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Supportive Supervision to Improve Demand for RMNCH+A Services in North Karnataka

Karnataka is a progressive state in India, but it shows disparity in development within the state — northern Karnataka lags significantly in many development indicators compared to the south. According to the Human Development Report for Karnataka[1], majority of the northern districts have low ranks in health indicators. The report shows that the Infant Mortality Rate (IMR), and Maternal Mortality Rate (MMR) are all higher than the state average, while doctor-patient ratio is lower. Eight[2] of the northern districts fall under the High Priority Districts[3] (HPDs) in the state. Changing these indicators for the better require long and concerted efforts from the health department. One of the first steps taken to strengthen the health system was to enhance the skills and knowledge of the Frontline Health Workers (FLW). UNICEF, in partnership with State Institute of Health and Family Welfare (SIHFW), Karnataka undertook a Social Behaviour Change Communication (SBCC) intervention in select villages of the eight HPDs. The objective was to improve the knowledge, interpersonal, and communication skills of FLWs called Accredited Social Health Activist (*ASHA*) and health functionaries (supervisory staff like DHEOs and BHEOs), which would lead to improvement in health services in these districts in the long run. As part of the intervention, SBCC training was imparted to 2,256 health functionaries at district and block level. These health functionaries, in turn, acted as Master Trainers and trained health workers in their work jurisdiction. In the subsequent phase, UNICEF implemented Supportive Supervision (SS) that aimed to help FLWs improve their interpersonal communication skills. Supportive Supervision recognised the crucial role of FLWs as agents of social mobilisation, and intended to help them and their supervisors deliver the last mile service in an informed and engaging manner. As a result of this intervention, performance of FLWs and health functionaries has improved, and they are now able to engage effectively with the community. It has strengthened the health departments' SBCC capacities, and Supportive Supervision has improved their ability to monitor and improve the performance of their workforce.

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United Nations Children's Fund

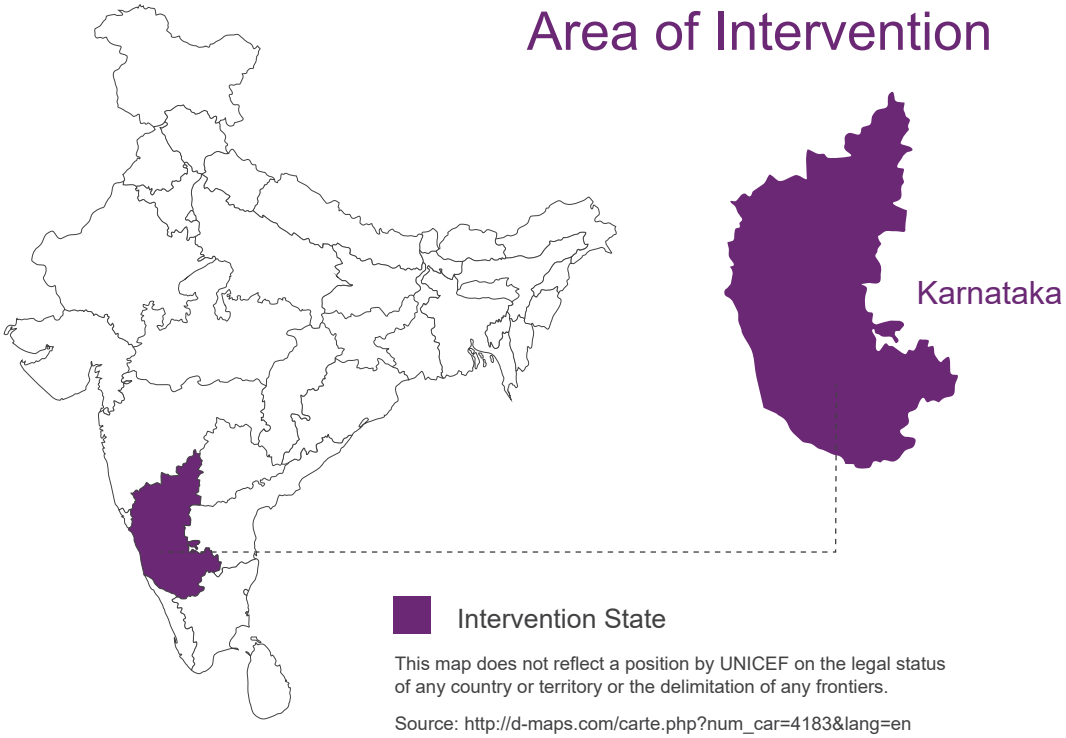
UNICEF House, 73 Lodi Estate, New Delhi,

