicated to all concerned. As discussed above, all activities beginning from initiation to the finish of a health program needs good supervision. However the benchmarks of all plans for supervision need to fulfill the basic information of who undertakes the supervision, when, where and of what.

B. The **methodology of the supervision** is also important. A well rounded visit should have several components. Although the attitude of supervision as being supportive rather than authoritarian has been discussed at the outset, other practical mechanisms such as collecting information, corrective problem solving, providing on the job training and recording the results of supervision are essentials methods to be adopted.

C. Finally a **systematic approach is needed for compiling the information** gathered from various supervisory visits and should be utilized for taking corrective action. Often **review and feedback meetings** organized on a regular basis would help the larger group of supervisors and health workers learn from individual experiences.
II: Creating a supervisory system

Identifying supervisory team, resources, tools

☑ Divide the batch into groups. Group A has to make a plan for a supervisory system in a block of the district based on the box below.

<table>
<thead>
<tr>
<th>A. SUPERVISION SYSTEM</th>
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<tr>
<td>1. THE TEAM</td>
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</table>

A.1 The team

As a manager of the program your role in team formulation is going to be important. Discuss relevant issues related to the supervisory team with the Medical officer. Visit the Child Development Project Officer and collect the existing guidelines on monitoring and supervision from the district immunization officer. This would help your efforts be consistent with the requirements of your senior program managers and other partners.

The following are steps suggested for making and preparing a team for regular supervision of field level activities:

1. Build the team from persons who are available as well as have the job responsibility to supervise health / development programs at field level

2. Select the persons from within the health and related departments e.g. ICDS
   a. Discuss who in the present set-up of the area (block/sector/CHC/PHC) concerned can be identified as a supervisor from health /ICDS and other related departments
   b. Enlist these supervisors by name and designation

3. Get a copy of the mandate/ guideline/ order from respective departmental heads for supervisory responsibility of these persons
   a. What is each of these supervisors responsible for?
   b. Whose works are they designated to oversee?

4. Give uniform training on immunization as well as on supervision methods (supportive) and procedures.
   a. Share a plan for training the supervisors; think about role plays and exercises
   b. Introduce them to the related tools and formats
   c. Expose them to field level procedures e.g. through a field visit/film show/demonstration

5. Allot them areas of work
a. Make a map showing distribution of supervisory areas.

A.2 The tools:

As a group, discuss the tools presently available to make field level supervision of the immunization program effective, and come out with further tools that may be needed.

As the manager of the child health program in your area, you will need to have a comprehensive understanding of the activities within the program and the tasks and roles of each individual related to it.

**Government guidelines:**

Wherever possible, the health manager should ensure the compilation of Government guidelines and orders regarding all the existing health programs. This will often help resolve any issues and queries that arise in the field level.

**Handbooks and training materials:**

If a standard module or a handbook for the program is available, it is often a good tool to use as reference material or a ready reckoner which can be looked up when in need.

This can help in reinforcing what has been learnt by the workers in trainings as well as help in finding the correct suggestions for problems that arise at field level.

The first level supervisors, such as lady health visitors, are to be encouraged to take the training available for health workers in immunization. This will help them to know about new developments related to the program and update their knowledge and skills to be at par with those of the health workers.

All health workers and supervisors who have undertaken the trainings should be encouraged to carry a copy of the handbook with them. This will help them to refer to it in case of disputes and also share relevant portions with community link workers such as the ASHA and Aganwadi workers, and sometimes with the community members themselves. Soft copies of these handbooks are available at the following links:


**Checklists and standard formats for monitoring:**

It is often helpful if you have a standard checklist or format to check the tasks and activities. For example a session and house-to-house monitoring format (Annexure 1 and 2) has been recommended by the Ministry of Health and Family Welfare, Govt. of India to be used while supervising immunization sessions. The standard operating procedures and formats for this
monitoring strategy can also be downloaded from http://whoindia.org/en/Section6/Section284/Section286.htm

However, not all activities to be supervised have such standard checklists. Important activities like supervision of surveys like community needs assessment, preparation of micro plans, organizing and conducting community level meetings and sector meetings and even the logistics and program management at facility levels go unsupervised. In order to ensure that these processes are properly supervised, the program managers at district and state level can work out simple, specific, short and supervisory checklists (if nothing is available) and help the supervisors to use them effectively.

☐ The group may prepare a short checklist for supervision of a session micro plan preparation for immunization

Job aids:

Many job aids are now available to help the supervisors remind, instruct and mentor health workers. These are quick and easy references that can be used at field level. They range from pamphlets, cards and posters to notebooks and even mobiles and personal digital assistants (PDA handheld electronic devices) that can be used for enhancing the skills and abilities of the service provider or to make certain routine tasks easier.

This link may be followed to see some examples of such aids on proper cold chain maintenance, injection safety procedures, communication and tracking, films, processes and software tools for activities such as supportive supervision and micro plan preparation: http://www.immunizationbasics.jsi.com/India.htm.

For supervising session sites, it is often helpful to keep a copy of the micro plan or roster. It will aid in not only finding the exact session site but also in comparing the names and numbers mentioned in the micro plan. Moreover if one session is canceled the supervisor can visit another site based on the micro plan. Alternately he can visit houses in the catchment area and fill up Rapid Coverage Assessment Tool to find out coverage levels. If the coverage is poor and the session has been cancelled, this indicates a problem with deeper issues (hard to reach areas, temporary areas allocation to another ANM who is already over loaded, previous poor supervision, etc.)

A.3 The resources

For supervision to be effective, the supervisors must be equipped with the right and adequate resources to help them do their tasks.

It would often depend on senior managers and administrators to ensure that field level supervisors and managers have the necessary resources such as transport/mobility arrangements, per diem, fuel needed to visit health workers in action.

As a manager you would also have to find out what is available for your transport. If the current systems were not working out effectively, you would have to suggest something feasible to your supervisors and higher authorities.

Generally NRHM resources would have provided for some mobility arrangement for managers and supervisors, either for combined activities related to health or for individual programs. At a local level
find out how you can mobilize local resources in coordination with your Medical officer so that you can undertake travel to field locations when required.

