

Millennium Villages Project

COMMUNITY HEALTH WORKER SUPERVISOR TRAINER'S MANUAL

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UNIT 0: Introduction

This unit is an introduction to the structure and contents of the Community Health Worker Supervisor Trainer's Manual. It is designed to provide an overview of the training, as well as key techniques, pedagogical methods, and tips for training facilitators.

- 1. Training Overview and Objectives**
 - 2. Key Techniques for Effective Facilitation**
 - 3. Adapting Your Lessons for Local Context**
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UNIT 0: INTRODUCTION

Chapter 1: Training Overview and Objectives

About This Training Manual

Welcome to the Community Health Worker (CHW) Supervisor's Training Manual. This training course was developed by the Earth Institute at Columbia University to strengthen the Millennium Villages Project's Community Health Worker program. The objectives of this curriculum are:

- ❑ To develop CHW supervisors' knowledge and understanding of the CHW sub-system and the role they play in strengthening this sub-system
- ❑ To develop CHW supervisors' knowledge and understanding of activities and tools they can use to (1) improve CHW competency, (2) monitor and evaluate CHW performance, and (3) strengthen linkages between the CHW sub-system, formal healthcare system, and local community
- ❑ To develop CHW supervisors' competence in mentoring and building relationships with their CHWs

The activities and methods used throughout this training manual are meant to expand the supervisor's existing knowledge through written exercises, practical group activities, discussions, role-plays, case studies, and hands-on practice. In addition, participants will serve as resources for one another. Respect for the experiences of other supervisors is crucial to the training process. Through the completion of these exercises and sharing of peer experiences, supervisors will hone the critical skills needed to support the CHW sub-system and the health of their communities.

This manual is comprised of five units that consist of two to six chapters per unit. Units are ordered sequentially but designed in a modular fashion so that facilitators can add, remove, or change the order of individual chapters or entire units according to the training context and the needs of the supervisors. Facilitators should be prepared for each training session with this manual and any handouts, props, and equipment necessary for the chapter(s) assigned for the day (see *Advanced Preparation* below).

This manual has been designed for use by the facilitator, and is not intended to be distributed to supervisors in this form.

UNIT 0: INTRODUCTION

Chapter 1: Training Overview and Objectives

Advanced Preparation

This manual contains step-by-step guidance for conducting a training for CHW supervisors. Before use, the training manual should be tailored to the local context and adapted to ensure adherence to national guidelines and protocols for patient care.

PREPARATION

Materials:

- ☐ Community Health Worker Supervisor's Training Manual
- ☐ Relevant CHW job aids for each participant
- ☐ Participant worksheets and answer keys
- ☐ Necessary materials (e.g., handouts and visual aids) for practice activities
- ☐ [Optional] PowerPoint slides and audiovisual equipment

Content:

- ☐ Tailor lessons according to national guidelines and local context
- ☐ Invite key personnel (e.g., Health Coordinator, Data Managers, clinic staff) to help co-facilitate relevant lessons and explain technical definitions if needed
- ☐ Practice unfamiliar role plays, demonstrations, and other activities
- ☐ Identify possible questions participants may ask and prepare answers

When organizing a training workshop, there are also many logistics that must be managed leading up to the workshop. The list below is not inclusive of all items that may need to be secured beforehand, but should give the facilitator a general idea of the requirements for a successful training.

TRAINING LOGISTICS

- ☐ Invitations to participants
- ☐ Invitations to co-facilitators or guest speakers
- ☐ Training venue (with electricity provided during hours of training)
- ☐ Food vendor (for lunch and coffee/tea breaks)
- ☐ Transportation arrangements for participants
- ☐ Per diem for participants (where applicable)

The facilitator may decide to supplement lessons with a PowerPoint presentation. While PowerPoint presentations can be a very effective training tool, none of the activities in this manual rely on the usage of a laptop, projector, and energy source. Facilitators should make sure they have a backup plan with printed copies of any visual aids in case of power outage or technical difficulties. Any visual aids required for an activity are included in the appendices of each chapter.

UNIT 0: INTRODUCTION

Chapter 1: Training Overview and Objectives

Chapter Overview

Within each unit, chapters follow the same format for clarity. The **OVERVIEW** introduces the chapter to the facilitator and outlines the learning objectives for this topic. This is followed by the **LESSON PLAN**, which encompasses the full lesson that the facilitator is to conduct, from start to finish. This is followed by the **APPENDICES**, which includes the worksheet, answer key to worksheet questions, and in some cases additional handouts. (Please refer to the following **Key Techniques for Effective Facilitators** for more information on the specific activities included in the lesson plans and their importance.)

The lesson plans contained within this manual do not have break times written into them. It is up to the facilitator's discretion to schedule lunch breaks and coffee or tea breaks when appropriate. Typically, adult learners need a short 15-minute break every 1.5 to 2 hours to maximize participant energy and attention span.

Activity Types

Within the lesson plan, there are four types of learning activities. It is important that each type of learning activity occur in each lesson so that participants absorb and synthesize the knowledge they need to be effective supervisors. If the facilitator needs to adapt the lesson because they are running short on time, it is crucial that at least one of each type of activity is included in the revised lesson plan.

Activity Type	Activity Objective	Activity Examples
Convey Information	Participants are exposed to new content, whether that content is delivered by the facilitator or discovered through an exploratory activity.	<input type="checkbox"/> Introduce New Lesson <input type="checkbox"/> Demonstration <input type="checkbox"/> Lecture
Reinforce Information	Participants review information presented earlier in the lesson to improve immediate understanding and future retention of the information.	<input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Small Groups
Example In Action	Participants apply the content to a real life example, exploring the important role of a CHW supervisor in supporting CHWs to prevent illness and death and promote healthy behavior.	<input type="checkbox"/> Context Story <input type="checkbox"/> Behavior Change <input type="checkbox"/> Case Study
Participant Practice	Participants partake in exercises designed to improve their ability to analyze and respond to situations that might occur during supervisory work.	<input type="checkbox"/> Group Activity <input type="checkbox"/> Role Play <input type="checkbox"/> Worksheet

UNIT 0: INTRODUCTION

Chapter 1: Training Overview and Objectives

Abbreviations and Acronyms

ANC	Antenatal Care
CCM	Clinical Cases Management
CHW	Community Health Worker
HH	Household
HIV	Human Immunodeficiency Virus
IP	Inpatient (Therapeutic Feeding) Program
MMR	Morbidity and Mortality Round
MVP	Millennium Villages Project
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organization
OHV	Observational Household Visit
ORS	Oral Rehydration Salts
PNC	Postnatal Care
RDT	Rapid Diagnostic Test
RUTF	Ready-To-Use Therapeutic Food
TB	Tuberculosis
TBA	Traditional Birth Attendant
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

UNIT 0: INTRODUCTION

Chapter 2: Key Techniques for Effective Facilitation

The Role of the Facilitator

A facilitator helps participants learn the skills presented in this course. They guide discussions, help participants practice skills, monitor performance, and provide feedback. Rather than simply lecturing on information, good facilitators try to elicit answers from the group and help participants apply and synthesize new content based on their experiences and current knowledge. Most importantly, facilitators give participants any support they need to successfully complete the course and learn the skills that will help them support their CHWs.

ROLE OF THE FACILITATOR

To Teach:

- ☐ Convey information and guide trainees through written materials, particularly when trainees did not previously work as a CHW
- ☐ Make sure that each trainee understands how to work through the materials and what s/he is expected to do in each exercise
- ☐ Lead group discussions, video exercises, demonstrations, role play activities, and field-based practice
- ☐ Provide site-specific context, answer questions, and provide clarification on any confusing points
- ☐ Maintain energy during the sessions and keep trainees engaged and interested
- ☐ Assess each trainee's work and contributions
- ☐ Help each trainee identify how to apply the skills taught in the course to their work with CHWs and the community
- ☐ Give guidance and feedback as needed during classroom and field practice sessions
- ☐ Model good clinical, communication, and facilitation skills

To Motivate:

- ☐ Praise individual trainees and the group on improving their performance and developing new skills
- ☐ Encourage trainees to move through the initial difficulties of learning new skills by focusing on steps in their progress and the importance of what they are learning to do

To Manage:

- ☐ Plan ahead and obtain all supplies needed each day
- ☐ Monitor the progress of each trainee
- ☐ Work with the instruction team to identify improvements to be made each day (if applicable)

UNIT 0: INTRODUCTION

Chapter 2: Key Techniques for Effective Facilitation

Modeling Training Methods for CHW Supervisors

Facilitators need a wide range of skills in order to be successful. As a facilitator, simply knowing the curriculum content is not enough.

Imagine yourself as a soon-to-be CHW supervisor. You arrive at the training. You sit down in your seat, alongside your peers. The facilitator gets up in front of the room. He doesn't smile. He doesn't make eye contact. He just talks on and on in a professional voice. He does not seem to even notice you sitting in the room. How would you feel, if this happened?

A facilitator has many, many roles. Facilitators must develop excellent listening skills. They must be able to observe and remember what people say during a discussion. They must communicate information clearly. They must give feedback without making people feel insulted, and they must accept feedback without taking it personally. Most importantly, they must quickly earn participants' trust, provide support and encouragement, and have a great amount of patience.

In addition to sharing knowledge, skills, experiences, and ideas, CHW supervisors also support their CHWs through challenges in their work. In order to fulfill this important, complex role, a supervisor must be a health professional, teacher, and mentor. Participants will begin learning how to build trusting relationships with CHWs by observing their training facilitator. How facilitators teach and give feedback to the trainees will influence how the supervisors, in turn, teach and give feedback to their CHWs. Therefore, it is essential that the facilitator takes the time to incorporate effective facilitation techniques into her/his lessons.

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Chapter 2: Key Techniques for Effective Facilitation

Tips for Effective Facilitation

To successfully provide the participants with the tools they will need as CHW supervisors, the facilitator must be concerned with how well participants understand, synthesize, apply, and retain the content presented in the session, in addition to simply sharing the facts.

Participants learn more when they participate in the learning process, rather than passively receiving information. Facilitators should always keep in mind that:

People remember...
10% of what they read
20% of what they hear
30% of what they see
50% of what they see and hear
70% of what they see, hear, and say
90% of what they see, hear, say, and do

By providing participants the opportunity to absorb, practice, and review the content in many different ways, the facilitator can increase the amount of information the participants retain and apply correctly when they begin to make household visits.

FACILITATION TIPS

- ❑ Open the training with “icebreaker” activities (see *Sample Icebreakers* below)
- ❑ Carefully explain each activity and review the instructions with the group
- ❑ Ask the group open-ended questions to stimulate discussion
- ❑ Narrow and close a discussion when a topic has been exhausted
- ❑ Break participants into pairs or small groups to work on activities and share ideas
- ❑ Do some “energizer” activities throughout each lesson to break up content-heavy sessions and to keep participants engaged (see *Sample Energizers* below)
- ❑ Pay attention to the needs of the participants and take breaks when necessary
- ❑ Always explain how abstract messages and lessons relate to the specific activities of a supervisor’s daily work
- ❑ Incorporate real-time data about health issues and CHW work in the region (if available)
- ❑ Debrief with participants at the end of each activity and at the end of each day



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Chapter 2: Key Techniques for Effective Facilitation

Other crucial elements for creating a productive and fun learning environment include:

- ❑ **Dialogue:** Adult learning is best achieved through dialogue. The majority of adults have enough life experience to engage in discussion with any teacher about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue or discussion must be encouraged and used in formal training.
- ❑ **Supportive learning environment:** Help participants feel comfortable about making mistakes. Adults are more receptive to learning when they are both physically and psychologically comfortable. Participants may not have the correct answer to a question posed for discussion, but the manner in which they are corrected may influence whether they are willing to speak up again next time.
- ❑ **Respect:** Appreciate learners' contributions and life experience. Adults learn best when their experience is acknowledged and when new information builds on their past knowledge and experience.
- ❑ **Affirmation:** Learners need to receive praise for even small attempts to contribute. They need to be sure they are correctly recalling or using information they have learned in order to improve both skill and confidence.
- ❑ **Sequence and reinforcement:** Start with the easiest ideas or skills and build on them. Introduce the most important ideas first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.
- ❑ **Practice:** Allow learners to practice first in a safe environment and then in a real setting.
- ❑ **Teamwork:** Encourage people to learn from one another and solve problems together. This makes new content easier to apply to real life and also fosters relationships among trainees.
- ❑ **Accountability:** Ensure that learners understand and know how to put what they have learned into practice through both formal and informal, and group and individual assessment activities.
- ❑ **Clarity:** Messages should be clear. Words and sentence structures should be familiar. Facilitators should explain technical words and make sure every learner understand technical terms.
- ❑ **Feedback:** Feedback informs the learner about her/his strengths or weaknesses, and can be executed in a uniform manner by using the worksheets provided.

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Chapter 2: Key Techniques for Effective Facilitation

The Learning Cycle

Conveying and practicing information through different types of activities is important for knowledge understanding and retention. Incorporating a variety of activities is also important because different learners process information in different ways. Some people learn better through listening, others through writing or movement.

Whether we are aware of it or not, each of us moves through a series of steps in our own daily learning:

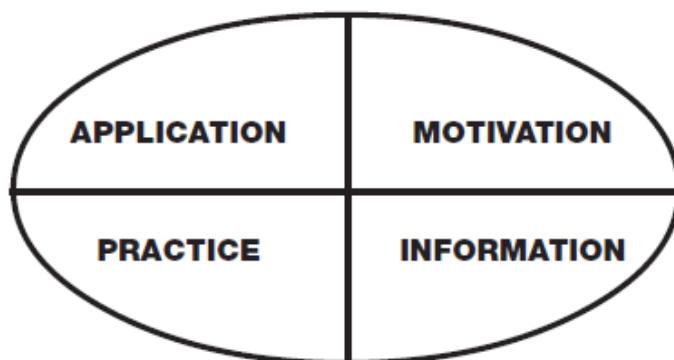
- ❑ **First, you have an experience.** For example, you might observe that more members of your community become ill with malaria from April to June.
- ❑ **Next, you reflect upon the experience.** You may ask yourself why malaria is more common during those months than other months.
- ❑ **Then, you begin to analyze what is happening.** You may attempt to generalize from what you have seen by asking yourself: “Why is this happening?” In the case of malaria, you know that malaria is spread by mosquitoes, which are more numerous where there is water. You may decide that because there is more rain in April, May, and June, there are more mosquitoes, and, as a result, more cases of malaria.
- ❑ **Lastly, you may begin to apply what you have learned to new experiences.** Perhaps you begin to take more precautions, to prevent becoming ill with malaria during the rainy season, such as sleeping under a bednet.



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Chapter 2: Key Techniques for Effective Facilitation

Some people are better at learning from one stage of the learning cycle than others. Facilitators can improve the learning process by consciously taking participants through the entire cycle of experience, reflection, generalization, and application. When it comes to designing a lesson plan, these steps can be categorized as “motivation,” “information,” “practice,” and “application.”



For example, imagine you are a CHW supervisor training CHWs on how to treat diarrhea in children. For the **motivation** stage, you could begin with a role play of a CHW visiting a household where a child is sick with diarrhea. Then you might give a short lecture on the importance of treating diarrhea and the proper preparation of oral rehydration solution (ORS) for the **information** phase. After your initial demonstration, the group could try making ORS on their own for the **practice** phase. Finally, the participants could read stories about sick children, **applying** their newly acquired knowledge to decide if the child in the story has diarrhea and if the child should be treated with ORS.

By including a variety of activities in the lesson, the facilitator can ensure that all participants are engaged and able to absorb and apply the lesson content.

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Chapter 2: Key Techniques for Effective Facilitation

A Variety of Activities for A Variety of Learners

When new content is presented, it is important include all four categories of learning into every learning experience. In order to achieve this goal, this training manual includes a wide variety of teaching methods that have been carefully organized to maximize participant learning. Not all of the activities below occur in each chapter, but facilitators should be familiar with the general progression of the chapters, as well as the purpose for each step contained within the lesson plan.

TRAINING MANUAL EXERCISES

- ❑ **REVIEW PREVIOUS LESSON:** The facilitator will review the learning objectives from the previous chapter, and will ask participants to demonstrate their mastery of the learning objectives by asking the specific questions found on the right-hand side column in the learning objectives in the previous chapter. The facilitator will have corrected the worksheets from the previous chapter and will review questions found on the worksheets that one or more participants have answered incorrectly. Return the previous chapter's worksheets to participants at this time.
- ❑ **INTRODUCE NEW LESSON:** This step allows the facilitator to introduce the topic of the lesson, briefly highlighting its importance within the CHW supervisors' scope of practice. The facilitator should explicitly state the objective of the lesson here; that is, the reason for the inclusion of this topic within the training.
- ❑ **CONTEXT STORY:** Context stories provide an "example in action" of the behaviors that a CHW may encounter within a household, and the outcomes that can occur. These are divided into *Story of a Death* and *Story of A Death Prevented*, or *Story of an Illness* and *Story of an Illness Prevented* and serve as examples of positive and negative outcomes that can be ensured or prevented by CHWs.
- ❑ **INTRODUCTORY DISCUSSION:** Before diving into the content of the lesson, it is important to allow participants to discuss their pre-existing experience and ideas on the topic presented. This will give the facilitator an understanding of the diverse experiences and viewpoints held by participants, and will allow the facilitator to tailor the lesson to the groups' needs. Participant ideas and points can be written on a large sheet of paper by the facilitator, and kept hanging in a prominent place throughout the lesson. This allows participants to reflect back on the changes in their understanding of the topic throughout the lesson. Discussion activities can take place in pairs, small groups, or with the entire group.



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Chapter 2: Key Techniques for Effective Facilitation

- ❑ **LECTURE:** Information on the topic is presented in a visual and verbal manner. Often, the lecture by the facilitator is supported by visuals, which can be found in the appendix of each lesson. Lectures are useful for presenting content that is new to the participants, but it is important to supplement lectures with other types of activities in order keep participants active and engaged.
- ❑ **DEMONSTRATION:** If a chapter requires that a hands-on skill be taught, demonstration is a crucial step. The gradual release of responsibility within teaching separates activities into “I do/We do/You do.” This allows for the facilitator to first demonstrate a skill (“I do”), followed by group or partnered practice (“We do”), followed by individual practice (“You do”). It is important that a facilitator demonstrates the appropriate and inappropriate ways to perform a task and discuss the differences.
- ❑ **GROUP ACTIVITY:** For group activities, participants work in pairs or small groups to demonstrate the knowledge they have just acquired. Throughout this manual, participants are split into three different group sizes for the various activities: pairs (2 participants), small groups (3-6 participants), and large groups (6 or more participants - can include all participants present in the training). There is a range of activities included in the group activity category across the manual. Be sure to allow ample time for each participant to take their turn, and walk from group to group to ensure that all trainees understand the task at hand and are participating equally.
- ❑ **CASE STUDY:** Case studies are one type of small group activity that presents real-world examples of the kinds of situations they are likely to see when supporting CHWs. Using the series of details provided, participants will talk through the responses they think are correct, and present their conclusions to the larger group for discussion.
- ❑ **REINFORCING DISCUSSION:** Reinforcing discussion activities are different from the introductory discussion noted above, in that they occur after the bulk of chapter information has been presented. Reinforcing discussions allow participants to share their ideas on the chapter's topic and discuss ways in which they can support CHWs using the technical information shared in previous activities.
- ❑ **ROLE PLAY:** Role play allows participants to act out situations that they may come across during household visits. Each role play consists of a background story with several facts about the CHW and supervisor relationship to be acted out. This practice helps supervisors feel more comfortable providing CHWs with support and mentorship.
- ❑ **REVIEW:** The review portion of the lesson serves to reinforce the information that was transmitted throughout the lesson. This is the facilitator's opportunity to return to the learning objectives stated at the beginning of the chapter and ensure that all of the important points were covered. It is also a time for participants to ask any final questions they have about the topics covered during the session.



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- ❑ **WORKSHEET:** The worksheet serves both as a final reinforcement of content and a tool through which the facilitator can assess participant progress and provide feedback. It must be filled out by each individual participant on their own to check their understanding of the lesson. Be sure to allow enough time for all questions to be answered, and then collect worksheets to be scored during the break between lessons. The facilitator must score each worksheet before the next lesson begins in order to see where participants are struggling to master the material, both individually and as a group. If one particular participant tends to get more questions incorrect than other participants, the facilitator should take time with him/her privately to review the correct answers one-on-one.

By making an effort to incorporate the above activities and techniques into each day's sessions, the facilitator will build the encouraging and effective learning environment necessary to help trainees master the knowledge and skills they will need as CHW supervisors.

Sample Icebreakers

Creating a supportive learning environment includes giving trainees the opportunity to get to know and feel comfortable with each other. Including “**icebreaker**” activities at the beginning of the training – such as asking participants to share something about themselves or playing a team building activity – can build a sense of community and contribute to a fun, encouraging learning environment.

GETTING TO KNOW YOU

Ask participants to share their name, something about themselves (favorite color, hobby, etc.), and one thing they hope to learn from the training. Make sure every participant has a chance to speak.

FACT OR FICTION?

Ask everyone to write on a piece of paper three things about themselves which may not be known to the others in the group. Two are true and one is not. Taking turns have them read out the three ‘facts’ about themselves. The rest of the group votes which are true and false.

INTERVIEW

Divide the participants into pairs. Ask them to take three minutes to interview each other. Each interviewer has to find three interesting facts about their partner. Bring everyone back to together and ask participants to present the three facts about their partner to the rest of the group. (A fun twist on this activity is to have partners interview each other to find three things they have in common.)

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Chapter 2: Key Techniques for Effective Facilitation

Sample Energizers

Energizers are brief activities and games that help increase the energy in a group by engaging them in physical activity, laughter or problem-solving. Use energizers at the beginning and end of each day, and between and throughout lessons to facilitate interaction among group members, encourage creative thinking, and add some fun to the training course.

BIRTHDAY LINEUP

Ask participants to line up in the order of their birthdays without speaking.

SHAKEOUT

Ask everyone to stand up and to shake each one of their limbs for 5 seconds: their left arm, their right arm, their left leg, their right leg.

KNOTS

Divide the group into teams of 6-8. Each team forms a small circle. Ask them to extend their right hand across the circle and hold the left hand of the other team member opposite them. Then extend their left hand across the circle and hold the right hand of another group member. The task is to unravel the spider's web of interlocking arms without letting go of anyone's hands. The group that can complete the activity first is the winner.

LOOK UP LOOK DOWN

Arrange participants into groups of 12-20 members. Have participants stand in a tight circle, shoulder to shoulder. Explain that when you (the facilitator) say, "look down" everyone must look at the ground. And when you say, "Look up" everyone must look up and stare directly at the face of another person. If two people look up and stare at each other, they must yell and then step out of the circle. The rest of the participants who did not make eye contact with another person will continue staring until the facilitator says, "Look down" again. Play continues until there are only 2-3 people left in the circle.

GROUP JUGGLE

[This activity is best on the second day, after participants have had a chance to learn each other's names.] Arrange participants in a circle and explain the rules. The facilitator will start by throwing a ball around. Each person must call out the name of the next person that they are throwing it to. They may not throw it back to the person who threw it to them or the person immediately before that. See how long the group can go without dropping the ball!

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Chapter 2: Key Techniques for Effective Facilitation

Index of Activity Icons

Throughout each lesson, the activities outlined above are indicated using the icons present below:



Background



Learning Objectives



Lesson Plan



Lesson Preparation



Introduce New Lesson



Context Story



Lecture



Discussion



Behavior Change



Demonstration



Small Groups



Group Activity



Case Study



Role Play



Review



Worksheet



Worksheet Answer Key

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Chapter 3: Adapting Your Lesson to Local Context

The Importance of Customizing Your Lesson

Over the course of the training, you will be introducing a large volume of complex health and program information to the CHW supervisors. Some supervisors might feel overwhelmed by the information. Others might feel that the topics covered are not relevant to their communities. Still others might have difficulty imagining the practical applications of knowledge covered in the classroom.

As a facilitator, you can help participants retain and apply the information they learn by providing as much context as possible using concrete examples from the community. This will help participants see the relevance of what they are learning and understand the important role they will play in supporting the CHW program and improving the health of their community.

Throughout this manual, you will see the following icon:



TIP:

Customize the lesson
plan according to
local practices

The purpose of this icon is to remind you to adapt the lesson content according to the local environment, circumstances, and program policies. Before each lesson, take time to review the lesson plan, edit content details based on the local situation, and brainstorm ways to incorporate concrete local examples. By doing so, you will be able to present the most pertinent information in an engaging manner.

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Chapter 3: Adapting Your Lesson to Local Context

Helpful Tips for Customizing Your Lesson Plan

There are many ways you can incorporate real life, site-specific examples into your lesson plan. By utilizing these creative methods for presenting information, you can make training sessions more engaging and improve participants' comprehension of difficult material.

TIPS FOR TEACHING TO THE LOCAL CONTEXT

- ❑ **Review policies and protocols to align with the expectations of your program.** It is crucial to review each lesson and make sure the content accurately represents what will be expected of the CHW supervisors during their day-to-day responsibilities. This should also be in alignment with the policies of other health providers with whom the supervisor will be working
- ❑ **Edit examples with locally appropriate details, or replace it entirely with a site-specific anecdote.** The context story, role-play activities, and case studies are a great methods for presenting how CHWs and supervisors can help save lives. Each real-life situations in the modules have been provided for a topic-specific example, but you are strongly encouraged to edit the story details according to the health challenges, protocols, and resources in the local community
- ❑ **Invite guest lecturers.** It can be helpful for participants to hear the stories of experienced supervisors, clinic staff, and other community members. Not only will the varied speakers make the training more engaging, it will also give participants the opportunity to meet some of the staff and local leaders they will be working with later on. (Keep in mind that extra time will need to be allotted in the lesson plan for guest speakers)
- ❑ **Incorporate data and other records to reinforce content covered in class.** It is important to supplement qualitative examples with data-based evidence of CHW performance and health trends in the local community. CHW performance data can highlight areas of low performance, and identify where supportive supervision could help improve quality of service. Data on health challenges in the community can emphasize the importance of health interventions and the specific role that supervisors play in those initiatives
- ❑ **Organize field trips or field-based practice.** It can be helpful for supervisors to observe the larger health system in which they will work. If possible, invite supervisors to visit a nearby health facility or attend a meeting of the village health committee. In addition to providing context to what the supervisors are learning in the classroom, it will also allow them to meet individuals that they may work with later on

UNIT 0: INTRODUCTION

Chapter 3: Adapting Your Lesson to Local Context

Using Data to Support Your Lesson

Data-based evidence can be a powerful tool to reinforce the health topics and supervisor responsibilities introduced in this manual. Using data to illustrate current health trends in the region or examples of CHW performance can help supervisors comprehend the scope and urgency of the issue, as well as the highlight supervisors' important role in supporting health interventions addressing these issues.

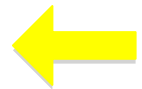
Taking a few minutes to pull examples from reports or other data collection tools can significantly increase the impact of the lesson's message. Resources include:

- ❑ **Reports highlighting performance on health indicators:** A variety of health indicators can be used to demonstrate the gaps in CHW performance and the need for supervisor oversight of CHW services. Looking at the indicators over time can also highlight the effectiveness of supportive supervision in improving CHW programs
- ❑ **Vital events data:** Vital events data can be used to highlight high mortality rates for a specific region or demographic
- ❑ **Verbal autopsy (VA) reports:** VA statistics can point to epidemics or other health risks in the local community that are claiming lives
- ❑ **Clinic log books:** Clinic log books can be used to identify health trends that can be addressed by the services that CHWs provide

EXAMPLE 1: HEALTHY BEHAVIOR INDICATORS

A data-based example like the one below could be used to highlight the low percentage of women using modern family planning and emphasize the supervisors to strengthen the CHWs' ability to deliver family planning counseling at the household level.

	Mar 2013 (-7)	Apr 2013 (-6)	May 2013 (-5)	Jun 2013 (-4)
Proportion of women 15-49 years old reporting use of modern family planning method at last visit this time period	53%	55%	55%	56%
	382	703	813	270
	724	1267	1469	485



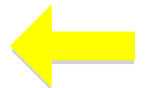
UNIT 0: INTRODUCTION

Chapter 3: Adapting Your Lesson to Local Context

EXAMPLE 2: VITAL EVENTS DATA

Pointing out a high number of deaths for a particular demographic or time period could be an impactful way to start a discussion about why the trend is occurring and what role the supervisors could play in life-saving health interventions.

		Oct 2012 (-12)	Nov 2012 (-11)	Dec 2012 (-10)	Jan 2013 (-9)	Feb 2013 (-8)	Mar 2013 (-7)
Vital Events	Number of births recorded during the time period.	17	36	18	27	53	52
	No. of Maternal deaths (pregnant or within 42 days of delivery) during the time period	1	3	0	1	0	0
	No. of Under-5 (0-59 months) Deaths	6	3	0	3	4	14
	No. of Over-5 (non-maternal) deaths during the time period	2	3	0	2	7	10



UNIT 1: Review of the CHW Program

This unit provides a tool to assess supervisors' prior knowledge before covering the manual content. The unit then introduces the key components of the health system and the supervisor's role within that system. Finally, the unit provides an overview of a CHW's responsibilities, as well as the support a CHW can expect from their supervisor.

- 1. Supervisor Training Pre-Test**
 - 2. Overview of the Health System**
 - 3. Review of CHW Role & Responsibilities**
-

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 1: Supervisor Training Pre-Test



PRE-TEST

Name: _____

Please circle the best answer for each of the questions below.

