Table 1: A summary of the documents reviewed for landscape analysis of supportive supervision in maternal and child health programmes in India

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Target beneficiary | Name of the health programme | Total documents reviewed | Guidelines/ Operational guidelines | Handbooks/ Training handbooks | Modules/ Training modules | Other documents | Name of the documents |
| Pregnant women | Janani Shishu Suraksha Karyakram | 7 | 1 | 0 | 1 | 5 | * Guidelines for JSSK (June 2011)
* JSSK Dietary Norms (July 2018)
* Induction training module for ASHAs
* Maternal and Newborn health Toolkit (January 2013)
* RMNCH+A Supportive Supervision Plan & Checklists (2013)
* Janani Shishu Suraksha Karyakram – Press Release (PIB – 13th March, 2020)
* Job responsibilities – DPM
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| Janani Suraksha Yojana | 2 | 1 | 0 | 0 | 1 | * Janani Suraksha Yojana: guidelines for implementation
* Janani Suraksha Yojana: features and frequently asked questions
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| Newborns and Infants | Home Based Newborn Care | 2 | 1 | 1 | 0 | 0 | * Homebased Newborn Care Operational Guidelines (Revised 2014)
* Handbook for ASHA facilitators
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| Home Based Care for Young Child | 2 | 1 | 1 | 0 | 0 | * Home Based Care for Young Child (HBYC)-Strengthening of Health and Nutrition through home visits: Operational Guidelines (April 2018)
* Handbook for ASHA on Home Based Care for Young Child: Additional Home Visits to Address the Young Child
 |
| Under – 5  | Universal Immunization Programme | 2 | 0 | 2 | 0 | 0 | * Immunization Handbook for Health Workers – 2018
* Immunization Handbook for Medical Officers (Reprint 2017)
* Universal Immunization Program – MoHFW
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| Rashtriya Bal Suraksha Karyakram\* | 6 | 3 | 1 | 0 | 2 | * Background and rationale – RBSK (NHM)
* Rashtriya Bal Swasthya Karyakram (RBSK)-Child Health Screening and Early Intervention Services under NRHM: Operational Guidelines (October 2013)
* Setting up District Early Intervention Centres: Operational Guidelines (May 2014)
* Guiding note for Early Childhood Development (ECD) Call Centre: Operational Guideline (2019)
* RBSK Participant’s Manual for Mobile Health Teams (July 2014)
* Helping ASHAs identify birth defects
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| Adolescents | Rastriya Kishore Swasthya Karyakram | 8 | 2 | 1 | 3 | 2 | * Guidelines for implementation of RKSK (March 2015)
* RKSK Operational Framework: translating strategy into programmes (January 2014)
* Adolescent Health and Wellness Days “Yuva Samvad”
* RKSK Strategy Handbook (January 2014)
* Implementation Guidelines (RKSK) (2018)
* RKSK Facilitator’s Guide: training module for ANMs/LHVs
* RKSK Facilitator’s Guide: training module for Medical Officers
* RKSK Facilitator’s Guide: training module for Peer Educators
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\*Programme targets both under-5 as well as school-going adolescents

Box 1: Domains and indicators for assessing programmatic documents for provision of supportive supervision of frontline health workers