The other big resource is your time as well as the time of the other supervisors in your team. Unless each supervisor has a committed time for the supervisory activity, this process will remain neglected. It would be wise for supervisors to make their own work plans with sufficient time allotted to oversee field level activities and help personnel at field level workers. This should also fit into the larger supervision plan for the block or the sector.

☑ Discuss what arrangements are available for mobility for your supervisors’ team and elicit what else is needed.

☑ Work out the % time out of your monthly work plan that you will utilize for supervisory activities.
Making a supervisory plan (where/when/what to do)

- Group B can discuss and present on the elements of making a supervisory plan based on the outline below.

### B. THE SUPERVISION PLAN

<table>
<thead>
<tr>
<th>1. WHERE</th>
<th>2. WHEN</th>
<th>3. WHAT</th>
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</table>

#### B.1. Where

The continuum for care is the concept of providing care across the home and family, the community and outreach and finally the facility for providing health services. Likewise, supervision processes should be undertaken across all these three levels.

As traditionally health care has begun from the facility, supervision too can begin here but can be considered complete only when the supervisor reaches the beneficiaries’ home. The supervision plan therefore should incorporate supervisory activities at facility, outreach and home levels.

Facility level is a level both for providing the services itself as well as a place for preparatory and review activities related to the field level services. In Immunization, facilities need to be supervised for the out-door immunization clinics and birth dose vaccinations following institutional deliveries as well as for cold chain maintenance, vaccine distribution and review meetings.

- What are the activities related to immunization that require regular supervision at facility level? Enlist following group discussion.

As outreach services are carried out at community level supervisory visits here would help in overseeing the interaction between the health provider and the beneficiary. However as supervisors cannot visit every session site and village, it is often prudent to prioritize these session site visits. A little bit of home work done prior at the facility would help in identifying priority areas for field visits.
Obviously areas with weaker performance would need more supervision. The manager would have to identify these areas based on the following:

- **Data that is available**: e.g. regular cancelled sessions, sites with lower coverage than expected, high drop-out rates, sites with reports not coming in.

- **Information given by other supervisors**: e.g. poor interaction between workers and community, recent cases of adverse effects following vaccination, new untrained health workers, has not been visited for a long period.

- **Geographical considerations**: hard-to-reach areas, furthest villages of the block, urban slums.

- Enlist some of these priority areas in your block stating the reasons for prioritization

Supervisors would finally need to visit the homes of beneficiaries. This type of visit would enable the supervisors to see the final outputs and outcomes of the health programs. Quick assessments of vaccination status would help identify left-out and dropout beneficiaries and the reasons behind them. An idea about the quality of services could also be gained e.g. availability of cards, satisfaction with services and knowledge of caregivers about the next dose. Finally, the opportunity to see any beneficiary with an adverse effect or incidence of a vaccine preventable disease could give a fair indication of whether the services are bringing intended results!

**B.2. When**

Your area would have designated days for immunization and other related outreach activities. These have to be earmarked for supervisory visits for immunization activities.

The combined plan of the entire supervisory team should ensure that every site is visited at least once a quarter, with visits to priority sites planned more often.

Practical considerations like road and weather conditions, routes of areas to be visited, timings of visits that would be of maximum benefits should all be considered. Time should be adequate to ensure quality of the supervisory visits and should consider keeping time for hands on training, corrective action and household visits where necessary.

The health worker to be visited should be informed prior to the visit.

Activities such as surveys for community needs assessment, micro plan preparation, special intensified rounds for immunization such as catch-up rounds, mobile teams to reach hard-to-reach areas are usually done on specific dates earmarked for these activities. In order to supervise and ensure quality of these activities, the supervisory teams would also have to set their specific supervisory time aside on these dates.

- An exercise can be undertaken to prioritize areas for closer and more intensified supervision based on data and records available at any block. Simple things like sub-center wise coverage data for the previous three months / information about session planned and held / simple physical map of the block can be analyzed to identify areas of high, medium and low priorities.

- The matrix below can be used to prepare a dummy quarterly supervision plan for 3 supervisors X,Y,Z
Supervision plan: supervisors X, Y and Z where only 1 site is to be visited on an immunization day

Note: In this area only Wednesdays are Immunization and outreach days

<table>
<thead>
<tr>
<th>Health workers area</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>wk1</td>
<td>wk2</td>
<td>wk3</td>
</tr>
<tr>
<td>Priority</td>
<td>wed</td>
<td>wed</td>
<td>wed</td>
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<tr>
<td>A</td>
<td>high</td>
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<tr>
<td>B</td>
<td>low</td>
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<tr>
<td>C</td>
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<tr>
<td>D</td>
<td>medium</td>
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<td>E</td>
<td>high</td>
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<td>Q</td>
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B.3 What:

What is to be supervised would depend on what the key field level activities are that the supervisory team is required to oversee. While many of these activity processes would be decided in advance and suitable checklists prepared, the supervisor should also take time out in problem solving and hands on training where required.

Observation of practices, ensuring the appropriateness in quality and quantity of logistics available, looking at records, interview with workers and community members are some of the key components of a comprehensive supervisory activity.

From the following list of activities note the key processes that a supervisor should oversee

- Micro plan preparation at community level
- Surveys undertaken house-to-house to compile beneficiary lists
- Trainings of health workers or ASHA day meetings at block level
- Logistics management at PHC cold chain store
- Session sites monitoring of all Village health and Nutrition day
- Communication and Social mobilization
IV: Supervision methods

The HOW of supervision: conducting a supervisory visit.

While on a supervisory visit the activity of the supervisor will consist of several methods as enlisted below. All methods are important and time should be allotted to each of them as per need.

Group C can discuss and present on the methodology of supervision based on the outline below.

<table>
<thead>
<tr>
<th>C. THE SUPERVISION METHODS</th>
</tr>
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<tbody>
<tr>
<td>1. COLLECT INFORMATION</td>
</tr>
<tr>
<td>2. SOLVE PROBLEMS</td>
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<tr>
<td>3. PROVIDE ON JOB TRAINING</td>
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<tr>
<td>4. RECORD THE PROCESSES OF SUPERVISION</td>
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</table>

C.1. Collect information

Information can be collected by several means, and these are outlined below. However this can be done systematically as often a supervisor would reach the place of activity where work is already in progress.