1. Which of the following is NOT a good example of supportive CHW supervision?
 - a. Telling the CHW all of their mistakes in a scolding tone
 - b. Using data to show the CHW what s/he is doing well and what s/he can improve
 - c. Demonstrating how to perform a MUAC assessment to a CHW who has done it incorrectly
 - d. Working with the CHW Manager to resolve a CHW's transportation problems
2. If a child has a fever and the rapid diagnostic test (RDT) result is negative, the CHW should:
 - a. Give the child antimalarial medication
 - b. Give the child ORS Zinc medication
 - c. Have the caregiver seek care for the child at the health facility
 - d. The CHW should do nothing. The child is not sick
3. Which tool should you bring to interview a household member about the CHW's actions during his or her household visits?
 - a. Spot Check Form
 - b. Supervision Checklist
 - c. Household Coverage Dashboard
 - d. Data reports on CHW performance
4. How often should a CHW visit a pregnant woman?
 - a. Every 30 days
 - b. Every 90 days
 - c. Every six weeks
 - d. Every six weeks, and in the 8th and 9th month
5. A data report for the past 14 days shows that a CHW has performed 0 household visits. What should you do next?
 - a. Schedule an observational household visit with the CHW
 - b. Conduct a spot check interview with a household to see if the CHW has visited recently
 - c. Warn the CHW that they will be fired unless their performance improves
 - d. Contact the CHW to see if there is another explanation for low data in the data report

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 1: Supervisor Training Pre-Test

6. The supervisor should do all of the following during an observational household visit, EXCEPT:
 - a. Quietly observe the CHW's conduct of the household visit
 - b. Interrupt and correct a non-life threatening mistake
 - c. Fill out the supervision checklist thoroughly
 - d. Thank the household for their time
7. Which of the following is an open-ended question?
 - a. "Do you think the household visit went well?"
 - b. "Are you running out of RDT tests?"
 - c. "May I accompany you on your household visit tomorrow afternoon?"
 - d. "Why is it more difficult to counsel on family planning?"
8. A data report shows that several CHWs are providing antimalarial medication to patients who had a negative RDT result. What should you do next?
 - a. Schedule an observational visit with the CHWs to review their technical knowledge
 - b. Warn the CHWs that they will be fired unless their performance improves
 - c. During the next supervisory meeting, review the proper protocol with the CHWs
 - d. No action is necessary. The CHWs followed the proper protocol for treatment of malaria
9. A CHW is visiting a three-year-old child, and his supervisor is observing. The CHW performs an assessment for pneumonia but does not notice the child's chest in-drawing. He proceeds to prescribe a local cough remedy. The supervisor should:
 - a. Say nothing and provide feedback to the CHW in private after the visit
 - b. Interrupt the visit and tell the caregiver to bring the child to the health facility
 - c. Interrupt the visit and instruct the CHW to administer an RDT test
 - d. Mark the CHW's mistake on the supervision form, but do not discuss it with him
10. A CHW reports to her supervisor that a household member tried to steal her cell phone. The supervisor should:
 - a. Sympathize with the CHW but say there is nothing that can be done
 - b. Recommend to the CHW Manager that the CHW no longer visit that household
 - c. Discuss possible solutions with the CHW and help her resolve the problem
 - d. Scold the CHW for being irresponsible with expensive supplies

PRE-TEST: ANSWER KEY

Please circle the best answer for each of the questions below.

1. Which of the following is NOT a good example of supportive CHW supervision?
 - a. **✓ Telling the CHW all of their mistakes in a scolding tone**
 - b. Using data to show the CHW what s/he is doing well and what s/he can improve
 - c. Demonstrating how to perform a MUAC assessment to a CHW who has done it incorrectly
 - d. Working with the CHW Manager to resolve a CHW's transportation problems
2. If a child has a fever and the rapid diagnostic test (RDT) result is negative, the CHW should:
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 - c. **✓ Have the caregiver seek care for the child at the health facility**
 - d. The CHW should do nothing. The child is not sick
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 - a. **✓ Spot Check Form**
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 - d. Data reports on CHW performance
4. How often should a CHW visit a pregnant woman?
 - a. Every 30 days
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 - c. Warn the CHW that they will be fired unless their performance improves
 - d. **✓ Contact the CHW to see if there is another explanation for low data in the data report**

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 1: Supervisor Training Pre-Test

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 - a. Quietly observe the CHW's conduct of the household visit
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 - c. Fill out the supervision checklist
 - d. Thank the household for their time
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 - a. "Do you think the household visit went well?"
 - b. "Are you running out of RDT tests?"
 - c. "May I accompany you on your household visit tomorrow afternoon?"
 - d. **✓ "Why is it more difficult to counsel on family planning?"**
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 - a. Schedule an observational visit with the CHWs to review their technical knowledge
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 - a. Say nothing and provide feedback to the CHW in private after the visit
 - b. **✓ Interrupt the visit and tell the caregiver to bring the child to the health facility**
 - c. Interrupt the visit and instruct the CHW to administer an RDT test
 - d. Mark the CHW's mistake on the supervision form, but do not discuss it with him
10. A CHW reports to her supervisor that a household member tried to steal her cell phone. The supervisor should:
 - a. Sympathize with the CHW but say there is nothing that can be done
 - b. Recommend to the CHW Manager that the CHW no longer visit that household
 - c. **✓ Discuss possible solutions with the CHW and help her resolve the problem**
 - d. Scold the CHW for being irresponsible with expensive supplies

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System

OVERVIEW



BACKGROUND

Over the past four decades, the role of Community Health Workers (CHWs) has trended towards one that is professionalized with strong linkages to the health system. There is a movement towards CHWs functioning as the first point of access to health care for communities. This is achieved through structured interactions during regular household visits, and through CHWs' regular availability to provide urgent care in their own immediate surroundings. In each of these community-based locations, CHWs may routinely provide a limited set of primary care services, health education and responses to acute needs. Although CHWs may be a first point of contact, they are also the critical referral link to more advanced clinical care and facility-based services for severe illness or maternal care.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the basic aspects of health systems	<ul style="list-style-type: none"> <input type="checkbox"/> List health providers that CHWs work with as a part of the health system <input type="checkbox"/> Explain how CHWs should be working with other health providers to ensure continuum of care
To be able to understand the importance of the CHW	<ul style="list-style-type: none"> <input type="checkbox"/> Explain the role of the CHW in promoting a healthy community and preventing deaths

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: The Millennium Village Health System
5. Small Group: Value of CHWs
6. Small Group: Behavior in a Household
7. Lecture: CHW Code of Conduct
8. Review Key Messages
9. Worksheet

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ☐ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ☐ Photocopies of the 'Worksheet' for each participant
- ☐ For Lecture on Millennium Village Health Systems, choose one:
 - a) Images of MV Health System as a handout or
 - b) PowerPoint presentation
- ☐ Chalkboard and chalk or flipchart and markers
- ☐ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices

The facilitator and participants should have a copy of the following:

- ☐ Job Aid:
 - **CODE OF CONDUCT**

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"Do you know how many children die in your community every year? There are 8,000,000 children who die each year across the globe, with the highest concentration in communities such as ours. The worst news is that most die from illnesses that are treatable and preventable, but many of our children and caregivers cannot reach health care.

CHWs are frontline workers for the health system – they are crucial to ensuring that every caregiver, child, and vulnerable household has access to care. As a supervisor, it is important to understand the health system within which you will work, as well as the role of the CHWs that you will supervise. CHWs are the crucial link between vulnerable households and life-saving care, and by helping ensure that the link is not disrupted, you will make a difference in the health of your neighbors and your community.

In this lesson you will learn the role of a CHW, how the CHW sub-system relates to the rest of the health system – including midwives, nurses, and doctors – and finally, the professional expectations that you will help uphold as a CHW supervisor in the community health system. By the end of this lesson, you should understand the structure of the overall health system, as well as the CHW sub-system's place in it. You should also have a clear understanding of the CHW role and what behaviors and attitudes meet the expectations for a Millennium Villages employee."

UNIT 1: REVIEW OF THE CHW PROGRAM**Chapter 2: Overview of the Health System****EXAMPLE IN ACTION****3. Context Story**

Provide examples and/or data from the community that demonstrate positive and negative outcomes that can be impacted by CHWs. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW may encounter. Ask the participants to share their thoughts, questions, and concerns. Examples are given below.

STORY OF A DEATH

- ☐ A woman in a nearby village, Aminata, had 5 children including one baby girl.
- ☐ Aminata, her husband, and her children were often sick with fever.
- ☐ Aminata did not know what was causing the illness. She was using the bednet she received for free as a fishing net.
- ☐ When the baby also became ill with fever, Aminata tried to give the child paracetamol.
- ☐ The baby died. The clinic was only 10 km away, but Aminata did not realize that bringing her baby to the clinic could have saved the child's life.
- ☐ Her next youngest child became sick with fever as well, and Aminata did not know what to do.

STORY OF A DEATH PREVENTED

- ☐ A woman in another village, Josephine, had four children and was pregnant.
- ☐ Josephine and her family did not often have fever.
- ☐ There was one month that Josephine's young children did not sleep under the bednet because it was too hot.
- ☐ One child became sick with fever, and soon the newborn baby did too.
- ☐ Josephine immediately called her CHW using her husband's mobile phone.
- ☐ The CHW came to visit and observed that the baby had fever. She referred the caregiver to the clinic immediately and helped to arrange for transport.
- ☐ Meanwhile, the CHW conducted a rapid diagnostic test for the other young child. The test was positive for malaria, and the CHW gave the child antimalarial drugs.
- ☐ The CHW explained in a follow-up visit that it is important to sleep under a bednet, even when it is hot because it prevents malaria, a disease that causes death.
- ☐ Now Josephine always makes sure her children sleep under bednets.
- ☐ It has been almost a year since anyone in her household has suffered from a severe case of fever and malaria.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



CONVEY INFORMATION

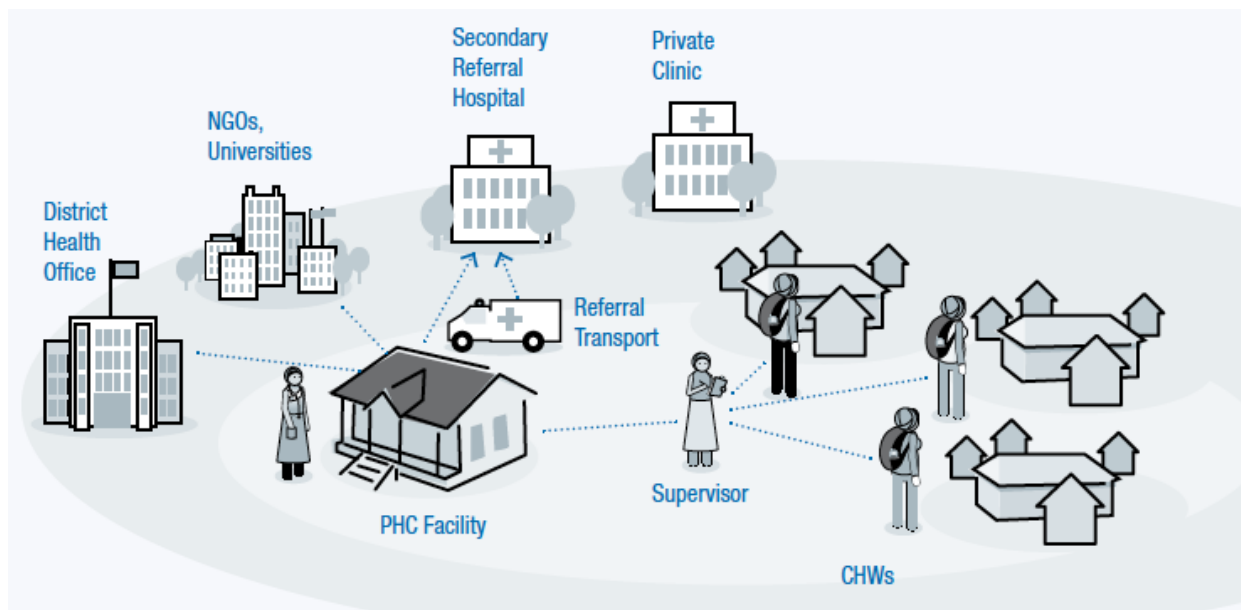
4. Discussion: The Millennium Village Health System

Lead a discussion with participants about what constitutes a health system. Sample questions may include:

- ☐ What are the different parts of a health system?
- ☐ What happens if someone gets sick? Who do they go see? Where do they go for care?
- ☐ What options exist in the community?
- ☐ What are the roles of the different health professionals?
- ☐ What added value do CHWs bring to this system?
- ☐ How are CHWs' responsibilities different from other health professionals?

Write the group's answers on the chalkboard or flipchart, making sure that all of the content below is covered and adding to the list as required.

Then use the following image to present the different parts of a MV Health System. Provide participants with a copy of this as a handout or project it on a screen using PowerPoint (recommended). Explain the role of each person or institution in the image. Explain why the CHW is the core piece that is needed for this entire system to function. Remember to include the points below:



UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System

KEY CONTENT

- ❑ CHWs conduct household visits, which allow them to conduct surveillance for danger signs, provide first point of care for basic sicknesses, and prevent illness through counseling and household education. This is called “community health care” and is often the first point of contact for communities with the health system
- ❑ For emergency health care scenarios, transport of the sick person to the referral hospital can also be arranged by either the CHW or the primary health care facility
- ❑ Nurses at the clinic provide general care
- ❑ Midwives at the clinic provide pregnancy care, including antenatal care (ANC), assisted delivery, and postnatal care (PNC)
- ❑ Doctors and physician assistants at the referral hospital provide advanced care
- ❑ The Millennium Village health team, including the health coordinator, health facilitators and CHW manager, provides oversight and management for the entire health system and interacts with the district health office, universities, and NGOs
- ❑ Maintaining relationships with the district health office and universities is important in order to identify district trends (e.g., epidemics) and keep the government aware of the contribution of CHWs to a country's overall health
- ❑ The district health office can assist in management and policy development, learning from CHW best practices to inform similar country-wide efforts

Finally, the Millennium Village health team includes supervisors that function as both CHW mentors and the CHWs' direct link to the project management and administration teams. CHW supervisors provide day-to-day oversight of CHW activities and monitor CHW performance to ensure quality of service and continuum of care.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



REINFORCE INFORMATION

5. Small Group: Value of CHWs

Break participants up into groups of 3-5. Read the following prompt and ask the group to discuss.

“What do you think is the value that the CHWs add to this system? What type of responsibilities do you think the CHW has that empowers him/her to keep this system functional AND reduce death in our communities?”

Ask one representative from each small group to present the results of their discussion.



REINFORCE INFORMATION

6. Small Groups: Behavior in a Household

Ask students to break up into groups of 3-5. Read the following prompt and ask the group to discuss.

“If a CHW were to come to your home to take care of your family, how would you want him/her to behave?”



CONVEY INFORMATION

7. Lecture: CHW Code of Conduct

The **CODE OF CONDUCT** job aid can be found in the job aids. Explain the CHW Code of Conduct as the expectations that the Millennium Villages Project has for their employees. Explain that CHW supervisors are responsible for ensuring that each CHW is adhering to these expectations, while also following its tenets themselves. Communicate that violation of any of these rules risks dismissal from their post.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



REINFORCE INFORMATION

8. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ Why are CHWs valuable to the communities they serve?
- ☐ How are CHWs unique within the health system?
- ☐ According to the Code of Conduct, what are functions for which CHWs are responsible?



PARTICIPANT PRACTICE

9. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System



WORKSHEET

Name: _____

1. How does the CHW link households to clinics?
2. What other health providers might the CHW work with in order to ensure continuum of care?
3. As long as the CHW is performing all required tasks well, his/her demeanor towards the household is not important.

True

False
4. CHWs must respect patient privacy, only revealing information with the consent of the patient or when required by an overriding duty.

True

False
5. CHW activities at the households have very little impact on the rest of the health system, decision-making, and program strategy.

True

False
6. The health facilitator provides direct, day-to-day supervision of CHWs.

True

False

WORKSHEET: ANSWER KEY

1. How does the CHW link households to clinics?

Community health workers link households to clinics by providing surveillance for danger signs and sickness, and providing referrals.

2. What other health providers might the CHW work with in order to ensure continuum of care?

Any of the following:

- ☐ **Doctors**
- ☐ **Nurses**
- ☐ **Midwives**
- ☐ **Physician assistants**

3. As long as the CHW is performing all required tasks well, his/her demeanor towards the household is not important.

True ✓ **False**

4. CHWs must respect patient privacy, only revealing information with the consent of the patient or when required by an overriding duty.

✓ **True** False

5. CHW activities at the households have very little impact on the rest of the health system, decision-making, and program strategy.

True ✓ **False**

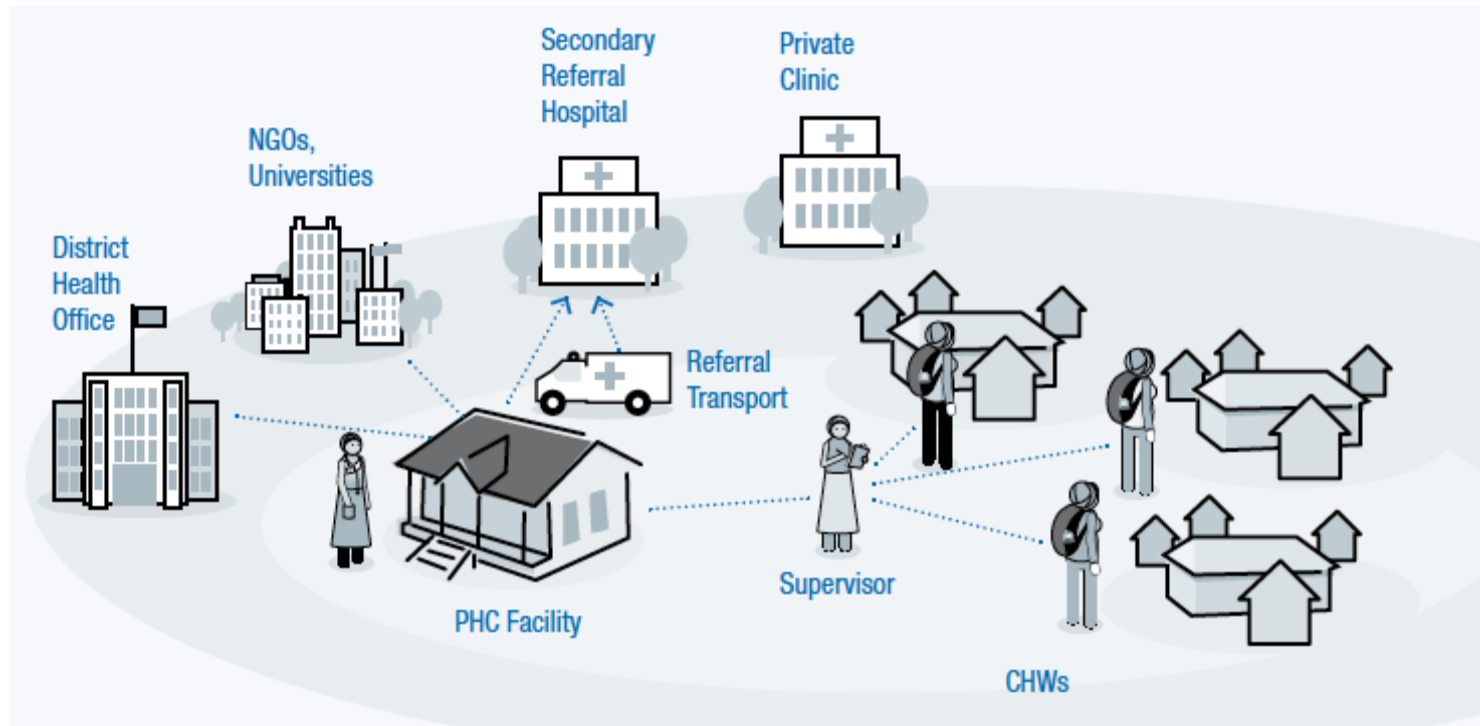
6. The health facilitator provides direct, day-to-day supervision of CHWs.

True ✓ **False**

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 2: Overview of the Health System

Millennium Villages Health System



UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities

OVERVIEW



BACKGROUND

This lesson will review the CHW responsibilities, along with the materials and tools that should be provided to them. In addition, this lesson will also cover the rights and expectations of CHWs. Finally, the lesson will touch on the support that CHWs can expect from their supervisors.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to identify CHW responsibilities	<input type="checkbox"/> List CHW responsibilities to household, children, pregnant women, newborns, community, and the overall project
To be aware of CHW employee rights	<input type="checkbox"/> List CHW rights as employees of the project
To be cognizant of CHW safety	<input type="checkbox"/> Name two questions to ask to assess safety before entering households
To become familiar with supplies and tools available to CHWs	<input type="checkbox"/> List essential CHW supplies and job aids <input type="checkbox"/> Understand the function of each of supply

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Expectations of a CHW
5. Lecture: CHW Responsibilities
6. Discussion: Essential Supplies, Job Aids, and Counseling Cards
7. Lecture: CHW Safety Guidelines
8. Lecture: Locally Developed CHW Rights
9. Review Key Messages
10. Worksheet

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ Photocopies of 'CHW Rights' (locally developed) for each participant
- ❑ Photocopies of 'CHW Safety Guidelines' (locally developed) for each participant
- ❑ Photocopies of 'CHW Supply List' (locally developed/adapted) for each participant
- ❑ Chart of CHW supplies and purposes
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] Sample CHW supply kit
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- ❑ Job Aids:
 - **CHW RESPONSIBILITIES: 20 TASKS**
 - **CODE OF CONDUCT**

TIP:

Customize the lesson plan according to local practices and supervision strategy

TIP:

Several items on this list require advanced preparation from the site team; please ensure enough time is allocated to complete them before the training commences

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"As the primary individual responsible for supervising and evaluating your CHWs, it is crucial that you have a solid understanding of CHW rights and responsibilities. This includes detailed knowledge of the tasks CHWs are expected to perform, the supplies they must carry, and the support they expect from their superiors. In this lesson you will review the responsibilities of a CHW and what is expected of CHWs as an employee of the community health system.

This section will also focus on the rights of CHWs as employees of the Millennium Villages Project (MVP). It is important to be aware of what CHWs expect as MVP employees so that you as a supervisor can provide adequate support and protect these rights. This is important not only for your effectiveness as a supervisor, but for the entire program's ability to reach its goals."

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



EXAMPLE IN ACTION

3. Context Story

Read the stories below aloud to provide positive and negative examples of how CHWs have an impact on keeping communities healthy and individuals alive.

STORY OF A DEATH

- ❑ Winnie is a new CHW and excited about her job.
- ❑ Winnie carries her new CHW backpack, MUAC tape and ORS packets on her household visits.
- ❑ At one household visit, the child had fever. Winnie recalled learning about rapid diagnostic tests (RDTs) for malaria but did not have any with her. Winnie referred the mother to take the child to the clinic.
- ❑ Upon a follow-up visit, Winnie learned that the child's condition got worse and was never taken to the clinic. Winnie provided another referral and asked the mother to go to the clinic.
- ❑ When Winnie returned in 2 days, the family was in mourning. The child had passed away.
- ❑ The mother saw Winnie and yelled at her in tears, asking why Winnie could not do anything.
- ❑ Winnie felt unable to do her job as a CHW.

STORY OF A DEATH PREVENTED

- ❑ Shallon is a new CHW and excited about her job.
- ❑ Shallon carries her new CHW backpack, with her MUAC tape, malaria treatment, and ORS packets on her household visits.
- ❑ At one household visit, the child had fever. Shallon did not have RDTs with her so she instead gave the mother a referral to bring the child to a clinic.
- ❑ At the end of the day, Shallon called her supervisor to ask where she could receive more RDTs. The supervisor indicated that the clinic would receive more stock the next day.
- ❑ Shallon picked up the RDTs the next day and decided to return to the household.
- ❑ The child had not gone to the clinic yet. Shallon conducted an RDT and found the child to be positive for malaria. Shallon provided malaria treatment.
- ❑ Upon a follow-up visit, Shallon learned that the child was not getting better. Shallon provided another referral to the mother.
- ❑ Remembering that the mother did not previously bring the child to the clinic, Shallon tried to explain the importance of bringing the child to the clinic. The mother explained that her husband was away, and she could not go to the clinic without him being present.
- ❑ Shallon called her supervisor to help explain the situation. The supervisor and Shallon worked with the mother to find a transport solution and called the husband to explain they were going to the clinic.
- ❑ The child visited the clinic, received treatment and soon became healthy again.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



CONVEY INFORMATION

4. Discussion: Expectations of a CHW

In order to effectively support CHWs, supervisors must first understand the roles and responsibilities of a CHW. Ask participants to brainstorm the responsibilities expected of a CHW in each category, and why it is essential.

Provide the following categories on a chalkboard or in a PowerPoint slide:

- ☐ Conducting routine household visits (i.e. how often, for whom, specific issues for which the CHW should screen, etc.)
- ☐ Conducting follow-up household visits
- ☐ Collecting and reporting data
- ☐ Providing community-based activities



CONVEY INFORMATION

5. Lecture: CHW Responsibilities

Ask participants to review the **CHW RESPONSIBILITIES: 20 TASKS** job aid in the **OVERVIEW** section of the job aids. Present the following information to the group and answer any questions that arise.

KEY CONTENT

CONDUCT ROUTINE HOUSEHOLD VISITS

1. Conduct at least 1 visit to all households every 90 days
2. Conduct at least 1 visit to all under 5 children every 30 days
3. Conduct at least 1 visit to each newborn in days 0, 3, 7, once between days 14-21, and day 28
4. Conduct at least 1 visit to each pregnant woman every 6 weeks, and in the 8th and 9th month
5. Screen for danger signs and assist household members during referrals to facilities when necessary
6. Assess and treat symptoms of uncomplicated pneumonia, diarrhea, and malaria. Refer all other danger signs as necessary
7. Provide counseling on healthy behavior for all household members including bednet usage, hygiene and sanitation, and proper nutrition
8. Provide counseling on nutrition and immunizations for children under 5
9. Provide counseling on antenatal care, newborn care, exclusive breastfeeding, and family planning for all pregnant women and mothers
10. Provide family planning counseling for all women ages 15-49



UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities

CONDUCT FOLLOW-UP HOUSEHOLD VISITS

11. Respond to emergency health situations as necessary
12. Visit sick members previously treated or referred within 48 hours to check on condition
13. Refer sick members if condition has not improved

COLLECT AND REPORT HOUSEHOLD DATA

14. Track and register all new pregnancies, births and deaths
15. Track and monitor health outcomes (malnutrition), case management data (danger signs, referrals, treatment), and utilization of health services (immunization, ANC visit, delivery at facility, and modern contraceptive use)
16. Record and submit household visit data on a mobile phone or paper form after every visit

PROVIDE COMMUNITY-BASED HEALTH ACTIVITIES

17. Support community leaders in organizing for health
18. Function as a link between the community and the facilities
19. Support health staff in executing health days and outreach campaigns
20. Provide health-related support as needed in the community

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



CONVEY INFORMATION

6. Discussion: Essential Supplies, Job Aids and Counseling Cards

CHWs should be aware of the essential supplies and commodities they are expected to carry during their visits. Continuous adaptation is necessary as CHW responsibilities shift. If available, show volunteers sample supplies. Ask volunteers in the group to guess the purpose of each supply. After collecting guesses about each supply, provide the accurate description of each supply's function, using the table you prepared beforehand. Review with the group how to use each supply.

SAMPLE SUPPLY KIT

- ❑ **CHW Job Aids:** summary of workflow to guide a CHW through a household visit
- ❑ **Counseling Cards:** health behavior messages and images to review with households during visits
- ❑ **Backpack:** to carry supplies
- ❑ **Mobile Phone:** decision-aid and data collection tool
- ❑ **Data Collection Forms:** backup in case of mobile phone malfunction
- ❑ **MUAC Tapes:** malnutrition assessment tool
- ❑ **Rapid Diagnostic Tests for Malaria:** malaria assessment tool
- ❑ **Oral Rehydration Solution packets:** treatment for diarrhea
- ❑ **Zinc Tablets:** treatment for diarrhea
- ❑ **Antimalarial Drugs (Coartem):** treatment for malaria
- ❑ **Antibiotics:** treatment for pneumonia
- ❑ **Gloves and soap:** to protect CHWs from illness
- ❑ (Optional) **Sputum Containers:** collects sputum to bring to lab for TB testing
- ❑ (Optional) **Anti-pyretics:** remedy to lessen effects of fever (NOTE: does not cure malaria)
- ❑ (Optional) **Bicycle:** transport to households
- ❑ (Optional) **Weighing Scale:** to measure the child's weight up until 5 years
- ❑ (Optional) **Length Mat:** to measure the child's length up until 5 years

Ensure that the following points area also covered during this presentation:

- ❑ Reiterate to supervisors the importance of ensuring the CHWs have enough supplies before their household visits, and that each CHW is carrying all necessary supplies to every household visit
- ❑ Review with supervisors where CHWs can replenish their supplies and whom they can speak to if they need assistance obtaining essential supplies
- ❑ Remind supervisors that they should report any stockouts to the health team and support efforts to replenish those supplies as necessary

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



CONVEY INFORMATION

7. Lecture: CHW Safety Guidelines

Review the importance of CHW safety as health care providers. The following safety guidelines are suggestions based on emergency medicine safety guidelines for first responders. They should be adapted according to local needs and capabilities, and a copy should be provided to all supervisors. Read the information below aloud:

“Lack of attention to safety guidelines can result in life-threatening risks to the you and your CHWs. Safety guidelines should be adapted to local customs and capacity. As a supervisor, you will be responsible for ensuring CHWs are following necessary safety precautions, as well as guiding them in situations where they feel their safety is threatened. You must also follow these guidelines whenever you are visiting a household for whatever reason.”

What are CHW safety guidelines? Before entering a household, always ask:

1. IS THE SCENE SAFE?

- ☐ Never enter a household if there is any chance of violence, weapons, domestic disputes, violent mentally ill patients, or dangerous animals and insects
- ☐ Never enter a household if there is any chance of potential injury, fire, poison, or electrical or chemical hazards

2. DO I HAVE THE RIGHT SUPPLIES SO I DON'T CONTRACT OR SPREAD DISEASES?

- ☐ Always wear gloves when dealing with sick patients, especially if there is a chance you will come into contact with body fluids, such as blood, vomit, sputum, urine, feces, pus, or open infections

Why are the CHW Safety Guidelines important?

- ☐ The most important thing when working in the field is putting personal safety first. If you get sick or injured you cannot (and should not) help anyone, and you also become another patient who needs care. What's more, if you get sick you can even make other, originally healthy, people sick when you visit them. Your personal safety is always your first and greatest priority!

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



CONVEY INFORMATION

8. Lecture: Locally Developed CHW Rights

It is crucial that local stakeholders, including those whom the CHWs ultimately report to, develop a set of employee rights. These rights should be gold standard and should not change without the consent of all employees (including those who abide by such rights and those who expect such rights to be adhered to). It is recommended that CHW rights are developed collaboratively with CHWs, supervisors, and other members of the health system at the outset of program development.

