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 *

*Source, UNDP, 2014
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

2. **Normative Supervision** – address skills and equipment management

3. **Restorative Supervision** – support, reduce burn-out, and improve satisfaction
<table>
<thead>
<tr>
<th>Components of a three-function interactive model</th>
<th>Field supervisor</th>
<th>Central supervisor</th>
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<tbody>
<tr>
<td><strong>Formative</strong></td>
<td>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</td>
<td>Three-month training period Suspended after training period</td>
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<tr>
<td><strong>Normative</strong></td>
<td>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</td>
<td>Review of weekly reports with immediate feedback. Suspended after training period</td>
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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

Total number of children seen: **2,552**

- RIR= 73%
- RCR=92%
- ATPCC= 98.1
- Hours per week= 2

*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?