Halting the processes to undertake the supervision would not only disturb the workers but also take away the opportunity for the supervisor to see things as they are. Do not intervene or correct the health worker while he/she is working, unless you feel that harm will be done to the beneficiary without your intervention.

A systematic approach would be as follows:

- Know your check list well beforehand
- Observe by looking and listening
- Check the available logistics and commodities
- Go through the records and reports
- Talk to the team and later individually to the workers, helpers and community
- Visit off site and undertake a rapid community survey.

Before reaching the site of activity and supervision it would help the supervisor to have gone through the checklist and are aware of the important things to look for. Activities may not take place in the order as it is in the check-list so it would be necessary to have a good idea of what to look for, what to ask and what to elicit during the supervision exercise. Opportunities for problem solving and training may also come in between and this could be undertaken in the flow of the processes rather than within compartmentalized timings.

After the usual introductions and greetings, time spent by the supervisor on OBSERVATION would help.
Look at the surroundings, the environment, the activities of the workers, their practices and their behavior as well as the reactions of the community. Look for availability of essential commodities; roughly estimate their quality and quantities. See how records are compiled. Look for teamwork among health workers, community link workers and community volunteers if any.

Listen to their conversations particularly for any counseling, health information or key messages that health workers are expected to give to beneficiaries. Also observe whether health workers themselves listen to queries and problems brought out by the community.

The supervisor can also go around the site of activity to look closely at the essential commodities, items and equipment that are needed.

- Some may need to have their functioning status checked (e.g. a Blood pressure apparatus or a Hemoglobinometer),
- Quality and quantities assessed (e.g. the VVM status of vaccines, ice pack for conditioned status, the number of vaccines matching their diluents and syringes).
- A general look for communication material (banners/posters) and availability of job aids (health workers’ handbooks/pamphlets) would also be necessary.

The available registers, charts, tally sheets should also to be checked in turn.

- Look for their completeness, updated status (tally given immediately after each activity).
- Look for the information they carry (do tracking registers have a large number of drop-outs, are growth chart lines going downwards).
- Compare related documents (e.g. cards with beneficiaries and counterfoils with workers).
- Check for correctness (e.g. number of vaccinations recorded with number of syringes used).

By now, the supervisor would have enough observations to talk to the health workers, community workers and beneficiaries. Be polite. Do not immediately start putting blame or start correcting the workers. Compliment them on your positive observations. Ask them about their problems and suggestions to improve their work.

Conversations with beneficiaries about their needs, expectations and satisfaction with services as well as their knowledge and awareness of health issues and services would further help the supervisor. A quick visit to the household of community members would also give insight on the reach and quality of services. Sometimes a structured rapid community survey would give a “dipstick” insight of coverage of the activity assessed.

C.3 Provide on job training

“When we hear we forget
When we see we remember
When we do we know”

The above proverb sums up the importance of on job training. Field conditions provide more realistic environment and opportunities for health workers to learn.

A supervisor, at field level, can help the worker in learning many skills and procedures. The skills can deal with operational procedures, counseling and behavior or record keeping and reporting.

Below are enlisted some steps that can be followed while teaching a skill:
• Explain the skill or activity to be learned.
• Demonstrate the skill or activity using an anatomical model, or role-play.
• Make the participants practice the demonstrated skill or activity.
• Review the practice session and giving constructive feedback.
• Make the participants again practice the skill or activity with clients under a trainer’s guidance.
• Evaluate the participant’s ability to perform the skill according to the standardized procedure.

Apart from skills the supervisor should also take advantage of the visit to update the health workers/link workers knowledge about current health policies, guidelines and recommendations. For e.g. many health workers remain ill informed about the age till when vaccines can be administered and lose out on vaccinating children after a certain age; they are often amazed and thankful for new guidelines on the extended ages for vaccination.

C.4 Record the process and results of the supervision

Remember that supervisory visits are incomplete without the paper work!
• First remember to fill in your check list properly and completely.
• If any rapid assessments have been undertaken, the details of these must also be noted.
• Prepare a report to submit it to your higher authorities; maintain a supervisory report register that can be later used to share your supervisory findings in meetings.
• Collate reports of successive supervisory visits to measure any changes in health worker performance over a period of time.
• Give a brief report to your own supervisors over phone or when you meet them in person.
• Follow up on solutions identified or lessons learnt at field level.
What are the necessary actions following a supervisory visit?

Supportive supervision does not end with the conducted visit. Back in the office the supervisor should plan for follow-up, which may include the following:

- Acting on issues you agreed to work on;
- Involving health workers in the planning process and working with them to develop checklists, job aids, monitoring tools, etc.;
- Discussing equipment supply and delivery problems with higher levels;
- Reviewing monthly reports and establishing regular communication with supervised staff to see if recommendations are being implemented;

Conducting follow-up visits

Follow-up visits provide continuity between past and future supervisory visits for a health worker, in the following ways:

- Ensuring problems identified at a previous visit do not persist;
- Reinforcing with the health worker that issues found during the last visit are still important;
- Supporting the health worker. If the problem has not been fixed, why not?
- Checking if past on-the-spot training has been effective;
- Ensuring that the performance of the health worker is being monitored and improved.

As a supervisor, you can also benefit from the follow-up visit in the following ways:

- Allows you to give consistent messages;
- Ensures that even if you have not visited this health facility before, you are still able to confirm your visit is relevant, and based on previous visits and findings;
- Ensures that even if different supervisors visit a clinic, relevant supervision can still be provided.

Steps for the follow-up visit include:

- Reviewing the supervisor’s report from the previous visit and continuing to work on the issues raised in the report;
- Telling health workers what you have learned from the previous visit, in order to avoid repeating the same information;
- Observing health workers to see if bad behaviors or attitudes have been corrected and, if it is the case, congratulating them;
- Highlighting the observations from the previous visit that have not changed and noting that these items still need to be followed up;
- Checking if any perceived lack of improvement is due to hidden problems that need to be addressed;
- Fulfilling promises made at the previous visit (i.e. if supplies or technical information/documentation had been promised).
Keeping/collecting/compiling/analysis and use of supervisory visit data for further program improvement

As supervision is not a one-time affair and neither is it done by one individual; once regular supervisory visits are established, a large number of supervisory reports will become available.

