

SPRING Webinar: Raising status and quality of nutrition services within government systems

Supportive supervision of service providers in Kyrgyz Republic

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Health Status

	DHS 2012	MICS 2014
Under five mortality	31	29
Infant mortality	27	24
Stunting under five	18%	13%
Overweight under five	9%	7%
Exclusive breastfeeding (0-5 months)	56%	41%
Anemia under five	43%	-
Anemia among WRA	35%	-



Health System

- 99% skilled attendance at birth*
- 97% of women receive ANC*,
- 96% PNC within two days*
- Infrastructure of facilities from tertiary to outpost level
- Weak quality assurance mechanisms generally
- Soviet area system of ‘kurators’ (mentors) worked well, but doesn’t exist in the current system.
- SPRING is working with facility heads and champions to revive the kurator system.



*Source: DHS 2012



SPRING's Program in Kyrgyz Republic

- Working across sectors to increase uptake of 11 evidence-based services/practices, by:
 - Increasing access to quality nutrition services;
 - Increasing demand for priority nutrition practices; and
 - Increasing dietary diversity



Capacity building and training



SPRING's Supportive Supervision Initiative

- Supportive supervision system implemented after IYCF training for skills retention and to assist in data collection
- Checklists were adapted from globally recognized tools



Планка куратора: Оценочный лист наблюдения за консультацией родителей по КДРГВ

ФНО: _____ Индекс: _____
 ФИО куратора: _____ Адрес: _____
 Дата наблюдения: _____ Кто составил: _____

Инструкция: Прочтите все вопросы, поставьте "1" или "2" в зависимости от качества оказания консультации, а также отметьте, были ли родители для консультации информированы, в случае "1" - поставьте, если родители не получили для данного ребенка в семье «Наблюдения/присмотр» родителя, посетив их учреждение, при работе.

№	Вопросы. Скорее узнать и принять управление	Да		НС	Неизвестно/по желанию
		1	2		
Информация:					
1	Держится ли среднее время с консультацией/управлением родителем				
2	Удалось ли выслушать (самостоятельно) родителя				
3	Удалось ли выслушать (родителя и ребенка)				
4	Заранее ознакомились ли родители с информацией				
5	Использованы ли в другие отходы для выработки своего интереса				
6	Сопровождение (возрастом, местом), что может быть полезно				
7	Степень использования информации				
8	Удалось ли время, чтобы выслушать/обсудить выслушать				
9	Оцените, насколько вы наблюдаете развитие				
Ваше мнение: управление и влияние поддержки					
10	Согласны ли вы, что данный и чувствует мать ребенка	Да	Нет	НС	Неизвестно/по желанию
11	Понимает ли родители, что это не только работа, но и работа для родителей				
12	Понимает ли родители, насколько важно использовать информацию				
13	Понимает ли родители, насколько важно использовать информацию				
14	Понимает ли родители, насколько важно использовать информацию				
15	Для работы без вмешательства родителей				
16	Обратная связь с родителями/родителями				



Supportive supervision visits



Testimonial

We faced many problems. Inspections highlighted gaps working with children and pregnant women. Our negative performance was often discussed at regional and national review boards. It was clear that we were doing something wrong, but we did not know how to improve.

After SPRING's supportive supervision training, all staff of Jumgal FMC started implementing Mentoring principals in our work. Now we can clearly identify where we achieved success and where we face challenges. And all this happens with no screaming or penalty, just with mentoring and support.

Thank you very much.

-Ainura Tentieva Deputy Head of Jumgal FMC



SPRING's Supportive Supervision Initiative

- Clear limits to SPRING's ability to provide direct supportive supervision effectively to all trained service providers
- Approach evolved to be more system-oriented: inclusive of existing human resources and reflective of legacy structures (i.e. kurators)
- This informed the way SPRING rolled out supportive supervision and motivated us to advocate with national stakeholders to address gaps in routine systems



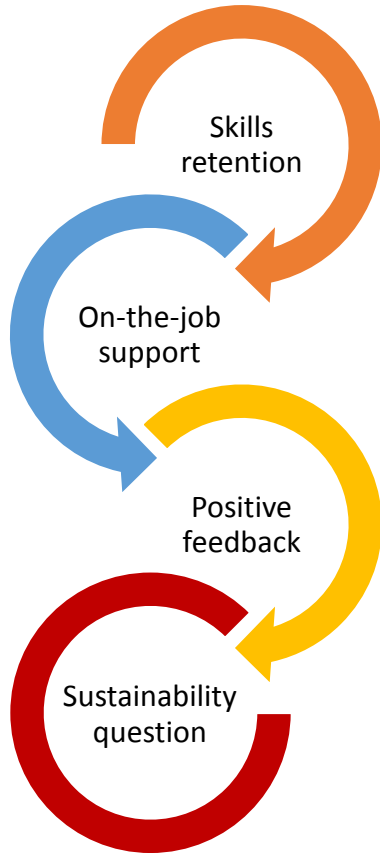
Advocacy and Training

- Engagement at national level
- ‘SPRING model’
- Developed curriculum on supportive supervision
- Provided a 3-day training on concepts and approaches
 - Shared SPRING experience:
 - FY15 – 251 supportive supervision visits (checklists)
 - FY16 – 597 supportive supervision visits (checklists)
 - Findings – 42% improvement in checklists scores between FY15 and FY16

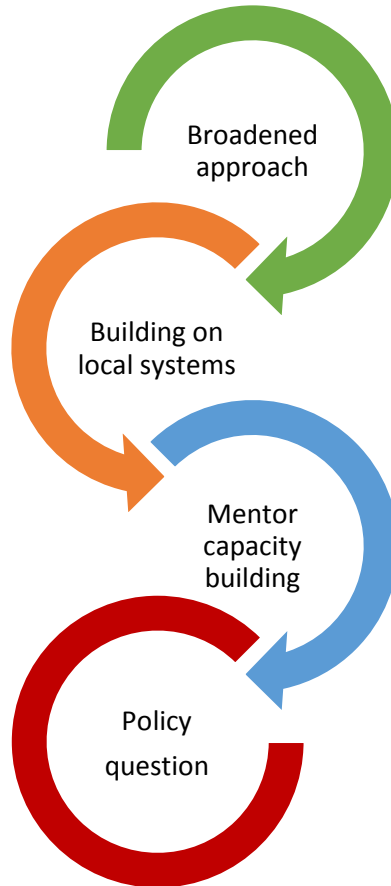


Summary

Phase 1



Phase 2



Phase 3



Outcomes & Next Steps

- Broad interest by ministry, with expressed interest in full SPRING case study
- Barriers to whole-hearted adoption remain
- Tension around ‘new’ concepts in a historically hierarchal authority system
- Roll out of regional level trainings in supportive supervision in program areas completed (training replicated for 68 local health managers/providers)
- Potential for regional level adoption





Thank you!

For more info, please contact: mfoley@spring-nutrition.org



www.spring-nutrition.org



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