





Overview of the Sierra Leone Community Case Management Program and CBD Peer Supervisor Training Workshop

Up to 270 of every 1000 children born alive in Sierra Leone die before their 5th birthday ("The State of World's Children 2008"- UNICEF)--that is more than 1 of every 4 children born in Sierra Leone. Up to 162 of every 1000 (1 out of every 6) infants born alive in Sierra Leone die before their first birthday. Sierra Leone is third from the bottom of the United Nations Human Development Index country rankings. In this post-war time, the status of health looks more like that of countries in an emergency situation. Because of this, community interventions are a critical part of health services, as recommended by UNICEF and the World Health Organization.

CCM Program Goal:

Reduce the number of children under five years of age who die every year. Do this in a way that can continue even after donor funding is no longer available.

CCM Program Objectives:

- Significantly increase the number of children under five years old who receive prompt treatment for diarrhea, malaria, and pneumonia.
- Increase the number of children in this same age group who sleep under a long-lasting insecticidal net (LLIN, which is similar to an ITN but which does not need to be retreated with insecticide as often).
- And increase the number of under-fives that are referred to health centers when they show danger signs.

CCM Focus:

- Targeted beneficiaries: children from 2 months to 59 months. Of course, their families, communities, and nation also benefit.
- Illnesses targeted: malaria, diarrhea, and pneumonia

CCM Background:

- Start date: 2006, in Kono District
- Funding source: Canadian International Development Agency (CIDA)
- Implementing partners: DHMT, communities, International Rescue Committee

CBD Peer Supervisor Workshop Goal and Objectives

Goal: This workshop seeks to prepare select CBDs to supervise other CBDs.

Objectives: By the end of this workshop, participants should be able to:

- Explain the role of the peer supervisor
- □ State the importance of supportive supervision
- Demonstrate key aspects of supportive supervision
- □ Correctly complete the supervision checklist (based on a role play)
- □ Correctly complete the CCM Supervisor Compiled Monthly Report
- □ Correctly complete the Health Facility Monthly Report
- Demonstrate good leadership and communication skills
- Develop a one-month action plan for implementing supportive supervision and submitting reports

HO SL CCM Peer Supervisor Module 1: Introduction and Overview

Sierra Leone Community Case Management Program From CBD to Peer Supervisor: A Five-Day Workshop

| DAY | АМ | | | PM | | | |
|-------------|---|-----------------|--|-------|--|--|--|
| | | Mid- morning | | | | | |
| DAY ONE | Introduction to the Workshop | BREAK | CCM Program Overview Peer Supervisor Roles and Responsibilities | LUNCH | Peer Supervisor Roles and Responsibilities (cont.) Information Management | | |
| DAY TWO | Recap of day one Icebreaker Information Management (cont.) | BREAK | Information Management (cont.) Supportive Supervision | LUNCH | Introduction to Supervision Visits | | |
| DAY THREE | Recap of day two Icebreaker Data Management Introduction to Peer Supervision Forms | BREAK | Preparation of Supervision Visit | LUNCH | Preparation of Supervision Visit (cont.) | | |
| DAY FOUR | Supervision Field Visit | BREAK | Supervision Field Visit Debrief | LUNCH | Peer Supervisor Reporting Forms Record-Keeping | | |
| DAY FIVE | Recap of day four Icebreaker Skills for CBD Peer Supervisors | BREAK | Skills for Peer Supervisors (cont.) | LUNCH | Skills for CBD Peer Supervisors (cont.) Next Steps, Summary, and Closure | | |

CBD Peer Supervisor Training Workshop – Sample Timetable

From CBD to Peer Supervisor: A Four-Day Workshop

Confidentiality Pledge

(To be signed by all trainers, facilitators, and participants)

I certify that any client information from patient and drug registers, birth and death registers, and other forms that I may review during the workshop will remain confidential.

Signed _____

Date _____

Print name here_____

Sierra Leone Community Case Management Program

From CBD to Peer Supervisor: A Four-Day Workshop

Confidentiality Pledge

(To be signed by all trainers, facilitators, and participants)

I certify that any client information from patient and drug registers, birth and death registers, and other forms that I may review during the workshop will remain confidential.

| Signed |
|--------|
|--------|

Date _____

Print name here_____

From CBD to Peer Supervisor: A Four-Day Workshop

Pre/Post Workshop Questionnaire

Name: ______

Date:

1. List 3 things CBDs need in order to do their jobs well.

- 2. Which one is **not** something Peer Supervisors must check at the CBD's home during a supervision visit?
 - a. Quantity of drugs on hand
 - b. That the CBD has seen all of the under-fives in the community
 - c. Where drugs are stored
 - d. That all of the treatment protocols are there
- 3. Tick or circle all of the things that Peer Supervisors should do **before** they conduct a supervision visit.
 - a. Schedule the visit with the CBD
 - b. Review notes and action plan from previous visit
 - c. Tell a caregiver in the CBD's area that you will be visiting them with the CBD
 - d. Get supplies and drugs the CBD probably will need
 - e. Know and tell the CBD what you want to achieve during the visit
- 4. Tick or circle all of the things Peer Supervisors must do **during** a supervision visit.
 - a. Help CBD fix problems in the registers
 - b. Check the ARI timer and whether the CBD knows how to use it
 - c. Visit the caregiver of a child the CBD treated recently
 - d. Visit the PHU
 - e. Praise CBD for things that are going fine
- 5. Tick or circle all of the ones Peer Supervisors must do after a supervision visit.
 - a. Input relevant data from Supervision Checklist to Compiled Monthly Report
 - b. Submit Supervision Checklist to CCM Officer at the monthly CBD meeting or sooner.
 - c. Consult CCM Officer and/or clinic In-Charge on problems needing resolution.
 - d. Follow up on problem resolution as appropriate
 - e. Tell the DHMT everything that the CBD is doing wrong.

- 6. Tick or circle all the ones that are indicators used in the Sierra Leone CCM program.
 - a. Mothers who die in childbirth
 - b. Under-five deaths
 - c. Correct treatments
 - d. Drug stock-outs
 - e. Bed net use on the previous night
 - f. Homes with latrines
 - g. Number of and reasons for referrals
 - h. Number of children seen
 - i. Number of supervision visits
 - j. Clinic use
- 7. For the set of registers you are given, please complete the attached Supervisor Compiled Monthly Report.
- 8. How do you decide if a CBD's use of zinc was good?

- 9. Tick or circle the one that does **not** need to be in a Peer Supervisor's action plan.
 - a. Peer Supervisor name
 - b. The number of children the CBD saw in the last month
 - c. Action
 - d. Who is involved or needs to be involved
 - e. Time Frame

10. Please circle any mistakes in the registers below.

Community Based Distributor Patient Register

Community Case Management Program Sierra Leone Ministry of Health and IRC Sierra Leone

| Name of CBD: <u>Boyama</u> | | | | | | Mc | onth: | Octo | ber | | | |
|----------------------------|------------------------|--------------|---------|-----|---|----------------|-----------------|-----------|----------|-----------|---------------|-----------|
| | Village: <u>Hangha</u> | | | | | | Ye | ar: | 201 | 0 | | |
| PHU: <u>Hangha</u> | | | | | | CB | D No.: _ | <u>12</u> | 6 | | | |
| No. | Date | Patient Name | Village | Sex | | Age | | Fever | Diarrhea | Pneumonia | Breaths | Referred? |
| | | | | М | F | 2-11 months | 12-59 months | | | | per minute | |
| 1 | 12/10/10 | Sahr | Hangha | х | | 15 months | | х | | | 35 | х |
| 2 | 14/10/10 | Sia | Hangha | | х | | 48 months | | | х | 39 | |
| 3 | 14/10/10 | Finda | Hangha | | х | 7 months | | | х | | 42 | |
| 4 | 15/10/10 | Tamba | Hangha | | | 8 months | | х | х | | | |

Community-Based Distributor Drug Register

Community Case Management Program

Sierra Leone Ministry of Health and IRC Sierra Leone

| Name of CBD: <u>Boyama</u> | | | Month: _ | 0 | <u>ctober</u> _ | | |
|---------------------------------|--------------------|-----------------------|----------|--------|-----------------|---------------|--|
| Villag | e: <u>Hangha</u> | L | Year: | 2 | 2010 | | |
| PHU: <u>Hangha</u> | | | CBD No. | | 126 | | |
| No. | Date | Patient Name | Fever | Diarrh | ea | Pneumonia | |
| | | | | Zinc | ORS | Cotrimoxazole | |
| 1 | 14/10/10 | Sia | 0 | 0 | 0 | 20 | |
| 2 | 14/10/10 | Finda | 0 | 10 | 3 | | |
| 3 | 15/10/10 | Tamba | 6 | 10 | 3 | | |
| For Supervisor's Use Only | | | | | | | |
| Drug Report | | | АСТ | Zinc | ORS | Cotrimoxazole | |
| Balan | ce brought forwar | d from previous month | | | | | |
| Amou | int added during t | | | | | | |
| Amou | int used during mo | | | | | | |
| Balance at the end of the month | | | | | | | |
| Stock | outs Os | | | | | | |

From CBD to Peer Supervisor: A Four-Day Workshop

Pre/Post Workshop Questionnaire – Answer Key

Name: ______

Date:

11. List 3 things CBDs need in order to do their jobs well.

[Clear job description]

[Enough training]

[Consistent supply of medicines]

[Basic supplies and materials such as storage box, spoon, jug, treatment protocols]

[Constructive feedback]

[Community support – moral if not material]

[PHU support, such as provision of supplies and good services to referred patients]

[Information]