It would help the program manager to arrange for regular compilation of data and information from these supervisory reports. As these reports may contain a large amount of information, some critical indicators can be chosen from within the supervision format to look at over a period of time. Well chosen indicators could help the managers identify the progress in the program over a period of time, or if there are any gaps or areas lacking improvement.

This information can be compiled in a dashboard containing few tables and graphs of critical processes so that at any time a snapshot as well as a progressive view of program development can be seen. This dashboard can also contain information from other sources, such as coverage reports.

These tables, graphs and critical information can be used during review meetings, future supervisory visits, trainings of health workers and mobilizers and while preparing the annual program implementation plans.
The Differences between Supervision and Monitoring

**Supervision** is overseeing or watching over an activity or task being done by someone and ensuring that it is performed correctly. A supervisor will, by watching, posing questions, giving guidance, and/or taking actions, all in consultation with the staff concerned, make sure that the important activities are being performed and are performed correctly.

For example, a supervisor will observe whether a trained health worker gives four key messages following vaccination according to training guideline given and, if not, will find out the reasons and try to remedy them.

**Monitoring** is the continuous review of programme implementation to identify and solve problems so that activities can be implemented correctly and effectively. Monitoring involves regular collection and analysis of information/data on aspects of the programme’s activities.

The difference between monitoring and supervision is that monitoring is usually concerned with aspects of the programme that can be counted, whereas supervision deals with the performance of the people working within the programme including giving them support and assessing conditions in the health facility.

Some aspects of monitoring are closely connected to supervision. During the supervisory visit, the supervisor can monitor by taking notes and recording data, such as how many trained health workers at the session are giving injections according to the protocols, and the vaccines and supplies available. However, a person who monitors does not always come in contact with the staff, for example, when reviewing reports to count the number of health workers who attended training.

Thus, supervision must involve interaction with staff, and usually also has an element of monitoring. Monitoring does not often or automatically have a supervisory element.

Purpose of Monitoring:

Monitoring is very important in project planning and implementation.

It is like watching where you are going while riding a bicycle; you can adjust as you go along and ensure that you are on the right track.

Monitoring provides information that will be useful in:

- Analyzing the situation in the community and its project;
- Determining whether the inputs in the project are well utilized;
- Identifying problems facing the community or project and finding solutions;
- Ensuring all activities are carried out properly by the right people and in time;
- Using lessons from one project experience on to another; and
- Determining whether the way the project was planned is the most appropriate way of solving the problem at hand.
Monthly monitoring of immunization performance

Coverage data for various antigens which are compiled at district, block and sector levels can be graphically represented and monitored on a monthly basis to see the trend of coverage as well as important indicators such as drop outs and left outs.

A standard chart can be printed and supplied to all the management level facilities (and even to implementation levels e.g. health sub centers) and the monthly progress can be recorded. If there are any major gaps, they need to be identified and appropriate actions taken.

Example of Completing and Interpreting a Monitoring Chart

Cumulative Coverage and Drop-Out Monitoring Chart
Health Facility or level: Sitapur
Annual target population: 156

<table>
<thead>
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<td>6</td>
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<tr>
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<td>2</td>
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<td>6</td>
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DO = drop-out = \frac{DPT1 - DPT3}{DPT1} \times 100

DPT1

DPT3

STEP 1: Estimate size at target population
The target population for childhood immunizations is all children under one year of age. The target population for tetanus toxoid is pregnant women. If the actual number of pregnant women is not available, the number is assumed to be the same as, or slightly higher than, the number of children under one year.
In some places, health workers can ask community leaders for help in counting children under one year of age and pregnant women in their catchment area.

STEP 2: Enter yearly and monthly coverage objectives
In the monitoring chart, a printed diagonal line goes straight from the lower left corner to the upper right corner. This represents regular progress over a 12-month period toward a cover-age objective of 100%. In this example, the objective has been divided evenly across 12 months, and each monthly objective is shown as a percent on the left side of the table and as a number on the right.

STEP 3: Record vaccine doses per month
Two vaccines given at different ages are selected, such as DTP 1 and DTP3. The number of vaccinations recorded on the tally sheet is written in the box for that month under the graph.

STEP 4: Calculate the cumulative and annual totals and dropout rates
Every month, the total for that month is added to the previous month’s cumulative total and recorded in the monitoring chart, in the box labeled Total. At the same time, the monitoring chart is marked with a dot that represents the cumulative total, and the dots are connected.

STEP 5: Interpret and use the information
When the drawn line is on or above the printed line, the facility is on track to meeting the coverage objective. When the drawn line is below the printed line, the facility is not on track.
After several months, the monitoring chart will begin to show whether progress is being made toward the objective, and any slippage below the target can be corrected in the following months by exceeding the target. The difference between the printed and drawn lines for DTP1 in the example above may be used as an indicator of the unachieved population.
The space between the two drawn lines for DTP1 and DTP3 is the visual equivalent of dropout. As of September in the example above, the facility is experiencing approximately 30% dropout. It is not on track to reach the coverage target, but it can still make up in line next three months to catch up.
It is important to set out fixed times for meetings to review the immunization program as well as give feedback to the stakeholders and workers involved directly with the implementation of the program activities. Often these are a part of regular meetings for health programs in general and take place at various levels beginning from village and going right up to the national level. A village might have a Village Health and Sanitation Committee meeting while sectors, blocks and districts would have weekly or monthly meetings. In some places a task force or steering committees are also formed to oversee the immunization program and review its progress on a regular basis. These opportunities must be well utilized by the health manager by preparing the right information and data. Ensure that the required feedback is given and corrective action is decided upon or taken up during the meeting.

