

**INTEGRATED DISEASE
SURVEILLANCE PROJECT**

**TRAINING MANUAL FOR
STATE & DISTRICT
SURVEILLANCE OFFICERS**

**MONITORING, SUPERVISION AND
QUALITY CONTROL**

Module -11

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1. INTRODUCTION

Good supervision helps health staff to perform their best. During supervision one must just observe and reinforce stipulated practices in surveillance. The crux of supervisory visits should be on education, coordination, motivation, facilitation and guidance with the overall objective of implementing corrective action.

Monitoring is also a vital component of any surveillance Programme and would determine the efficacy and effectiveness of the surveillance mechanisms in place. The various indicators should be continuously and vigorously monitored at different levels. Quality of data generated by the surveillance system is crucial if the decisions are to be made on the basis of analysis of results. All the activities related to IDSP require to be monitored for quality control. These activities include

- ☞ Collection of data
- ☞ Compilation of data
- ☞ Analysis and interpretation
- ☞ Follow up action
- ☞ Feedback

The district is the focal point of activity and district surveillance officer is directly responsible for quality of data generated in the district. The Medical Officer in charge of surveillance at CHC will be responsible for the quality of data at the periphery in each the corresponding CHC/PHCs

Responsibility for regular quality control is also the responsibility at the

- ☞ State Surveillance Officer
- ☞ National Surveillance Officer

In addition during the implementation phase of the Programme external evaluation of the Programme will be carried out by appropriate agencies identified by MOHFW at the state and Center.

2. SPECIFIC LEARNING OBJECTIVES

At the end of the session, the participants should be able to:

1. Categorize the components of surveillance activities of IDSP at the district level for which District Surveillance Officer (DSO) will be responsible.
2. List the subcomponents of each of the above components for which DSO will undertake quality assurance in IDSP.
3. Describe the role of State and Central Agencies for Supervision and Quality control in IDSP.
4. Describe the objectives and steps in supervision of activities

- List the possible responses from DSO to improve performance of the reporting units sending poor quality data.

3. MODULE AT A GLANCE

Duration of Session

3 Hours

UNIT No	CONTENT	METHODOLOGY	TENTATIVE DURATION	TEACHING AIDS
1.	Monitoring Supervision and Quality Control	Lecture Module reading and Discussion	30 Min	Slide Projector / Over Head
			45 Min	Projector / Power point
2.	Exercises	Group activity	45 Min	Training Modules Exercises.

4. IMPORTANT POINTS TO REMEMBER

- M & E is a continuous activity carried out at different levels by different persons as part of the quality assurance in IDSP.

Refer to Section 8.6 for more details

- The main objective of Supervision and M & E is to encourage and improve the quality of work associated with surveillance and not to find fault with the individual and system.

Refer to module on Feedback for more details and type of feedback

- Supervision, Monitoring and Feed back are the important activities, which will maintain quality of surveillance activities.
- Identify right person for the right task.
- Provide training, resources and Incentives
- Supervision and monitoring in private sector units has to be done with greater sensitiveness and with understanding the partnership role of voluntary agencies and communities.

Refer to module on private sector participation for more details

The steps for making a supervision include – Making a supervisory plan, Check list, Review of previous reports and Feed back with action plan for improving activities

5. GROUP ACTIVITIES

Group Work-1

Discuss the Case Scenario and the activities undertaken by the DSO where the timeliness and completeness of regular reports from the following reporting units is consistently of poor quality

☞ PHC/CHC

- ☞ Sentinel Private Practitioner
- ☞ District Surveillance Laboratory
- ☞ Medical College
- ☞ District Hospital

Group Work-2

Discuss the actions to complaint that resources and incentives specified by IDSP is not being provided to

- ☞ Sentinel Private Practitioners
- ☞ Medical College

Group work-3

Discuss the activities that will be undertaken to improve quality of response to a feed back from the state surveillance officer that

- ☞ Analysis and reports to state surveillance units are not reaching on time
- ☞ The response to outbreaks is inadequate and not timely.

Group Work-4

Develop Checklist and M & E plan for

- ☞ Sentinel Private Hospital
- ☞ CHC/PHC
- ☞ District Surveillance Laboratory

6. FREQUENTLY ASKED QUESTIONS

1. How often should the monitoring activities be carried out by DSO?
2. How is the supervision performed by DSO different from MO ?

