



Supervising Illiterate Community Health Workers in South Sudan to Deliver Integrated Community Case Management Services for Newborns and Children

Alfonso Rosales, MD, MPH-TM
Senior Technical MCNH Specialist
International Programs, World Vision US

Introduction

Importance of community-based supervision research:

- Lack of documentation
- Evidence supports only facility-based supervision
- Community health workers need to be competent to administer treatments



South Sudan

Fragile state

High rates of maternal and newborn mortality



High rates of poverty and illiteracy

Utilizes huge community-based platform

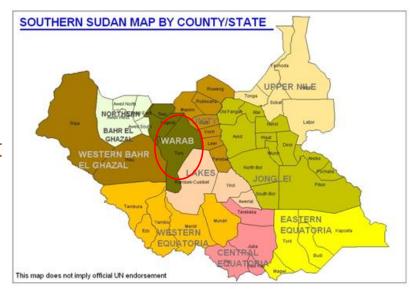


Background

Project: Mother and Child Health Transformation (MaCHT), USAID-funded Child Survival and Health Grants Program 2010-2014

Location: Gogrial East and Gogrial West counties, Warrap State, South Sudan

Total Population: 148,000 people of the ethnic agro-pastoral Twic Dinka tribe.



Barriers: decades of conflict, poor infrastructure, and vast logistical, social and political hurdles

Maternal Mortality Ratio: 2,054 per 100,000 live births: the highest in the world.*

1 qualified midwife per 30,000 people *



Objectives



The objectives of this study are to describe and assess a supervision model for illiterate CHWs providing care to mothers, newborns, and children in Warrap State, South Sudan.



Intervention

Concept of Supervision

Three-function supervision model:

- 1. Formative Supervision improve instruction, skills development, and knowledge retention
- Normative Supervision address skills and equipment management
- Restorative Supervision support, reduce burn-out, and improve satisfaction



Components of a three-function interactive model		
	Field supervisor	Central supervisor
Formative	Weekly visits during three- month training period: coach each CHW when problem areas are identified. Continuing education topics at monthly meeting (e.g. vaccination). Monthly visits after training period	Three-month training period Suspended after training period
Normative	Weekly visits during three- month training period: test components of the algorithm, check recording forms and condition of medication/ equipment. Monthly visits after training period	Review of weekly reports with immediate feedback. Suspended after training period
Restorative	Weekly visits during three- month training period: report positive feedback from community and health facility. Monthly meetings.	Weekly teleconference, sharing of information, on- site support. Joint identification of solutions to problems in practice. Suspended after training period

Formative Tools

- CCM Pilot
 Manual Flipchart
- Newborn Health Recording Form

- Child Health Recording Form
- Weekly Checklist for OR Supervisors

Normative Tools

- CHW Skills Certification Test
- Supervision Checklist

Restorative Tools

Referral form



Findings

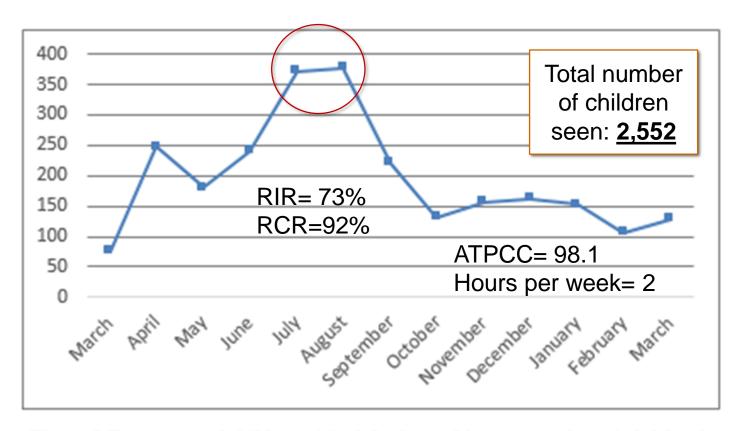


Figure 1.Frequency of children visited during a thirteen-month period, March 2013- March 2014. Kuac South, South Sudan.



Findings

- 75% completion rate for supervision visits
- 87% of CHWs were accredited as competent to deliver iCCM-Plus after 12 weeks
- Only 7% discrepancy between illness classification and treatment
- Registration completion rate 92%
- Zero stock-outs



Discussion

What do our results mean?

- Quality of training and ongoing mentoring are appropriate given the level of formal education among participants
- Formal education may not necessarily be a predictive criterion for performance among community health workers
- CHWs are effective in at improving key MNCH practices
- A supervision process within a community case management strategy is important
- Supportive supervision immediately after training is key to ensuring skill and competency



Recommendations

- Supervision should be integral to Community Health Workers programs
- Future studies should involve a control group
- If volunteer CHWs can provide quality care and improved access to care in developing countries in a highly cost-effective manner as supported by evidence-based research, their place in health care system structures can be formally established







Questions?