The following steps are recommended for the manager to make the meeting effective:

### Ensuring complete participation

- Ensure the chairperson and the chief decision maker is present in the meeting and has been apprised about the key issues that need to be discussed. At a block it is usually the Block Medical officer who chairs the meeting and takes the important decisions.
- The decision about who is to attend depends on what you want to accomplish in the meeting. This may seem too obvious to state, but it’s surprising how many meetings occur without the right people there. For the immunization program consider inviting officers and supervisors from the ICDS department as well as some helpful PRI representatives. If financial and data issues are to be discussed it would be proper to involve the finance and data managers in the meeting.
- If possible, call each person to tell them about the meeting, it’s overall purpose and why their attendance is important.
- Follow-up your call with a meeting notice, including the purpose of the meeting, where it will be held and when, the list of participants and whom to contact if they have questions.
- Send out a copy of the proposed agenda along with the meeting notice.
- Have someone designated to record important actions, assignments and due dates during the meeting. This person should ensure that this information is distributed to all participants shortly after the meeting.
Developing Agendas and preparing key data for review

- Develop the agenda together with key participants in the meeting. Think of what overall outcome you want from the meeting and what activities need to occur to reach that outcome.
- The agenda should be organized so that these activities are conducted during the meeting.
- In the agenda, state the overall outcome that you want from the meeting.
- Design the agenda so that the participants get involved early by having something for them to do right away and so they come on time.
- Next to each major issue, include the type of action needed, the type of output expected (decision, action assigned to someone), and time estimates for addressing each issue.
- Prepare analysis from data and information compiled from field reports and visits. Highlight any important finding in the data set and mark the same for discussion.
- Don't overly design meetings; be willing to adapt the meeting agenda if members are making progress in the planning process.

Opening Meetings

- Always start on time; this respects those who showed up on time and reminds late-comers that the scheduling is serious.
- Welcome attendees and thank them for their time.
- Review the agenda at the beginning of each meeting, giving participants a chance to understand all proposed major topics, change them and accept them.
- Note that a meeting recorder, if used, will take minutes and provide them back to each participant shortly after the meeting.
- If there are any new members then take some time out for introductions.

Conduct the meeting

- Beginning from the most important issue in the agenda goes step wise covering the key issues decided in the agenda for the meeting.
- Where needed, present the appropriate data and information that may have bearing on the issue being discussed.
- Allow participation and give adequate time for clarifications and worthwhile learning experiences, however don't allow narration of long stories and unrelated matters. If another important matter comes up which is not in the agenda, keep some time aside for it or decide to keep it for the next meeting.
- One of the most difficult facilitation tasks is time management -- time seems to run out before tasks are completed. Therefore, the biggest challenge is keeping momentum to keep the process moving.
- You might ask attendees to help you keep track of the time.
- If the planned time on the agenda is getting out of hand, present it to the group and ask for their input as to a resolution.
• Keep a note of the key decisions made and key actions contemplated and summarize the same at interval and at the end for everyone’s knowledge.

• Try not to use meetings for report collection, ensure all reports are collected before hand and have been analyzed to generate the right decisions during the meeting.

• Keep note of any unresolved issues that need to be taken up with higher administrators, ensure that these are taken up later at the right forum before the next meeting.

• Ensure all the decisions and minutes are documented by the record keeper. It is helpful to keep a meeting register or file with all the minutes of various meetings.

**Closing Meetings**

• Always end meetings on time and attempt to end on a positive note.

• At the end of a meeting, review actions and assignments, and set the time for the next meeting and ask each person if they can make it or not (to get their commitment).

• Clarify that meeting minutes and/or actions will be reported back to members in at most a week (this helps to keep momentum going).

• Share the salient points of the meetings and minutes with all the participants as well as higher program authorities.
**Session Monitoring Format for Routine Immunization**

For (*) marked questions multiple responses may be applicable; "NOB" means “Not Observed”

<table>
<thead>
<tr>
<th>Name of Monitor:</th>
<th>Organization:</th>
<th>State code</th>
<th>District</th>
<th>Block/Urban</th>
<th>Planning</th>
<th>Sub Centre / Urban</th>
<th>Profile</th>
<th>Type of Session Site:</th>
<th>Session site:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td>Fixed site</td>
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<td>Others</td>
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<td>ICD Centre</td>
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</tr>
</tbody>
</table>

Table 1: Q1 to Q24: Observe and tick whichever is applicable

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a) Is session held? Yes/No</td>
<td></td>
</tr>
<tr>
<td>1. b) If session is not held, reason for session not held? A2 B2 C2 D2</td>
<td></td>
</tr>
<tr>
<td>2. Is the session happening with Village Health &amp; Nutrition Day (VHND)? Yes/No</td>
<td></td>
</tr>
<tr>
<td>3. Who has brought vaccines &amp; logistics to this session site? Alternate Vaccine Delivery (AVD) ANM Supervisor Others</td>
<td></td>
</tr>
<tr>
<td>4. a) Vaccines &amp; diluents kept in Vaccine Carrier (VC): YES/NO</td>
<td></td>
</tr>
<tr>
<td>4. b) Vaccines &amp; diluents in zipper bag: YES/NO</td>
<td></td>
</tr>
<tr>
<td>4. c) How many ice packs are available in Vaccine Carrier: Four</td>
<td></td>
</tr>
<tr>
<td>5. Which of the vaccines/diluents are available at session site?</td>
<td></td>
</tr>
<tr>
<td>6. Has ANM recorded the following?</td>
<td></td>
</tr>
<tr>
<td>7. Observe vaccines/vials ANM is using or going to use (unopened vials in VC). Is any vial found in the mentioned condition? Yes/No Tick and record the vaccine</td>
<td></td>
</tr>
<tr>
<td>8. Which of the mentioned Logistics are adequately available?</td>
<td></td>
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<tr>
<td>9. Which of the mentioned Logistics are available?</td>
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</tr>
<tr>
<td>10. Is data list available with the ANM? YES/NO NOB</td>
<td></td>
</tr>
<tr>
<td>11. Is data list available with the Mobiliser? YES/NO NOB</td>
<td></td>
</tr>
<tr>
<td>12. Has ANM written time of reconstitution on reconstituted vials? YES/NO NOB</td>
<td></td>
</tr>
<tr>
<td>13. Which kind of syringe is ANM using to inject vaccines?</td>
<td></td>
</tr>
<tr>
<td>14. Is DPT vaccine given on outer (anterolateral) aspect of mid thigh? YES/NO Others</td>
<td></td>
</tr>
<tr>
<td>15. Route of Measles vaccine given</td>
<td></td>
</tr>
<tr>
<td>16. Site of Measles vaccine given</td>
<td></td>
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<tr>
<td>17. Is ANM touching any part of the needle while giving injection? YES/No NOB</td>
<td></td>
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<tr>
<td>18. Is ANM following &quot;no recapping&quot; procedure after giving injection? YES/No NOB</td>
<td></td>
</tr>
<tr>
<td>19. Is ANM cutting each syringe with hub cutter just after use? YES/No NOB</td>
<td></td>
</tr>
<tr>
<td>20. How is ANM segregating immunization waste? RED &amp; Black bag/others/Not done/NOB</td>
<td></td>
</tr>
<tr>
<td>21. How is ANM recording after vaccinating each child?</td>
<td></td>
</tr>
<tr>
<td>22. Is ANM delivering all 4 Key Messages to the care-givers (see back)? YES/No NOB</td>
<td></td>
</tr>
<tr>
<td>23. If all 4 Messages are not delivered, the most commonly missed message</td>
<td></td>
</tr>
<tr>
<td>24. Is ANM advising the care-givers to wait for 30 mins after vaccination? YES/No NOB</td>
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</tr>
<tr>
<td>25. Who has mobilized you to this session site?</td>
<td></td>
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</tbody>
</table>