Tel: +91-11-24690401/0409, 40798000

Fax: +91-11-24690410, 246427521

Web: www.unicef.org/india

Area of Intervention



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Source: http://d-maps.com/carte.php?num_car=4183&lang=en

Map not to scale

Situation

The state of Karnataka is in the southwestern region of India, with wide developmental gaps between the northern and southern regions of the state. Historical neglect of the northern region along with poor leadership are two key factors that have widened this gap within the state. In 2007-2008, the per capita income of South Karnataka was 1.3 times that of North Karnataka[4]. This also reflects in the health indicators, infrastructure, and health services in the northern region. According to Karnataka's Health Management Information System (HMIS), all the HPDs in the state had an IMR higher than the other districts for three consecutive years, from 2014 to 2017[5].

To improve the health services in North Karnataka in the long term, the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A[6]) programme required strengthening of the system and capacity building of its workforce, enabling them to deliver and execute their roles more effectively. UNICEF, in partnership with SIHFW, Karnataka implemented an SBCC intervention in all the eight HPDs from 2014 to 2016. The objective was to improve the knowledge and Interpersonal Communication (IPC) skills of the health functionaries, which would lead to improved health service delivery in these districts.

Supervisors and mentors conducting a Supportive Supervision visit in Sriguppa block of Bellary district.

Theory of Change

Health system strengthening for improved, effective, and relevant communication that can influence improvement in the health and health indicators of stakeholders.

Frontline Workers (FLW)

- Approximately 1,886 FLWs across eight districts received training on SBCC.
- They engaged with the community, and had effective and relevant conversations with mothers.
- Their performance improved.

Supervisors of FLWs

- 103 health education officials were trained on SBCC management.
- FLW supervisors and mentors now montior and provide appropriate and contextualised feedback to each of the FLWs.
- Their training pedagogy has improved and become more effective.

SIHFW

- An enabling Supportive Supervision environment and a resource base trained in SS was created among the health officials.
- SIHFW has better ability to assess the performance of their health functionaries.

Phase 1: The SBCC, IPC, and facilitation skills of health functionaries was strengthened.

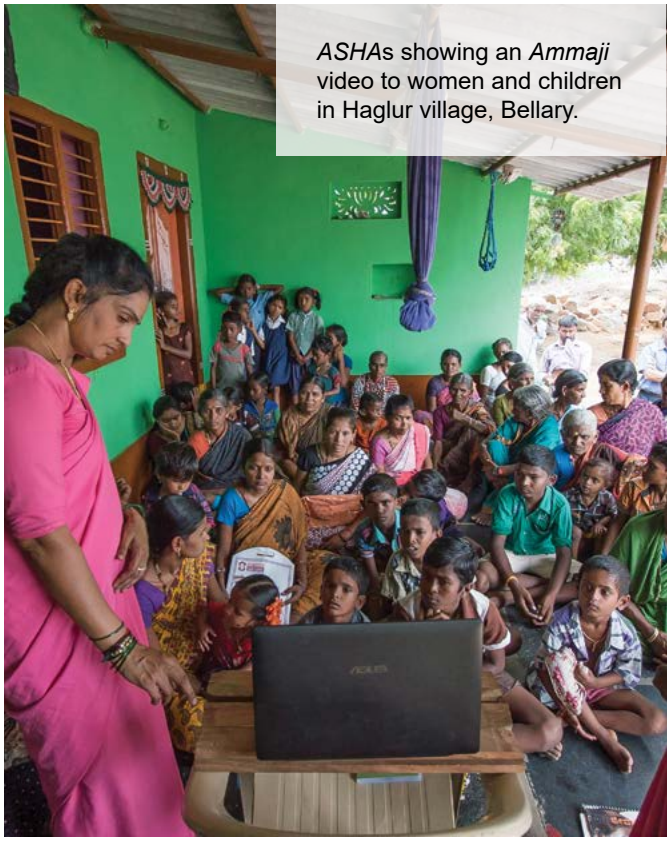
Phase 2: Supportive Supervision was planned and rolled out in all the eight districts.

Engagement with SIHFW, and launch of initiative to improve the SBCC, IPC skills of FLWs and their knowledge about the relevant Reproductive, Maternal, Neonatal, Child, and Adolescent (RMNCH+A) Health indicators.