7. HANDOUT ON MONITORING, SUPERVISION AND QUALITY CONTROL

7.1 Introduction

The surveillance system must be continuously supervised and monitored if a high quality of surveillance has to be ensured. Constant and supportive supervision would vastly improve the quality of the surveillance and motivate the staff to improve their performance. Ongoing monitoring and prompt corrective action is also imperative for the success of any surveillance Programmeme.

7.2 Supervision of surveillance

Supervision should help the health staff to improve their knowledge and performance and not be a faultfinding exercise. Supervisors and health

professionals work together to review progress, identify problems, decide what has caused the problem and develop feasible solutions.

7.3 Pre-requisites for supervision

- **Job Descriptions:** For effective supervision each category of health staff should have job descriptions (charter of duties) for surveillance. The job description should clearly describe the surveillance activity to be performed by each category of health staff. It should also mention who the health staff reports to and also under which supervisor the staff functions.
- **Resources:** The supervisory team would require resources to perform this activity.
- **Attitude:** The supervisory team should not be a faultfinding mission, but a support to the field people so that they are able to implement their activities.

7.4 Steps in supervision

The following are the steps in supervision:

- **Supervisory plan:** A supervisory plan should be prepared and at least each reporting unit visited quarterly. Supervisory visits of the reporting units are vital to rectify any problems like shortages of reporting formats, etc. and hence mobility of the supervisor is critical. This plan must be informed to the field staff so that they are prepared for the visit.
- **Make a checklist:** A checklist is a tool to help the supervisory team. A sample of this is provided in Annex 8.1 & 8.5. This checklist helps the team to review most of the important activities
- **Review the previous supervisory visit report:** This is so that the supervisory team is apprised about the situation in the field. It will also make them review the follow up actions taken from the previous visit. This will also help them review the performance by the field unit.
- **Supervision visit:** The supervisory team should then visit the field and using tools like checklist, observation methodology, review of records and Focus group discussions should assess the performance of the staff there. Gaps identified should be tackled on the spot if possible, or solved at a later stage. On-the-job training should also be provided to improve the quality of activities.
- **Feedback:** During the visit the supervisor should provide feedback to the health staff so that corrective measures can be implemented to improve the surveillance. Both positive and negative feedback should be given so that the supervisee is aware of his performance immediately.
- **Recommendation:** Specific recommendation on actions to be taken in a specific time frame.

7.5 Monitoring

All surveillance activities should be constantly monitored using standard performance indicators. If the performance of surveillance does not meet the necessary standards, prompt action should be taken to improve it. Thus constant monitoring ensures that the surveillance system is effective. Indicators should be developed for each level. Indicators may also be classified according to the periodicity of review, e.g. weekly, monthly and yearly.

The DSO should monitor the following indicators of reporting on a regular basis. Given below is the list of indicators for each of the activities related with IDSP monitoring for quality control.

7.5.1 Collection and Compilation of Data:

Weekly indicators

These indicators will be reviewed every week when the data is collated and reports generated. They reflect the effectiveness of data collection and transmission. There are 2 main indicators:

- ☞ Timeliness of reports
- ☞ Completeness of reports

These indicators help the Programme manager to identify non-functional or poorly functioning reporting units so that necessary action can be taken.

- Number of reporting units providing regular /timely /complete reports
- Number of SPPs providing regular/timely /complete reports

Lab performance indicators

- Proportion of lab specimens received in good condition.
- Proportion of lab specimens received with properly completed lab forms.
- Proportion of results reported within 7 days after receipt of specimens in lab.

Monthly / Quarterly indicators

These indicators allow for mid term review and correction of the Programme performance, so that the surveillance system remains alert and vigilant. Some of the indicators that may be used are

- ☞ Completeness of report for the period XXX

No: of reporting units that has been complete during the specified period
Total no: of reporting units

- ☞ Timeliness of report for the period XXX

No: of reporting units that have been on time during the specified period
Total no: of reporting units

Annual indicators

These indicators give an idea of the overall performance of the Programme and help the Programme manager identify gaps. Many of the indicators are similar to the monthly / quarterly ones but help by giving a long-term perspective.