Table 2: Q25 to Q29: Ask the ANM/Vaccinator following questions and check the records, if needed

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. a) Will you vaccinate, if a child comes with mild fever? YES/No</td>
<td></td>
</tr>
<tr>
<td>26. b) Will you vaccinate, if a child comes with loose motions? YES/No</td>
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</tr>
<tr>
<td>27. How do you dispose off the immunization waste? A/S B/S C/S D/S</td>
<td></td>
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<tr>
<td>28. Has any supervisor visited you in last 3 months? YES/No</td>
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<tr>
<td>29. How many sessions have you planned and conducted in last 3 months? Planned Conducted</td>
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<tr>
<td>30. If any Vaccine or logistic is not available or ANM is absent, please visit the PHC to ascertain the reason of non-availability:</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Response keys for "Reason for monitoring": ХР – Hard to reach, МГ – Migrant, СЛ – Slum, ХР – Refusing community, VS – Vacant Sub Centre, МОВ – Measles Outbreak in last year
- Response keys for "Q19": A2 – Neither ANM/Vaccinator nor vaccines/logistics is available, B2 – ANM/Vaccinator present but vaccine/logistics not available, C2 – Vaccine/logistics available but ANM/vaccinator absent, D2 – Others (Specify)
- Response keys for "Q20": A3 – Hub-cutter not available, B3 – Hub-cutter not functioning, C3 – Untrained ANM, D3 – Others
- Response keys for "Q22": A5 – Dropped near session site, B5 – Carried to PHC, C5 – Open burning, D5 – Others
- Response keys for "Q25": A2 – Neither ANM/Vaccinator nor vaccines/logistics is available, B2 – ANM/Vaccinator present but vaccine/logistics not available, C2 – Vaccine/logistics available but ANM/vaccinator absent, D2 – Others (Specify)
### 4 Key Messages

| Message 1 | What vaccine was given and what disease it prevents. |
| Message 2 | When to come for the next visit. |
| Message 3 | What are the minor side-effects and how to deal with them. |
| Message 4 | To keep the immunization card safe and to bring it along for the next visit. |

#### STATE State Code

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#### Notes

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**Name of Monitor:** ..........................................................  
**Organization:**  
- ☐ Govt.
- ☐ WHO/NPSP
- ☐ UNICEF
- ☐ Others  
**Designation:** ..........................................................  
**Date:** dd/mm/yy  
**Time:** .....................

---

**State code (see back)**  
**District** ..........................................................  
**Sub Centre** ..........................................................  
**Block/Urban local body** ..........................................................

**Village/Area** ..........................................................  
**At least one session held for this area in last 3 months:**  
- ☐ Yes  
- ☐ No  
- ☐ Not Known

*Reason for monitoring:*  
- ☐ HR  
- ☐ MG  
- ☐ SL  
- ☐ XR  
- ☐ VS  
- ☐ MOB  
- ☐ VDPV  
- ☐ WPV  
- ☐ OTH

**Response Keys**

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<th>House 1</th>
<th>House 2</th>
<th>House 3</th>
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**Keys for Question 14:**  
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**Vaccination status of one child per house:**  
- From RIC card write “Date” for each vaccine received. If no card is available, ask parents. Write “Y” for doses received and “N” for missed doses.

---

**To calculate due doses, refer to ready reckoner on back of the format**

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**ANNEXURE 2:**

*House to House Monitoring Format for Routine Immunization*
### Ready Reckoner to analyse whether the child has received all due doses of vaccines

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<th>Ideal Vaccination Status by age as per National Immunization Schedule</th>
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<tr>
<td>35</td>
<td>BCG</td>
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</table>

In select endemic districts, JE vaccine is given after 16 months of age.

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### Notes

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### Block Level Monitoring Format for Routine Immunization

#### (for data entry personnel)

**Name of Monitor:** __________________________

**Organization:**

- [ ] Govt.
- [ ] WHO/NPSP
- [ ] UNICEF
- [ ] Others

**Designation:** __________________________

**Date:** __/____/____

**Time:** __:__

**Day:** Wed

**Others:** __________________________

**Last Polio SIA date:** __________________________

#### State Code (see back)

- [ ] District
- [ ] Block
- [ ] Other

#### Type of Health Facility:

- [ ] CHC
- [ ] PHC
- [ ] Urban Health Post
- [ ] Other

#### Polio HRA:

- [ ] Yes
- [ ] No

### Check records and observe at Block Health Facility and tick, whichever is applicable

1. Has the MOIC received training on RI
   - [ ] Never
   - [ ] Within 1 yr
   - [ ] 1-yr back

2. Updated Block level RI Microplan available
   - [ ] None
   - [ ] Incomplete
   - [ ] Complete

3. RI Microplan / ANM Roster displayed prominently
   - [ ] Yes
   - [ ] No

4. Specific Plan for hard to reach areas available
   - [ ] Yes
   - [ ] No

5. AVD plan available
   - [ ] Yes
   - [ ] No

6. RI Coverage Monitoring Chart displayed at health facility
   - [ ] Yes
   - [ ] No

7. Current staff position
   - [ ] Medical Officer
   - [ ] ANM
   - [ ] AWW
   - [ ] ASHA

8. Joint Supervisory Visit Plan for ICDS & Health Supervisors available:
   - [ ] Yes
   - [ ] No

9. **Total number of RI sessions during last completed month:** (Give number)