Lack of skilled Frontline Workers (FLW) trained in SBCC and IPC.

No Supportive Supervision system for FLWs.

Poor status of health indicators in the select high priotity villages in the eight HPDs in North Karnataka.



*ASHA*s showing an *Ammaji* video to women and children in Haglur village, Bellary.

Method

The intervention engaged with the following cadres of health functionaries at the district and sub-district level:

- Frontline Workers: *ASHA* and *ASHA* facilitators[7]
- Mentors: *ASHA* mentors responsible for training and mentoring FLWs
- Supervisors: Block Health Education Officers (BHEOs) and District Health Education Officers (DHEOs) responsible for overseeing and implementing SBCC activities of all the health programmes of the department

The first phase of the intervention focused on strengthening health functionaries' SBCC capabilities, IPC, and facilitation skills. The trainings had the following objectives:

1. Strengthen SBCC skills
2. Improve comprehension about role of facilitator and facilitation skills
3. Provide knowledge about RMNCH+A programmes
4. Strengthen and improve IPC skills with the use of 'Facts for Life' (FFL) videos[8]

FLWs were trained to engage with the participants and community influencers to promote the demand and utilisation of health services, and the practice of desired behaviours around child, adolescent, and maternal health. They engage with the participants primarily through IPC sessions (one-to-one as well as group IPC) and community meetings using different types of communication aids.

In the second phase of the implementation, Supportive Supervision was planned and rolled out in all the eight districts. Key characteristics of the programme were that:

- Supervision was conducted in a respectful and non-authoritarian way to enable FLWs to continuously improve their performance.
- Supportive Supervision visits were used as an opportunity to improve the knowledge, communication, and interpersonal skills of the FLWs.

The Supportive Supervision model aimed at following up with trained FLWs at the community level to provide on-the-spot guidance and support through the supervisory cadres. The focus was to enhance the quality of transaction between FLWs and the participants.

The four steps in Supportive Supervision were:

1.	Identification of supervisors
2.	Planning of regular Supportive Supervision visits
3.	Conducting the Supportive Supervision visits
4.	Regular follow-up

A Supportive Supervision format was developed by UNICEF and SIHFW. The format captures FLWs' performance against the nine communication themes related to antenatal and postnatal care practices followed by pregnant and lactating mothers respectively. These are detailed in Table 1 in the 'Action' section.

Action

The programme was implemented in priority villages[9] identified in the eight HPDs. Training was provided on two broad aspects, i.e., (i) SBCC, IPC, and facilitation skills, and (ii) Supportive Supervision. Details of the training provided under each aspect is elaborated below:

Type of training	Health officials trained	Number of officials trained
Training on SBCC	FLW	1,512
	Mentors and supervisors	146
Training on SBCC management	Supervisors	103
Training on IPC and facilitation skills	FHV	374

SBCC management training entailed educating the health functionaries on how to plan, implement, and monitor the programmes that have SBCC as their central approach. In each of these trainings, *Ammaji Helluttare* videos[10] were used to train the participants on SBCC skills. Apart from theoretical sessions, the training also included mock exercises for the participants.

Training on Supportive Supervision

121 mentors and supervisors were trained as Master Trainers (MTs) on Supportive Supervision and use of the format developed for the purpose. These master trainers, in turn, trained the remaining mentors and supervisors in their respective blocks and districts. They were imparted knowledge on nine different communication themes related to Antenatal Care (ANC), Postnatal Care (PNC), and the communication approach to be used when interacting with women on these themes.

The Supportive Supervision trainings aimed to improve FLW supervisors' knowledge and facilitation skills to help them monitor, observe, and give feedback to FLWs on not just the content but their communication skills as well. MTs were then asked to conduct Supportive Supervision for the next 6 months. Each MT visited and observed interaction between FLWs and mothers for antenatal or postnatal health care every month[11]. 98 supervisors conducted a total of 1,644 Supportive Supervision visits covering 464 FLWs. During this period, the supervisors:

- Observed while the FLWs interacted with pregnant and lactating mothers and their family
- If required, intervened and demonstrated how interactions should be conducted for the effective delivery of key messages for improving demand generation
- After the completion of the visit, they provided detailed feedback to the FLW on communication and IPC skills and methods for their improvement
- Recorded their observation in the Supportive Supervision format

Table 1: Supportive Supervision Training topics

Antenatal Care	Postnatal Care
Danger signs in ANC	Early breastfeeding
Tetanus immunisation	Kangaroo care of newborn
Early initiation and exclusive breastfeeding	Exclusive breastfeeding
Promotion of birth preparedness	Promotion of hygiene in newborn
Promotion of institutional delivery	Danger signs in newborn and mothers post delivery
Nutrition and IFA	Immunisation
ANC checkup	Follow-up visits
Birthweight	Usage of ORS during diarrhoea
Estimated date of delivery	Spacing method

Results

This intervention aimed at health system strengthening by way of establishing a systematic process for Supportive Supervision for *ASHA*s to strategically and effectively implement SBCC interventions[12].