The following rights are suggestions and examples based on international employer rights and should be adapted according to local needs and capabilities.



TIP:

The Team Leader and Health Coordinator should work with relevant stakeholders (including CHWs) to develop a set of employee rights and context-specific supplies lists and aids

KEY CONTENT

What are CHW Rights?

- ☐ On time pay
- ☐ At least 1 supervisory visit per month
- ☐ Supportive mentorship from a supervisor on a weekly basis
- ☐ Clear guidelines for how to refer cases to advanced care facilities
- ☐ Pre-service and in-service trainings, and opportunities for continuing education on all skills and services CHWs are expected to provide
- ☐ Steady flow of supplies
- ☐ Travel support as necessary
- ☐ Safe workplace, including basic equipment such as gloves, soap, detergent, clean water
- ☐ Access to data from one's cohort of households to use for decision making
- ☐ Quarterly performance evaluation, with follow-up discussion with supervisor and CHW manager
- ☐ Reasonable notice before termination of contract

Why are these rights important?

- ☐ CHWs play the important role of ensuring all members of their community have access to health services and education. They not only provide active surveillance to prevent worsening of danger signs that could lead to death, they also provide basic treatments and important health counseling for healthy behavior and prevention of disease. Lack of adequate training, supplies, and support limits CHWs' ability to perform these life-saving tasks.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



REINFORCE INFORMATION

9. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What do you consider to be the most important responsibility of a CHW, and why?
- ☐ Name a few CHW supplies, and explain their function.
- ☐ Name a few CHW employee rights, and explain why they are important.
- ☐ Why is CHW safety important?



PARTICIPANT PRACTICE

10. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 1: REVIEW OF THE CHW PROGRAM

Chapter 3: Review of CHW Role & Responsibilities



WORKSHEET

Name: _____

1. Name two CHW responsibilities related to household data.
2. What are three types of illness that a CHW may assess and provide treatment for?
3. How often are CHWs required to visit households of children under 5?
4. True or false (circle one)? A CHW's primary responsibility for pregnant mothers is to assist in delivery at the home.

True False
5. True or false (circle one)? A CHW's only responsibility at the household level is to provide care for sick children, infants and mothers, and educate caregivers on prevention of sickness.

True False
6. True or false (circle one)? A CHW should provide at least 12 visits every year to each household.

True False
7. CHWs should conduct a follow-up visit after a sick person has been treated or referred within _____ hours.
8. What are the two questions to ask to ensure a household is safe to enter?

WORKSHEET: ANSWER KEY

1. Name two CHW responsibilities related to household data.

Any two of the following:

- ☐ **Track and register all new pregnancies, births and deaths**
- ☐ **Track and monitor health outcomes, case management data, and utilization of health services**
- ☐ **Record and submit household visit data on a mobile phone or paper form after every visit**

2. What are the three types of illness that a CHW may assess and provide treatment for?

- ☐ **Pneumonia**
- ☐ **Malaria**
- ☐ **Diarrhea**

3. How often are CHWs required to visit households of children under 5?

Once every 30 days/Once every month

4. True or false (circle one)? A CHW's primary responsibility for pregnant mothers is to assist in delivery at the home.

True ✓ **False**

5. True or false (circle one)? A CHW's only responsibility at the household level is to provide care for sick children, infants and mothers, and educate caregivers on prevention of sickness.

True ✓ **False**

6. True or false (circle one)? A CHW should provide at least 12 visits every year to each household.

True ✓ **False**

7. CHWs should conduct a follow-up visit after a sick person has been treated or referred within **forty-eight (48)** hours.

8. What are the two questions to ask to ensure a household is safe to enter?

1) Is the scene safe? & 2) Do I have the right supplies so I don't contract or spread disease

UNIT 2: Overview of the Supervision System

This unit introduces the importance of supervision in ensuring quality of service and continuity of care. The unit then introduces the principle activities that supervisors should conduct in monitoring the performance and professional development of their CHWs.

- 1. The Importance of Supervision**
 - 2. Overview of the Supervisor's Role**
-

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision

OVERVIEW



BACKGROUND

This lesson explores common CHW system gaps and the importance of supervision in monitoring and addressing those issues. Through core responsibilities such as field supervision, service and data quality review, and team management, CHW supervisors ensure that CHWs receive the support they need to deliver quality services to the most vulnerable households.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the importance of supervision	<ul style="list-style-type: none"> ❑ Explain at least three common performance gaps in CHW sub-systems ❑ Explain at least three key components of a supervision system that address these gaps

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: The Importance of Supervision
4. Group Activity: CHW System Gaps
5. Group Activity: Key Components of a CHW Supervision System
6. Review Key Messages
7. Worksheet

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ☐ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ☐ Photocopies of the 'Worksheet' for each participant
- ☐ For Discussion on the Importance of Supervision, choose one:
 - a) Image as a handout or
 - b) PowerPoint presentation
- ☐ For Group Activity on CHW System Gaps, choose one:
 - c) Diagram as a handout or
 - d) PowerPoint presentation
- ☐ For Group Activity on Key Components of a Supervision System, choose one:
 - e) Diagram as a handout or
 - f) PowerPoint presentation
- ☐ Chalkboard and chalk or flipchart and markers
- ☐ [Optional]: Photocopies of Common Performance Gaps for each participant
- ☐ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"CHWs are an integral part of the health system, linking the most vulnerable households to life-saving care. However, CHWs often face challenges that affect performance, and consequently the quality of care that the community receives. As a supervisor, you will play a crucial role in monitoring and addressing issues in the CHW sub-system and its linkages with rest of the health care system. In this lesson, you will learn about common CHW performance gaps and the role that supervisors play in addressing them."

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



CONVEY INFORMATION

3. Discussion: The Importance of Supervision

Ask participants to consider the image below and discuss the following questions. Ensure that all the points below are mentioned during the discussion.



“What is happening in this photo? Who is the CHW, and who is the supervisor? Why are supervisors an important part of the CHW sub-system?”

KEY CONTENT

CHW supervisors are an important part of the CHW system because they:

- ❑ Assess CHW performance through observation, data analysis, and community interviews
- ❑ Provide individually-tailored support and professional development for the CHWs, including technical guidance, logistical support, and training
- ❑ Provide support and encouragement, so that CHWs can perform their tasks safely and effectively
- ❑ Facilitate the link between the CHWs, the health clinics, and the households
- ❑ Ensure quality data collection and informed analysis of the data

Of the entire management team, CHW supervisors provide the most consistent and individualized support for CHWs. The supervisor should be the CHW's first contact when issues arise. S/he is the CHW's strongest advocate.

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



CONVEY INFORMATION

4. Group Activity: CHW System Gaps

Divide participants into two groups. Ask one group to explain the role of a CHW in a new birth 1) at the clinic and 2) at home. Ask the other group to explain the role of the CHW when a child is sick with fever. Have both groups brainstorm what could possibly go wrong in the process. Ask volunteers to share the groups' ideas and use the content below to help guide the discussion.

KEY CONTENT

Births at the clinic

- ❑ When a new birth occurs at the clinic, the CHW is notified and arranges a household visit for the following day. During the household visit, the CHW assesses both mother and child for danger signs, registers the child, and provides counseling on PNC care and visiting the clinic for vaccinations

Birth at home

- ❑ When a new birth occurs at home, the CHW registers the child and refers the mother and child to the clinic for a thorough examination and vaccinations. Within two days following the referral, the CHW performs a follow-up visit, ensuring that mother and child visited the clinic and received all necessary care, assessing for danger signs, and providing important counseling on PNC care and the importance of vaccinations

What could go wrong?

- ❑ The clinic staff does not notify the CHW of a new birth in his/her catchment area
- ❑ The CHW does not perform an on-time follow-up visit
- ❑ The CHW does not register, or inaccurately registers, the child
- ❑ The CHW inaccurately assesses danger signs
- ❑ The CHW does not provide, or provides inaccurate, PNC and immunizations counseling



UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision

Care of a sick child

- ❑ For a child with fever, the CHW performs an RDT test for malaria. If the child is RDT+, the CHW provides antimalarials, gives the first dose, and instructs the caregiver on how to administer the medication. The CHW also counsels on the importance of using bednets to prevent malaria
- ❑ If the child is RDT- or an RDT is not available, the CHW refers the child to the clinic.
- ❑ In both cases, the CHW performs a follow-up visit within two days, assessing the child's condition and referring the child to the clinic if no improvement is seen

What could go wrong?

- ❑ The CHW inaccurately performs or analyzes the RDT test, misdiagnosing the child
- ❑ The CHW does not administer antimalarials, or administers them incorrectly
- ❑ The CHW does not refer the child to the facility when necessary
- ❑ The CHW does not follow-up to ensure that the child has visited the clinic (if necessary) and that the child's condition has improved
- ❑ The CHW does not register the fever case and treatment, or enters the data incorrectly

Other possible CHW performance gaps

- ❑ Household visit that is poorly planned or structured
- ❑ Missing supplies (gloves, RDTs, ORS, Zinc, phone, pen, etc.)
- ❑ Not using RDT test for fever cases, or testing without presence of fever
- ❑ Providing treatment inaccurately or without completing thorough assessment (i.e., treatment with Coartem without RTD testing)
- ❑ Incorrect MUAC screening
- ❑ Not providing counseling messages or providing inappropriate ones

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



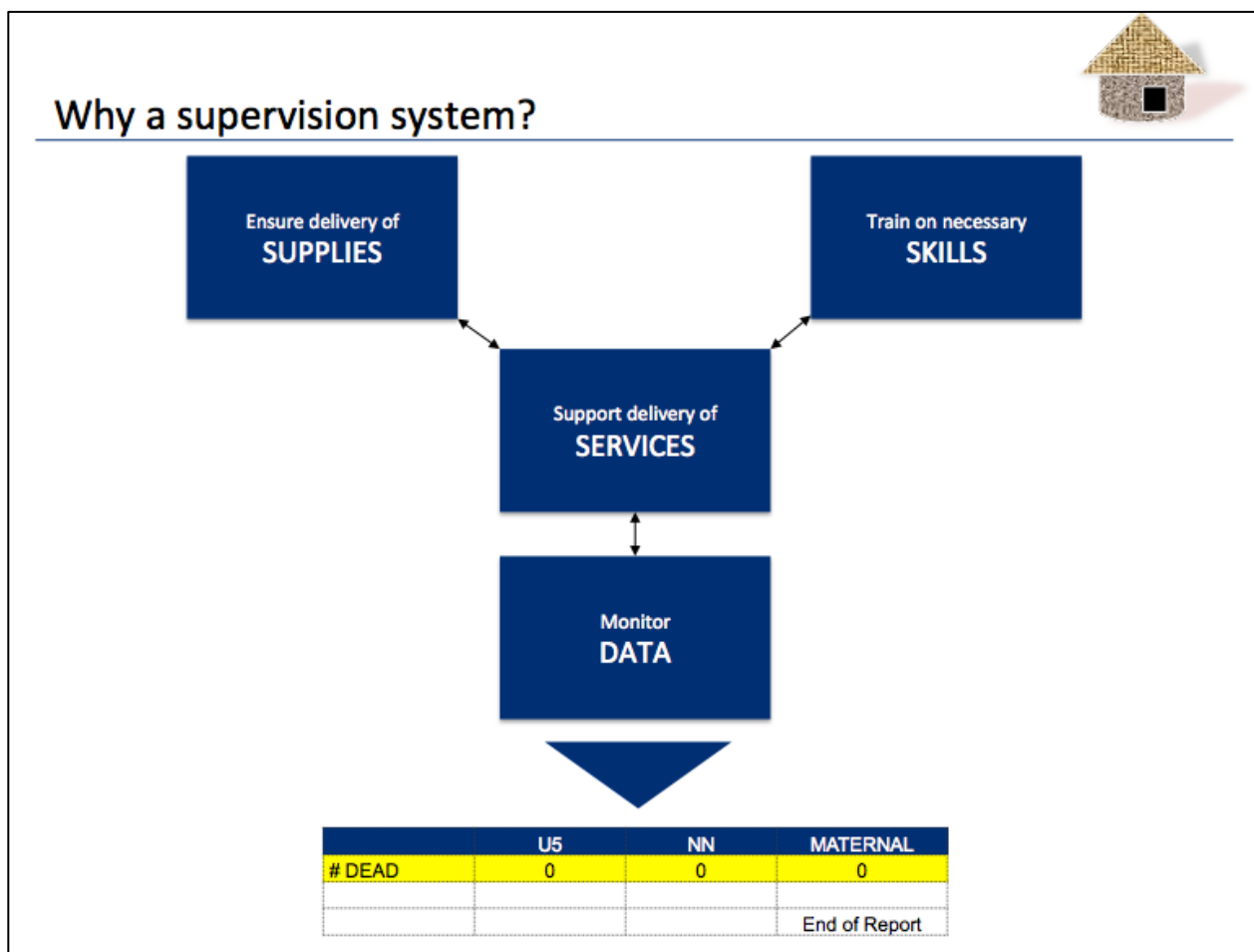
CONVEY INFORMATION

5. Group Activity: Key Components of a CHW Supervision System

Divide participants into pairs or small groups. Explain the six main categories of CHW program performance gaps out loud, or provide as a handout (See Appendix).

Assign each group one common CHW performance gap: 1) low household coverage, 2) low attendance at work, 3) poor data quality, 4) lack of support for CHWs, 5) poor service quality, and 6) weak systems linkage. Give the groups a few minutes to brainstorm how a supervisor can help prevent or address each of these issues. Discuss as a group.

After the discussion, present the following diagram of CHW responsibilities. Explain how supervisors support each CHWs on each one, being sure to cover each point below.



UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision

KEY CONTENT

Supplies

- ❑ “Supplies” include RDTs, ACTs, gloves, ORS, MUAC tapes, zinc, counseling materials, etc.
- ❑ Supervisors alert the CHW manager when CHW supplies are running low and ensures that new supplies are distributed to each CHW
- ❑ Supervisors evaluate each CHW to make sure they are bringing the proper supplies to each visit

Skills

- ❑ “Skills” include RDT testing, administration of ACT, ORS, and Zinc, MUAC measurement, counseling, etc.
- ❑ Supervisors evaluate each CHW to make sure they can properly perform all skills
- ❑ Supervisors help organize and lead trainings for CHWs in order to teach new technical skills and review old ones

Services

- ❑ “Services” include RDT testing, MUAC assessment, administration of medicines, counseling, etc.
- ❑ Supervisors evaluate each CHW to make sure they are providing the appropriate services at every visit, providing feedback and additional training as necessary
- ❑ Supervisors ensure that all CHWs have, and know how to use, resources that improve quality of service, such as job aids, counseling cards, and smartphones
- ❑ Supervisors may support in the provision of other health services as needed, for example, through community outreach campaigns or by assisting at the clinic
- ❑ Supervisors facilitate the link between CHWs and the health facility, which is essential for ensuring continuum of care

Data

- ❑ Data is collected on RDT testing, MUAC measurements, administration of medicines, timing and relevance of counseling messages, timing of visits, etc.
- ❑ Supervisors evaluate each CHW to ensure that they can use data collecting tools competently, and that they collect accurate, comprehensive data at every household visit
- ❑ Supervisors use data reports to identify performance gaps. They regularly assess progress on key indicators – such as household coverage, accurate assessment and treatment of fever and malaria, and accurate MUAC assessment – highlight areas of concern, and address those issues through feedback and trainings

It is important to note that ALL of the above responsibilities are important for ensuring quality of care for households and professional satisfaction for CHWs.

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



REINFORCE INFORMATION

6. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What are some examples of CHW program performance gaps?
- ☐ What are some of the ways in which supervisors support CHWs in their work?



PARTICIPANT PRACTICE

7. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.



WORKSHEET

Name: _____

1. Name at least three common performance gaps in the CHW sub-system?

2. Explain two ways that a supervisor supports the collection and utilization of CHW performance data.

3. Supervisors help ensure continuum of care by linking _____,
_____, and _____.

4. True or false (circle one)? The role of supervisors is to punish CHWs anytime they do something wrong.

True False

5. True or false (circle one)? A supervisor's most important role is to ensure that household coverage is high.

True False

6. True or false (circle one)? Strong supervisors are concerned with their CHWs' performance, safety, and professional satisfaction.

True False

WORKSHEET: ANSWER KEY

1. Name at least three common performance gaps in the CHW sub-system?

Any three of the following:

- | | |
|--|--|
| <input type="checkbox"/> Low household coverage | <input type="checkbox"/> Lack of support for CHWs |
| <input type="checkbox"/> Low attendance at work | <input type="checkbox"/> Poor service quality |
| <input type="checkbox"/> Poor data quality | <input type="checkbox"/> Weak systems linkage |

2. Explain two ways that a supervisor supports the collection and utilization of CHW performance data.

- ☐ **Supervisors make sure that all CHWs are entering data accurately at every household visit**
- ☐ **Supervisors analyze data reports, using their knowledge of CHWs to identify performance gaps and work with the CHWs and management team to address those issues**

3. Supervisors help ensure continuum of care by linking CHWs, households, and health facilities.

4. True or false (circle one)? The role of supervisors is to punish CHWs anytime they do something wrong.

True **✓ False**

5. True or false (circle one)? A supervisor's most important role is to ensure that household coverage is high.

True **✓ False**

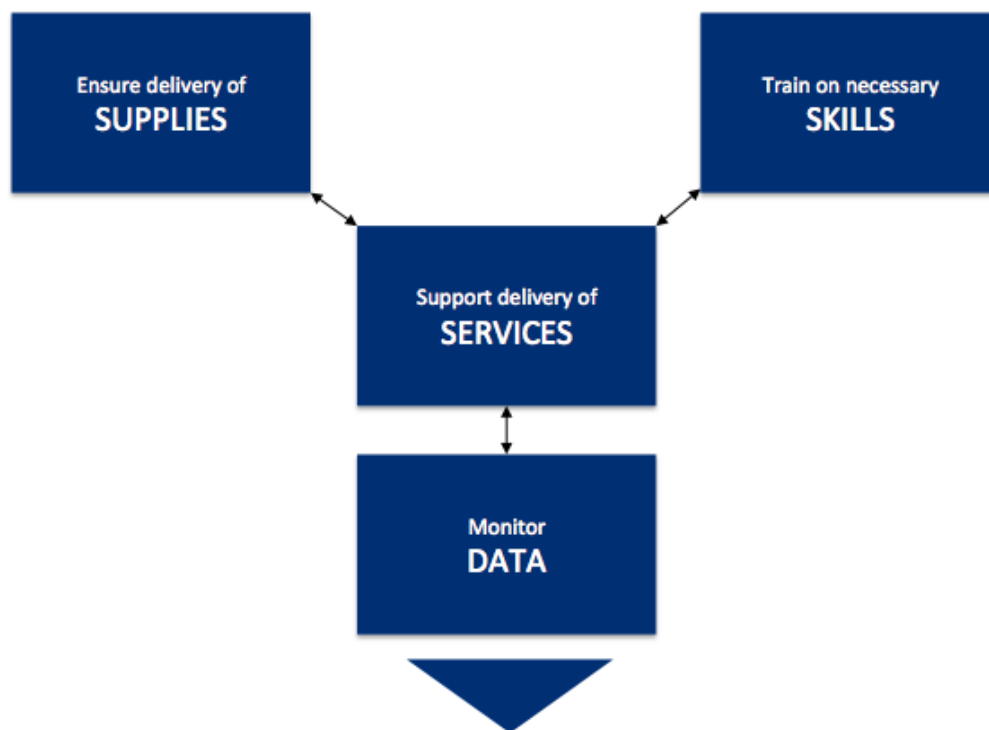
6. True or false (circle one)? Strong supervisors are concerned with their CHWs' performance, safety, and professional satisfaction.

✓ True False



GROUP ACTIVITY: KEY COMPONENTS OF A SUPERVISION SYSTEM HANDOUT

Why a supervision system?



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			End of Report

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 1: The Importance of Supervision



GROUP ACTIVITY: COMMON PERFORMANCE GAPS HANDOUTS

LOW HOUSEHOLD COVERAGE	<ul style="list-style-type: none"> ❑ All of, or groups of, households or target members who are not receiving on-time routine visits
LOW ATTENDANCE AT WORK	<ul style="list-style-type: none"> ❑ Lack of attendance at team meetings, observational visits, clinic shifts, outreach campaigns, and other CHW responsibilities
POOR DATA QUALITY	<ul style="list-style-type: none"> ❑ Failure to collect data during household visits ❑ Entering data incorrectly or in a manner that does not reflect the services provided during the visit
LACK OF SUPPORT FOR CHWS	<ul style="list-style-type: none"> ❑ Lack of, or irregular distribution of, necessary supplies ❑ Lack of logistical support ❑ CHW complaints going unaddressed ❑ Poor training and lack of opportunities for professional development
POOR SERVICE QUALITY	<ul style="list-style-type: none"> ❑ Lack of provision of some or all health services (RDT testing, MUAC measurement, health behavior counseling, etc.) ❑ The provision of health care services in an erratic or incorrect manner.
WEAK SYSTEMS LINK	<ul style="list-style-type: none"> ❑ Poor communication / unclear relationship between CHWs and the health facility ❑ Lack of clinic support of CHW responsibilities ❑ Disruption of referral system

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role

OVERVIEW



BACKGROUND

CHW supervisors play a crucial role in anticipating, assessing, and addressing CHW performance gaps. Supervisors' oversight should be both proactive and supportive. This oversight includes responsibilities such as field supervision, service and data quality review, performance monitoring, system linkage, and team management. This lesson provides an overview of the supervisor's role, as well as specific activities that supervisors can expect to perform in support of CHWs and the management team.



LEARNING OBJECTIVES

Objective	The Supervisor will be able to
To be able to understand the role and responsibilities of the CHW Supervisor	<ul style="list-style-type: none"> ❑ Explain three core elements of the supervision system ❑ Name two supervisor responsibilities for each core element

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: The Role of the Supervisor
4. Lecture: Key Supervision Activities
5. Lecture: A Month in the Life of the Supervisor
6. Group Activity: Adapting for Changing Priorities
7. Review Key Messages
8. Worksheet

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ☐ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ☐ Photocopies of the 'Worksheet' for each participant
- ☐ For Lecture on Key Supervision Activities, choose one:
 - a) Image as a handout or
 - b) PowerPoint presentation
- ☐ For Lecture on A Month in the Life of the Supervisor, choose one:
 - c) Calendar as a handout or
 - d) PowerPoint presentation
- ☐ Chalkboard and chalk or flipchart and markers
- ☐ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"As a supervisor, you will perform a wide range of activities that support both the CHWs and the management team. These responsibilities range from close supervision of each CHW to compiling reports on the CHW sub-system for managers. By the end of this lesson, you will understand the supervisor's role in the CHW sub-system, as well as the specific responsibilities you will be expected to carry out in order to fulfill that role."

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



CONVEY INFORMATION

3. Discussion: The Role of the CHW Supervisor

Discuss the question below. Keep a list of the participants' responses on the chalkboard or a large sheet of paper. Following the discussion, introduce the five core elements of a supervision system.

"CHW sub-systems commonly suffer from performance gaps, such as low household coverage and poor service and data quality. From your understanding of the CHW supervisor's role, how can they help prevent and address these issues?"

KEY CONTENT

Field Supervision:

- ☐ Providing CHWs with on-going technical coaching, logistical assistance, and mentoring, in order to help each CHW navigate the daily challenges of their work
- ☐ Tracking CHW visits to households, pregnant women, and children under 5 to ensure that all community members are receiving on-time visits
- ☐ Monitoring CHW supplies, ensuring that all CHWs bring the necessary supplies to each visit, and communicating any shortages or stock outs to the CHW manager

Service and Data Quality Review:

- ☐ Observing and documenting the accuracy and skill with which each CHW delivers services such as RDT testing, MUAC measurement, and health behavior counseling
- ☐ Assessing the accuracy with which the CHWs use data collection tools to gather and submit data

Performance Monitoring:

- ☐ Assessing individual and aggregate CHW progress on important indicators, such as household coverage, visits for target members, and accurate treatment of fever and diarrhea with antimalarials and ORS zinc
- ☐ Leading regular meetings with CHWs where performance is discussed and issues are addressed

Systems linkage:

- ☐ Facilitating communication between the CHW sub-system and the clinic. This is especially important for the proper functioning of the referral system

Other:

- ☐ Reporting regularly to the CHW management team on CHW performance
- ☐ Collaborating with the management team to refine CHW strategy and make HR decisions
- ☐ Supporting other health team activities as needed, such as verbal autopsy completion*

*The verbal autopsy process determines the cause of deaths in the community and is used to identify health risks that could affect the greater population, such as epidemics

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



CONVEY INFORMATION

4. Lecture: Key Supervision Activities

Read the following introduction aloud. Use the graphic below, as a PowerPoint slide or handout form (See Appendix), to explain CHW supervisor responsibilities, and answer any questions that may arise.



TIP:

Customize the lesson plan according to local practices and

Daily	<ul style="list-style-type: none"> Track and tabulate individual CHW HH visit coverage Perform at least one household spot check and fill out spot check form for that CHW Contact at least 30% of CHWs to check on day's plans
Every 2-3 days	<ul style="list-style-type: none"> Visit clinic for updates (on births, emergency visits, follow-up visits, data validation, etc.)
Weekly	<ul style="list-style-type: none"> Review and replenish medical supplies of CHWs
Bi-weekly	<ul style="list-style-type: none"> Conduct OHV, feedback session, and fill out checklist form for each CHW Meet with CHW team to review CHW progress, discuss/validate CHW performance data, document challenges to resolve, review CHW monthly activity calendar (as needed), and conduct targeted refresher trainings (as needed)
Monthly	<ul style="list-style-type: none"> Report to CHW Manager on general CHW sub-team performance and challenges requiring support Support manager in mobilizing stakeholders for MMR Participate in scheduled MMR in cluster with CHW Manager
Bi-annually	<ul style="list-style-type: none"> Conduct CHW sub-team performance review Report on CHW sub-team performance, making recommendations and taking corrective measures as needed Participate in performance evaluation with CHW Manager
Annually	<ul style="list-style-type: none"> Participate in performance evaluation with supervisory team
Occasionally (as needed)	<ul style="list-style-type: none"> Complete verbal autopsy Support community outreach and sensitization campaigns Conduct refresher trainings / support in new task trainings Participate in refresher Senior CHW trainings

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



CONVEY INFORMATION

5. Lecture: A Month in the Life of the Supervisor

Review the sample monthly schedule of a CHW supervisor (See Appendix for full-sized version). Note: The calendar should be tailored to the supervisor expectations at the site.



TIP:

Customize the lesson plan according to local practices and supervision strategy

Example Supervision Monthly Schedule

*Assumes: 1 Supervisor, 10 CHWs (CHW 1-10)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Meet with CHW team	3 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 1-2	4 Track HH coverage Household spot check Check in with CHWs Household visits	5 Track HH coverage Household spot check Check in with CHWs Household visits	6 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	7
8	9 Track HH coverage Household spot check Check in with CHWs Review CHW supplies	10 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 3-4	11 Track HH coverage Household spot check Check in with CHWs Household visits	12 Track HH coverage Household spot check Check in with CHWs Household visits	13 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	14
15	16 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Meet with CHW team	17 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 5-6	18 Track HH coverage Household spot check Check in with CHWs Household visits	19 Track HH coverage Household spot check Check in with CHWs Household visits	20 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	21
22	23 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Report to CHW Manager	24 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 7-8	25 Track HH coverage Household spot check Check in with CHWs Household visits	26 Track HH coverage Household spot check Check in with CHWs Household visits	27 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	28
29	30 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Participate in MMR	31 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 9-10	Task Frequency: Daily Every 2-3 Days Bi-weekly Monthly			

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

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CONVEY INFORMATION / EXAMPLE IN ACTION

6. Group Activity: Adapting for Changing Priorities

Using the sample schedule in the previous lesson, ask the supervisors to imagine that they just received last minute notice of three additional projects they must add to their schedules. The activities are as follows:

1. Support a two-day WASH training for all CHWs
2. Support an all-day growth monitoring outreach campaign
3. Attend an emergency meeting to discuss low performance indicators, and then meet with CHWs to discuss strategy implications

Ensure that all groups address the following questions:

- ☐ How will they prioritize these responsibilities?
- ☐ Which routine events will need to be rearranged to make time for these tasks?
- ☐ How can they fulfill these additional responsibilities without compromising their daily tasks?
- ☐ How will the supervisors communicate these changes to their CHWs?
- ☐ What challenges will they face in re-arranging their schedules?

See if the following responses are covered:

- ☐ Supervisor responsibilities should be prioritized according to urgency
- ☐ If all additional tasks are urgent, then other routine responsibilities will need to be shifted to other days
- ☐ Although planning ahead is an important strategy for time management, supervisors must also be flexible and able to accommodate last minute scheduling changes
- ☐ When conflicts arise, supervisors must still ensure that their routine responsibilities are being fulfilled, even if on an adjusted timeline

Supervisors will face many challenges in scheduling, and will have to learn to prioritize each day's tasks. They must learn to estimate the time and attention it takes to complete each responsibility so that all tasks are conducted thoroughly and at a high-level of quality.

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

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REINFORCE INFORMATION

7. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What is the role of the supervisor in health system?
- ☐ What are some of the responsibilities that supervisor's carry out to fulfill that role?
- ☐ How should a supervisor respond if there is a sudden change to his/her schedule?



PARTICIPANT PRACTICE

8. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.



WORKSHEET

Name: _____

1. Name at least three core elements of a CHW supervision system?
2. Name at least four activities that supervisors are expected to perform in support of CHWs or the CHW management team.
3. Through _____ the supervisor can observe and evaluate individual CHW competencies.
4. Regular meetings with the CHWs to discuss progress and challenges is an important part of _____.
5. True or false (circle one)? CHW supervisors must carry out diverse responsibilities that involve interacting with CHWs, the CHW management team, the households, and the clinics.

True False
6. True or false (circle one)? A supervisor rarely has to visit his/her CHWs in their catchment.

True False

WORKSHEET: ANSWER KEY

1. Name at least three core elements of a CHW supervision system?

Any three of the following:

- ☐ **Field supervision**
- ☐ **Service and data quality review**
- ☐ **Performance monitoring**
- ☐ **Systems linkage**
- ☐ **Team management**

2. Name at least four activities that supervisors are expected to perform in support of CHWs or the CHW management team.

Any four of the following: Track household coverage, perform household spot checks, perform observational household visits, conduct daily check-in calls with CHWs, conduct clinic visits, review CHW medical supplies, lead regular meetings with all CHWs, attend regular meetings with management team, attend performance reviews with management team, write reports on CHW performance, complete verbal autopsy, support MMR, support community outreach campaigns, support or participate in trainings.