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<tr>
<td>Planned</td>
<td>Held</td>
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</tbody>
</table>

10. Number of sessions by Alternate Vaccinators
    - [ ] Planned: ________
    - [ ] Held: ________

11. Plan for organization of missed sessions available
    - [ ] Yes
    - [ ] No

12. Daily RI sessions held at Block level Health Facility
    - [ ] Yes
    - [ ] No

13. Number of Monitoring visits made by Block officials during last month
    - [ ] Yes
    - [ ] No

14. Filled Monitoring formats sent to District HQ for necessary action
    - [ ] Yes
    - [ ] No

15. Number of Supervisory visits made by Health Supervisors during last month:
    - [ ] Yes
    - [ ] No

16. Number of supervisory visits made by district officials to the block in last 3
    - [ ] Yes
    - [ ] No

17. Session wise reporting done at Block Health Facility by all ANMs?
    - [ ] Yes
    - [ ] No

18. RI review meeting done at block level during last month
    - [ ] Yes
    - [ ] No

19. Intersectoral Coordination Meeting held during last month for RI related issues
    - [ ] Yes
    - [ ] No

20. **The Departments / Sectors and Agencies that participated in the review meeting**
    - [ ] Administration
    - [ ] Health
    - [ ] ICDS
    - [ ] Panchayat Raj
    - [ ] Education
    - [ ] Urban
    - [ ] Other..................

21. **SDOs being submitted to District HQ on monthly basis**
    - [ ] Yes
    - [ ] No

22. Updated Vaccine & Logistics Stock Registers available
    - [ ] Yes
    - [ ] No

23. Updated Vaccine Distribution Register available
    - [ ] Yes
    - [ ] No

24. Whether ILR is in working condition
    - [ ] Yes
    - [ ] No

25. Whether Deep Freezer is in working condition
    - [ ] Yes
    - [ ] No

26. All available vaccines stored inside ILR:
    - [ ] Yes
    - [ ] No

27. Which of the vaccines/diluents are adequately available at block level for next one week:

<table>
<thead>
<tr>
<th>Vaccine/Diluent</th>
<th>BCG</th>
<th>BCG Diluent</th>
<th>DPT</th>
<th>JE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles Diluent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>JE Diluent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tOPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles Diluent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Which of the logistics are available at block level:

<table>
<thead>
<tr>
<th>Logistics</th>
<th>ORS Packet</th>
<th>Plastic Spoon/cap for Vitamin-A</th>
<th>Red &amp; Black bag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tracking Bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zinc Tablet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. Any stock out of any vaccine or logistics experienced in last 3 months:
    - [ ] No
    - [ ] Ad
    - [ ] DPT
    - [ ] Measles
    - [ ] Others

30. Temperature inside ILR between +2 to +8° C
    - [ ] Yes
    - [ ] No

31. Frozen DPT/ DT/ TT / Hepatitis B vaccines present inside ILR
    - [ ] Yes
    - [ ] No

32. Expired vaccines present inside ILR
    - [ ] Yes (specify)
    - [ ] No

33. Other medicines (besides vaccines) stored inside ILR
    - [ ] Yes (specify)
    - [ ] No

34. Returned vials retrieved from VCs & CBs returned from session
    - [ ] Yes
    - [ ] No

35. Ice packs correctly placed inside Deep Freezer
    - [ ] Yes
    - [ ] No

36. Temperature log books for all equipment maintained and updated
    - [ ] Yes
    - [ ] No

37. Generator of Block Health Facility is functional
    - [ ] Yes
    - [ ] No

38. Cold Chain Handler status
    - [ ] None
    - [ ] Fixed
    - [ ] Fixed but untrained
    - [ ] Fixed & Trained

39. Constructed Sharp Disposal Pit available at Block Health Facility
    - [ ] Yes
    - [ ] No

40. All Sharps and Plastic Waste is being disposed off as per the norms
    - [ ] Yes
    - [ ] No

41. VPD case reported during last month
    - [ ] Serious
    - [ ] Non-Serious

42. Adverse Event reported during last month
    - [ ] Serious
    - [ ] Non-Serious

**Signature of Official**

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**Annexure3:**
1. Monitoring means
   a) Regular observation and recording of activities taking place in a project or a programme so as to facilitate feedback & improved performance
   b) Process of helping staff to improve their own work performance
   c) Controlling all processes related to the delivery of services and not just the final activities
   d) A systematic approach for compiling the information

2. What are the features of ‘Supportive Supervision’?
   a) Only support provided
   b) More like a teacher, coach, mentor
   c) Focus on improving performance
   d) Follow up regularly
   e) All of the above

3. As a manager, your role is to provide constant oversight to ensure that health workers and service providers deliver program objectives. This can be provided by
   a) Supervision
   b) Episodic problem solving
   c) Authoritarian inspection
   d) Supportive Supervision

4. As a supervisor /manager of immunization program, your role is to
   a) Making session micro plans only
   b) Supervise each and every process related to the service delivery of immunization
   c) Only going through the records and reports
   d) Going for field visits only

5. __________ are quick and easy references that can be used at field level that range from pamphlets, cards and posters to notebooks and even mobiles and personal digital assistants (PDA hand held electronic devices) that can be used for enhancing the skills and abilities of the service provider or to make tasks easier. They are known as
   a) Reference articles
   b) Templates
   c) Skill builders
   d) Job Aids

6. What are the components of a ‘good’ supervisory system?
   a) Team, Tools, Resources
   b) Team, Equipments, Infrastructure
   c) Equipments, Infrastructure, Drugs
   d) Tools, Diluents, Resources
7. Arrange the following activities in order with the perspective of a child health manager conducting a systemic supervision
   i. Rapid community survey
   ii. Checking the logistics items and records and registers
   iii. Knowing the checklist for supervision
   iv. Observe the site by looking and listening
   v. Talking with team members, health workers and communities to know their points

   Options:
   a) iii, iv, ii, v, i
   b) v, ii, i, iv, iii
   c) vi, i, iii, v, ii
   d) i, iii, iv, ii, v