- ☞ Completeness of report for the year
- ☞ Timeliness of report for the year

7.5.2 Analysis and Interpretation of data

Monthly

- ☞ Percentage of outbreaks that have been detected

No: of outbreaks detected by the surveillance system

Total no: of outbreaks during that period

Annual

- ☞ Percentage of outbreaks that have been detected

7.5.3 Follow up action Indicators

- ☞ Percentage of outbreaks that have been detected
- ☞ Percentage of outbreaks that have been detected within one incubation period
- ☞ Percentage of outbreaks that have been confirmed
- ☞ Percentage of outbreaks that have been investigated
- ☞ Percentage of outbreaks that have been investigated within 48 hours of detection

7.5.4 Feedback Indicators

- ☞ Number of monthly meetings at CHC with surveillance staff over last 6 month
- ☞ Number village health committee meeting attended by the PHC staff every 3 months
- ☞ Percentage and quality of newsletters published

7.5.5 Other indicators

Some of the useful input indicators that need to be monitored are

- ☞ Percentage of positions filled
- ☞ Percentage of staff at each level trained
- ☞ Percentage of reporting units at each level with functioning computers
- ☞ Percentage of reporting units using case definitions

☞ Percentage of districts with functional RRTs

☞ Percentage of districts with functional labs

7.5.6 Summary Table of Indicators for Monitoring

Indicator	Freq of monitoring	Source of information
Timeliness of reporting	Weekly / monthly / Quarterly / Annually	Routine data
Completeness of reporting units (separately for public and private sector)	Weekly / Monthly / Quarterly / Annually	Routine data
Percentage of outbreaks detected by the reporting units	Quarterly / Annually	Routine data, Media,
Percentage of MPWs with Case definitions and using them	Annual	Supervisory reports
Percentage of MPWs whose reports are in concurrence with their registers	Annual	Supervisory reports
Percentage of private sector enrolled as reporting units	Annual	Special annual survey
No of outbreaks prevented	Annual	Comparison of previous year's reports.

Performance indicators should be fed back to the local staff so that the quality of surveillance in areas performing poorly could be improved.

7.6 Role of Central Agencies for Monitoring, Evaluation and Quality Control

1. IDSP is district-centered Programme with independent control at district level. The DSO thus takes primary role for Supervision and Monitoring and Evaluation of all activities at the district level.
2. The Programme is owned by the State and hence the state surveillance officer has overall responsibility of the quality of data generated at each state.
3. Central agencies Central Surveillance Office, NICD, ICMR have responsibility to guide and give feed back on quality control.
4. Other agencies identified by the MOHFW at state and center will have responsibility for external evaluation and M & E. Multilateral agencies like the World Bank, WHO, international organizations like CDC and technical agencies like INDIACLEN.

7.7 Potential Activities to Improve Quality of Surveillance

Provide direct feed back to participants on regular basis both positive and negative to participants of IDSP

1. Ensure that necessary resources and incentives identified in the Programme have been provided to the functionaries
2. Identify right person for the right task and change work responsibility to suit the individual
3. Site visits to identify and supervise the activities of the functionaries.
4. Identify weakness and help with additional training of personnel on site as required.
5. Personnel contact by the district surveillance officer to understand the problems associated with functionary.
6. If the problems persist discuss to identify solution at the district surveillance monthly meetings and take appropriate actions specified by the group.
7. Give written instructions on the solutions suggested by the group to the functionary.

8. EVALUATION QUESTIONS

1. How often should M & E activities be carried out by the DSO
 - Once a week
 - Once a month
 - When requested
 - Daily
2. The important steps in supervision include
 - Making Supervisory plan
 - Check List
 - Review of pervious reports
 - Feed Back
 - All the above
3. Monitoring of Sentinel Private sector is
 - Requires to be done less frequently
 - Is the responsibility of IMA and IAP
 - Can be done similar to M & E of public sector
 - None of the above
4. Maintaining quality of work in IDSP requires
 - Financial incentives to the participants
 - Legal compulsion of reporting notifiable diseases
 - Providing necessary resources and non financial incentives
 - None of the above