3. Through **observational household visits** the supervisor can observe and evaluate individual CHW competencies.

4. Regular meetings with the CHWs to discuss progress and challenges is an important part of **performance monitoring**.

5. True or false (circle one)? CHW supervisors must carry out diverse responsibilities that involve interacting with CHWs, the CHW management team, the households, and the clinics.

✓ **True** False

6. True or false (circle one)? A supervisor rarely has to visit his/her CHWs in their catchment.

True ✓ **False**

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

Chapter 2: Overview of the Supervisor's Role



LECTURE: KEY SUPERVISOR ACTIVITIES

Daily	<ul style="list-style-type: none"> • Track and tabulate individual CHW HH visit coverage • Perform at least one household spot check and fill out spot check form for that CHW • Contact at least 30% of CHWs to check on day's plans
Every 2-3 days	<ul style="list-style-type: none"> • Visit clinic for updates (on births, emergency visits, follow-up visits, data validation, etc.)
Weekly	<ul style="list-style-type: none"> • Review and replenish medical supplies of CHWs
Bi-weekly	<ul style="list-style-type: none"> • Conduct OHV, feedback session, and fill out checklist form for each CHW • Meet with CHW team to review CHW progress, discuss/validate CHW performance data, document challenges to resolve, review CHW monthly activity calendar (as needed), and conduct targeted refresher trainings (as needed)
Monthly	<ul style="list-style-type: none"> • Report to CHW Manager on general CHW sub-team performance and challenges requiring support • Support manager in mobilizing stakeholders for MMR • Participate in scheduled MMR in cluster with CHW Manager
Bi-annually	<ul style="list-style-type: none"> • Conduct CHW sub-team performance review • Report on CHW sub-team performance, making recommendations and taking corrective measures as needed • Participate in performance evaluation with CHW Manager
Annually	<ul style="list-style-type: none"> • Participate in performance evaluation with supervisory team
Occasionally (as needed)	<ul style="list-style-type: none"> • Complete verbal autopsy • Support community outreach and sensitization campaigns • Conduct refresher trainings / support in new task trainings • Participate in refresher Senior CHW trainings

UNIT 2: OVERVIEW OF THE SUPERVISION SYSTEM

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LECTURE: EXAMPLE MONTHLY SUPERVISOR CALENDAR

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Meet with CHW team	2 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Meet with CHW team	3 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 1-2	4 Track HH coverage Household spot check Check in with CHWs Household visits	5 Track HH coverage Household spot check Check in with CHWs Household visits	6 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	7
8	9 Track HH coverage Household spot check Check in with CHWs Review CHW supplies	10 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 3-4	11 Track HH coverage Household spot check Check in with CHWs Household visits	12 Track HH coverage Household spot check Check in with CHWs Household visits	13 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	14
15	16 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Meet with CHW team	17 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 5-6	18 Track HH coverage Household spot check Check in with CHWs Household visits	19 Track HH coverage Household spot check Check in with CHWs Household visits	20 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	21
22	23 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Report to CHW Manager	24 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 7-8	25 Track HH coverage Household spot check Check in with CHWs Household visits	26 Track HH coverage Household spot check Check in with CHWs Household visits	27 Track HH coverage Household spot check Check in with CHWs Visit clinic Household visits	28
29	30 Track HH coverage Household spot check Check in with CHWs Review CHW supplies Participate in MMR	31 Track HH coverage Household spot check Check in with CHWs Visit clinic Conduct OHV and feedback sessions for CHW 9-10	Task Frequency: Daily Every 2-3 Days Bi-weekly Monthly			

UNIT 3: MONITORING FOR QUALITY OF CARE

This unit provides an in-depth look into key activities that CHW supervisors should perform in order to help CHWs provide the highest quality of care possible. The unit first covers the importance of regularly monitoring CHW activity to ensure that they are carrying out their routine responsibilities. Then the unit discusses strategies for linking the CHW sub-system to the larger health system, and for tracking public health trends that might put the community at risk. Finally, the unit explains how to use observational visits and spot check visits to evaluate CHW performance, while also promoting professional development for CHWs.

- 1. Performance Monitoring**
 - 2. Linking CHWs and Health Facilities**
 - 3. Tracking Public Health Trends in the Community**
 - 4. Assessing Performance through Observational Visits**
 - 5. Household Spot Checks for Quality Improvement**
-

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring

OVERVIEW



BACKGROUND

CHWs are the first point of access to health care for communities. The CHW supervisor is responsible for monitoring the performance of his/her CHWs to ensure 1) that each health worker possesses the technical skills and knowledge necessary to provide primary care services, and 2) that all households are receiving the health services that CHWs provide. Performance monitoring meetings provide an opportunity for the supervisor to discuss the gaps in coverage and quality of care that s/he has observed with the CHWs and address any urgent issues.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the importance of performance monitoring	<ul style="list-style-type: none"> ❑ Explain the importance of performance monitoring ❑ Explain the supervisor's role in performance monitoring
To be able to assess and communicate CHW performance	<ul style="list-style-type: none"> ❑ Explain the requisite information to prepare for a performance monitoring meeting ❑ Explain the content to be discussed during a performance monitoring meeting ❑ Name two important performance monitoring tools and explain when to use them

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: The Importance of Performance Monitoring
4. Discussion: Monitoring for Coverage and Quality Assurance
5. Group Activity: Performance Monitoring in Action
6. Review Key Messages
7. Worksheet

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ For Lecture on Dashboard for Monitoring Household Coverage, choose one:
 - a) Household Coverage Dashboard as a handout or
 - b) PowerPoint presentation
- ❑ For Performance Monitoring in Action: CHW Performance Data Handout (at least one per group)
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize this out loud:

“As a CHW supervisor, you will be responsible for reviewing and evaluating the performance of your CHWs, including household coverage, mastery of technical skills, and ability to deliver the appropriate health behavior counseling. In addition, you will be expected to help the CHW resolve any challenges they may face in carrying out these tasks.

As part of your supervisory responsibilities, you will be expected to prepare for and lead regular, mandatory performance monitoring meetings at least twice every month. During these meetings, you will discuss individual and aggregate CHW performance, as well as any logistical obstacles that CHWs have faced in their work. By the end of this lesson, you will understand the importance of performance monitoring, as well as how to prepare for and conduct a performance monitoring meeting.”

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Chapter 1: Performance Monitoring



CONVEY INFORMATION

3. Discussion: The Importance of Performance Monitoring

Show the group de-identified performance data. (See an example in the Appendix.) Explain that it is an example of aggregate CHW performance data, and ask the group what conclusions they would draw about the program's successes and challenges by looking at the data. Then ask the following question:

"Based on this evidence, why do you think performance monitoring by CHW supervisors is important?"

TIP:

Use real, de-identified data from your program. If that is not available, use the example in the Appendix

KEY CONTENT

- ❑ Performance monitoring is the process of reviewing and evaluating CHW performance and competency using observational and data tools.
- ❑ Performance monitoring also involves assessing logistical or technical challenges that the CHWs are facing, and brainstorming solutions with them.
- ❑ A bi-monthly performance monitoring meeting ensures that supervisors can check in with all CHWs on a regular basis. This allows the supervisor to be aware of potential performance gaps and address issues before they severely disrupt the delivery of care.
- ❑ The process allows the supervisor to identify and reward high-performing CHWs, as well as give constructive feedback to CHWs who may be struggling.
- ❑ The in-person meeting allow the supervisors to strengthen their relationship with their CHWs.
- ❑ By providing an opportunity to assess, anticipate, and address gaps in coverage and quality, performance monitoring helps ensure that all households are receiving quality healthcare services.

UNIT 3: MONITORING FOR QUALITY OF CARE

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CONVEY INFORMATION

4. Lecture: Monitoring for Coverage and Quality Assurance

Ask participants to brainstorm how each of the following individuals can help contribute to the performance monitoring process – eHealth Specialist, CHW supervisors, household members, and clinic staff. Encourage them to name other essential performance monitoring tools.

Write the group's answers on the chalkboard or flipchart, making sure that all of the content below is covered and adding to the list as required.

KEY CONTENT

eHealth Specialist:

- ❑ Supervisors can work with the eHealth specialist to procure data reports on key performance indicators, such as household coverage, coverage for target members (i.e. pregnant women, children under five, and newborns), and number of children receiving appropriate malaria and diarrhea treatment.
- ❑ eHealth specialists can brief the supervisor on technical issues that may affect CHW performance.

CHW Supervisor

- ❑ Supervisors are expected to perform regular observational visits with each CHW. This one-on-one observation allows the supervisor to observe the CHW's competency in clinical case management and delivery of counseling messages.
- ❑ Regular feedback sessions, which take place after each observational visit, gives supervisors the opportunity to discuss the CHW's self-assessment of progress and challenges. From these discussions, the supervisor may notice trends that need to be addressed as a group.

Households

- ❑ Supervisors are responsible for performing household spot checks to evaluate CHW behavior in the households. The performance monitoring meeting might be an appropriate time to discuss issues that arise during these interviews.

Clinic Staff

- ❑ CHWs often perform duties at their cluster's clinic. Clinic staff can also inform the supervisor of topics that must be discussed with CHWs at the performance monitoring meeting.

Other Tools

- ❑ Paper or data-based tool for tracking household coverage
- ❑ Observational Household Visit Checklist
- ❑ Household Spot Check Form
- ❑ CHW Training Manual Worksheets
- ❑ CHW Competency Assessment

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EXAMPLE IN ACTION

5. Group Activity: Performance Monitoring in Action

Read the following activity explanation to the group. Divide participants into small groups, and give them adequate time to complete the activity.

“You will be given a real-life example of CHW performance data. Using this data, you will 1) identify performance gaps to be addressed with the CHWs, and 2) draft an agenda for a performance monitoring meeting. When drafting your agenda, remember to take into account both the data trends you identified, as well as other important topics discussed earlier in the lesson.”

When all groups have finished, ask one volunteer from each group to present a conclusion they drew from the data. Finally, have the group collectively design a performance meeting agenda based on the ones they drafted during the group activity. Ensure that all of the key content below is included in the collective agenda.

KEY CONTENT

- ❑ Review individual and aggregate coverage for households and target members
- ❑ Review other key performance indicators, including those focusing on service quality
- ❑ Present other trends identified through observational visits, spot checks, etc.
- ❑ Discuss challenges with service delivery and content within household visits, including potential knowledge gaps
- ❑ Discuss logistical challenges, assess how many CHWs are affected, and brainstorm possible solutions
- ❑ Plan for CHW absences or time-off through redistribution of households
- ❑ Present actionable points for each CHW based on performance monitoring review
- ❑ Share important announcements relevant to CHWs
- ❑ Do a refresher training on any necessary skills or topics
- ❑ Note issues that may need to be raised with the CHW manager or the clinic staff

Note: The quality of the services provided during the household visit are just as important as the number of households that the CHW is visiting. It is important to take time to discuss the quality of household visits and review any skills or counseling messages that CHWs are struggling with.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring



REINFORCE INFORMATION

6. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ Why is performance monitoring important?
- ☐ What is the supervisor's role in performance monitoring?
- ☐ What are possible performance gaps that may need to be addressed in a performance monitoring meeting?



PARTICIPANT PRACTICE

7. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring



WORKSHEET

Name: _____

1. Name at least two people who can help provide information about performance monitoring.
2. Name at least two tools to be reviewed for performance monitoring data.
3. Name at least three topics to be discussed during performance monitoring meetings.
4. True or false (circle one)? CHWs are primarily evaluated on the number of households and target members they are visiting each month.

True False
5. True or false (circle one)? CHW supervisors are expected to use only their own observations to evaluate CHWs.

True False
6. True or false (circle one)? CHW supervisors are responsible for leading performance monitoring meetings twice every month.

True False
7. True or false (circle one)? The eHealth Specialist can provide data reports on key performance indicators to be used to evaluate CHW performance.
8. Which of the following tools can be used to assess household coverage? (Select as many as apply)
 - ☐ Observational checklist
 - ☐ Paper-based household coverage tool
 - ☐ Indicator report provided by eHealth Specialist
 - ☐ Household Spot Check Form

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 1: Performance Monitoring



WORKSHEET

Name: _____

1. Name at least two people, other than the CHW supervisor, who can help provide information about performance monitoring.

Possible answers include: 1) eHealth Specialist, 2) household members, and 3) clinic staff.

2. Name at least two tools to be reviewed for performance monitoring data.

Possible answers include: 1) Paper or data-based tool for tracking household coverage, 2) Observational Household Visit Checklist, 3) Household Spot Check Form, 4) CHW Training Manual Worksheets, 5) CHW Competency Assessment.

3. Name at least three topics to be discussed during performance monitoring meetings.

Possible answers include: 1) review of visit coverage, 2) key performance indicators, 3) trends identified through spot check forms and observational visit checklists, 4) logistical challenges, 5) actionable points for each CHW, 6) important announcements, 7) refresher training topics.

4. True or false (circle one)? CHWs are primarily evaluated on the number of households and target members they are visiting each month.

True ✓ False

5. True or false (circle one)? CHW supervisors are expected to use only their own observations to evaluate CHWs.

True ✓ False

6. True or false (circle one)? CHW supervisors are responsible for leading performance monitoring meetings twice every month.

✓ True False

7. True or false (circle one)? The eHealth Specialist can provide data reports on key performance indicators to be used to evaluate CHW performance.

✓ True False

8. Which of the following tools can be used to assess household coverage? (Select as many as apply)

- ☐ Observational checklist
- ☐ **Paper-based household coverage tool ✓**
- ☐ **Indicator report provided by eHealth Specialist ✓**
- ☐ **Household Spot Check Form ✓**

UNIT 3: MONITORING FOR QUALITY OF CARE

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DISCUSSION: THE IMPORTANCE OF PERFORMANCE MONITORING

<i>HH Visit Coverage</i>	Target	MAR	APR	MAY
% of registered HHs receiving on-time visit in past 90 days	90%	60%	69%	70%
% of registered HHs with U-5s receiving on-time visit in past 30 days	90%	35%	35%	22%
% of registered newborns receiving on-time visit within 7 days	80%	51%	46%	50%
% of registered pregnant women receiving on-time check-up in past 6 weeks	90%	53%	59%	46%
Comments	Newborn visit data not available for May.			

<i>Diarrhea Case Management</i>	Target	MAR	APR	MAY
% of U-5s with diarrhea receiving ORS	90%	73%	81%	100 %
% of U-5s with diarrhea receiving Zinc	90%	67%	81%	71%
Comments	There were 7 registered U-5 cases of diarrhea in the month of May.			

<i>Malaria Case Management</i>	Target	MAR	APR	MAY
% of uncomplicated U-5 RDT+ febrile cases given ACT	95%	96%	93%	97%
Malaria inappropriate treatment rate of U-5s (RDT-, given ACT)	0%	0%	0%	0%
% of U-5 complicated fever cases referred to a health facility	90%	50%	32%	33%
Comments	There were 113 U-5s with positive RDT result in May.			

<i>Routine Nutrition and Immunizations Monitoring</i>	Target	MAR	APR	MAY
% of registered U-5s monitored with MUAC in past 90 days	90%	26%	21%	12%
% of children U-6 months exclusively breastfed	90%	79%	81%	81%
Proportion of children U1 up-to-date on immunizations	95%	81%	80%	78%

<i>Family Planning and Maternal Health</i>	Target	MAR	APR	MAY
% of women >4mo gestation who have had at least 1 ANC visit	70%	99%	99%	100 %
% of women 15-49 using modern contraceptives	45%	52%	52%	54%
Comments	There were 74 women 4+ months pregnant in May.			

UNIT 3: MONITORING FOR QUALITY OF CARE

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GROUP ACTIVITY: CHW ACTIVITY FOR AUGUST

Form Data			Case Data		Case Activity		
> # Forms Submitted ?	> Avg # Forms Submitted ?	> Last Form Submission ?	> # Cases Created ?	> # Cases Closed ?	> # Active Cases ?	> # Total Cases ?	> % Active Cas
142	298	2013-09-01	8	2	110	227	48%
342	288	2013-08-30	21	30	205	393	52%
22	3	2013-08-12	0	0	0	0	---
253	293	2013-09-01	5	7	135	209	65%
602	497	2013-08-31	13	16	227	263	86%
0	0	None	0	0	0	3	0%
115	84	2013-08-30	1	1	111	191	58%
296	335	2013-09-01	1	9	85	101	84%
318	258	2013-09-01	7	7	121	122	99%
257	458	2013-08-30	0	0	27	39	69%
0	8	None	0	0	0	1	0%
484	238	2013-08-31	34	27	316	355	89%
0	0	None	0	0	54	91	59%
244	232	2013-09-01	6	0	133	139	96%
5	3	2013-08-19	0	0	0	0	---
0	0	None	0	0	0	59	0%
142	56	2013-08-26	6	21	96	126	76%
0	0	None	0	0	0	0	---
375	248	2013-08-26	36	32	266	413	64%
41	14	2013-08-22	0	0	0	0	---
0	0	None	0	0	106	222	48%
192	165	2013-08-29	20	0	133	274	49%
250	283	2013-08-27	8	4	194	296	66%
278	301	2013-09-01	1	18	205	237	86%
303	207	2013-08-27	14	2	124	179	69%

UNIT 3: MONITORING FOR QUALITY OF CARE

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GROUP ACTIVITY: CHW PERFORMANCE INDICATORS

MVIS Health Coordinator Report (MVIS Health Coordinator Report)						
	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13
Proportion of Households receiving on-time routine visit within last 90 DAYS	25%	41%	50%	72%	77%	81%
	1348	2472	3289	4187	4492	4780
	5312	6033	6514	5821	5801	5879
Proportion of Households receiving on-time routine visit within last 30 DAYS	23%	38%	48%	63%	61%	69%
	1231	1802	2349	3436	3373	3781
	5303	4697	4925	5442	5503	5441
Proportion of PREGNANT WOMEN receiving on-time routine visit within last 30 DAYS	80%	70%	68%	68%	61%	63%
	177	229	264	297	283	267
	220	327	388	434	465	425
Proportion of Pregnant women receiving on-time routine check-up (every 6 weeks)	87%	80%	77%	76%	71%	70%
	193	273	315	350	342	323
	221	342	407	458	479	464
Proportion of NEONATES (NEWBORN LESS THAN 30 DAYS OLD) receiving on-time routine visit within last 7 DAYS	38%	35%	63%	41%	56%	66%
	9	14	33	19	33	19
	24	40	52	46	59	29
Proportion of newborns receiving first CHW check-up within 7 days of birth during the time period	26%	39%	42%	48%	46%	73%
	5	16	21	22	26	22
	19	41	50	46	56	30
Proportion of children Under-1 receiving on-time scheduled check-ups during the time period	56%	70%	70%	81%	74%	83%
	315	541	607	783	761	854
	564	771	866	962	1033	1034
Proportion of UNDER-5 CHILDREN receiving on-time routine visit within last 30 DAYS	26%	35%	38%	47%	46%	53%
	1007	1385	1585	2082	2142	2460
	3847	3937	4127	4464	4618	4640
Proportion of women 15-49 years old reporting use of modern family planning method at last visit this time period	25%	21%	26%	24%	25%	29%
	380	504	796	1054	1013	1247
	1518	2391	3037	4366	4133	4344
Proportion of Under-5s with uncomplicated diarrhea who received ORS	75%	64%	74%	36%	62%	15%
	9	16	17	9	10	2
	12	25	23	25	16	13
Proportion of Under-5s with uncomplicated diarrhea who received ZINC	67%	32%	17%	20%	25%	0%
	8	8	4	5	4	0
	12	25	23	25	16	13
Proportion of children under 6 months reported as exclusively breast-fed at last visit during the time period	78%	73%	68%	72%	78%	80%
	114	199	204	287	277	317
	146	274	302	397	355	397
Proportion of Under-5s with uncomplicated fever who received RDT test	90%	95%	84%	91%	76%	88%
	46	52	41	50	37	50
	51	55	49	55	49	57
Proportion of Under-5s with uncomplicated fever who received RDT test and were RDT positive	80%	83%	76%	86%	95%	80%
	37	43	31	43	35	40
	46	52	41	50	37	50
Proportion of Under-5s with uncomplicated fever who did NOT receive RDT test due to 'RDT not available' with CHW	8%	2%	16%	7%	18%	12%
	4	1	8	4	9	7
	51	55	49	55	49	57
Proportion of Under-5s with positive RDT result who received antimalarial/ADT medication	89%	84%	65%	63%	69%	80%
	33	36	20	27	24	32
	37	43	31	43	35	40
Proportion of Under-5s with negative RDT result who received antimalarial/ADT medication	0%	0%	0%	0%	0%	0%
	0	0	0	0	0	0
	9	9	10	7	2	10

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

OVERVIEW



BACKGROUND

This lesson will teach key tasks the supervisor should perform to ensure robust linkages between the CHWs and the health facilities. This includes navigating and aligning both clinic and community-based priorities through regular interaction with clinic and community-based staff.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the role of supervisors in building linkages between CHWs and health facilities	<ul style="list-style-type: none"> □ Explain the importance of creating linkages with the health facilities
To be able to develop a strategy to ensure continuity of care	<ul style="list-style-type: none"> □ List three stakeholders that the supervisor may need to work with to build these linkages □ Explain three actions the supervisor should take to build linkages between clinics and CHWs □ Give three examples of important factors to consider when developing an action plan for strengthening clinic and CHW linkages

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Comparing Clinic and CHW Activities
4. Discussion: An Example of System Linkage
5. Case Study: The Importance of Continuum of Care
6. Group Activity: Action Plans for Strengthening CHW-Clinic Linkages
7. Review Key Messages
8. Worksheet

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ☐ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ☐ Photocopies of the 'Worksheet' for each participant
- ☐ For discussion on Comparing Clinic and CHW Activities, choose one:
 - a) Images of MV Health System as a handout or
 - b) PowerPoint presentation
- ☐ Chalkboard and chalk or flipchart and markers
- ☐ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

“Over the past four decades, the role of CHWs has trended towards one that is professionalized with strong linkages to the health system's clinics. As a CHW supervisor, you have the opportunity to function at an important juncture between the clinics and the CHWs, ensuring that both types of health providers are closely linked. As a liaison between the two cadres, the supervisor facilitates information sharing, health updates, and patient case troubleshooting.

By the end of this lesson, you will be able to understand the importance of close cooperation between CHWs and clinical providers at the health facilities, as well as how to develop a strategy to establish and foster that relationship.”

UNIT 3: MONITORING FOR QUALITY OF CARE

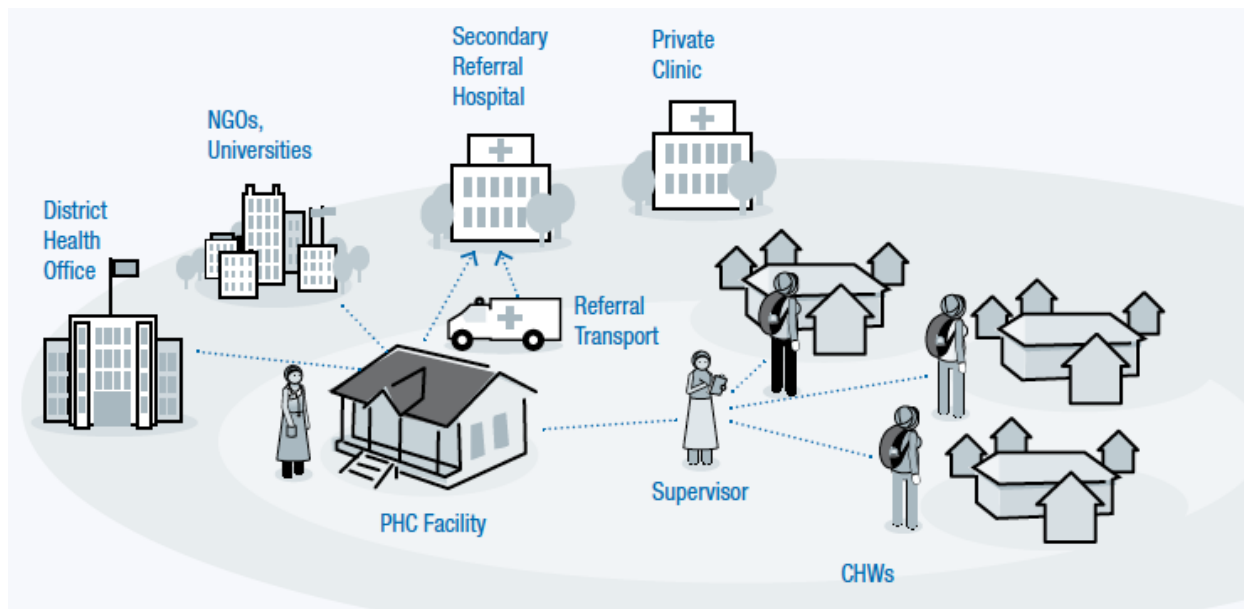
Chapter 2: Linking CHWs with Health Facilities



CONVEY INFORMATION

3. Discussion: Comparing Clinic and CHW Activities

If possible, invite clinic in-charges and other representatives (ie. nurses, midwives) from each clinic in the village to participate in this lesson. Referring to the Millennium Villages Health System diagram below, ask all of the representatives to briefly introduce themselves and their role in the health system.



After introductions, ask the CHW supervisors to describe to the clinic representatives what the CHWs are expected to do, and how the supervisors will play a role in ensuring these expectations are met. Then, ask the clinic representatives to describe what activities are conducted in the clinic. Ask the two groups to collectively agree on points of intersection between clinic and CHW work. (If clinic representatives are not available, ask participants to brainstorm which clinic responsibilities might be similar to/different from CHW responsibilities.)

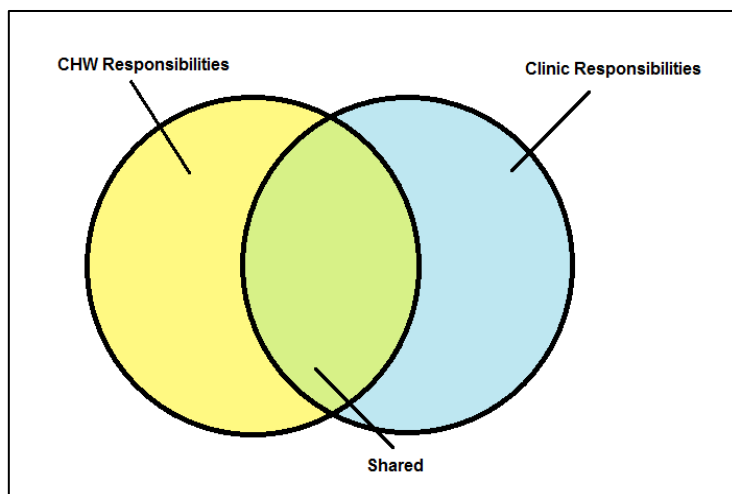
As participants and representatives discuss, write the similarities and differences they bring up in a Venn Diagram (see below). After the discussion, review what the group has said, highlighting the points in the center of the diagram where clinic and CHW work are dependent upon each other. Ensure that the points below are mentioned in the discussion.



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

Venn Diagram: CHW vs. Clinic Responsibilities



CHW Responsibilities	Areas of Dependence / Cooperation	Clinic Staff Responsibilities
<ul style="list-style-type: none"> ❑ Conduct routine household visits for all households every 90 days ❑ Conduct routine household visits more frequently for all newborns, under 5 children, and pregnant women ❑ Screen for danger signs and refer for further treatment at health facility when necessary ❑ Provide simple case management for fever, diarrhea, and cough when necessary ❑ Provide counseling on topics such as health behavior, nutrition, and immunizations 	<ul style="list-style-type: none"> ❑ Facilitate treatment and follow up for sick patients ❑ Collect household data and vital statistics ❑ Identify public health trends and possible threats ❑ Conduct community-based health activities, including health days and campaigns ❑ Ensure all pregnant women receive antenatal care ❑ Ensure all newborns receive postnatal care and immunizations 	<ul style="list-style-type: none"> ❑ Nurses provide general care for both in- and out-patient services ❑ Midwives provide pregnancy and newborn care ❑ Where available, doctors and physicians provide advanced care



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

Explain that as supervisors, participants will help maximize these areas of collaboration, highlighting the following supervisor responsibilities:

KEY CONTENT

- ❑ Where applicable, the supervisor should be able to develop a schedule with the health facilities for CHWs to interact with the in-charge and staff members regularly, to discuss priority topics such as emerging diseases, upcoming health events, and maintenance of continuum of care. This could include weekly or monthly meetings with the health facilities staff and CHW.
- ❑ The supervisor should be able to identify with health facility in-charges and CHWs the best way of having CHWs support the health facility and vice versa.
- ❑ The supervisor should be able to ensure that CHWs are kept up-to-date on new health facility activities, promotions, etc., as well as scheduled health days and fairs that they are required to assist.
- ❑ The CHW supervisor should be able to ensure robust continuum of care across locations of service provision by supporting referral/follow-up loop.
- ❑ Clinic staff should know each supervisor and their catchment area, and coordinate with them to ensure the CHWs perform follow-up visits for household members who have been to the clinic.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



CONVEY INFORMATION / EXAMPLE IN ACTION

4. Discussion: An Example of System Linkage

Ask participants to explain the steps at which a health worker interacts with mother and baby, from a new birth 1) at the clinic and 2) at home, up until 6 weeks after birth. Record their responses on a chalkboard or large sheet of paper. Ensure that the points below are covered during the discussion and highlight where cooperation between the clinic and the CHW occurs and where the supervisor can support.

KEY CONTENT

At the clinic

1. A new birth happens at the clinic
 2. The midwife contacts the supervisor to inform the CHW*
 3. The supervisor contacts the CHW to inform her of the birth
 4. The CHW goes to the household the next day to register the new birth and counsel on postnatal care
- * The midwife may also contact the CHW directly

At home

1. A new birth happens at home
2. The mother contacts the CHW to inform her of the birth
3. The CHW visits the household the next day to register the birth and refer the mother and child to the clinic for postnatal care
4. On days 3 and 7 of birth, the CHW returns to the household to check that the mother and child visited the clinic, and counsels on postnatal care
5. The supervisor supports the essential link between CHWs and clinic by ensuring that CHWs are performing all newborn and follow-up visits, and appropriately referring to the clinic when required

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



CONVEY INFORMATION / EXAMPLE IN ACTION

5. Case Study: The Importance of Continuum of Care

Read the following case studies aloud to the class. After each example, ask participants to discuss the questions below, ensuring that all highlighted points are covered during the conversation.

