

Supportive supervision to sustain health worker capacity in Nanggroe Aceh Darussalam and North Sumatera

Training health care providers is often identified as a first step to revitalizing health services, particularly in areas with a weakened public health sector. During a long period of civil unrest in Nanggroe Aceh Darussalam (NAD) and North Sumatera, Indonesia, many health workers were not trained in updated immunization systems. The 2004 tsunami prompted others to move away, leaving a significant gap in skills and knowledge on proper immunization procedures.

As part of its program to strengthen immunization in the two provinces, PATH is working closely with provincial and district governments to put a primary focus on training immunization managers and medical staff. Practical training on immunization management reached nearly 500 officials and health care workers. But training is only a first step.



Injection safety is outlined at a supportive supervision visit to Mon Geudong HC in Lhokseumawe City, NAD, Indonesia

Supportive supervision is a proven approach that helps transfer knowledge to practice and that ensures that learning continues beyond the traditional training setting. Through routine visits, supervisors can provide follow-up training to improve performance and solve other systemic problems that contribute to poor immunization coverage. On-the-job training also prepares new staff who may or may not have had updated training. The ultimate goal is a sustainable system that works with government supervisors to give health workers the consistent guidance and mentoring they need to implement and maintain a safe and effective immunization program.

Practices evaluated through supportive supervision

- Use of logistics management information systems and stock management systems
- Recording of vaccine and supply stock and usage
- Reporting of immunization coverage rates
- Safe injection practices

Guidance provided through supportive supervision

- Updates on immunization and disease control issues
- On-site training on good immunization practices
- On-site problem solving

Implementing the approach in project provinces

PATH and its partners wanted to ensure that the practices picked up in the classroom made their way back to the immunization service at primary health facilities. Supervision visits had been routine—if infrequent—in some districts, but in the majority of the project area, supervision occurred only once or twice a year.

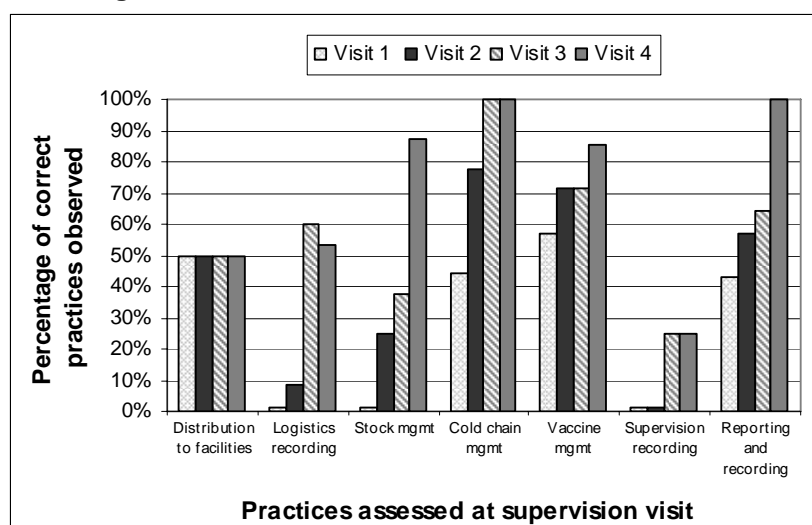
The project started with training for upper-level, mid-level, and peripheral-level managers to address vaccine management, cold chain and logistics management, safe injection (including waste management), recording and reporting (including disease surveillance and immunization coverage), and stock management. Managers were also asked to identify areas of weakness where more specific focus should occur during supervision visits. These included injection safety, cold chain management, computer skills for stock management, and

general reporting and recording. A supervision checklist was developed based on the needs identified and also incorporated standard immunization questions on distribution of vaccines to facilities, logistics recording, vaccine management, and supervision recording.

In October 2007, province-level immunization managers began conducting supervision visits to district health officers and district cold stores. Significant skill-building was needed at the district stores, and the initial months of the project focused primarily on guiding district health managers to ensure that any vaccine leaving the store had not been improperly stored or damaged due to excessive heat or freezing.

District health managers, in turn, conducted supervision visits to the pukesmas, or health clinics, to ensure vaccine quality and safe injection practices. Improvements already have been made, with data recorded on supervision checklists. Particular progress was made in vaccine management and cold chain management (figure 1 illustrates an improvement in checklist scores between the baseline and fourth visits at a district vaccine store in Aceh Tamiang).

Figure 1. Performance recorded through visits at Aceh Tamiang district cold store, October 2007—March 2008



To date overall, 75 percent of district facilities have implemented proper cold chain procedures, including proper placement and maintenance of refrigerators, twice daily temperature monitoring and recording, and proper arrangement of vaccines inside refrigerators. Two-thirds of districts now follow standard vaccine management procedures, keeping vaccine vials inside their boxes and determining vaccine usability based on vaccine vial monitors.

Checklists filled out during routine supervision visits helped standardize topics and pinpoint areas for further improvement, such as general reporting and recording. Recording the occurrence and content of supervision visits also needs improvement, particularly since these data provide a reference point for staff to continue to improve after the visit is conducted.

Naturally, the results of the supervision visits vary across the project sites. However, by using the results of the supervision data, PATH and partners will be able to identify areas of continued weakness and specify needs for further on-the-job training and supervision. These data help to make supervision more efficient and effective. With strong government support, supervision can become a standard practice and a way to continually update health worker skills and train new health workers coming into the system.

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