8. The attitude of supervisor towards the health workers should be
   a) Strict and controlling
   b) Submissive and requesting
   c) Polite and listening
   d) Based on situations

9. How regularly should the immunization performance be monitored?
   a) Weekly
   b) Monthly
   c) Half yearly
   d) Quarterly

10. The objective of the supervision is to
    a) To do little or no follow-up
    b) Punitive actions to be intended
    c) To sustain motivation and performance of service providers
    d) All of the above

11. The supervising plan does include the following component(s)?
    a) When to go
    b) Where to go
    c) What to do
    d) Whom to meet
    e) All of the above
12. The most important resource that has to be managed well by the supervisor is
   a) Vehicles
   b) Time
   c) Records and registers
   d) Fuel

13. The supervision plan should incorporate supervisory activities related to
   a) Facilities
   b) Outreach sessions
   c) Beneficiaries
   d) All of the above

14. The supervising team should visit the sites where immunization is being conducted at least
   a) Every Quarterly
   b) Monthly
   c) Half yearly
   d) Once in a year

15. The difference between monitoring and supervision is
   a) Monitoring is overseeing or watching an activity being done by someone and supervision is regular observation and recording of activities in a project or a program
   b) Monitoring is watching over and making sure that the important activities are being performed correctly whereas supervision is overseeing or watching the activity or a task being done by someone
   c) Monitoring is concerned with aspects of the programme that can be counted, whereas supervision deals with the performance of the people working within the programme including giving them support and assessing conditions in the health facility
   d) Supervision is usually concerned with the program aspects that can be counted and Monitoring deals with the performance of the people working within the program

16. In a village, Dhani, the annual target population is 156. The achievement of DPT 1 and DPT 3 is 7 and 8 in the month of April. Yearly achievement of DPT 1 and DPT3 is 84 and 63. What would be the percentage dropout of the year?
   a) 25%
   b) 30%
   c) 50%
   d) 15%

17. Which of the following are considered as steps for a successful review meeting?
   a) Ensuring complete participation, developing Agendas and preparing key data for review
   b) Opening, conducting and closing meeting
   c) Collecting information, solving problems, providing on job training and recording the process of the meeting
   d) All of the above
References:

- Training for mid-level managers (MLM) 4. Supportive supervision. World Health Organization Department of Immunization, Vaccines and Biologicals (2008)
- Immunization Essentials: A Practical Field Guide (October 2003), Technical writing group, USAID
- Guidelines for Implementing Supportive Supervision A step-by-step guide with tools to support immunization, PATH 2003
- Making Supervision Supportive and Sustainable: New Approaches to Old Problems MAQ Papers Office of Population and Reproductive Health/Service Delivery Improvement Division USAID
Module 4: Supervision and monitoring

2 days:

Day 1: 4 hrs 15 minutes classroom

Day 2: 2-4 hrs at the field followed by 2 hrs in the classroom

<table>
<thead>
<tr>
<th>Section</th>
<th>Method (time)</th>
<th>Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Questions and answers between facilitator and participants on questions 1 to</td>
<td>White board, marker, module Q and A</td>
</tr>
<tr>
<td></td>
<td>3 where facilitator writes key questions on a white board and elicits answers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Answers not received from group are filled in by facilitator. (15 mins.)</td>
<td></td>
</tr>
<tr>
<td><strong>A. Supervision</strong></td>
<td><strong>system</strong> Distinguish the participants into three groups as A. Team, B.</td>
<td>Module section A.</td>
</tr>
<tr>
<td></td>
<td>Tools and C. Resources. Ask them to read from the module these sections,</td>
<td></td>
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<tr>
<td></td>
<td>work on the questions given in each section and explain the summary to the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>entire group. (20 mins)</td>
<td></td>
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<tr>
<td><strong>B. The Supervision</strong></td>
<td><strong>plan</strong> Distribute the participants into three groups as A. where, B. when</td>
<td>Module section B</td>
</tr>
<tr>
<td></td>
<td>and C. what. Ask them to read from the module these sections, work on the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>questions given in each section and explain the summary to the entire group.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(20 mins)</td>
<td></td>
</tr>
<tr>
<td><strong>C. The Supervision</strong></td>
<td><strong>process</strong> Distribute the participants into three groups as 1. Collect</td>
<td>Module section C</td>
</tr>
<tr>
<td></td>
<td>information 2. Solve problems and C. provide training and record process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ask them to read from the module these sections, work on the questions given</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in each section and explain the summary to the entire group. (20 mins)</td>
<td></td>
</tr>
<tr>
<td><strong>Role play (half</strong></td>
<td><strong>hr)</strong> showing control and supportive methods of supervision. Situation of</td>
<td>Provided Role Play situations</td>
</tr>
<tr>
<td><strong>half hr</strong></td>
<td>role play to be provided. (30 mins)</td>
<td></td>
</tr>
<tr>
<td><strong>Exercise on</strong></td>
<td><strong>using monitoring chart (30 mins)</strong></td>
<td>Provided Monitoring sheet and data</td>
</tr>
<tr>
<td><strong>The Monitoring</strong></td>
<td><strong>format</strong> Explain the formats (1 hr)</td>
<td>Presentation and discussion on each aspect of the format</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Method (time)</td>
<td>Tool</td>
</tr>
<tr>
<td>---------</td>
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<td>------</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
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</tbody>
</table>
| **Field visit: (2 hrs)**  
**Compilation and Presentation of findings (1 hr)** | Ask participants to fill format and discuss their findings and experiences on return (1 hr)  
The participants may be divided in three groups to monitor the following  
Gr 1: Facility  
Gr 2: Session site  
Gr 3: Household beneficiaries | Selected facility (cold chain store), session site and field area. |
| **Conducting a review meeting: (1 hr)** | Ask a group of participants to play the roles of a block medical officer, a health manager, a supervisor with supervisory findings, the data assistant and ask them to plan up for a forthcoming monthly meeting at the block. At the end of the play they should be able to prepare an agenda for the meeting and divide responsibilities among themselves to (a) ensure participation of health staff and partner agencies (b) prepare data sets and identify issues for action (c) identify a person for record keeping (d) identify the key issues for discussion and list them up for discussion in the agenda. | Role play |