“How is this story an example of the necessity of continuum of care? As a supervisor, what positive or critical feedback would you give to the CHW upon hearing this story? Finally, what could you do in your role as supervisor to help support continuum of care in this case?”

CASE A:

During a household visit, a young mother shows her 6-month old child to the CHW. The child has a mysterious and very large lump on his body. The mother is very concerned, and the CHW does not have enough medical training to diagnose the problem. Thinking quickly, the CHW remembers that she has a training session the following day at the local hospital. She takes a photograph of the lump with her mobile phone. The following day, she shows the photograph to nurse at the local clinic. When she returns to the village, she is able to tell the mother that the nurse has seen the photograph, is very concerned, and wants the child to come to the hospital immediately.

Continuum of Care

- ☐ This story is an example of the importance of continuum of care because the CHW and the doctor at the hospital worked together to ensure that the child received care in time.
- ☐ While clinic staff can provide the necessary medical expertise, CHWs play the crucial role of alerting them to household members that are in danger, as well as stressing to those household members the importance of visiting the clinic.
- ☐ It is the role of the supervisor to build the communicative and cooperational links between these two cadres.

Positive Feedback

- ☐ The CHW should be praised for her creative problem solving.
- ☐ The case also demonstrates an effective way to use the broader support system that CHWs and supervisors have available to them.

Areas to Improve

- ☐ Be sure to emphasize that CHWs should help facilitate referrals, for example, by assisting in arranging transportation.
- ☐ CHWs should also follow up with households any time they make a referral, to be sure the person has gone to the clinic/hospital.



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

CASE B:

When the CHW visits the household, she always finds the child sitting and eating in a dirty place. She previously advised the caregiver that this could lead to illness, but nothing has changed. The CHW reported the case to the supervisor, who advised the CHW to continue reminding the family of good hygiene practices. One day, the mother brought the child to the CHW, and the child was unconscious, near death. The ambulance was available to take the child to the clinic, but the mother refused to go. The CHW begged, but the mother refused. She said her husband wouldn't support her going to the clinic without his consent, and he was out working in the gold mines. A day later, the child died.

Note: This is a very difficult case with two main challenges: 1) how to engage the husband in health issues, and 2) how to help people understand good hygiene practices.

Continuum of Care

- ❑ In engaging all members of the household, CHWs not only promote healthy behavior, but also ensure that everyone, both men and women, understand the importance of visiting the health facility in case of serious illness.
- ❑ Clinic staff cannot provide life-saving health services if household members are not willing to visit the health facility.
- ❑ Clinic staff and CHWs can work together to promote health awareness in the community.

Positive Feedback

- ❑ The CHW should be praised for diligently counseling on hygiene practices and alerting the supervisor when the problem persisted.

Areas to Improve

- ❑ It is important to discuss preventative health with households before there are problems.
- ❑ CHWs should work to engage men as well as women and children when visiting households, assuring them that their health also matters to the clinic/CHW.
- ❑ CHWs should recognize households where husbands do not support their wives, and help the women plan for health emergencies.
- ❑ A CHW should contact the supervisor if s/he has difficulty with a household member on taking action in a life-threatening situation. In this case, a supervisor should have followed up with the household or made arrangements with the clinic to ensure the child was provided care.



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

KEY CONTENT

How supervisors can support continuum of care:

- ❑ The CHW supervisor can facilitate communication between clinic staff and CHWs, reminding the two cadres of the resources and support that the other can provide.
- ❑ The CHW supervisor can ensure robust continuum of care across locations of service provision by supporting the referral/follow-up loop. This could mean tracking follow-up visits for all referral and treatment cases, assessing the transport available, and ensuring that referrals made by CHWs are prioritized in the clinic.
- ❑ In situations where a household member refuses to go to a clinic, a CHW supervisor can provide additional support to the CHWs in counseling the household member. In some life-threatening cases, the CHW supervisor may even make arrangements with the clinic to ensure care is provided.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



CONVEY INFORMATION / EXAMPLE IN ACTION

6. Group Activity: Action Plans for Strengthening CHW-Clinic Linkages

Read the following instructions aloud to the group:

“As a supervisor, you should be able to develop an action plan to help strengthen linkages between CHW and clinic cadres. It is important to incorporate input and feedback from both clinic staff and CHWs. The plan should remain dynamic, constantly adjusting to the changing needs of clinic staff, CHWs, and community.

Now, in small groups you will practice drafting an action plan. Consider the role that each stakeholder – CHWs, CHW supervisor, CHW manager, health facilitators, health coordinator, clinic in-charge, and clinic staff – should have in both initiating AND maintaining continuum of care.

Written deliverables from this session should include:

- ❑ Agreed upon rules/principles for both clinic staff and CHWs that will support continuum of care and strong linkages between the two points of care
- ❑ Work plan, including time-table and assigned responsibilities, for initiating protocols for strengthening work plans (i.e. development of referral plans, development of a schedule for meetings, etc.)
- ❑ Agreed upon schedule for meetings between CHW supervisors and clinical staff
- ❑ Agreed upon tasks for CHW supervisors in liaising between clinics and CHWs”

Ask each group to present their work plan, including the individuals responsible for each task. With each presentation, ask each group to specifically indicate how they expect their plan will ensure a strong continuum of care. Leave enough time after each presentation to encourage discussion and suggestions from other group members.



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

EXAMPLE:

Guidelines for CHW-Clinic Linkages	
Referral System	<ul style="list-style-type: none"> • CHW refers patients to health facility for treatment • CHW refers children and pregnant women for routine visits at clinics • Health coordinator and CHW Manager work with clinic staff to ensure that emergency transportation is available • Supervisors ensure that CHWs understand and follow referral protocols
Tracking Patient Care	<ul style="list-style-type: none"> • Clinic staff will immediately notify CHWs of births or deaths in the clinic by phone • CHWs will immediately notify clinic staff of births or deaths at home by phone or through the supervisor • Supervisors will meet weekly with clinic staff to discuss disruptions in CHW-clinic communication or referral system
Health Outreach Campains	<ul style="list-style-type: none"> • Health coordinator will work with clinic staff to organize health outreach campaigns in community • CHWs will provide any necessary support to community outreach campaigns in their catchment • Supervisors will help mobilize community members for attendance at outreach campaigns at least once a month
Verbal Autopsy (VA) Completion	<ul style="list-style-type: none"> • Supervisors will support health coordination, CHW Managers, and relevant clinic staff with monthly VA rounds

Action Plan		
Task	Point Person	Deadline
Initiate weekly meeting between CHW program and clinic	CHW Supervisor	1 weeks
Arrange logistics for emergency transport	Health coordinator; clinic staff	2 weeks
Finalize referral protocols	Health coordinator; clinic staff	2 weeks
Train CHWs on referral procedures	CHW manager; CHW supervisor	6 weeks
Schedule verbal autopsy round	Health coordinator; CHW supervisor	1 week

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



REINFORCE INFORMATION

7. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What are some examples of CHW and clinic responsibilities that overlap or depend upon each other?
- ☐ Why is it important to build strong linkages between CHWs and health facilities?
- ☐ What is continuum of care? How do strong linkages between CHWs and health facilities help contribute to continuum of care?



PARTICIPANT PRACTICE

8. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities



WORKSHEET

Name: _____

1. Name at least three stakeholders that supervisors should engage to strengthen linkages between CHWs and health facilities.

2. Give three examples of actions the supervisor should take in order to strengthen linkages between CHWs and health facilities.

3. Name three components to consider when developing an action plan for strengthening linkages between the two cadres.

4. True or false (circle one)? The supervisor only needs to engage with the CHW manager and the CHWs for whom s/he is responsible.

True False

5. True or false (circle one)? When creating an action plan to build linkages between the two cadres, the supervisor only needs to engage with clinic staff and CHWs.

True False

6. True or false (circle one)? One important action a supervisor can take to ensure continuum of care is to support the referral/follow-up loop.

True False

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

WORKSHEET: ANSWER KEY

1. Name at least three stakeholders that supervisors should engage to strengthen linkages between CHWs and health facilities.

Possible answers may include: CHWs, CHW supervisor, CHW manager, health facilitators, health coordinator, clinic in-charge, and clinic staff

2. Give three examples of actions the supervisor should take in order to strengthen linkages between CHWs and health facilities.

Possible answers include:

- Developing a schedule with the health facilities for CHWs to interact with the in-charge and staff members regularly to discuss priority topics
- Identifying with health facility in-charges and CHWs the best way of having CHWs support the health facility and vice versa
- Ensuring that CHWs are kept up-to-date on new health facility activities, promotions, etc.
- Ensuring robust continuum of care across locations of service provision by supporting referral/follow-up loop

3. Name three components to consider when developing an action plan for strengthening linkages between the two cadres.

Possible answers include:

- Agreed upon rules/principles for both clinic staff and CHWs that will support continuum of care and strong linkages between the two points of care
- Work plan for initiating protocols for strengthening work plans (i.e. development of referral plans, development of a schedule for meetings, etc.)
- Agreed upon schedule for meetings between CHW supervisors and clinical staff
- Agreed upon tasks for CHW supervisors in liaising between clinics and CHWs

4. True or false (circle one)? The supervisor only needs to engage with CHW manager and the CHWs for whom s/he is responsible.

True ✓ False

5. True or false (circle one)? When creating an action plan to build linkages between the two cadres, the supervisor only needs to engage with clinic staff and CHWs.

True ✓ False

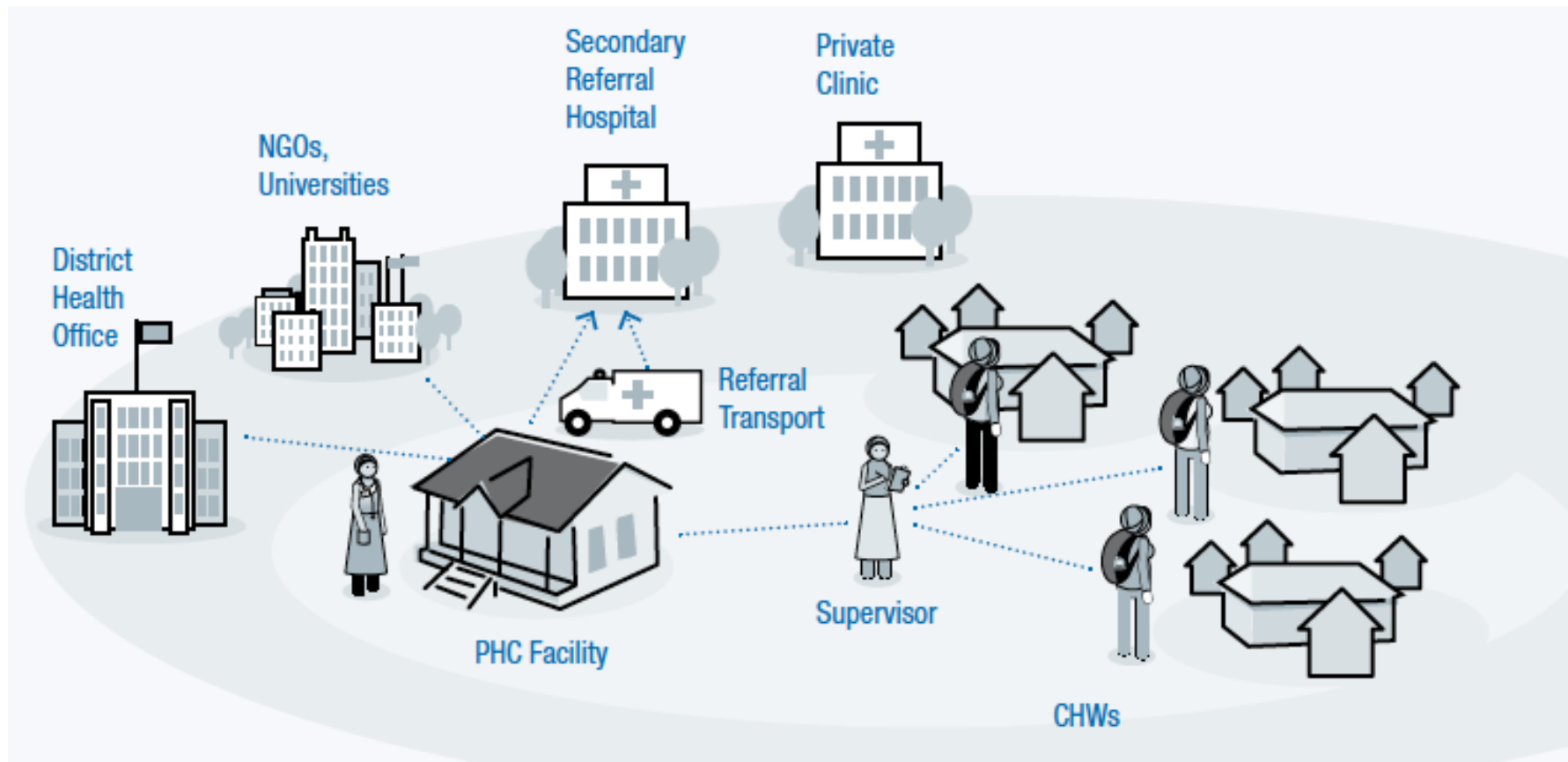
6. True or false (circle one)? One important action a supervisor can take to ensure continuum of care is to support the referral/follow-up loop.

✓ True False

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 2: Linking CHWs with Health Facilities

Millennium Villages Health System



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends

OVERVIEW



BACKGROUND

This lesson will help participants develop a general awareness of public health targets, risks, and dangers, as well as their role as supervisors in tracking these trends. Due to the oversight provided by the CHW supervisor on an overall community's health progress, s/he is well positioned to recognize general health patterns and alert managers to any emerging threats.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the importance of tracking public health trends	<ul style="list-style-type: none"> ❑ Explain the importance of maintaining an awareness of public health trends in the community ❑ Explain the role of the supervisor in identifying and tracking these trends
To be able to identify public health risks	<ul style="list-style-type: none"> ❑ List three important potential health patterns that a supervisor should be able to recognize ❑ List three methods, for tracking public health trends
To be able to effectively alert the community in the case of a public health risk	<ul style="list-style-type: none"> ❑ Identify two individuals or groups that should be alerted when a public health risk has been detected

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Identifying Health Patterns
5. Discussion: Methods for Being Alert
6. Review Key Messages
7. Worksheet

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"As a CHW supervisor, it is important to be aware of general health patterns in your catchment area. You should be cognizant of any health patterns and alert the community and the CHW manager if any threats emerge. By the end of this lesson, you should understand the importance of your role in tracking public health trends, methods for identifying health risk, and what to do if you detect dangerous health trends in the community."

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



EXAMPLE IN ACTION

3. Context Story

Provide examples and/or data from the community that demonstrate positive and negative outcomes that can be impacted by CHW supervisors. If you have difficulty finding a local context story, adapt the following stories to local community practices in order to ensure they are realistic to situations a CHW supervisor may encounter. Ask the participants to share their thoughts, questions, and concerns.

Ask the participants to share their experiences with similar outbreaks in their community. How did community members react? What was the end result?

STORY OF A DEATH

- ❑ Safi was a CHW supervisor for a rural community. Due to the diligence of her CHWs in counseling on hygiene and sanitation and treating early signs of diarrhea, there were few diarrhea-related child deaths in her catchment.
- ❑ Over the course of a few weeks, Safi noticed that her CHWs were referring more cases of severe diarrhea to the clinics than usual. Her CHWs had also complained that they were running out of ORS/Zinc solution ahead of schedule.
- ❑ Safi worked with the CHW manager to replenish the CHWs' supply of ORS/Zinc and encouraged the CHWs to follow up with any children who had been referred to the clinic with severe diarrhea. She did not share her concerns with anyone else in the community.
- ❑ Despite Safi and the CHWs' efforts, more children became severely ill with diarrhea, and many of them died.
- ❑ Safi later found out that a nearby well had been contaminated, causing the outbreak of diarrhea. She was sad for the families she knew who had lost children.

STORY OF A DEATH PREVENTED

- ❑ A CHW supervisor was meeting with CHWs in another village, Makumba
- ❑ During the meeting, several CHWs reported that village members had become ill with malaria.
- ❑ After hearing this, the supervisor reviewed the data submitted by CHWs, and also remembered the conversations the supervisor had with staff at the clinic. Makumba confirmed that there were an unusual amount of malaria cases. Several pregnant women and young children had died.
- ❑ Makumba alerted the CHW manager, who helped procure extra RDT tests and antimalarial drugs for the CHW and the clinics.
- ❑ Makumba also organized an afternoon training with his CHWs in order to discuss their observations of bednet use in the community, as well as to do a refresher training on fever case management and the importance of delivering counseling on bednet use and care.
- ❑ Thanks to the health team's quick response to the emerging trend, incidents of malaria were reduced and lives were saved.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



CONVEY INFORMATION

4. Discussion: Identifying Health Patterns

Discuss the following questions as a group. Keep track of the groups answers on a chalkboard or flipchart paper. Ensure that all of the points below are covered during the conversation.

“What health patterns or diseases would be important for a CHW supervisor to be able to recognize in his/her community? Why is it important that these diseases be alerted to the health management team as soon as possible?”

KEY CONTENT

- ❑ **Cholera:** Cholera can kill quickly without proper treatment. A cholera outbreak generally indicates there is a contaminated water source in the community that needs be addressed by the site team immediately
- ❑ **Malaria:** Patterns of malaria can indicate a community-wide need for health education on malaria OR a retraining of CHWs on malaria prevention and case management
- ❑ **Malnutrition:** Patterns of malnutrition can indicate a need for community-wide intervention in nutrition or crop assessment, or potentially a retraining of CHWs on nutrition education. Malnutrition is important to pay attention to, as it can be deadly and/or cause poor growth and development of a child if left untreated
- ❑ **Diarrhea:** A common locale for diarrhea cases can reflect a contaminated water source or poor household education. Diarrhea is one of the top killers of children and should be both prevented and addressed in a timely manner
- ❑ **Measles:** Measles is an airbourne and highly contagious disease. If measles is treated early enough, most patients with recover with appropriate and timely treatment.
- ❑ **Any other unusual, widespread trend observed by the supervisor**

It is important to alert the CHW manager early in cases of suspected health threats. Coordinating a health system-wide response and encouraging behavior change at the household level can take time, during which lives may be lost.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



CONVEY INFORMATION

5. Discussion: Methods for Being Alert

Discuss the following questions as a group. Keep track of the groups answers on a chalkboard or flipchart paper. Ensure that all of the points below are covered during the conversation.

“What should a CHW supervisor do on a day-to-day basis in order to monitor for potential health threats and risks?”

KEY CONTENT

A CHW supervisor should be cognizant of potential health threats and outbreaks in their community, as well as patterns behind such threats, such as location and/or common CHWs.

General understanding of a community's health status can be achieved by:

- ☐ Participation in morbidity and mortality rounds
- ☐ Reviewing data collected by CHWs to identify whether there are any common patterns in danger signs across CHWs or across location
- ☐ Discussions with CHWs to ask whether they have noticed anything out of the ordinary in the community
- ☐ Discussions with clinics and household members to ask whether they have noticed any unusual in health patterns in their community

Report any potential health threats immediately to your CHW manager and your catchment area's clinic.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



REINFORCE INFORMATION

6. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ Why is it important to be aware of public health trends in the community?
- ☐ What is the CHW supervisor's role in tracking these health trends?



PARTICIPANT PRACTICE

7. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 3: Tracking Public Health Trends



WORKSHEET

Name: _____

1. What are three important health patterns that the CHW supervisor should be able to identify?

2. What are three methods that the CHW supervisor can use to stay alert to public health risks in the community?

3. Who should the CHW supervisor alert in case of an emerging public health risk?

4. What could an outbreak of malaria in a community indicate?

5. What could widespread malnutrition in a community indicate?

WORKSHEET: ANSWER KEY

1. What are three important health patterns that the CHW supervisor should be able to identify?

Answers may vary. Possible answers include: 1) Cholera, 2) Malaria, 3) Malnutrition, and 4) Diarrhea

2. What are three methods that the CHW supervisor can use to stay alert to public health risks in the community?

Answers may vary. Possible answers include: 1) Reading over CHW data for common patterns or danger signs, 2) Discussion with CHWs, household members, and clinics to see if they've noticed unusual patterns, and 3) Participation in morbidity and mortality rounds

3. Who should the CHW supervisor alert in case of an emerging public health risk?

CHWs should alert the CHW manager and catchment clinic.

4. What could an outbreak of malaria in a community indicate?

A malaria outbreak could signify a community-wide need for health education on malaria or a retraining of CHWs in that area on malaria prevention and case management.

5. What could widespread malnutrition in a community indicate?

Common patterns of malnutrition could indicate a community-wide intervention in nutrition or crop assessment or a retraining of CHWs on nutrition education.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits

OVERVIEW



BACKGROUND

Supervisors are expected to perform observational visits in order to assess CHW competency. These visits should be conducted by accompanying a CHW on a household visit at least once a month. By observing and assessing the CHW's work, the supervisor is able to 1) ensure the CHWs are performing all necessary tasks correctly, 2) ensure the CHWs are collecting all data correctly, and 3) observe CHW attitude and behavior towards household members. Both supervisors and CHWs are expected to participate in a feedback session that allow for supervisors to share their observations and for CHWs to raise any questions or concerns. In addition to being a mechanism to assess CHW performance, observational visits contribute to the open flow of communication between supervisors and CHWs necessary to improve quality of service.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the purpose and process of an observational visit	<ul style="list-style-type: none">❑ Explain how observational visits can help improve quality of services❑ List five components of conducting an observational visit
To be able to understand what to observe during an observational visit	<ul style="list-style-type: none">❑ Give three examples of CHW skills to be assessed during the visit❑ Give three examples of the supervision protocol to be followed before, during, or after the observational visit
To be able to assess CHW performance using appropriate tools	<ul style="list-style-type: none">❑ List three supplies a supervisor should bring to each household visit❑ Explain the purpose and use of the Household Visit Supervision Checklist

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: The Importance of Observational Household Visits
4. Lecture: Six Steps of the Household Visit
5. Small Group Activity: Steps of an Observational Household Visit
6. Case Study: Proper Supervision during a Household Visit
7. Group Activity: What to Observe during an Observational Visit
8. Lecture: Household Vision Supervision Checklist
9. Role Play: Using the Supervision Checklist
10. Review Key Messages
11. Worksheet

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ Copies of the '**HOUSEHOLD VISIT SUPERVISION CHECKLIST**' for each participant
- ❑ One set of "Components of Household Visit" for each small group, cut into out of order pieces
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ For "What to Observe during a Household Visit": Two copies of the Household Visit Script OR Household Visit Video and audiovisual equipment
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides
- ❑ [Optional] Copies of Household Visit Case Studies (at least one per small group)

If available, the facilitator and participants should have a copy of the following:

- ❑ Job Aid: **CODE OF CONDUCT**
- ❑ Job Aid: **SUPPLIES**
- ❑ Operational Tool: **HOUSEHOLD VISIT SUPERVISION CHECKLIST**



TIP:

Customize the lesson plan according to local practices and supervision strategy

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"One of your main responsibilities as a supervisor will be to perform observational visits at least once a month for each of the CHWs under your supervision. In accompanying the CHW on their household visit, you will observe and assess how the CHW is performing their tasks, as well as how they interact with household members. This assessment will allow you to identify the CHW's strengths and weaknesses and advise the CHW on how to improve quality of services. By the end of this lesson, you will be able to understand the importance of observation in the CHW supervision system, as well as the procedures and tools necessary for conducting an observational visit."

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION

3. Discussion: The Importance of Observational Visits

Ask participants to consider the image below and discuss the following questions. Ensure that all the points below are mentioned during the discussion.



Image Source: http://testserv.msf.ca/blogs/photos/files/sebastianbolesch_afghanistan_muac.jpg

“What is happening in this photo? What is the CHW doing? Is it being done correctly? How can observational visits help improve the quality of services and continuum of care in the CHW sub-system?”

KEY CONTENT

The observational visit allows the supervisor to observe and assess CHW skills during household visits. This process supports the CHW supervisor in:

- ☐ Building a relationship with the CHWs
- ☐ Providing regular feedback to the CHW on improving their skills
- ☐ Identifying and troubleshooting logistical challenges
- ☐ Giving the CHWs an opportunity to alert their supervisor to challenges

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION

4. Lecture: Six Steps of a Household Visit

Present the following information to the group.

“In order to be able to critically evaluate a CHW’s performance and provide helpful feedback, you must have a strong understanding of all CHW responsibilities. Therefore, before discussing the specifics of an observational visit, let’s review the steps CHWs must follow for each household visit.”

KEY CONTENT

Six Steps of a Household Visit:

1. PREPARATION: Prepare for the household visit
 - ☐ Ensure there are sufficient supplies for the household visits
 - ☐ Review the profiles and needs of the households to be visited
2. ENTER THE HOUSEHOLD: Assess the situation and planning the household visit
 - ☐ Greet the caregivers, and checking to see if all children and pregnant women are home
 - ☐ Assess the health situation at the household through observation and key questions
 - ☐ Plan the key activities for the visit
3. ASSESS DANGER SIGNS: Assess danger signs and provision of referral as necessary
 - ☐ Check for danger signs that require advanced care at the health facility
 - ☐ Provide ambulance, emergency, or basic referrals as necessary
4. CASE MANAGEMENT: Assess symptoms and provision of case management as necessary
 - ☐ Check for symptoms that can be treated at the household
 - ☐ Treat malaria, diarrhea, and pneumonia as necessary
5. ROUTINE CARE: Counsel the family on healthy behavior
 - ☐ Counsel the family on nutrition, bednet usage, water and food safety, hygiene and sanitation, recognizing danger signs using the **COUNSELING CARDS**
 - ☐ Counsel pregnant women on antenatal care and family planning using the **COUNSELING CARDS**
 - ☐ Counsel caregivers of children using the **COUNSELING CARDS**
6. CLOSE THE VISIT
 - ☐ Provide any referrals
 - ☐ Schedule follow-up visits
 - ☐ Submit all data

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION

5. Small Group Activity: Steps of an Observational Household Visit

Before beginning the exercise, divide participants into small groups. Give each group one set of the Components of an Observational Visit cards, cut into pieces that are randomly sequenced. Give the groups two minutes to organize the steps by actions that should be performed before, during, and after the visit.

When all groups have finished, ask one group to present their answers, and ask other groups if they agree with that order. As a large group, discuss why each step is important, ensuring that all of the points below are covered during the discussion. (Optional: Share the diagram in the Appendix.)

KEY CONTENT

0. Review the CHW's case list, select a household visit to observe, and schedule the visit with the CHW

- ☐ Review the CHW's schedule with him/her and decide on one household visit to observe and one back up household.
- ☐ You should choose a household with target members to observe the CHW perform multiple activities.
- ☐ Be sure to determine a specific meeting place, date, and time for the visit. Formally scheduling the visit also allows the CHW to prepare appropriately.

1. Ensure you have the necessary information and supplies to carry out the observational visit

- ☐ Before the observational visit, familiarize yourself with the household's information (i.e. names of target members, what services may be due, etc.)
- ☐ Your assessment of the CHW's performance will be most accurate if you note your observations while the CHW performs his/her responsibilities. You should have a copy of the Household Visit Supervision Checklist and a writing utensil to use during the visit.

2. Ensure you are introduced to the household while you are present, including the purpose of your visit

- ☐ During the course of the visit, many personal and sensitive topics may be discussed. It is important that the household knows you are not there to judge them in any way.

3. Quietly observe the CHW's conduct of the household visit, using the HOUSEHOLD VISIT SUPERVISION CHECKLIST as a guide. Do not interrupt the visit

- ☐ Observe the CHW perform activities as they would routinely act during their household visits. Correcting the CHW during the visit may cause the household members to lose confidence in the CHW.
- ☐ Using the Checklist during the visit will ensure that you and the CHW cover all pertinent areas of the visit, and will give you a glimpse of the CHW's performance to be used provide constructive feedback. Regularly using the Supervision Checklist will also allow you and the CHW manager to keep track of the CHW's progress over time.
- ☐ Be sure observe the household environment and situation critically. (i.e. How does the CHW decide who to treat or refer? How relevant is the health counseling topic to the household's needs?)



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits

4. Thank the household for their time

- ❑ It can be intimidating for the household to have you present during sensitive conversations about their health and household. It is important to thank them for welcoming you into their home.

5. Provide feedback to the CHW in a quiet, private place. Identify with the CHW key areas for improvement that will be reassessed in the following observational visit

- ❑ First, ask the CHW how he or she thinks the visit went. What did s/he think went well? What did not go well? What was challenging about the visit?
- ❑ Then, identify the areas where he or she performed well. This helps build confidence and boosts morale, and also reinforces good behavior.
- ❑ Finally, constructively discuss areas where the CHW needs to improve. Identify one area in particular where you would like to see the CHW improve before the next week (for example, "Practice delivering the counseling message on bednet use," or "Practice the preparation of ORS").
- ❑ In addition to telling the CHW *what* to improve, be sure you tell them *how* they can improve.
- ❑ If you give the CHW one competency to improve every week, in only 2 months he or she will have improved 9 skills, and this keeps the CHW focused on continuously improving their craft!

6. Have a general discussion with the CHW

- ❑ The conversation after the observational visit is a great opportunity to have a more general discussion with the CHW – to provide them with additional feedback, to praise them for everything done well, to provide any coaching, etc.
- ❑ It is also important to give the CHW an opportunity to voice any concerns they may have. Be sure to ask the CHW if there are any outstanding issues or questions they would like your support on.
- ❑ Demonstrating that you care about the CHWs and their safety and success is almost as important as helping them solve their problems

7. Thank the CHW and schedule a meeting place, time, and date for the next observational visit

Note: This is the recommended order. If participants responded differently but can explain their reasoning, do not correct them. This discussion is a good opportunity to identify other important considerations when planning a visit.

After discussing the protocol, ask the class if there are any questions or suggestions to improve the effectiveness of this visit. Be sure to give extra emphasis to the following points.