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| --- | --- |
| Domains | Indicators |
| Provision for supportive supervision | * Available documents: Enlisting the available documents pertaining to training/ supervision/ operationalisation of the health programme at community level.
* Available documents/section of document dedicated to supportive supervision (if any)
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| Key Stakeholders | * Primary Supervisor Cadre: Cadre of healthcare workers responsible for direct supervision of frontline health workers (ASHAs/AWWs/Peer Educators/ANMs).
* Additional supervisor/ Supportive cadre: Cadre of healthcare workers who would be responsible for assisting the Primary Supervisor Cadre in implementing supportive supervision measures according to the health programme guidelines. The supportive cadre may themselves be supervisors of the Primary Supervisor Cadre, but their role vis-à-vis the Primary Supervisor Cadre would be that of support and trouble-shooting if needed.
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| Timing for conducting supportive supervision | * Periodicity: Refers to the periodicity of supportive supervision as specified by the programmatic documents.
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| Rationale | * Key objectives of Supervision: Refers to the programme-specific objectives of supportive supervision.
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| Content of supervisory approach | * Activities to be supervised: Refers to the specific activities to be carried out by frontline healthcare workers which warrant supportive supervision according to the programmatic documents.
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| Modalities | * Logistics of supportive supervision: Includes provision of dedicated time, provision for travel and incentivisation of the primary supervision cadre.
* Modalities of supportive supervision: Refers to the availability of guidelines/ framework/ checklist/ mobile phone applications/ other similar modalities for standardising supportive supervision.
* Convergent supportive supervision: Provision for combining supportive supervision mechanism with any other concurrently ongoing activity(s).
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| Quality Assurance | * Provision for dashboard to reflect the metrics of supportive supervision.
* HMIS indicator(s) for recording any of the activities undertaken as a part of supportive supervision.
* Provision of training for supportive supervision.
* Compliance of supervision mechanism with the principles of supportive supervision: Whether the supervisory mechanism has been devised to reflect the supportive supervisory approach. i.e. it is – focussed on building relationships and improving performance, does not involve fault-finding and blaming the subordinate, espouses a teacher-student or a mentor-mentee relationship, uses local data and local evidence for driving positive change, and involves regular follow-up and supervision.
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Table 2: Summary of key activities for Supportive Supervision in reviewed programmatic documents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program | Term used to indicate key activities | Key Activities | Primary stakeholder for these performing activities | Primary supervisory cadre |
| HBNC | “Key Activities” | 1. Care for every newborn through a series of home visits by an ASHA in the first six weeks of life. in most state contexts, this HW is ASHA.2. Information and skills to the mother and family of every newborn to ensure better health outcomes.3. An examination of every newborn for prematurity and low birth weight.4. Extra home visits for preterm and low birth weight babies by the ASHA or ANM, and referred for appropriate care as defined in the protocols.5. Early identification of illness in the newborn and provision of appropriate care at home or referral as defined in the protocols.6. Follow up for sick newborns after they are discharged from facilities.7. Counselling the mother on postpartum care, recognition of postpartum complications and enabling referral.8. Counselling the mother for adoption of an appropriate family planning method. | ASHA | ASHA Facilitator. In the 2018 revision, ANM was also added. |
| HBYC | "Key tasks" | At 3rd Month1. Support for exclusive breastfeeding2. Counsel on hand washing practices3. Appropriate play and communication4. Check immunization status5. Check weight recording in MCP card; identify growth faltering.At 6th, 9th, 12th and 15th Months6. All above activities PLUS7. Counsel on initiation of complementary feeding & continued breastfeeding8. Age appropriate & adequate complementaryfeeding for children9. Age-appropriate play and communication10. Ensure full immunization11. Distribution of prophylactic IFA and ORS and counselling for their appropriate usage12. Depot holder for ORS & Zinc | ASHA, AWW | ASHA Facilitator, Anganwadi supervisor |
| UIP | "Responsibilities" | 1. Planning for Immunization/Micro-plan2. Managing the Cold chain3. Receiving the vaccine carrier and logistics or at the immunization session site4. Preparing and conducting the immunization session5. Communicating with caregivers6. Recording, Reporting and tracking of dropouts7. Capacity building of ASHAs and AWWs to perform their roles in UIP8. Coordination with ICDS supervisor | ANM | MO, Sector MO |
| RBSK | "Responsibilities" | 1. Identify birth defects among 0-6 weeks old babies through home visits2. Provide help to mothers for early stimulation of children of 0-6 weeks3. Explain the screening programme to parents/caregivers of children upto 6 years and mobilise them to attend the screening camps by the dedicated mobile health team at local Anganwadi Centers.4. Help parents in referral services, if required. | ASHA | BPM |
| JSSK | Not mentioned | Not mentioned | Not mentioned | Not mentioned |
| JSY | "Role", "Activity" | 1. Identification of beneficiary and filling up of the JSY Card.2. Registering the expectant mother for ANC in the sub-centre/health centre.3. Preparing the birth plan including dates of ANCs and recording it on the JSY card and inform the mother4. Completion of formalities for receiving JSY benefit5. Including collecting necessary BPL certificates wherever necessary from Panchayat / local bodies / Municipalities6. Motivating for institutional delivery by explaining enhanced JSY benefits7. Identify the health centre for all referral as well as the place of delivery and inform the pregnant women / her husband / family member and the Registered ASHA. | ASHA | ANM |
| RKSK | Yes | 1. Form adolescent groups2. Conduct PE sessions and maintain session dairy3. Attend AFC meeting | PE/Saathiya | ASHA > ANM. Discrepancy |