The performance of FLWs has improved after this programme. They are able to:

- Identify and take prompt action in critical antenatal and postnatal cases
- Communicate better with the community and motivate them to adopt the suggested health behaviours
- Reflect on their work to improve their communication skills and the content of their messaging
- Document their work and follow a rigorous reporting method

Mentors and supervisors of FLWs:

- Are able to monitor and provide appropriate and contextualised feedback to each of the FLWs
- Have an improved training pedagogy and incorporate the learning from SBCC trainings in all their training sessions
- Recognise the importance of Supportive Supervision and its contribution in helping them perform their role better

The performance of **SIHFW** health officials has improved. Specifically, they:

- Are now able to assess the performance of their peripheral health centre officials and FLWs
- Rigorously monitor and supervise work; handhold and demonstrate effective supervision
- Use Supportive Supervision data for gap analysis and take targeted actions across the HPDs
- Are able to incentivise good performance
- Have been able to create an enabling environment of Supportive Supervision

Supportive Supervision

3,764 Supportive Supervisions visits were conducted for 554 FLWs between January and December, 2017. The following was observed from the Supportive Supervision data for the last reporting month.

- Out of the 554 FLWs visited, 521 had a monthly work plan.
- 2,300 couples with a single child were contacted and IPC on spacing between two children was carried out.
- 1,700 registered pregnant women were interacted with during the last reporting month, and IPC on ANC was conducted. Of these, 290 pregnant women with signs of danger were referred to the health facilities.
- 362 community meetings were organised by FLWs in the last reporting month.

A mentor giving feedback to an *ASHA* using the Supportive Supervision format.

Veeramma, an *ASHA* facilitator, wanted to practice the skills she learnt in the training and contribute to the society at large. Prior to the training, she confined her visits to only pregnant or lactating mothers. However, post training, she realised she was able to communicate better with all community members, even on matters which were beyond her defined role. Recalling one such incidence, she talks about how she was actively involved in preventing a child marriage in her community by engaging in a dialogue with the girl's family. She explained the ill-effects of child marriage, as well as the child marriage prohibition act and punishment under the same. With the help of her fellow FLWs, not only was she able to convince them to postpone the marriage, but also to continue education of adolescent girls.

Veeramma
ASHA Facilitator, Hosapete block, Bellary district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A mother with her infant child. Her *ASHA* convinced her to have an institutional delivery.

Transformative Change

Engagement with the community has increased and the FLWs now have greater commitment towards their work. The programme has strengthened the health departments' SBCC capacities, and Supportive Supervision has improved their ability to monitor and improve the performance of their workforce[13].

Caselet 1

Mr. Ishwar Dasappanavar is the district health education officer of Bellary. His main role is to promote health and family welfare programmes in the district with key focus on the SBCC component of these programmes. Mr. Ishwar has also received training on Supportive Supervision as part of the UNICEF intervention which, he mentions, has helped him monitor his staff and their performance. As a result of this intervention, the FLWs' communication skills have improved. He says, "The biggest change for me has been the capacity development of my frontline staff from the trainings. My staff is now able to document and share their work as well as stories of positive cases."

Caselet 2

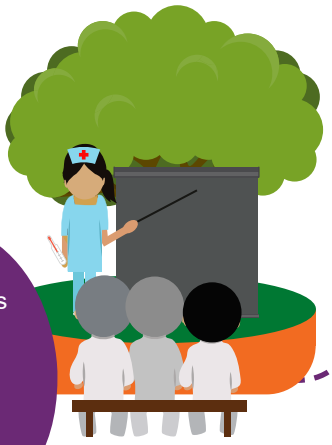
Mrs. Sujatha is currently a Taluka ASHA mentor in Bellary block. She was trained as a Master Trainer during the SBCC and Supportive Supervision training. She felt it helped her improve not only her own interpersonal skills, but also her training pedagogy. After this intervention, she conducts her trainings in an interactive manner, promoting dialogue between the trainer and trainees. Her improved performance was recognised by her seniors as well, and is now considered a key SBCC trainer in the district.