KEY CONTENT

Remember:

- ❑ As hard as it will be, DO NOT interrupt the CHW during the visit or provide feedback in front of the household, **unless the CHW is about to perform a life-threatening act**. Interrupting the visit will not allow you to accurately observe the CHWs skillset and can cause the members of the community to lose confidence in the CHW. The only exception to this rule is if the CHW is about to perform a life-threatening act; then, it is of course your duty to prevent it.
- ❑ During the visit, take notes on what the CHW does well and where s/he needs improvement.
- ❑ Provide BOTH positive feedback in AND constructive criticism on areas where the CHW can improve.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



EXAMPLE IN ACTION

6. Case Study: Proper Supervision during a Household Visit

Read the following instructions and ask two volunteers to read the following case studies aloud to the group. If possible, hand out copies of the case study so the participants can follow along.

“Listen to the following examples of observational visits. While you listen, think about which story is a stronger example of a supportive observational visit and why.”

PROMPT 1

The CHW Rose is conducting a household visit. Her supervisor Steve is accompanying her for an observational check. When Rose and Steve arrive at the house, Rose introduces Steve to the caregiver and family and explains that he will be observing the visit. While Rose conducts her routine visit activities, Steve completes his **HOUSEHOLD VISIT SUPERVISION CHECKLIST**. Using the Checklist, Steve observes that Rose has used her RDT kit when no child had a sign of fever. Rose also appeared to struggle with recalling nutritional counseling messages for the infants in the household. Rose is cordial and friendly to the household members and remembers to follow each of the routine steps of her job aids.

After Rose has completed her tasks, Steve and Rose thank the family for their time and leave the household. While walking to the next household, Steve praises Rose for her ability to remember all of the tasks she was supposed to complete in the household. He points out areas where she could have improved – including her use of correct materials for different symptoms, and her recollection of important counseling messages. He asks her to suggest a plan for improvement of these activities, which he will follow up on the next time they meet. Steve and Rose decide that he will accompany her on another visit in 2 weeks time.

PROMPT 2:

John is a CHW who is conducting a household visit. On his way to a household, his supervisor Fred drives up on his motorcycle. The supervisor asks to accompany John on his household visits today. John agrees and they set out for the household together. At the household, John introduces Fred to the household members and indicates that Fred will be observing the visit. Fred begins to use the supervision checklist while John is completing his tasks.

During the visit, Fred becomes alarmed that John is using the MUAC incorrectly on a baby's arm. Concerned that John may misdiagnose the child, Fred reaches out and takes the MUAC from John's hands and says “John, you are conducting the MUAC incorrectly. See? The tape should fit snugly around the child's arm. We do not want to miss a case of malnutrition.” John thanks Fred for his advice and continues with the visit. Towards the end of the visit, Fred prompts John: “John, remember to provide counseling messages on bed nets to the family before we leave. We must not forget to discuss malaria given the number of deaths that have occurred recently.” After John has completed his tasks, Fred and John thank the family for their time and leave.

It was getting late, so Fred decides to fill out his **HOUSEHOLD VISIT SUPERVISION CHECKLIST** after he gets home in the evening and tells John they will discuss his performance the following month.



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Lead the group in a discussion on which observational visit was stronger, ensuring that all of the points below are included.

PROMPT 1 described a stronger observational visit because:

- ❑ In Prompt 1, the supervisor had already scheduled an observational visit with the CHW. The observational visit in Prompt 2 was spontaneous.
- ❑ In Prompt 1, the supervisor waited to correct the CHW on her errors when they were in a private place away from the house. The supervisor also filled out his Checklist during the course of the visit. In Prompt 2, the supervisor began correcting the CHW's errors and instructing him on how to behave in front of the household, potentially causing the family to lose confidence in the CHW.
- ❑ In Prompt 1, the supervisor praised the CHW's strengths and made recommendations on improvement. He also invited her to make a plan for improving upon her errors. In Prompt 2, the supervisor did not notice strengths or offer the opportunity for the CHW to explain how he can improve on his service delivery.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION / EXAMPLE IN ACTION

7. Group Activity: What to Observe during an Observational Visit

Show the “Household Video” in the Appendix to the group. Read the following instructions before starting the video.

“You will be shown a household visit that was videotaped in one of the Millennium Villages. Observe the CHW’s actions during this visit as if you were in the house with her conducting an observational visit. Take notes on what you observe during the visit.”

After the video, ask the group to discuss both the skills they observed and their assessments. What did the CHW do well? What could have been done better?

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION

8. Lecture: Household Visit Supervision Checklist

Read the following information to the group:

“The previous exercise tested your observational skills in watching a household visit. This next exercise will walk through a tool designed to help you structure your observations and feedback during an observational visit. While the tool is not designed to cover every task the supervisor should observe in a visit, it does ask that the supervisor check for the basic fundamental activities that are expected in a household visit.”



TIP:

This tool should be finalized by the site management team beforehand in accordance with the sites specific standards.

A sample copy of the form can be found in the Appendix.

Provide a copy of the **HOUSEHOLD VISIT SUPERVISION CHECKLIST** to each student. Walk the class through the form, ensuring that all of the following points are covered.

KEY CONTENT

- ❑ Supervisors are expected to observe competencies across the range of CHW responsibilities, including a) the routine steps to follow during the visit, b) the accuracy of medical assessment and any treatment provided, and c) the delivery of counseling messages.
- ❑ Bolded and italicized competencies are to be assessed at every household visit. Other competencies are to be assessed where applicable.
- ❑ These competencies are to be assessed using a scale of 1 (poorly or not done) – 4 (correctly or excellently done).
- ❑ These ratings are not meant to be a grade or punishment for the CHW. Rather, they provide a snapshot of the CHW's performance that can be used to inform the feedback provided after the visit. These ratings can also be used as a reference point for analyzing the CHW's performance over time.
- ❑ In addition to numerical ratings, the supervisor is encouraged to make extensive qualitative notes on what the CHW does well and what could be improved.
- ❑ The form should be filled out during the visit and referenced during the feedback conversation.
- ❑ The completed supervision checklist should be submitted to the manager regularly.

Ask if there are any questions on the purpose or process for using the **HOUSEHOLD VISIT SUPERVISION CHECKLIST** before proceeding to the next activity.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



CONVEY INFORMATION / EXAMPLE IN ACTION

9. Role Play: Using the Supervision Checklist

Instruct participants to take out their copy of **HOUSEHOLD VISIT SUPERVISION CHECKLIST** and a writing utensil. If the appropriate equipment is available, explain that they will be watching another video of a household visit. (If the video or equipment is not available, choose a volunteer to read the household visit script in the Appendix). Ask the participants to observe the CHW's actions and complete the household assessment form as they are watching the video.

After the video, ask the participants to return to their small groups and practice how they would deliver both praise and constructive comments to the CHW during a feedback session. Encourage the group to refer to the **CODE OF CONDUCT** job aid to see if there are any other CHW competencies that need to be included in the feedback.

When all of the small groups have finished, ask volunteers from each group to share how they scored the CHW in the video, as well as any other feedback they think would be helpful for the CHW. Be sure to point out any important positive or negative CHW actions that the groups have missed, and comment on tips to providing feedback to CHWs based on what you observed during the group activity.

Tasks the CHW did well:

- ☐ The CHW greeted the caregiver
- ☐ The CHW asked if anyone was sick
- ☐ The CHW was prepared with the appropriate supplies to address a symptom
- ☐ The CHW used the job aid to identify how he should address a symptom
- ☐ The CHW entered the answers to all questions in CommCare
- ☐ The CHW demonstrated satisfactory communication skills through active listening and empathizing

Tasks the CHW did poorly:

- ☐ The CHW did not look for any other danger signs
- ☐ The CHW did not check Rita for any symptoms or sickness
- ☐ The CHW did not ask about nutrition, food, and water safety
- ☐ The CHW did not conduct a MUAC for Eric
- ☐ The CHW did not counsel Christina or Mary on family planning
- ☐ Because Eric had 42 breaths per minutes, crossing the threshold of 40 breaths per minute for children of age 1-5, he had fast breathing and should have been immediately referred
- ☐ The CHW did not ask about hygiene and sanitation practices
- ☐ The CHW did not ask about Eric and Rita's immunization status
- ☐ The CHW did not close the visit with a reminder of counseling messages

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



REINFORCE INFORMATION

10. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ How do observational visits for CHWs help improve the quality of services?
- ☐ Why is it important to wait until after the household visit to alert the CHW to anything the CHW was performing incorrectly?
- ☐ Give a few examples of the following: a) thanking the family and CHW for permitting you to observe, b) praising a CHW for doing something well, c) constructive criticism for a CHW who forgot an action or performed an action incorrectly.



PARTICIPANT PRACTICE

11. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits



WORKSHEET

Name: _____

1. Name at least five components of a proper observational visit.
2. Give an example of at least four CHW skills to be assessed using the Household Visit Supervision Checklist.
3. What type of feedback should the supervisor share with the CHW after the household visit is complete?
4. True or false (circle one)? The supervisor should fill out the Household Visit Supervision Checklist after the household visit is complete.

True False
5. True or false (circle one)? The supervisor should observe each CHW during a household visit once every 6 weeks.

True False
6. True or false (circle one)? The supervisor should give the Household Visit Supervision Checklist to the CHW after the observational visit is complete.

True False



WORKSHEET: ANSWER KEY

1. Name at least five components of a proper observational visit.

Possible answers may include: 1) Decide on a specific date and time, 2) Ensure you are prepared with all necessary supplies, 3) Be introduced to the household, 4) Observe the CHW's visit without interrupting, 5) Identify whether the CHW is conducting all of his/her tasks and how well s/he is performing them, 6) Thank the family for their time, 7) Provide feedback to the CHW, 8) Have a general conversation with the CHW, 9) Schedule a time and date for the next observational visit

2. Give an example of at least four CHW skills to be assessed using the Household Visit Supervision Checklist.

Possible answers may include: Thorough preparation for visit, Follow structure of the HH visit, Properly enters data, Counsel on bed net condition, exclusive breastfeeding, use of modern contraceptive methods and family planning, immunizations, ANC/institutional delivery for pregnant women, PNC for nursing mothers, HIV/AIDS counseling, Screen for oedema, Conduct the Rapid Diagnostic Test for malaria, Conduct MUAC

3. What type of feedback should the supervisor share with the CHW after the household visit is complete?

Possible answers may include: Praise for actions performed well, Critical feedback for forgotten actions or actions performed incorrectly, Areas for improvement to be reassessed during the next visit

4. True or false (circle one)? The supervisor should fill out the Household Visit Supervision Checklist after the household visit is complete.

True ✓ **False**

5. True or false (circle one)? The supervisor should observe each CHW during a household visit once every 6 weeks.

True ✓ **False**

True or false (circle one)? The supervisor should give all Household Visit Supervision Checklists to the CHW Manager regularly.

✓ **True** False



GROUP ACTIVITY: COMPONENTS OF AN OBSERVATIONAL VISIT

Select a household and schedule the visit with the CHW

Ensure you are introduced to the household while you are present, including the purpose of your visit

Ensure you have the necessary information and supplies to carry out the observational visit

Quietly observe the CHW's conduct of the household visit, following the supervision checklist

Thank the family and the CHW for their time

Provide feedback to the CHW in a quiet, private place. Identify with the CHW key areas for improvement that will be reassessed in the following observational visit

Have a general discussion with the CHW, including any outstanding issues the CHW would like to discuss

Thank the CHW and schedule a meeting place, time, and date for the next observational visit

UNIT 3: MONITORING FOR QUALITY OF CARE

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SMALL GROUP ACTIVITY: OBSERVATIONAL VISIT STEPS

Community-Based Supervision: Observational Household Visit

Before the visit

DECIDE ON
LOGISTICS

- Review the case list and week's schedule with CHW.
- Decide on one HH to visit, and one backup HH.
- Review previous data for the selected HH (names of target members, what services may be due, etc.)
- Prepare a copy of the supervision checklist to bring to the visit

During the visit

OBSERVE

- Have the CHW introduce you and the purpose of your visit to the HH
- Quietly observe the CHW conduct the HH visit, using the checklist as a guide
- Critically observe the HH environment, situation, and the way in which the CHW decides which services to provide
- After the visit is complete, thank the HH for their time

After the visit

PROVIDE
FEEDBACK

- Ask the CHW assess how the visit went. What went well? What was challenging?
- Provide your feedback on the CHW's performance. Praise what was performed well. Address any particular issues with correct information or a demonstration.
- Thank the CHW for his/her time. Schedule a date, time, and meeting place for the next observational visit.

UNIT 3: MONITORING FOR QUALITY OF CARE

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SAMPLE: HOUSEHOLD VISIT SUPERVISION CHECKLIST

CHW FORMATIVE SUPERVISION CHECKLIST

Date CHW Senior CHW

Score from 1 thru 4 each of the competency below: 4 for correctly or excellently done and 1 for poorly done or not done. Write N/A if task is not applicable to this visit. Note that bolded & italicized competencies are applicable to every HH visit.

SKILL	COMPETENCIES OBSERVED AT A HH VISIT	SCORE
ROUTINE HH VISIT	❖ <i>Demonstrate thorough preparation for HH visit</i>	
	❖ <i>Follow the structure of a HH visit</i>	
	❖ <i>Enter data into CC+ forms properly</i>	
	❖ <i>Text CC+ data to server</i>	
COUNSELING	❖ <i>Assess bed net condition and advise how to use bed nets properly</i>	
	Exclusive Breast Feeding	
	Modern contraceptive methods and family planning	
	❖ <i>Assess and advise how to improve hygiene and safe drinking water</i>	
	Immunizations	
	ANC/institutional delivery for pregnant women	
	PNC for nursing mothers	
MEDICAL PROCEDURES	❖ <i>Screen for and identify danger signs</i>	
	Screen for oedema	
	Conduct the Rapid Diagnostic Test for malaria	
	Conduct MUAC	
MEDICAL THERAPY	Administer medicines (coartem/ORS/Zinc)	
	Demonstrate preparation of ORS	
	Fill out referral form and refer HH members with danger signs to clinic	
	Follow up on sick HH members within 48 hours of HH visit	

TOTAL SCORE: _____
TOTAL AVAILABLE: _____

One thing the CHW can work on:

Feedback & Supervisory CHEW's notes:





ROLE PLAY: HOUSEHOLD VISIT SCRIPT

Joseph is a CHW who is conducting a household visit at the Kwaku household. The household members present include: Mary Kwaku (age 40, the mother of the household) and her children Christina (female – age 19), Kofi (male – age 10), Eric (male – age 4), and Rita (female – age 5 months).

Household Visit:

Joseph: “Good afternoon Mrs. Kwaku. I am here to conduct a health visit for your family today. Are all of your children home today?”

Mary: “Yes. Rita, Eric, Kofi, and Christina are all here.”

Joseph: “Are any of them feeling sick?”

Mary: “Eric has been coughing for the past few days. Do you think he might be sick?”

Joseph: “Let me see.” (Joseph flips to the page “COUGH” in the Job Aids)

Joseph: “Has Eric had a fever in the past 2 weeks? Or blood in his cough at all this past year?”

Mary: “Not that I can remember.”

Joseph: “Has Eric lost any weight this past year? Or appeared as if he was not gaining as much weight as you might have expected?”

Mary: “No.”

Joseph: “Has anyone in this household ever had tuberculosis?”

Mary: “No.”

(Joseph assesses Eric for chest indrawing by watching his breathing patterns. There does not appear to be chest indrawing. Joseph then uses his watch and counts Eric’s breaths. Eric had 42 breaths per minute.)

Joseph: Eric should be fine – it might just be a cold. If he continues to cough for the next few days, get in touch with me immediately. Has anyone else in the house been coughing for the past few days?

Mary: “No.”

Joseph: “Has anyone had diarrhea? Blood in their stool? Fever? Vomiting? Has anything been irregular?”

Mary: “No.”

Joseph: “Great.” (Joseph walks into what appears to be a bedroom and checks for bed-net usage. The bed-nets are hanging above the beds and do not appear to have any holes.)

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 4: Assessing Performance through Observational Visits

Joseph: "Is there anything else you would like to tell me?"

Mary: "No. Thank you for coming."

Joseph leaves the home and fills out his data forms outside. He has finished the household visit.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement

OVERVIEW



BACKGROUND

Supervisors are expected to perform household spot checks in order to assess CHW competency and collect household feedback on the CHWs. Household spot checks should be performed at least once per month for each CHW. They are conducted through visits to a randomly selected household without the CHW. While spot checks are not meant to circumvent or undermine the CHW, they provide a useful opportunity for the household member to share feedback openly without the CHW present.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the purpose and process of a household spot check	<ul style="list-style-type: none"> □ Explain how household spot checks can help improve quality of service □ List five steps of a household spot check
To be able to assess CHW performance using appropriate tools	<ul style="list-style-type: none"> □ Explain the purpose the Household Spot Check Form □ Demonstrate ability to use the Household Spot Check Form

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: The Importance of Household Spot Checks
4. Group Activity: The Household Spot Check Process
5. Lecture: Household Spot Check Form
6. Discussion: Conducting Spot Checks at the Household
7. Review Key Messages
8. Worksheet

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e. Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ Photocopies of the **HOUSEHOLD SPOT CHECK FORM** for each participant
- ❑ For Small Group Activity on the Household Spot Check Process, choose one:
 - a) Steps of a Household Spot Check as a handout or
 - b) PowerPoint presentation
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] For Using the Household Spot Check Form Role Play: Printed copies of the prompt (one per group)
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

The facilitator and participants should have a copy of the following:

- ❑ Operational Tool: **HOUSEHOLD SPOT CHECK FORM**



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"As part of your CHW supervision responsibilities, you will be expected to perform monthly household spot checks for each CHW. Household spot checks are an opportunity to improve quality of service by verifying the CHW's activities and addressing household member concerns directly. In addition, the household spot check is a chance for you to introduce yourself as the CHW's supervisor and an authority on the program, stressing that concerns and suggestions about community health can also be shared with you. These confidential, anonymous conversations allow the household member to comfortably provide feedback about their CHW without the CHW present.

By the end of this lesson, you will understand the purpose and process of a household spot check. You will also know how to properly use the household spot check form to collect feedback from the household and provide comments to the CHW."

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



CONVEY INFORMATION

3. Discussion: The Importance of Household Spot Checks

Explain that the spot checks are standardized interviews with household members. Ask participants to consider why household spot checks might be important. Ensure that all the points below are mentioned during the discussion.

KEY CONTENT

A household spot check is a discussion with a random household without the CHW about the CHW's performance. Spot checks help supervisors:

- ☐ Build a relationship with the household members in their assigned catchment area
- ☐ Collect feedback about the CHW's performance from the households that s/he serves
- ☐ Identify whether data reported by CHWs matches the activities that household members recall being conducted
- ☐ Identify whether knowledge, actions, or practices taught by the CHW to the household are retained
- ☐ Address any concerns the households may have about their assigned CHWs

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



CONVEY INFORMATION

4. Group Activity: The Household Spot Check Process

Divide participants into small groups. Provide each group with a copy of the worksheet in the Appendix, or copy the worksheet onto a large sheet of paper or chalkboard. Read or summarize the directions out loud:

“This is the protocol for conducting a household spot check, but you can see that there are many steps missing. Within your groups, decide what the missing steps should be and fill in the blanks.”

Once the groups have finished, discuss the correct answers as a group, thoroughly explaining each step as it is submitted by participants. Ensure that the discussion highlights all of the points below:

KEY CONTENT

- ❑ **Of each CHW's assigned households, select one at random for a spot check.** It is crucial that the household be selected at random, not allowing any bias such as terrain, distance, or familiarity with the household to influence the choice. These are factors that could also be a bias for CHWs in conducting household visits. It is the supervisor's responsibility to ensure that all households benefit from the life-saving services that CHWs provide.
- ❑ **Formally schedule the visit for a specific date and time.** It is important that the visit be conveniently timed for the household so that the household member is available and able to devote their full attention to the interview at hand. An unexpected visit may also fluster household member, affecting his/her willingness to discuss his/her experience with their CHWs openly and thoroughly.
- ❑ **Introduce yourself, and explain the purpose of the interview to the household member.** Ask to interview the main caregiver of pregnant women and young children. Ideally this should be the person with whom the CHW interacts the most during a household visit. Explain that you will be conducting a short interview to assess the quality of the health services delivered in the household. Explain that you are the CHW's supervisor and that any information the household member shares will be kept confidential and anonymous.
- ❑ **Complete the HOUSEHOLD SPOT CHECK FORM.** Interview the caregiver using the Spot Check Form. Assure the interviewee that his/her comments will be kept anonymous and will only be used to improve the quality of the health services provided by the CHW. Take time to address any questions or concerns that might not be captured in the spot check form.



UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement

- ❑ **Thank the household member for his/her time.** Remind him/her that you can always be contacted if the household member has questions or concerns regarding the CHW.
- ❑ **Cross check the information provided by the household against other supervision tools, such as the HOSUSEHOLD VISIT SUPERVISION CHECKLIST or data submitted by the CHW.** The interview with the household is only one part of a holistic evaluation of the CHW's performance. The household spot check is one way to validate quantitative and qualitative measures of CHW performance and identify trends. However, it should not be considered a comprehensive assessment. Furthermore, it is important to keep in mind that household members may miscommunicate or remember information incorrectly during an interview. No rewards or punishments should be based on the results of a single household interview.
- ❑ **Provide feedback to the CHW in a quiet, private place.** Provide feedback to the CHW in a quiet, private place or during one-one-one coaching sessions. Based on the household responses, identify the areas where he/she performed well. This helps build confidence and boosts morale, and also reinforces good behavior. Finally, constructively discuss areas where the CHW needs to improve in order to provide stronger health services. Remember to never mention the name of the household member who provided the feedback or any hints that would allow that person to be identified.

After discussing the protocol, ask participants if there are any questions or other suggestions to improve the effectiveness of the visit.

KEY CONTENT

Remember:

- ❑ Encourage honest feedback, stressing that the interviewee's comments will remain anonymous and will only be used for improvement of the program.
- ❑ During the visit, take notes on what the CHW does well and where s/he needs improvement, as well as any feedback regarding the CHW program in general.
- ❑ During feedback sessions with the CHW, it is important to respect the privacy of the household and keep their comments anonymous.
- ❑ The results of household spot checks are just one part of a holistic evaluation of the CHW's performance.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



CONVEY INFORMATION

5. Lecture: Household Spot Check Form

Distribute a copy of the **HOUSEHOLD SPOT CHECK FORM** to all participants. Read the following explanation aloud to the group:

“Now we will walk through a tool designed to help guide your spot check visit with the household member. The tool is not designed to cover every service the CHW provides during a household visit. Rather, it asks about a sampling of important services to get a general sense of the CHW’s activities and demeanor when visiting the household.”

Be sure to cover the following points when reviewing the spot check form with participants:

KEY CONTENT

- ❑ The **HOUSEHOLD SPOT CHECK FORM** consists of three sections: 1) a series of yes/no questions designed to assess the CHW’s activities at the household, 2) a section for quantitative information that can be used to validate data reported by the CHW, and 3) open-ended questions to allow the household member to elaborate on their experiences with the CHW.
- ❑ Any question that does not apply to the household’s situation (i.e. malaria questions because there are no children U-5 or there have been no cases of malaria) should be marked “N/A” and not included in the final score.
- ❑ You should take detailed notes during your conversation with the household members. Be sure to crosscheck his/her responses with data reported by the CHW before assigning a final score.

Remember that no employment decision should be based on the CHW’s score on any single spot check. The purpose of this tool is to validate data reported by the CHW and identify trends in the CHW’s performance.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



CONVEY INFORMATION

6. Discussion: Conducting Spot Checks at the Household

Ask the participants to read through the **HOUSEHOLD SPOT CHECK FORM**. Ask them the following:

1. What challenges might they encounter that will hinder routine spot checks?
2. What opportunities might they encounter that may help with routine spot checks?

See if the following challenges are mentioned:

- ☐ Households may not be able to accurately remember information, such as last visit date.
- ☐ Households may be biased in their reporting of information, depending on their relationship with the CHW. For example, if they have a very good relationship with the CHW, they may answer “yes” to many of the questions because they do not want the CHW to get in trouble.
- ☐ Some questions may be leading, i.e. “has the CHW maintained a professional, respectful manner during all visits?”

See if the following opportunities are mentioned:

- ☐ Depending on the household’s response, the questions on the form can open up further conversation about certain aspects of the CHW program. For example, if the household describes the CHW as disrespectful, the supervisor can then ask what it is that they mean by “disrespectful”. This can inform the supervisor of household expectations as well as CHW behavior.
- ☐ The spot check form can also be a useful tool in exploring the gaps in communication between the CHW and the households. For example, if the CHW reports that he or she has discussed the importance of nutrition in the last six months, but the household member cannot recall discussing that information, it may mean that the information needs to be conveyed in a different, more effective manner.

It is important to keep in mind that different challenges and opportunities may also be encountered, depending on local norms.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



REINFORCE INFORMATION

7. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ Why are household spot checks useful for the supervisor? For the household?
- ☐ Why is it important to assure the household member that their responses will remain anonymous and confidential?
- ☐ What role does the spot check form play in a supervisor's evaluation of a CHW? Of the program?



PARTICIPANT PRACTICE

8. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement



WORKSHEET

Name: _____

1. Name at least five steps for performing a household spot check.
2. The spot check form contains _____ types of questions.
3. True or false (circle one)? When choosing a household to visit, the supervisor should pick a convenient household that they know well.

True False
4. True or false (circle one)? It is acceptable to share the name of the household when providing feedback to the CHW, as long as the comments are positive.

True False
5. True or false (circle one)? It is important to be respectful of the household member's time, being sure to schedule for a time that is convenient and thank them at the end of the visit.

True False
6. True or false (circle one)? If a household member gives negative feedback about a CHW or gives responses that are very different from what the CHW reported, then the supervisor should consider firing that CHW.

True False

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement

WORKSHEET: ANSWER KEY

1. Name at least five steps for performing a household spot check.

Possible answers may include: 1) Select a household to visit at random, 2) schedule the visit for a specific date and time, 3) introduce yourself and explain the purpose of the visit, 4) interview the household and complete the spot check form, 5) thank the household member for their time, 6) crosscheck the information provided by the household, and 7) provide feedback to the CHW.

2. The spot check form contains _____ **three** _____ types of questions.

3. True or false (circle one)? When choosing a household to visit, the supervisor should pick a convenient household that they know well.

True **✓ False**

4. True or false (circle one)? It is acceptable to share the name of the household when providing feedback to the CHW, as long as the comments are positive.

True **✓ False**

5. True or false (circle one)? It is important to be respectful of the household member's time, being sure to schedule for a time that is convenient and thank them at the end of the visit.

✓ True False

6. True or false (circle one)? If a household member gives negative feedback about a CHW or gives responses that are very different from what the CHW reported, then the supervisor should consider firing that CHW.

True **✓ False**



DISCUSSION: HOUSEHOLD SPOT CHECK PROCESS

1. Of each CHW's assigned households, select one at random for a spot check.

2.

3. Introduce yourself, and explain the purpose of the interview to the household member.

4.

5.

6. Cross check the information provided by the household against other supervision tools, such as the observational visit check list or data submitted by the CHW.

7.

UNIT 3: MONITORING FOR QUALITY OF CARE**Chapter 5: Household Spot Checks for Quality Improvement****LECTURE: HOUSEHOLD SPOT CHECK FORM**

CHW Name:	Spot Checker Name:
Village:	Name of HH Head:
CHW Supervisor:	# in HH:

I. Please ask the following questions, circling the answer provided by the household member. Select N/A if the question does not apply to the household's current situation.

- What is the name of the Millennium Villages Project health worker (CHW) in your village?
Right name --- 1 Wrong Name --- 0
- How much does the CHW charge for the services s/he provides?
Free --- 1 Fee --- 0
- Did the CHW check for signs of serious illness at the last visit, either by looking or asking?
Yes --- 1 No --- 0
- a. Has the CHW ever tested or treated your child for malaria or diarrhea?
Yes --- 1 No --- 0 N/A
- b. If so, when?
Within the: i) Last month ii.) Last three months iii). Last year
- Has the CHW measured your child's arm in the past 90 days?
Yes --- 1 No --- 0 N/A
- Did the CHW ask if your child has received all necessary immunizations at the last visit?
Yes --- 1 No --- 0
- Has the CHW ever discussed the importance of visiting the clinic for antenatal care?
Yes --- 1 No --- 0 N/A
- Has the CHW ever discussed birth spacing or family planning?
Yes --- 1 No --- 0 N/A
- Has the CHW discussed the importance of nutrition within the last 6 months?
Yes --- 1 No --- 0
- Has the CHW inspected the placement and condition of bednets within the last 6 months?
Yes --- 1 No --- 0
- Has the CHW inspected your home for proper sanitation within the last 6 months?
Yes --- 1 No --- 0
- Has the CHW maintained a professional, respectful manner during all visits?
Yes --- 1 No --- 0

UNIT 3: MONITORING FOR QUALITY OF CARE

Chapter 5: Household Spot Checks for Quality Improvement

13. Are you comfortable sharing sensitive information with your CHW?

Yes --- 1

No --- 0

II. Please fill out the table according to the household member's response for the past **90 days**. Assign one point to each field that approximately matches reported data.

Month of the CHW's last visit:	# women aged 15-49:
# of births:	# of women using FP method:
# of deaths:	# of referrals to health facility:
# of RDT tests given:	# of fully immunized children:
# ORS/Zinc treatment given:	# of bednets:
Point Subtotal:	

III. Discuss the questions below with the household member. Assign a score of 0-3 based on your impression of how thoroughly and accurately the CHW performed his/her responsibilities.

3	Excellent performance. CHW should continue strong practices.
2	Good performance with a few minor errors. Some review necessary.
1	Some tasks performed well but needs improvement.
0	Poor performance. Consider refresher training and possible evaluation of employment .

1. When was the last time your CHW visited you? What did he/she do?

Score: _____

2. When was the last time one of your children (under 5) was sick? Did a CHW come to visit? If so, what did he/she do? If not, what did you do?