- 12. Which one is **not** something Peer Supervisors must check at the CBD's home during a supervision visit?
 - a. Quantity of drugs on hand
 - b. That the CBD has seen all of the under-fives in the community
 - c. Where drugs are stored
 - d. That all of the treatment protocols are there
- 13. Tick or circle all of the things that Peer Supervisors should do **before** they conduct a supervision visit.
 - f. Schedule the visit with the CBD
 - g. Review notes and action plan from previous visit
 - h. Tell a caregiver in the CBD's area that you will be visiting them with the CBD
 - i. Get supplies and drugs the CBD probably will need
 - j. Know and tell the CBD what you want to achieve during the visit
- 14. Tick or circle all of the things Peer Supervisors must do **during** a supervision visit.
 - f. Help CBD fix problems in the registers
 - g. Check the ARI timer and whether the CBD knows how to use it
 - h. Visit the caregiver of a child the CBD treated recently
 - i. Visit the PHU
 - j. Praise CBD for things that are going fine

15. Tick or circle all of the ones Peer Supervisors must do after a supervision visit.

- f. Input relevant data from Supervision Checklist to Compiled Monthly Report
- g. Submit Supervision Checklist to CCM Officer at the monthly CBD meeting or sooner.
- h. Consult CCM Officer and/or clinic In-Charge on problems needing resolution.
- i. Follow up on problem resolution as appropriate
- j. Tell the DHMT everything that the CBD is doing wrong.
- 16. Tick or circle all the ones that are indicators used in the Sierra Leone CCM program.
 - k. Mothers who die in childbirth
 - I. Under-five deaths
 - m. Correct treatments
 - n. Drug stock-outs
 - o. Bed net use on the previous night
 - p. Homes with latrines
 - q. Number of and reasons for referrals
 - r. Number of children seen
 - s. Number of supervision visits
 - t. Clinic use
- For the set of registers you are given, please complete the attached Supervisor Compiled Monthly Report. [Supply each Peer Supervisor with 3 patient registers, 3 drug registers, and 3 death registers.]
- 18. How do you decide if a CBD's use of zinc was good?

[If the quantity of zinc the CBD has on hand equals the balance at the end of the reporting period minus the zinc given for the diarrhea cases, zinc use is said to be good.]

- 19. Tick or circle the one that does **not** need to be in a Peer Supervisor's action plan.
 - f. Peer Supervisor name
 - g. The number of children the CBD saw in the last month
 - h. Action
 - i. Who is involved or needs to be involved
 - j. Time Frame

20. Please circle any mistakes in the registers below.

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|----------------------------|------------------------|--------------|---------|-----|---|----------------|-----------------|-----------|----------|-----------|---------------|-----------|
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| PHU: <u>Hangha</u> | | | | | | CB | D No.: _ | <u>12</u> | 6 | | | |
| No. | Date | Patient Name | Village | Sex | | Age | | Fever | Diarrhea | Pneumonia | Breaths | Referred? |
| | | | | М | F | 2-11 months | 12-59 months | | | | per minute | |
| 1 | 12/10/10 | Sahr | Hangha | х | | 15 months | | х | | | 35 | Х |
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Community Case Management Program

Sierra Leone Ministry of Health and IRC Sierra Leone

| Name of CBD: <u>Boyama</u> | | | Month: | 0 | <u>ctober</u> _ | |
|---|--------------------|--------------|----------|--------|-----------------|---------------|
| Villag | e: <u>Hangha</u> | l | Year: | 2 | 010 | |
| PHU: Hangha | | | CBD No.: | | 126 | |
| No. | Date | Patient Name | Fever | Diarrh | ea | Pneumonia |
| | | | ACT | Zinc | ORS | Cotrimoxazole |
| 1 | 14/10/10 | Sia | 0 | 0 | 0 | 20 |
| 2 | 14/10/10 | Finda | 0 | 10 | 3 | |
| 3 | 15/10/10 | Tamba | 6 | 10 | 3 | |
| For Su | upervisor's Use Or | ıly | | | | |
| Drug Report | | | ACT | Zinc | ORS | Cotrimoxazole |
| Balance brought forward from previous month | | | | | | |
| Amou | int added during t | | | | | |
| Amou | int used during m | | | | | |
| Balance at the end of the month | | | | | | |
| Stock | outs Os | | | | | |

Daily participant evaluation form

Date: _____

- 1. What did you enjoy most about today?
- 2. What did you learn today that you will use when you go back home?

3. What is the most valuable thing you learned today (any knowledge or skill)?

4. Was there anything you did not understand during today's sessions? Please give an example of what you did not understand.

5. What other specific comments or questions do you have?

Thank you!

Sierra Leone Community Case Management Program

From CBD to Peer Supervisor: A Five-Day Workshop









End of Training Evaluation

Date: _____

District:

1. I think this workshop...

- 2. During this workshop I felt...
- 3. I wonder if this workshop could have...
- 4. During this workshop I learned...
- 5. I think that others in this group were...

From CBD to Peer Supervisor: A Five-Day Workshop

End of Training Evaluation

| Date: | | | |
|-------|--|--|--|
| Dute. | | | |

District: _____

6. I think this workshop...

- 7. During this workshop I felt...
- 8. I wonder if this workshop could have...
- 9. During this workshop I learned...
- 10. I think that others in this group were...