In Summary

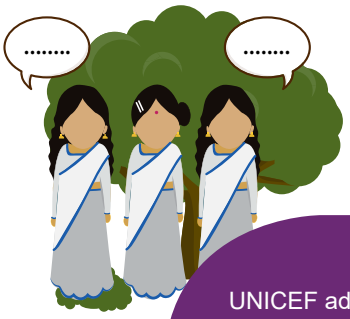
UNICEF, in partnership with State Institute of Health and Family Welfare (SIHFW), Karnataka undertook a Social Behaviour Change Communication (SBCC) project in eight HPDs in North Karnataka. The intervention enabled FLWs, health functionaries, and the health department in general to perform better and engage more effectively with the community. Here is a blueprint of how the intervention was rolled out in priority villages in the eight HPDs.

Action

Health functionaries were trained on SBCC, IPC, facilitations skills, and Supportive Supervision at the district and block level.



Trained health functionaries acted as Master Trainers, and coached the FLWs in their district. They imparted knowledge on communication issues.

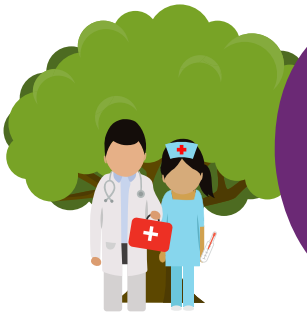


UNICEF adopted a Supportive Supervision approach, and aimed to help FLWs, health functionaries, and ASHA improve their IPC skills.

Results

The performance of FLWs and health functionaries has improved, and they are now able to engage more effectively with the community.

Mentors and supervisors of FLWs have started monitoring and providing appropriate feedback, and possess better training know-how.



SIHFW health officials can better assess performances, supervise work, and take targeted actions.

Transformative Change

FLWs have the skill and commitment towards their work and engage more with the community.

The health departments' SBCC capacities have strengthened, and they have an improved ability to monitor and better the performance of their workforce.

References

[1] http://www.in.undp.org/content/dam/india/docs/human_develop_report_karnataka_2005full_report.pdf

[2] These districts are Bellary, Kalburgi, Raichur, Koppal, Vijayapura, Yadagir, Bagalakote and Gadag.

[3] Based on the Maternal and Child Health Indicators, a composite index was developed by Government Of India in order to identify the High Priority Districts (HPD) under the health sector reforms to reach the Millennium Development Goals. Based on these indices, 184 districts across 25 states in the country have been identified as High Priority Districts.

[4] Shiddalingaswami H, Raghavendra V K, D.M. Nanjundappa Chair, December 2010, Regional disparities in Karnataka: A district level analysis of growth and development, Dharwad.

Reporting Years	2016 – 2017		2015 - 2016		2014 - 2015	
District Type	HPD	Other Districts	HPD	Other Districts	HPD	Other Districts
IMR (Source: reported data HMIS)	13.37	12.85	14.62	12.27	17.03	12.27

[5] HMIS is a digital intiative of the Department of Health and Family Welfare (DoHFW), Government of India (GoI).

[6] Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) is a flagship scheme of the National Rural Health Mission (NRHM) , Ministry of Health and Family Welfare, Government of India.

[7] *ASHA* Facilitators also work like *ASHA*s having a fixed population but will supervise 5-6 *ASHA*s and acts as a communication link between *ASHA*s and the *ASHA* mentor, BHEO.

[8] Facts for Life (FFL) videos provide vital messages and information for mothers, fathers, other family members and caregivers and communities to use in changing behaviours and practices that can save and protect the lives of children and help them grow and develop to their full potential.

[9] Priority villages in a HPD were selected basis their performance on the health indicators.

[10] *Kyunki Ammaji Kehti Hain* videos has a total of 42 episodes; these are part of Fact for Life videos that provides essential information about various health practices and government health schemes available for the people. The videos have information on each stage of the RMNCH+A life cycle.

[11] Each Master Trainer was expected to visit a minimum of 4 such interactions; 2 each with ANC and PNC stage mothers.

[12] These results are anecdotal and based on the programme data and inputs from the district health education officers, block education officers, SIHFW team, and UNICEF Karnataka team.

[13] This change is anecdotal and based on the interactions with the district health education officers, block education officers, SIHFW team and UNICEF Karnataka team.

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UNICEF House, 73 Lodi Estate, New Delhi

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