Score: _____

3. In general, are you happy with your CHW's performance? What do you wish he/she could improve?

Score: _____

IV. Scoring:

A. Total points (Add points from sections 1-3)	
B. Total questions answered in Section 1 (Not including N/A)	
C. Total possible points (Subtotal from B + 19)	
D. Grade %: A divided by C	

Grade %: _____

UNIT 4: Supervisors as Mentors

This unit highlights important characteristics that supervisors should develop in order to build open and trusting relationships with their CHWs. In addition, the unit outlines key strategies for supporting CHWs as they face logistical challenges, develop their professional skills, and cultivate relationships within the community.

- 1. Characteristics of a Strong Supervisor**
 - 2. Being the Primary Support for CHWs**
 - 3. Supervisors as Community Representatives**
-

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor

OVERVIEW



BACKGROUND

A person's attitude has a major influence on the quality of his or her work, as well as the work of others. This is especially true for the relationship between a supervisor and their CHWs. Building a relationship of trust, open communication, and knowledge sharing between supervisors and CHWs facilitates the professional development of CHWs and improves quality of care. This lesson gives an overview of the attitudes and characteristics the supervisor should develop in order to foster strong relationships with their CHWs and improve the overall provision of quality health care. In addition, this lesson will introduce the concept of supportive supervision, as supervision style that prioritizes on-going performance oversight alongside professional development and coaching.



LEARNING OBJECTIVES

Objective	The Supervisor will be able to
To be able to understand how attitude affects supervision impact	<ul style="list-style-type: none"> □ Explain why supervisors with strong management skills are crucial to the success of the CHW sub-subsystem □ List at least three important ways in which a supervisor's attitude can affect CHW performance
To be able to understand and develop the qualities of a supportive supervisor	<ul style="list-style-type: none"> □ Define supportive supervision □ List five characteristics of a supportive supervisor
To be able to understand the importance of communication skills for supervisors	<ul style="list-style-type: none"> □ Explain the importance of communication skills for effective management □ Name three tips for effective communication

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Attitude of a Good Supervisor
4. Discussion: An Introduction to Supportive Supervision
5. Discussion: Characteristics of a Supportive Supervisor
6. Case Study: Supportive vs. Unsupportive Communication
7. Lecture: Tips for Effective Communication
8. Review Key Messages
9. Worksheet

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ For Discussion on Attitude of Good Supervisor:
 - a) Images of 'Coach Diego' as a handout or
 - b) PowerPoint presentation
- ❑ For Lecture on Tips for Effective Communication:
 - a) Images of 'Coach Diego' as a handout or
 - b) PowerPoint presentation
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

“As a CHW supervisor, you will have to support your CHWs every day in monitoring their daily work, providing feedback, and assisting them through difficult situations. For this reason, the rapport that develops between you and your CHWs is just as important as the day-to-day duties you will carry out. In addition to fulfilling training and performance monitoring responsibilities, effective supervisors seek to build strong relationships with their CHWs. In this way, supervisors can most effectively motivate CHWs as they perfect their trade and support them when they encounter challenges and setbacks.

Supervisors also act as coaches for their CHWs, providing the example for teaching and learning that health workers follow when they are in their communities. Thus, the way in which you interact and communicate with the CHWs can affect their motivation, performance, and, ultimately, the health of the community.

In this lesson, you will learn the importance of developing positive relationships with your CHWs and the principles of supportive supervision that you can use to help CHWs perform at their best.”

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



CONVEY INFORMATION

3. Discussion: Attitude of a Good Supervisor

Share the set of images below to the group, and ask them to consider the following question. (See the Appendix for a larger version of the image.)



Diego Musa



Diego Hassan



Diego Samuel



Diego David



Diego Doudou



Diego Martin

“Why do we need a coach? Which Diego would you hire as your child’s soccer coach, and why?”

Suggested Answers:

- ☐ Diego Hassan, Diego David, and Diego Martin all could be good coaches because they have a lot of energy and look like they are very encouraging and engaged in their jobs. They look like they care about their players
- ☐ Diego Musa seems distracted, as if he is not paying attention to his duties
- ☐ Diego Doudou looks angry and does not have a good attitude
- ☐ Diego Samuel looks like an unhappy or indifferent coach who will not be able inspire his players

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



CONVEY INFORMATION

4. Discussion: An Introduction to Supportive Supervision

Divide participants into small groups. Instruct each group to prepare a blank sheet of paper and a pen, and choose one person to be the writer. Instruct each person to share at least one adjective they think of when they hear the word “boss,” which the writer should record. After two minutes, ask each group to share the words that came to mind. Record them on a chalkboard or flipchart paper, and refer to the list as appropriate during the following discussion.

Ask the group to keep those associations in mind as you share the following analogy.

“The role of a supervisor in relation to the CHW is much like the role of a farmer in relation to his crops. The farmer uses his or her knowledge of the crop, the soil, the weather patterns, and more to determine how best to create conditions for the crop’s optimal growth.

If at any point the farmer notices the crop is not growing properly, what does he do? Does he assume the role of “in charge” and boss the crop around, demanding to know why it won’t grow faster? Of course not. Instead, he may pay attention to the conditions that are preventing the crop from growing, find the causes, and fix those. Perhaps he finds the soil is lacking in nutrients, or the land has not been properly irrigated. Once he discovers and fixes the root causes, the crop is likely to grow naturally.

The effective supervisor is like the farmer. S/he nurtures his or her CHWs, paying attention to all the conditions that enable a CHW to grow and work to the best of his/her ability.”

Ask participants to consider the following question: Would their associations with the word “boss” be used to describe a careful, successful farmer?



UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor

Read or summarize aloud. Ask the participants to keep in mind the image of the farmer as they listen.

KEY CONTENT

- ❑ Like the word “boss,” the word “supervisor” tends to evoke thoughts of someone who is bigger, better, and smarter – the “in charge.” Too often, the supervisor is someone who watches to see if the employee makes a mistake and then punishes them.
- ❑ A more effective type of supervision is supportive supervision. In supportive supervision, the supervisor’s job is to be a source of advice and support - to give suggestions because they want their workers to succeed - rather than disciplining health workers and making sure orders are followed.
- ❑ Most importantly, supervisors are role models for their health workers, and how they treat their employees affects how CHWs will treat the households they visit. If the supervisor bosses around and treats health workers, the health workers are more likely to treat community members in the same way. However, if the supervisor treats health workers as equals, respects them, and notices their strengths and works builds to on them, the health workers will be more likely to work the same way with people in their communities.
- ❑ As a supervisor, you may need to start thinking differently about what it means to be “in charge.” Mastering supportive supervision takes practice, especially in a difficult or frustrating situation, but, in the end, this style of management will produce better results, ultimately help save lives.
- ❑ Remember, the final goal of the supervisor is not to force CHWs to perform their responsibilities and punish their mistakes, but to improve the health of the community. In order to do this, CHWs must receive constant support, guidance, and encouragement from the supervisor to provide quality care.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



CONVEY INFORMATION

5. Discussion: Characteristics of a Supportive Supervisor

Read or summarize the following out loud. Ensure that the points below are included in the discussion.

“A good supervisor will not only perform certain roles, but he or she will also act a certain way. Your style of supporting your CHWs will be shaped somewhat by your personality, and we certainly encourage you to develop your own approach to leadership. That said, all supportive supervisors should follow a few basic principles.

Think back to Diego, the Good Coach, from the beginning of the lesson, as well as effective supervisors you have had in the past. What are the personal qualities that make a supervisor effective? If I were to meet with your CHWs in one year and ask them to describe you as a supervisor, what would you want them to say?”

KEY CONTENT

Qualities of a supportive supervisor:

- ☐ Understanding of all CHW tasks
- ☐ Friendly, accessible, and patient manner with with your CHWs
- ☐ Attentiveness to your CHWs' personal and professional needs
- ☐ Absence of a superior or demeaning attitude
- ☐ Willingness to assist with troubleshooting and logistics
- ☐ Helping integrate the CHW into the local health system
- ☐ Taking the time to give frequent, constructive feedback on the CHWs' performance
- ☐ Ability to motivate CHWs to continue to improve their skills, and willingness to help provide the resources and guidance to help them do so

Tips for Being a Supportive Supervisor

- ☐ Meet with individual CHWs on a regular (i.e. bi-weekly) basis to provide constructive feedback and one-on-one coaching
- ☐ Motivate the CHWs by providing positive reinforcement as well as constructive criticism. In addition, remember to provide regular reminders of the good work they are doing for the benefit of their community members
- ☐ Encourage CHWs to discuss their goals and challenges, offering advice when appropriate and using personal examples when possible
- ☐ In addition to weekly formative supervision, pay friendly visits to each of the CHWs in the field from time to time. Casual, informal visits – sharing a meal, for example – can help supervisors to build a relationship with CHWs
- ☐ Make every effort to attend personal events that their CHWs may invite them to, such as weddings or other important events

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



EXAMPLE IN ACTION

6. Case Study: Supportive vs. Unsupportive Supervision

Before beginning the exercise, divide participants into small groups. Read the following two case studies aloud, or, if possible, distribute copies of both case studies for each small group to read together. Ask each small group to decide 1) which case demonstrates a strong mentorship relationship and why, and 2) what could the supervisors do better?

PROMPT 1

A CHW reports to her supervisor after a particularly challenging household visit. During the visit, the mother was distracted by children who needed her attention, and when the woman got up to help the children, the husband – who had joined the conversation – told the CHW he wanted her to come back later and sleep with him. The CHW told him, firmly, “That is not why I’m here.” Although the husband acted as if it was no big deal, the CHW left the household visit feeling very upset. The CHW called the supervisor to talk about what happened and ask for advice. After listening for a minute, the supervisor said, “You should not worry about it. You have an important job to do. Do not be distracted.”

PROMPT 2

A CHW reports to her supervisor after a particularly challenging household visit. During the visit, the mother was distracted by children who needed her attention, and when the woman got up to help the children, the husband – who had joined the conversation – told the CHW he wanted her to come back later and sleep with him. The CHW told him, firmly, “That is not why I’m here.” Although the husband acted as if it was no big deal, the CHW left the household visit feeling very upset. The CHW called the supervisor to talk about what happened and ask for advice. The supervisor waited until the CHW finished explaining the situation, and then said, “I’m sorry this happened to you. How are you feeling?” Then supervisor then went on to tell the CHW know that this is a common problem, and she is doing her job well and responded appropriately. The supervisor also praised the CHW for coming to the supervisor with this problem, and offered to accompany the CHW on her next visit with this family.

When all groups have finished, invite volunteers to present their group’s answers. Ask if any other participants have further comments. Be sure that all of the following points are covered.

Which case demonstrates supportive communication?

- ☐ Prompt 2 demonstrates good mentorship. The supervisor realized the negative emotions that could have been caused by the incident, and tried to understand how it affected the CHW . The supervisor demonstrated her support and offered assistance

What could the supervisor in Prompt 1 do better?

- ☐ The supervisor should acknowledge the CHW’s feelings and express sympathy. In telling the CHW to act differently, the supervisor should also suggest how. Finally, the supervisor should offer to help the CHW in handling this particular person/family, and ask the CHW if there was any way the supervisor could be of further support

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CONVEY INFORMATION

7. Lecture: Tips for Effective Communication

Show the pair of images below to the group, and ask them to consider the following question. (See the Appendix for a larger version of the image.) After the discussion, share the information below.

"We've learned that in order to be an effective, supportive supervisor, you must be able to coach your CHWs on new skills, provide feedback, and encourage them when they face inevitable challenges in their work. Your success in fulfilling all of these responsibilities depends on your ability to listen to the CHW and effectively respond to the situation at hand.

Now imagine that you are a new CHW who is having trouble performing RDTs during household visits. Diego is your supervisor. Which Diego would you rather speak with about this problem? Why?"

DIEGO #1



DIEGO #2



Suggested answers:

- ☐ Diego #2, because he appears to be more friendly and willing to listen
- ☐ Diego #2, because he looks like he cares about your problem
- ☐ Diego #1 looks upset because of his crossed arms, frowning face, and unwillingness to look you in the eye



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KEY CONTENT

The quality of the professional and personal relationships that you form with your CHWs depends on your ability to listen and communicate effectively. Strong communication skills are thus an important part of developing the supervision skills you will need to support your CHWs, improve the health of the community, and, ultimately, save lives.

Tips for Listening Actively and Empathetically

- ❑ **Listen non-judgmentally, and try to under the CHW's perspective.** Imagine the CHWs point of view by imagining yourself in their position
- ❑ **Be engaged in conversation.** Keep good eye contact and show that you are listening by nodding and asking follow-up questions.
- ❑ **Ask open-ended questions.** These are questions that require more than a “yes” or “no” answer. For example:
 - Open-ended: How do you think the household visit went?
 - Close-ended: Was today's visit challenging because the mother was distracted by her children?
- ❑ **Ask important questions in three different ways.** If you are having trouble getting information from a CHW, try asking the question in a different way. Summarize the CHW's responses and ask him/her if your understanding of their answer is correct
- ❑ **Be sensitive to verbal and nonverbal cues.** Your CHWs might be reluctant to talk about challenges if they feel embarrassed or criticized. Pay attention to CHW's body language as you provide feedback and adjust your tone and language as necessary
- ❑ **Consider potential barriers.** Some CHWs may not be able to act on your recommendations because of challenges such as poor transportation, lack of supplies, etc. Encourage CHWs to alert you to any challenges they are facing and work with them to find a solution

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REINFORCE INFORMATION

8. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What are some characteristics of a good supervisor?
- ☐ What is supportive supervision?
- ☐ Why are strong communication skills necessary to be a supportive supervisor?



PARTICIPANT PRACTICE

9. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



WORKSHEET

Name: _____

1. Name at least five characteristics of a supportive supervisor.
2. List three tips for effective communication.
3. Fill in the blank: CHW supervisors act as a _____ for health workers; the way the supervisors coach their CHWs will affect the way the CHWs interact with household members.
4. True or false (circle one)? The way a supervisor works with the CHWs depends on his/her personality. It is impossible to change your natural management style.

True False
5. True or false (circle one)? A supportive supervisor never tells a CHW when s/he is making a mistake or when s/he is not meeting expectations.

True False
6. True or false (circle one)? Even if s/he disagrees with a CHW's actions, a supportive supervisor should seek to understand the CHW's perspective before telling him/her what s/he should or should not do.

True False
7. What qualities do you possess that will make you an effective, supportive supervisor? What characteristics will you have to develop?

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor

WORKSHEET: ANSWER KEY

1. Name three characteristics of a supportive supervisor.

Any three of the following:

- ☐ Understanding of CHW tasks
- ☐ Patient, friendly, and accessible manner
- ☐ Attentiveness to CHW
- ☐ Absence of superior or demeaning attitude
- ☐ Willingness to help with problems
- ☐ Help integrate CHW into health system
- ☐ Provide encouragement and feedback
- ☐ Motivate CHW to develop skills

2. List three tips for effective communication

Any three of the following:

- ☐ Don't judge
- ☐ Be engaged in the conversation
- ☐ Ask open-ended questions
- ☐ Ask important questions in different ways
- ☐ Look for verbal and non-verbal cues
- ☐ Consider potential barriers

3. Fill in the blank: CHW supervisors act as a role model for health workers; the way the supervisors coach their CHWs will affect the way the CHWs interact with household members.

4. True or false (circle one)? The way a supervisor works with the CHWs depends on his/her personality. It is impossible to change your natural management style.

True ✓ False

5. True or false (circle one)? A supportive supervisor never tells a CHW when s/he is making a mistake or when s/he is not meeting expectations.

True ✓ False

8. True or false (circle one)? A supportive supervisor should always seek to understand a CHW first before telling him or her what she should or should not do.

✓ True False

6. What qualities do you possess that will make you an effective, supportive supervisor? What characteristics will you have to develop?

Answers will vary. There is no single correct answer.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



LECTURE: TIPS FOR EFFECTIVE COMMUNICATION



UNIT 4: SUPERVISORS AS MENTORS

Chapter 1: Characteristics of a Strong Supervisor



DISCUSSION: ATTITUDES OF A GOOD SUPERVISOR

Diego Musa



Diego Hassan



Diego Samuel



Diego David



Diego Doudou



Diego Martin

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs

OVERVIEW



BACKGROUND

Health workers face a number of challenges in their every day work, from logistical complications to conflicts with household members. As a result, CHWs can feel frustrated, overwhelmed, and ineffective. As an important part of supportive supervision, CHW supervisors should help their CHWs work through these issues, providing the logistical and professional support necessary to carry out their responsibilities. CHWs, for their part, should make sure the supervisors are fulfilling this important role as well, communicating any challenges they are facing and holding accountable supervisors that are unwilling to help.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to understand the role of supervisors as primary support for CHWs	<ul style="list-style-type: none"> □ Explain the importance of supervisors in supporting CHWs through professional difficulties
To be able to provide professional support to CHWs	<ul style="list-style-type: none"> □ List at least three types of challenges CHWs might face □ List at least three ways supervisors can support CHWs who face these challenges

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Potential Challenges Facing CHWs
4. Role Play: Supervisors as Problem Solvers
5. Case Study: Troubleshooting CHW Challenges
6. Review Key Messages
7. Worksheet

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ For Discussion on Troubleshooting CHW Challenges
 - a) Photocopies of the case studies or
 - b) PowerPoint presentation



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"Your CHWs will face many challenges in their everyday work. As a result of these obstacles, your CHWs might become frustrated and discouraged. If their concerns go unaddressed, they might even leave their job.

In order to maintain the integrity and effectiveness of the CHW sub-system, you are responsible for working with CHWs, health team colleagues, and community members to resolve these issues. By establishing a relationship of trust and open communication with your CHWs, you can be alert to, and prepared to address, any issues that may arise.

In this lesson, you will learn about common difficulties CHWs face in their day-to-day work and the importance of the supervisor's role in troubleshooting those issues, as well as specific strategies which you can use to be an effective primary support for CHWs in the community."

UNIT 4: SUPERVISORS AS MENTORS**Chapter 2: Being the Primary Support for CHWs****CONVEY INFORMATION****3. Discussion: Potential Challenges Facing CHWs**

Ask the participants to give examples of problems they have faced as CHWs, or brainstorm challenges that they believe CHWs may face. Write these challenges down on a large piece of paper. Then, one-by-one, ask participants who might be an appropriate point person to help resolve that problem.

Common Challenges	Point Person
Shortage of supplies	CHW Manager; Health Coordinator
Inadequate training	CHW Supervisor; CHW Manager
Inability to fulfill responsibilities due to illness, childcare issues, etc.	CHW Supervisor; Other CHWs
Transportation issues, such as difficult getting to HHs in remote areas, lack of fuel, bad weather, etc.	CHW Supervisor; CHW Manager; Health Coordinator
Challenges gaining trust of HHs or HH adoption of health behavior that goes against traditional customs	CHW Supervisor; Village Health Committee
Lack of support from health team, clinic staff, or community leaders	CHW Supervisor; CHW Manager
Technical issues with data submission or other tools	Data Specialist

After the discussion, read the following aloud to the group:

“Many common problems in health work can be solved or avoided if the CHW, supervisor, and community plan and work together. When difficulties arise, it is important to obtain critical feedback, recommendations, and cooperation from all parts of the health system, including the community. Diverse experiences, opinions, and ideas should be considered in order for a solution to be successful.”

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



REINFORCE INFORMATION

4. Role Play: Supervisors as Problem Solvers

Role Play 1: For supervisors who are former CHWs

Ask each group to share amongst themselves challenges they experienced as a CHW. Then divide participants into pairs or small groups. Have each group choose a challenge from the discussion or previous activity to present in the form of a role play. Each role play should cover the situation, who was involved, and how the issue was resolved. After each group presents their situation, open the discussion to comments and suggestions from the group.

Role Play 2: For supervisors who are not former CHWs

Go around the room, asking each participant to brainstorm one example of a challenge a CHW may face, including examples given in the previous activity. Then divide participants into pairs or small groups and have them choose a challenge to present in the form of a role play. Each role play should cover the situation, who was involved, and how the issue was resolved. After each group presents their situation, open the discussion to comments and suggestions from the group.

UNIT 4: SUPERVISORS AS MENTORS

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EXAMPLE IN ACTION

5. Case Study: Troubleshooting CHW Challenges

Break participants into pairs or small groups for this activity. Read the following instructions aloud:

“Each group will be given an example of a common problem faced by CHWs. Read the scenario with your group and discuss how you would support the CHW in the situation. What advice would you give? How would you resolve the situation?”

Following the activity, ask a volunteer from each group to present their case and response to the rest of the group. Use the bulleted points to guide the discussion. (Do not distribute this information to participants prior to the activity.)

PROMPT 1: RESISTANCE AGAINST HEALTH BEHAVIOR COUNSELING

A CHW reports that a mother is feeding her 3-month-old child breast milk mixed with water and has been doing so since the child was born. The CHW counseled the mother against mixing water with breast milk during previous visits, explaining that breastmilk provides that child all of the nutrients and protection against disease that he needs. The CHW asks the mother again why she is doing this, and the mother insists that the baby is thirsty. The CHW suspects that relatives are telling the mother this information. The CHW is frustrated and turns to you, the supervisor, for support.

- ❑ Suggest that the CHW include the relatives in conversations that take place during household visits. Ask for the everyone's advice and input, while also patiently explaining why exclusive breastfeeding is important. Make both the relatives and the mother feel included
- ❑ Ask the CHW to role play with you how she speaks with the mother. Listen for whether the CHW is acting like the boss, or trying to understand the mother's motivation for offering the baby water. It is important that CHWs are good listeners. People will be more open to hearing their advice if they first feel heard

PROMPT 2: REFUSING TO GO TO THE CLINIC

Your CHW shared the following difficulties with getting women to attend antenatal care visits at the health facility: “The pregnant woman does not want to share her problems with anybody. With one lady, father did not take the responsibility and refused to admit that he impregnated her. So these are some of the problems. Because of shyness or because they do not want anybody to know about their problems, the women do not even want anybody to know they are pregnant.”



UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs

- ❑ If a woman will not go because she is ashamed, perhaps the CHW and supervisor can find creative ways to bring ANC services to the woman's home
- ❑ In the long run, it will be obvious to others that the woman is pregnant. The CHW should talk with her about how she plans to handle her situation as the pregnancy continues and becomes more visible. Sometimes talking about the future helps people see their present situation differently

PROMPT 3: DISAGREEMENT BETWEEN COMMUNITY PARTNERS

In one village, a TBA was not cooperating with the CHW. When there was a labor delivery at home, the TBA would not call the CHW. The CHW tried repeatedly to improve cooperation with the TAB, with no success. Eventually, she came to her supervisor and said she could not work with the TBA.

- ❑ Meet with the TBA and CHW. Facilitate a conversation about what can happen during labor and how it can put the mother and child's life at risk
- ❑ Explain that the TBA should call the CHW anytime there is a birth, or suggest that the TBA have the relatives call the CHW
- ❑ Encourage mutual respect of the CHW and TBA's health knowledge and respective roles in the birth process
- ❑ Remember that the supervisor can be an objective outsider when CHWs encounter difficult situations or professional relationships. Supervisors can help give context to a situation, point out the important roles of both parties, help overcome conflict
- ❑ If someone such as a TBA does not cooperate, always make sure they understand why something is important to the CHW/health system. Do not assume they understand

PROMPT 4: FEELINGS OF FRUSTRATION

A CHW who has been working for several months asks to speak with you. The CHW tells you the job is not what he had expected. He thought families would be grateful for the health services, but instead, households continue in their old ways, often getting angry when he asks them to do things differently. Then, when a family member contracts an illness, they blame it on the CHW. The CHW reports that he feels very frustrated.

- ❑ Arrange for regular debriefing sessions with the CHWs. Allowing CHWs to have group discussions where they share their frustrations with each other will allow them to feel less alone. It also encourages them to share suggestions and brainstorm solutions with each other
- ❑ Remind the CHW to focus on their goal. Ask CHWs to remember why they wanted to be a CHW in the first place
- ❑ Focus on the positive. Remind the CHW of all the good they have done
- ❑ Offer to join the CHW on a household visit if there is one household that is particularly resistant to the CHWs services



UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs

PROMPT 5: LOGISTICAL DIFFICULTIES

At a recent meeting, you informed your CHWs that household coverage numbers have been low for certain households, especially those in very remote villages, and that they need to be sure that every household and target member receives an on-time visit. After the meeting, one CHW approaches you and says it is too difficult to reach households in a remote village in their catchment. There is only one motorbike available, and taxi transportation is too expensive. The CHW visits when they can get a ride with someone going to the village, but it is not frequent enough.

- ❑ Encourage the CHW to plan ahead, strategically scheduling visits. They should think of who they know – either in the clinic or community – who might be able to offer a ride if they know in advance where they need to go or for how long
- ❑ Suggest that the CHW build relationships with people in the community, so that when they need a last minute favor, their neighbors will be willing to help out
- ❑ If the problem persists, the supervisor should discuss the issue with the CHW manager, exploring if there are other possible resources to assist the CHW

PROMPT 6: DIFFICULTY BUILDING TRUST WITH CHWS

You notice that your CHWs do not seem comfortable talking about their work with you. When they have a problem or a question, they are more likely to discuss it with each other or mention it to another supervisor or the CHW manager during a team meeting. During feedback sessions, they listen quietly and respond only when asked a direct question.

- ❑ Try to get to know your CHWs personally, asking polite questions about their families and hobbies
- ❑ Ask the CHWs for feedback on a regular basis; in addition to showing your CHWs that you respect their opinions, you will also be able to better provide for their needs
- ❑ Keep your word and be discrete about the CHW's professional challenges. If CHWs see that you are honest and trustworthy, they will be more open with you
- ❑ Be a good role model, following the rules and fulfilling the expectations of supervisors. If CHWs see you taking your responsibilities seriously, they are more likely to trust you and take their own responsibilities seriously. The reverse is also true—if CHWs see you bending the rules or neglecting your responsibilities, they will be more likely to do the same
- ❑ Do not be a hypocrite! If you criticize others for certain practices, make sure you do not do it yourself

UNIT 4: SUPERVISORS AS MENTORS

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REINFORCE INFORMATION

6. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ What are some challenges that a CHW might face?
- ☐ Why is it important for supervisors to support CHWs in addressing those challenges?
- ☐ Why is it important for supervisors to set a good example for CHWs?



PARTICIPANT PRACTICE

7. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



WORKSHEET

Name: _____

1. Circle the best answer. Which of the following is a common challenge faced by CHWs?
 - a. Transportation difficulties
 - b. Lack of cooperation between community partners
 - c. Feelings of frustration and helplessness
 - d. Mistrust from the households
 - e. All of the above
2. One CHW reports feeling disheartened and frustrated with his work. The supervisor should:
 - a. Encourage the CHW to discuss the challenges, focus on what the CHW is doing well, and offer to help address issues where possible
 - b. Tell the CHW that the supervisor is sorry he feels poorly, but that he needs to focus on getting his work done
 - c. Explain that the supervisor can only help with technical and logistical challenges and that the CHW should talk to the other CHWs about his feelings instead
3. A CHW reports one of her female patients does not want to discuss modern family planning methods because her husband disapproves. What should the supervisor do?
 - a. Tell the CHW that the supervisor cannot interfere at the household and there is nothing she/he can do
 - b. Counsel the CHW to invite the woman's husband to join the family planning discussion and help the CHW practice how she will speak with them
 - c. The supervisor should penalize the CHW for not being able to effectively deliver important counseling messages
4. True or false (circle one)? The supervisor is only responsible for evaluating technical skills.

True False
5. Supervisors can help resolve conflict between CHWs, other health staff, and community members.

True False
6. It is important for the supervisor to take his/her responsibilities seriously in order to be a good role model for CHWs.

True False

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



WORKSHEET: ANSWER KEY

1. Circle the best answer. Which of the following is a common challenge faced by CHWs?
 - a. Transportation difficulties
 - b. Lack of cooperation between community partners
 - c. Feelings of frustration and helplessness
 - d. Mistrust from the households
 - e. **✓ All of the above**
2. A CHW reports feeling disheartened and frustrated with his work. The supervisor should:
 - a. **✓ Encourage the CHW to discuss the challenges, focus on what the CHW is doing well, and offer to help address issues where possible**
 - b. Tell the CHW that the supervisor is sorry he feels poorly, but that he needs to focus on getting his work done
 - c. Explain that the supervisor can only help with technical and logistical challenges and that the CHW should talk to the other CHWs about his feelings instead
3. A CHW reports one of her female patients does not want to discuss modern family planning methods because her husband disapproves. What should the supervisor do?
 - a. Tell the CHW that the supervisor cannot interfere at the household and there is nothing s/he can do
 - b. **✓ Counsel the CHW to invite the woman's husband to join the family planning discussion and help the CHW practice how she will speak with them**
 - c. The supervisor should penalize the CHW for not being able to effectively deliver important counseling messages
4. True or false (circle one)? The supervisor is only responsible for evaluating technical skills.

True **✓ False**
5. Supervisors can help resolve conflict between CHWs, other health staff, and community members.

✓ True False
6. It is important for the supervisor to take his/her responsibilities seriously in order to be a good role model for CHWs.

✓ True False

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs



CASE STUDY: TROUBLESHOOTING CHW CHALLENGES

PROMPT 1: RESISTANCE AGAINST HEALTH BEHAVIOR COUNSELING

A CHW reports that a mother is feeding her 3-month-old child breast milk mixed with water and has been doing so since the child was born. The CHW counseled the mother against mixing water with breast milk during previous visits, explaining that breastmilk provides that child all of the nutrients and protection against disease that he needs. The CHW asks the mother again why she is doing this, and the mother insists that the baby is thirsty. The CHW suspects that relatives are telling the mother this information. The CHW is frustrated and turns to you, the supervisor, for support.

PROMPT 2: REFUSING TO GO TO THE CLINIC

Your CHW shared the following difficulties with getting women to attend antenatal care visits at the health facility: "The pregnant woman does not want to share her problems with anybody. With one lady, father did not take the responsibility and refused to admit that he impregnated her. So these are some of the problems. Because of shyness or because they do not want anybody to know about their problems, the

PROMPT 3: DISAGREEMENT BETWEEN COMMUNITY PARTNERS

In one village, a TBA was not cooperating with the CHW. When there was a labor delivery at home, the TBA would not call the CHW. The CHW tried repeatedly to improve cooperation with the TAB, with no success. Eventually, she came to her supervisor and said she could not work with the TBA.

PROMPT 4: FEELINGS OF FRUSTRATION

A CHW who has been working for several months asks to speak with you. The CHW tells you the job is not what he had expected. He thought families would be grateful for the health services, but instead, households continue in their old ways, often getting angry when he asks them to do things differently. Then, when a family member contracts an illness, they blame it on the CHW. The CHW reports that he feels very frustrated.

