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### Study Rationale (1)

- Poor supervision of CORPs is one of the main bottlenecks for effective implementation of iCCM.
- At the iCCM- Evidence Review Symposium convened by WHO/GMP in Accra, Ghana in March 2014, representatives identified development of innovative CHW supervision package and evaluation of its effect on the quality of care, CHW motivation and retention as key operations research priorities.
- Peer Support Group (PSG) Supervision is considered a valuable approach as peers can understand and share their feelings outside of a hierarchical setting.









### Study Rationale (2)

- Peer groups have been found to be excellent ways of building motivation and retention among CHWs who may often feel isolated from the health system (Strachan, et al., 2012).
- It has been suggested that it may be an alternative strategy where traditional supervision is too costly (Kim, Putjuk, Basuki, & Kols, 2000).
- In Abia, Community health extension workers (CHEWs) are expected to share their time working at health facilities and community level.
- Therefore, the need to develop an innovative and sustainable strategy for effective CORPs supervision that improves quality of iCCM care.









### **Objective of the Operations Research**

- To assess the effect of an innovative community resource persons(CORPs) supervision package on:
  - -Quality of care given by CORPs,
  - CORPs motivation and retention.









### **Design and Methods**

- **Study design**: This was a randomized controlled before-andafter community study design.
  - The unit of randomization was the CORP cluster.
  - Each cluster consisted of a group of 8-10 CORPs supervised by one Community Health Extension Worker (CHEW).
- Intervention/Control group:
  - CORPs in the intervention group received supervision provided by the programme in addition to peer group supervision at the community level.
  - CORPs in the control group received the supervision currently provided in the iCCM implementing areas.









# Map of Abia State showing the intervention and control clusters



#### **Study Site:**

- Bende LGA,
- Osisioma LGA
- Umuahia South LGA

From these LGAs, 12 CHEWs areas per arm (intervention and control) were selected. The CORPs under the 12 CHEWs per arm will be assessed.







## **Description of the intervention**

- The peer support group at community level consisted of a group of 8-10 CORPs
- Each group is supervised by the same CHEW
- Members of the PSG were trained on how to conduct and facilitate PSG meetings.
- The training focused on how to conduct the peer group meetings.
- Each member of the peer group received N1,000 (3 dollars) as transport stipend monthly.











## **Description of the intervention**

- They meet monthly for peer learning and sharing.
- The venue of the meetings was one of the CORPs home settings and it was rotated.
- The host of each meeting acted as the facilitator.
- These meetings were expected to allow the group
  - Observe each other's case management skills,
  - Review the registers and data reporting,
  - Problem solving and provide feedback on this review.









### **Data Collection**











Direct Observation Data

collectors worked in pairs to observe each CORP Exit interviews. To obtain information on caregivers satisfaction, medications prescribed and counselling received Semistructured interviews of the CORPs. CORPs were interviewed to collect information on age, sex, marital status and work experience

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Motivation and Retention was measured using inSCALE tool Case Scenariobased Assessment of CORPs







# Results: Socio-demographic characteristics of the CORPs and sick under five children

- CORPs in the control and intervention groups were comparable in terms of key socio/demographic variables (age, gender, educational level, marital status).
- Sick children in the control and intervention groups were comparable in terms of key socio/demographic variables (age, gender and relationship of caregiver) observed during the Quality Of Care (QoC) assessment









### **Results: Primary Outcome**

- The primary outcome measure in this study is "quality of care" defined as the proportion of children
  - whose classifications given by CORPs match all the classifications given by iCCM-trained clinician/evaluator and
  - who are treated and/or referred correctly for all illness classifications.









### **Results: Primary Outcome**

Indicator	Baseline				Endline				p-values baseline vs. endline	
	Intervention		Control		Intervention		Control		Interve ntion	Control
	Ν	(%)	Ν	(%)	Ν	(%)	Ν	(%)	p-value	p-value
Children correctly classified and treated and/or referred for all* illness	n=276		n=321		n=322		n=293			
	109	39.5	139	43.3	152	47.2	129	44.0	0.01	0.08
Classifications given by CORPs match all the classifications given by IMCI-trained clinician/evaluator	n=248		n=257		n=282		n=258			
	195	78.6	186	72.4	109	38.7	141	54.7	0.00	0.00
Children correctly treated and/or referred correctly for all* illness classifications	n=276		n=321		n=322		n=293			
	110	39.9	141	44.1	159	49.4	141	48.5	0.002	0.116

### **Results: Secondary Outcome- CORPs motivation**

	Intervention		Control		p-value	
	N=		N=			
	131		110			
_				(2))		
Туре	n	(%)	n	(%)		
CORPs delivering iCCM services 1 year						
after iCCM training	117	89.3	99	90.0	0.862	
	N=		N=			
	106		102			
	100		102			
	n	(%)	n	(%)		
CORPs generally satisfied (strongly agree						
or agree) with role as CORP	103	97.2	100	98	0.7	
CORPS proud (strongly agree or agree) to						
be working as CORP	102	96.2	100	98	0.4	
CORPs feel committed (strongly agree or						
agree) to role as CORP	90	84.9	89	87.3	0.6	
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### Summary of results (1)

- The results of the study showed that the intervention had a modest effect on the primary outcome, which is the 'quality of care'.
  - In the intervention arm there was significant increase in the quality of care (p < 0.05) at endline compared to baseline
  - while in the control arm, there was no significant change between the endline and baseline.









### Summary of results (2)

- Proportion of CORPs whose classifications matched all the classifications given by a IMCI-trained clinician/evaluator was higher at baseline than endline in both arms.
- The proportion of CORPs in the intervention arm who correctly treated and/or referred correctly for all illness classifications was higher at endline than baseline. The difference was significant.
- The ability to treat was better than the ability to assess and classify among CORPs in both arms.









### Summary of results (3)

- There was a reduction in the supportive supervision provided by the CHEW supervisors in the intervention arm at endline.
- The quality of supervision in the control arm was higher than the intervention
  - (made more use of supervisory checklist, corrected/reminded and provided administrative or technical updates to the CORPs).
- The intervention (PGS) was not implemented optimally based on the monitoring checklist.









### Summary of results (4)

- There was no significant difference on CORPs delivering service after 1 year of iCCM training.
- Similarly, over 90% of the CORPs were generally satisfied with their roles as CORPs.









### Conclusion

- The PGS did not have a significant impact on quality of care and motivation of CORPs at the community level.
  - Although there was a modest effect on the primary outcome, the indicator assessing CORPs ability to classify a sick child was insignificant.
  - Therefore supplementation of the normal integrated supportive supervision by CHEWs in the programme did not have a positive effect on the CORPs ability to classify a sick child and motivation.
- The lack of impact seen across most indicators was as a result of a number of factors, including:
  - the unstructured nature of the peer groups despite being provided with a guide and training on facilitation skills.
  - the quality of the traditional supervision which reduced in the intervention arm as compared to the control.









### Recommendation

- Programmes should not make efforts to replace or supplement traditional supervisory structures (especially where they are available) with other forms of supervision at community level.
- Efforts should be channelled towards supporting normal/traditional supervisory structures through the formal health system.

