PROMPT 5: LOGISTICAL DIFFICULTIES

At a recent meeting, you informed your CHWs that household coverage numbers have been low for certain households, especially those in very remote villages, and that they need to be sure that every household and target member receives an on-time visit. After the meeting, one CHW approaches you and says it is too difficult to reach households in a remote village in their catchment. There is only one motorbike available, and taxi transportation is too expensive. The CHW visits when they can get a ride with someone going to the village, but it is not frequent enough.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 2: Being the Primary Support for CHWs

PROMPT 6: DIFFICULTY BUILDING TRUST WITH CHWS

You notice that your CHWs do not seem comfortable talking about their work with you. When they have a problem or a question, they are more likely to discuss it with each other or mention it to another supervisor or the CHW manager during a team meeting. During feedback sessions, they listen quietly and respond only when asked a direct question.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives

OVERVIEW



BACKGROUND

In order to support their CHWs, and improve the overall effectiveness of the CHW program, the CHW supervisor may need to interface with community members in a variety of ways. To be an effective community representative, supervisors must be effective organizers, liaisons, and leaders, both for CHWs and the community. Supervisors must possess the skills necessary for community organizing, connecting community needs to resources, and building partnerships among community members. This lesson will introduce the supervisor's role as community representative, as well as outline strategies they will need to successfully bridge CHW program and the community interests.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to organize CHWs and the community	<ul style="list-style-type: none"> □ Explain three steps involved in organizing actions between the community and CHWs
To be able to understand the supervisor's role in building partnerships within the community	<ul style="list-style-type: none"> □ Define the role of the supervisor in building partnerships □ Explain three key strategies for building partnerships
To be able to understand the supervisor's role as community liaison	<ul style="list-style-type: none"> □ Explain the importance of serving as a liaison □ Give one example of a situation that may require a supervisor liaison
To be able to understand the supervisor's leadership role in the community	<ul style="list-style-type: none"> □ Name the qualities of a successful leader

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives



LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Lecture: Who is a Community Representative?
4. Group Activity: A Community Representative's Role in Mobilizing for Health
5. Discussion: Building Partnerships
6. Discussion: Community Representatives as Liaisons
7. Lecture: Qualities of Successful Leaders
8. Review Key Messages
9. Worksheet

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives



LESSON PREPARATION

Materials to prepare before the start of the lesson:

- ❑ Photocopies of the 'Overview' page (i.e., Background, Learning Objectives, and Lesson Plan Summary) for each participant
- ❑ Photocopies of the 'Worksheet' for each participant
- ❑ Chalkboard and chalk or flipchart and markers
- ❑ [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides



TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives

LESSON PLAN



REINFORCE INFORMATION

1. Review Previous Lesson

Return corrected worksheets to the participants. Ask 5-6 questions to review content from the previous chapter's lesson. Revisit that section's learning objectives and highlight answers to worksheet questions that participants answered incorrectly in the previous lesson.



CONVEY INFORMATION

2. Introduce New Lesson

Read or summarize the following:

"Supervisors, CHWs, and community leaders must work together to provide for the welfare of the community. CHWs often need support from community members to spread health-related knowledge and deliver services, as well as obtain feedback necessary to improve the program. Other times, CHWs and community members may find that their interests conflict. In these situations, the supervisor must be prepared to mediate between the two groups and find a solution that benefits all interests involved. In order to accomplish these tasks, supervisors must help build trust between the CHW team and community stakeholders.

As a community representative, the CHW supervisor can help strengthen the CHW team's relationship with the community. This role is three-fold; it includes the responsibilities of an organizer, liaison, and leader. All of these roles are crucial for effectively supporting the interests of both CHW team and the community."

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives



CONVEY INFORMATION

3. Discussion: Who is a Community Representative?

Ask the participants to think of an individual in their community whom they would consider a community representative. Ask them to share the name and role of this individual with the group. Then, go around the room and ask each participant to name one quality of the individual they chose that makes them an effective community representative. After each quality is named, ask the rest of the group to raise their hands if the individual they chose also shares the same quality. Continue until all participant suggestions have been shared.

See if the following qualities are covered:

- ☐ Good communicator
- ☐ Caring towards others
- ☐ Committed to the cause
- ☐ Hard-working
- ☐ Unbiased; able to see all sides of the situation
- ☐ A peace-maker rather than a cause of conflict
- ☐ Well-respected by the community
- ☐ Has the best interests of the community in mind
- ☐ Respectful of others, even if they have differing opinions
- ☐ Honest and open
- ☐ Reliable
- ☐ Creative
- ☐ Flexible

Point out any themes you notice during the discussion; for example, even if the individual's role in the community varied, all shared the characteristics that are essential to being a good community representative. Then introduce the definition of a community representative below:

KEY CONTENT

- ☐ A community representative is someone who supports the best interests of the community and helps advocate for the needs of the community
- ☐ A community representative spreads essential knowledge from other sources to the community, and connects the community to important resources that they may otherwise be unable to access
- ☐ As a supervisor, you will be a community representative in your respective villages, serving as a link between the CHW team and the wider community
- ☐ This role of "community representative" includes being an organizer, a liaison, and a leader

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CONVEY INFORMATION

4. Group Activity: A Community Representative's Role in Mobilizing for Health

Divide participants into pairs or small groups. Ask each group to imagine they are a supervisor who is helping with a health promotion campaign. Ask each group to discuss: 1) the ways they can spread word about the campaign, 2) the ways they can motivate villagers to attend the meetings, and 3) any other strategies they can use to mobilize the community.

After each group has completed the activity, invite a volunteer from each group to share with the rest of the participants.

See if the following ideas were discussed:

- ☐ Supervisors can spread messages to households through the CHWs' home visits
- ☐ They can post notices in shops or other public places
- ☐ They can visit schools and tell the children about the upcoming event
- ☐ They can ask community leaders promote the event to villagers at local meetings or in popular locations, such as the market
- ☐ They can ask a respected community members to share the news with their neighbors

Following the discussion, share the following summary with the group:

"To mobilize a community, supervisors must understand the community with which they are working. They must understand the ways the community members communicate with each other, and what best motivates them; for example, whether word of mouth is the best way to create action among the villagers, or if being directed by a community leader is the most effective way. Each community may be different, so supervisors must be creative and flexible in order to mobilize a community for health promotion."

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CONVEY INFORMATION

5. Lecture: Building Partnerships

Read the following aloud to the group:

“The success of a successful event or project ultimately depends on the ability to develop trusting, cooperative relationships within the community. Through efforts to build strong local partnerships, supervisors can help generate support for CHW activities and improve health outcomes.”

KEY CONTENT

Successful partnerships have the following characteristics:

- ❑ **Mutual need:** The key to a true partnership is to identify needs that each partner can help fulfill
- ❑ **An agreed-upon vision:** What do you hope to accomplish together?
- ❑ **A shared mission:** How will you accomplish this goal?
- ❑ **Inclusion:** What other stakeholders should we include as future partners?
- ❑ **Good communication:** Make sure all groups can easily understand the language being used
- ❑ **Transparent decision making:** It's respectful to consider everyone's opinions, but not everyone's ideas can be accommodated. However, if you ensure that the decision-making process is transparent and all those involved understand why a certain decision is being made, it will create less conflict
- ❑ **Compromise:** When forming partnerships, not everyone can have what they want, but meeting in the middle helps ensure that agreements are fair and everyone's needs are represented
- ❑ **Shared responsibilities:** Giving everyone a task makes things more manageable, and allows all stakeholders to contribute

For example: There is an outbreak of measles among children in the community. The health team suspects that the disease is being spread among school children. How can the supervisor support CHWs in engaging community partners to prevent the disease from spreading further?

- ❑ **Mutual need:** Teachers need health expertise, but the health team needs the teachers' daily contact with school children and influence with their families. The supervisor could arrange for CHW visits to schools to share health information with education staff
- ❑ **An agreed-upon vision:** The health team and teachers are both interested in the health of the children. The supervisor could meet with school administrators to propose a partnership
- ❑ **A shared mission:** The supervisors can meet with teachers to discuss how CHWs can help stop the spread of measles. For example, the teacher could invite the CHW to give a presentation during class on signs of measles and preventative behavior. Then, if the teacher sees a case of measles in the classroom, s/he can contact the CHW, who will refer the child to the health facility



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- ❑ **Inclusion:** In their discussions with the teachers, the supervisors should include other community members who can play a vital role in preventing the spread of the disease, including the children's families, school officials, and district health officials
- ❑ **Good communication:** The discussion about how to address the issue of measles should be in terms that both teachers and CHWs understand. For example, supervisors should not use difficult medical terms
- ❑ **Transparent decision making:** The teachers may disagree with the idea of involving families because they are worried that parents will keep their children home from school. However, if the supervisor carefully explains the reasons for educating the families, who are also at risk of catching the disease from their children, the supervisors and teachers are more likely to understand each other and be able to cooperate
- ❑ **Compromise:** Perhaps the teacher does not want the CHW making health decisions in the classroom because it undermines the teacher's authority. Instead, the supervisors could arrange for CHWs to train the teacher to share information on measles with students and parents, and in this way solve the conflict
- ❑ **Shared responsibilities:** However the teacher, CHW, and community decide to address the issue, everyone should be involved and given well-defined roles. This will allow the supervisors, teachers and CHWs to continue fulfilling their daily responsibilities while still addressing the current health emergency

UNIT 4: SUPERVISORS AS MENTORS

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CONVEY INFORMATION / EXAMPLE IN ACTION

6. Case Study: Supervisors as Liaisons

Ask the group to read the case studies below and consider the prompt:

PROMPT: In order to be supportive of CHWs, a supervisor may occasionally have to serve as a liaison between the CHW team and community members. This may include facilitating dialogue between the two groups or connecting community members to health-related resources. As a supervisor, how would you act as a liaison in these situations? Who would you need to involve? What actions would you take?

A. IMPROVING RELATIONSHIPS

A CHW reports that community leaders have been complaining about the CHW, stating that they do not agree with the way CHWs conduct their services. When asked about it further, the CHW states that the leaders have been telling villagers that CHWs do not respect local traditions. The CHW states that they are doing their job, but the community leaders' attitudes have been negatively affecting the reputation of CHWs in the community.

B. COMMUNITY IN CRISIS

There has been a rise in the number of illnesses due to water contamination. As a result, the community agrees that something must be done. Both the community leaders and the CHWs want to improve the situation but do not know how to address the issue.

Ensure that the following themes were covered in the discussion:

- ❑ **Link to resources:** One of your main responsibilities as a liaison is to connect CHWs and community members to necessary resources that they may not be able to access on their own
- ❑ **Facilitate dialogue:** Organize "safe spaces" where groups can voice their opinions, frustrations, and concerns in a constructive manner
- ❑ **Remain neutral:** Although supervisors are responsible for CHWs, supervisors must be willing to take a neutral stance if they are to be an effective liaison. Liaisons must listen to and consider both sides of the argument
- ❑ **Encourage cooperation:** Remind everyone involved of the similarities they share, and the similar goals that they wish to accomplish. Direct them towards these goals

UNIT 4: SUPERVISORS AS MENTORS

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CONVEY INFORMATION

7. Lecture: Qualities of a Community Leader

Read or summarize out loud:

KEY CONTENT

Are you someone who:

1. Wants to improve your community?
2. Values honesty and fairness?
3. Is accountable to your own actions?

- ☐ If you answered “yes” to any of the above questions, you are well on your way to being a community leader
- ☐ In order to create mutually beneficial partnerships, decision-making must be fair, honest, and transparent. This way, the interests of the communities are protected
- ☐ To be a good leader, one must be accountable for one’s actions and decisions. A good leader will promote trust within the community, enhance services to the community, and connect the community to the necessary health care
- ☐ In addition, a good leader will be committed to their cause, and show their commitment by caring about others
- ☐ A good leader will be creative and flexible, knowing that many times things do not go as planned

In summary, core competencies for good leadership include:

1. Engaging people in decision-making and its implementation
2. Measuring results in an accountable manner
3. Getting things done as agreed in the community

The three “core governance competences” help people and organizations to make decisions about what actions to take in a community and help them measure the community’s performance in achieving results. Engaging community members promotes a sense of local ownership and legitimacy.

UNIT 4: SUPERVISORS AS MENTORS

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REINFORCE INFORMATION

8. Review Key Messages

Ask the group a few questions to check their understanding of the lesson. For example:

- ☐ When might a supervisor have to play the role of “organizer”?
- ☐ How is partnership building in the community relevant to the CHW program?
- ☐ Why is being a liaison essential to being an effective community representative?
- ☐ How can a supervisor be a successful leader?



PARTICIPANT PRACTICE

9. Worksheet

Allow the group a few minutes to complete the worksheet. Collect the worksheets to correct during the break. Discuss any common mistakes as part of the following lesson's review.

UNIT 4: SUPERVISORS AS MENTORS

Chapter 3: Supervisors as Community Representatives



WORKSHEET

Name: _____

1. What are the three roles a supervisor may play as a community representative?
2. Name three characteristics of a successful partnership.
3. What are the three core competencies of good leadership?
4. True or false (circle one): A CHW supervisor may need to intervene in cases of conflict or misunderstanding between CHWs and community members.

True False
5. True or false (circle one): When forming partnerships, it is important that every stakeholder gets exactly what they want.

True False
6. True or false (circle one): A strong supervisor focuses only on the needs of their CHWs and never interacts with the larger community.

True False

KEY WORKSHEET: ANSWER KEY

1. What are the three roles a supervisor may play as a community representative?
 - ☐ **Organizer**
 - ☐ **Liaison**
 - ☐ **Leader**
2. Name three characteristics of a successful partnership.
 - ☐ **Mutual need**
 - ☐ **An agreed-upon vision**
 - ☐ **A shared mission**
 - ☐ **Inclusion**
 - ☐ **Good communication**
 - ☐ **Transparent decision making**
 - ☐ **Compromise**
 - ☐ **Shared responsibilities**
3. What are the three core competencies of good leadership?
 - ☐ **Engaging people in decision-making and its implementation**
 - ☐ **Measuring results in an accountable manner**
 - ☐ **Getting things done as agreed in the community**
4. True or false (circle one): A CHW supervisor may need to intervene in cases of conflict or misunderstanding between CHWs and community members.

☒ **True** ☐ **False**
5. True or false (circle one): When forming partnerships, it is important that every stakeholder gets exactly what they want.

☐ **True** ☒ **False**
6. True or false (circle one): A strong supervisor focuses only on the needs of their CHWs and never interacts with the larger community.

☐ **True** ☒ **False**

UNIT 5: Wrap-Up

This unit provides field-based practice for the observational visit skills covered in Unit 3. It also includes a tool for assessing the knowledge gained by supervisors throughout the course of the training.

- 1. Field-based Observational Visit Practice**
 - 2. Supervisor Training Post-Test**
-

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice

OVERVIEW



BACKGROUND

In addition to covering key supervisor responsibilities in the classroom, it is also important that supervisors have the opportunity to practice tasks such as observational household visits in real life situations. Observing, evaluating, and providing feedback are complex activities that require expertise and sensitivity. Planned observation exercises provide guided, field-based practice that can help supervisors develop these skills.



LEARNING OBJECTIVES

Objective	The supervisor will be able to
To be able to conduct an observational household visit	<ul style="list-style-type: none">❑ Observe and evaluate all required CHW competencies❑ Use the Observational Visit Checklist to document CHW performance
To be able to facilitate a feedback session with the CHW	<ul style="list-style-type: none">❑ Elicit the CHW's assessment of his/her performance❑ Provide appropriate feedback to the CHW❑ Identify and communicate actionable points of improvement for the CHW❑ Use proper communication techniques for supportive supervision
To evaluate mastery of observational household visit skills	<ul style="list-style-type: none">❑ Assess successes and challenges of practice observational visit❑ Identify supervisor competencies to be improved

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice



LESSON PLAN SUMMARY

1. Introduce New Lesson
2. Lecture: Review of Observational Household Visit Protocol
3. Group Activity: Field-based Observation Practice
4. Discussion: Debrief of Observation Practice
5. Review Key Messages

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice



LESSON PREPARATION

Logistics to be prepared before the start of the lesson:

- ☐ Match supervisors with advisor and CHW
- ☐ Set date, time, and meeting place for each group
- ☐ Arrange necessary transportation

Materials to prepare before the start of the lesson:

- ☐ Copies of the Observational Visit Checklist for each participant
- ☐ Chalkboard and chalk or flipchart and markers

TIP:

Customize the lesson plan according to local practices and supervision strategy

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice

LESSON PLAN



CONVEY INFORMATION

1. Introduce New Lesson

Read or summarize the following:

“Now that we have covered all of the information you will need to know as CHW supervisors, it is time to practice those skills in a real life situation. You will have the opportunity to shadow a CHW on a household visit in order to practice the important observation, evaluation, and communication skills you will need as a supervisor. You will be accompanied by an experienced staff member who will help guide you through the observational visit protocol, which will include the observation of a household visit and an individual feedback session with the CHW.

By the end of this lesson, you will assess your mastery of this key supervision skill and identify areas for improvement.”

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice



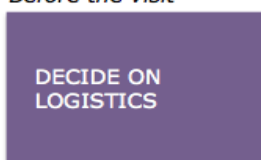
REINFORCE INFORMATION

2. Lecture: Review of Observational Visit Protocol

Before departing for the observational household visit, review observational visit protocol with supervisors and answer any last minute questions about the structure of the observational visit or the checklist tool.

Community-Based Supervision: Observational Household Visit

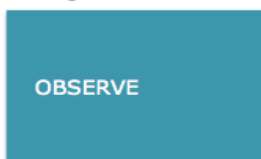
Before the visit



- Review the case list and week's schedule with CHW.
- Decide on one HH to visit, and one backup HH.
- Review previous data for the selected HH (names of target members, what services may be due, etc.)
- Prepare a copy of the supervision checklist to bring to the visit



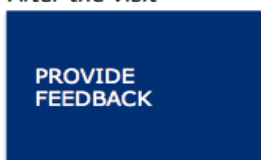
During the visit



- Have the CHW introduce you and the purpose of your visit to the HH
- Quietly observe the CHW conduct the HH visit, using the checklist as a guide
- Critically observe the HH environment, situation, and the way in which the CHW decides which services to provide
- After the visit is complete, thank the HH for their time



After the visit



- Ask the CHW assess how the visit went. What went well? What was challenging?
- Provide your feedback on the CHW's performance. Praise what was performed well. Address any particular issues with correct information or a demonstration.
- Thank the CHW for his/her time. Schedule a date, time, and meeting place for the next observational visit.

UNIT 5: WRAP-UP

Chapter 1: Field-Based Observational Visit Practice



EXAMPLE IN ACTION

3. Group Activity: Field-based Observation Practice

The supervisor and an advisor (i.e., CHW Manager, experienced CHW supervisor, etc.) accompany a CHW on a pre-planned observational visit of a CHW. The CHW should be informed ahead of time that s/he will be observed. After the advisor and supervisor are introduced to the household member, the supervisor observes the household visit, using the supervision checklist as a guide.

After the visit, the supervisor leads a feedback session with the CHW, asking the CHW how s/he feels the visit went, as well as providing his/her own assessment. The advisor should try not to interrupt the supervisor, unless s/he is providing incorrect or dangerous information.



REINFORCE INFORMATION

4. Discussion: Debrief of Observation Practice

After all supervisors have returned from their observation practice, lead a debrief discussion on the group's experiences, asking:

- ☐ What went well?
- ☐ What was challenging?
- ☐ If you could re-do one aspect of the visit, what you would do differently?
- ☐ What content or skills do you need to review before the next observational visit?

You should also give the advisors who accompanied the supervisors a few minutes to provide one-on-one feedback. If the supervisors and advisors deem additional observation practice necessary, provide the opportunity for additional practice and debrief discussions.



REINFORCE INFORMATION

5. Review Key Messages

Ask the group a few questions based on common mistakes observed during the observational visits. Review content or skills as necessary, for example:

- ☐ What services should be provided during a pregnancy visit?
- ☐ What is the proper way to administer an RDT test?
- ☐ What types of advice should be given during a feedback session with a CHW?

UNIT 5: REVIEW OF THE CHW PROGRAM

Chapter 2: Supervisor Training Post-Test



POST-TEST

Name: _____

Please circle the best answer for each of the questions below.

1. Which of the following is NOT a good example of supportive CHW supervision?
 - a. Telling the CHW all of their mistakes in a scolding tone
 - b. Using data to show the CHW what s/he is doing well and what s/he can improve
 - c. Demonstrating how to perform a MUAC assessment to a CHW who has done it incorrectly
 - d. Working with the CHW Manager to resolve a CHW's transportation problems
2. If a child has a fever and the rapid diagnostic test (RDT) result is negative, the CHW should:
 - a. Give the child antimalarial medication
 - b. Give the child ORS Zinc medication
 - c. Have the caregiver seek care for the child at the health facility
 - d. The CHW should do nothing. The child is not sick
3. Which tool should you bring to interview a household member about the CHW's actions during his or her household visits?
 - a. Spot Check Form
 - b. Supervision Checklist
 - c. Household Coverage Dashboard
 - d. Data reports on CHW performance
4. How often should a CHW visit a pregnant woman?
 - a. Every 30 days
 - b. Every 90 days
 - c. Every six weeks
 - d. Every six weeks, and in the 8th and 9th month
5. A data report for the past 14 days shows that a CHW has performed 0 household visits. What should you do next?
 - a. Schedule an observational household visit with the CHW
 - b. Conduct a spot check interview with a household to see if the CHW has visited recently
 - c. Warn the CHW that they will be fired unless their performance improves
 - d. Contact the CHW to see if there is another explanation for low data in the data report

UNIT 5: REVIEW OF THE CHW PROGRAM

Chapter 2: Supervisor Training Post-Test

6. The supervisor should do all of the following during an observational household visit, EXCEPT:
 - a. Quietly observe the CHW's conduct of the household visit
 - b. Interrupt and correct a non-life threatening mistake
 - c. Fill out the supervision checklist thoroughly
 - d. Thank the household for their time
7. Which of the following is an open-ended question?
 - a. "Do you think the household visit went well?"
 - b. "Are you running out of RDT tests?"
 - c. "May I accompany you on your household visit tomorrow afternoon?"
 - d. "Why is it more difficult to counsel on family planning?"
8. A data report shows that several CHWs are providing antimalarial medication to patients who had a negative RDT result. What should you do next?
 - a. Schedule an observational visit with the CHWs to review their technical knowledge
 - b. Warn the CHWs that they will be fired unless their performance improves
 - c. During the next supervisory meeting, review the proper protocol with the CHWs
 - d. No action is necessary. The CHWs followed the proper protocol for treatment of malaria
9. A CHW is visiting a three-year-old child, and his supervisor is observing. The CHW performs an assessment for pneumonia but does not notice the child's chest in-drawing. He proceeds to prescribe a local cough remedy. The supervisor should:
 - a. Say nothing and provide feedback to the CHW in private after the visit
 - b. Interrupt the visit and tell the caregiver to bring the child to the health facility
 - c. Interrupt the visit and instruct the CHW to administer an RDT test
 - d. Mark the CHW's mistake on the supervision form, but do not discuss it with him
10. A CHW reports to her supervisor that a household member tried to steal her cell phone. The supervisor should:
 - a. Sympathize with the CHW but say there is nothing that can be done
 - b. Recommend to the CHW Manager that the CHW no longer visit that household
 - c. Discuss possible solutions with the CHW and help her resolve the problem
 - d. Scold the CHW for being irresponsible with expensive supplies

POST-TEST: ANSWER KEY

Please circle the best answer for each of the questions below.

1. Which of the following is NOT a good example of supportive CHW supervision?
 - a. **✓ Telling the CHW all of their mistakes in a scolding tone**
 - b. Using data to show the CHW what s/he is doing well and what s/he can improve
 - c. Demonstrating how to perform a MUAC assessment to a CHW who has done it incorrectly
 - d. Working with the CHW Manager to resolve a CHW's transportation problems
2. If a child has a fever and the rapid diagnostic test (RDT) result is negative, the CHW should:
 - a. Give the child antimalarial medication
 - b. Give the child ORS Zinc medication
 - c. **✓ Have the caregiver seek care for the child at the health facility**
 - d. The CHW should do nothing. The child is not sick
3. Which tool should you bring to interview a household member about the CHW's actions during his or her household visits?
 - a. **✓ Spot Check Form**
 - b. Supervision Checklist
 - c. Household Coverage Dashboard
 - d. Data reports on CHW performance
4. How often should a CHW visit a pregnant woman?
 - a. Every 30 days
 - b. Every 90 days
 - c. Every six weeks
 - d. **✓ Every six weeks, and in the 8th and 9th month**
5. A data report for the past 14 days shows that a CHW has performed 0 household visits. What should you do next?
 - a. Schedule an observational household visit with the CHW
 - b. Conduct a spot check interview with a household to see if the CHW has visited recently
 - c. Warn the CHW that they will be fired unless their performance improves
 - d. **✓ Contact the CHW to see if there is another explanation for low data in the data report**

UNIT 5: REVIEW OF THE CHW PROGRAM

Chapter 2: Supervisor Training Post-Test

6. The supervisor should do all of the following during an observational household visit, EXCEPT:
 - a. Quietly observe the CHW's conduct of the household visit
 - b. **✓ Interrupt and correct a non-life threatening mistake**
 - c. Fill out the supervision checklist
 - d. Thank the household for their time
7. Which of the following is an open-ended question?
 - a. "Do you think the household visit went well?"
 - b. "Are you running out of RDT tests?"
 - c. "May I accompany you on your household visit tomorrow afternoon?"
 - d. **✓ "Why is it more difficult to counsel on family planning?"**
8. A data report shows that several CHWs are providing antimalarial medication to patients who had a negative RDT result. What should you do next?
 - a. Schedule an observational visit with the CHWs to review their technical knowledge
 - b. Warn the CHWs that they will be fired unless their performance improves
 - c. **✓ During the next supervisory meeting, review the proper protocol with the CHWs**
 - d. No action is necessary. The CHWs followed the proper protocol for treatment of malaria
9. A CHW is visiting a three-year-old child, and his supervisor is observing. The CHW performs an assessment for pneumonia but does not notice the child's chest in-drawing. He proceeds to prescribe a local cough remedy. The supervisor should:
 - a. Say nothing and provide feedback to the CHW in private after the visit
 - b. **✓ Interrupt the visit and tell the caregiver to bring the child to the health facility**
 - c. Interrupt the visit and instruct the CHW to administer an RDT test
 - d. Mark the CHW's mistake on the supervision form, but do not discuss it with him
10. A CHW reports to her supervisor that a household member tried to steal her cell phone. The supervisor should:
 - a. Sympathize with the CHW but say there is nothing that can be done
 - b. Recommend to the CHW Manager that the CHW no longer visit that household
 - c. **✓ Discuss possible solutions with the CHW and help her resolve the problem**
 - d. Scold the CHW for being irresponsible with expensive supplies

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1 of 2

II. Please fill out the table according to the household member's response for the past **90 days**.
Assign one point to each field that approximately matches reported data.

Month of the CHW's last visit:	# women ages 15-49:
# of births:	# of women using FP method:
# of deaths:	# of referrals to health facility:
# of RDT tests given:	# of fully immunized children:
# ORS/Zinc treatments given:	# of bednets:
Point Subtotal:	

III. Discuss the questions below with the household member. Assign a score of 0-3 based on your impression of how thoroughly and accurately the CHW performed his or her responsibilities.

3	Excellent performance. CHW should continue strong practices.
2	Good performance with a few minor errors. Some review necessary.
1	Some tasks performed well but needs improvement.
0	Poor performance. Consider refresher training and possible evaluation of employment.

1. When was the last time your CHW visited you? What did he or she do?

Score: _____

2. When was the last time one of your children (less than 5 years old) was sick? Did a CHW come to visit? If so, what did he or she do? If not, what did you do?

Score: _____

3. In general, are you happy with your CHW's performance? What do you wish he or she could improve?

Score: _____

IV. Scoring:

A. Total points (Add points from sections 1-3)	
B. Total questions answered in Section 1 (Not including N/A)	
C. Total possible points (Subtotal from B + 19)	
D. Grade %: A divided by C, then multiply by 100	

Grade %: _____

Date

CHW

Supervisor

Score from 0 through 3 for each of the competencies below: 3 for correctly or excellently done and 0 for poorly done or not done. Refer to rubric to determine the score. Write N/A if task is not applicable to this visit. **Note that bold & italicized competencies are applicable to every household (HH) visit.**

SIX STEPS OF A HOUSEHOLD VISIT

1. Preparing for the household visit	4. Assessing symptoms and providing case management
2. Assessing the situation and planning the visit	5. Counseling the family on healthy behavior
3. Assessing danger signs and providing referrals	6. Closing the visit and scheduling necessary follow-ups

SKILL	COMPETENCIES TO OBSERVE AT HOUSEHOLD VISIT	SCORE	COMMENTS
ROUTINE HH VISIT	<i>Demonstrate thorough preparation for HH visit</i>		
	<i>Ask whether there are any sick HH members</i>		
	<i>Screen for and identify danger signs among HH members</i>		
	<i>Follow the six steps of a household visit</i>		
	Conduct MUAC for children 6-59 months		
	<i>Enter data into CommCare properly</i>		
	<i>Demonstrate friendly and positive attitude towards all HH members</i>		
COUNSELING FOR THE HOUSEHOLD	<i>Assess bednet condition and advise how to use bednets properly</i>		
	Assess and advise how to improve hygiene and sanitation		
	Provide counseling on nutritious foods and diet diversity		
	Discuss modern contraceptive methods and family planning		
	Inspect Child Health Card to assess immunization status		
COUNSELING FOR PREGNANT WOMEN	Provide counseling on exclusive breastfeeding		
	Discuss antenatal care visits and birth plan for pregnant women		
	Provide counseling on postnatal care for nursing mothers		
CASE MANAGEMENT	Conduct the rapid diagnostic test for malaria		
	Administer medicines if required		
	Demonstrate preparation of ORS		
	Fill out referral form and refer HH members with danger signs to clinic		
TOTAL SCORE (add the score)			
TOTAL AVAILABLE (multiply the number of applicable competencies by 3)			
GRADE % (total score/total available)			

List one strength and one area for improvement: