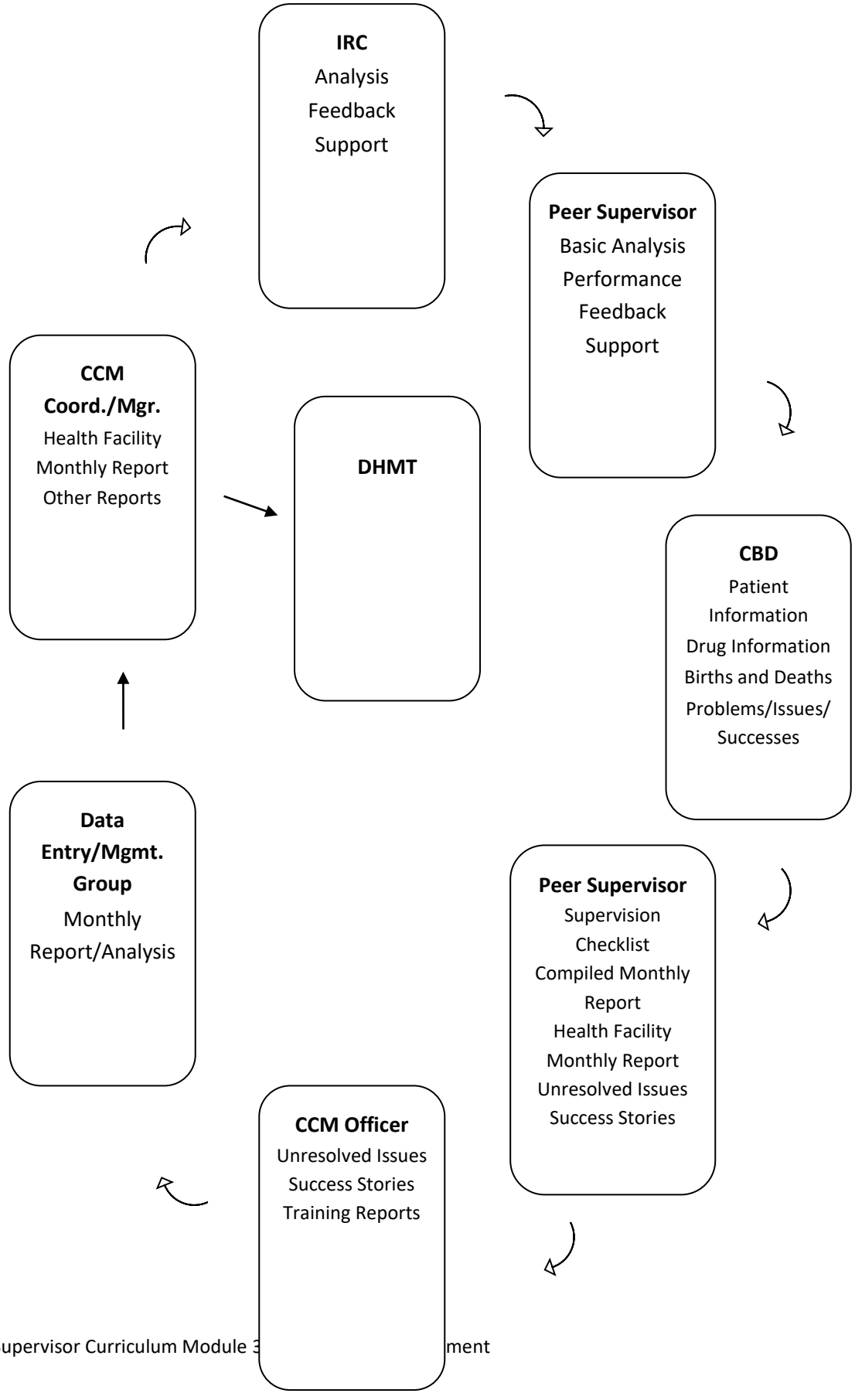
CCM Information Flow



Data Management Terms

What is Data?

- Information. Raw numbers. Facts not yet processed.
- Data is what CBDs record in their registers.

What is an "indicator"?

An indicator is something that points to something or is a sign for something. It is a statistic used to measure the status of something and to measure changes over time. CCM indicators include:

- The number of treatments provided to under-five children
- The number of drug stock-outs
- Vitamin A status
- The number of and reasons for referrals
- The number of children seen
- The number of correct and incorrect treatments given
- The percentage of CBDs who submitted monthly report
- The number of supervision visits
- The number of under-fives seen at the clinic
- ARI timer use

Indicators also help us to compare things, for example:

- How well CCM services are being used in different PHU catchment areas
- How many supervision visits Peer Supervisors in different districts conduct

What is a "finding"?

A finding is what you get when you analyze indicators, for example:

- More children were treated in Koinadugu than in Kenema in 2009.
- CBDs in Kono District provided 16,068 treatments to children under five from March 2009 to December 2009

What are "recommendations"?

Recommendations are actions someone thinks should be taken based on the findings, for example:

- The program found that Kenema is providing less treatment than planned and therefore needs more CBDs and more CCM Officers to expand the program.
- Because pneumonia seems to be reported less often than it probably happens, the program recommended that CBDs check the breaths per minute of all under-fives brought to see them (except children needing urgent referral).

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Sierra Leone Community Case Management Program

From CBD to Peer Supervisor: A Five-Day Workshop

Record-Keeping for CBD Peer Supervisors

Record-keeping may not be sexy, but it is very, very important. Hours can be wasted looking for things that have not been kept properly. As CBD Peer Supervisors, you handle a lot of information, so you need a good system for storing it and for getting to it when you need it.

Types of records CBD Peer Supervisors keep:

- CBD information (including notes)
- Completed registers
- Completed reporting forms
- Monthly work plans
- Supervision follow-up action plans

Reasons CBD Peer Supervisors need to access this information:

- To correct it
- To complete and submit monthly reports
- To be reminded of what follow-up actions need to take place
- To give to CCM Officers and PHU staff
- To inform community leaders and communities of progress and challenges
- To ask for drugs, forms, and other supplies

Your CBD Peer Supervisor record-keeping duties:

- Same as other CBDs:
    - Complete the patient and drug register for every sick child you see
    - Complete the referral form accurately, give it to the caregiver, and tell caregiver to give it to the clinic staff
    - Record all of the under-five deaths in their community
    - Store patient, drug, and death registers inside the locked CBD box to maintain confidentiality
    - Submit your complete and accurate registers on time every month
    - Discuss and record-keeping problems with your supervisor
- Keep a list of the CBDs you supervise, their village, and their CBD number
- Collect, review, and safely store the patient, drug, and death registers of the CBDs you supervise
- Tally (on the drug register) the drugs distributed by the CBDs you supervise and the stocks remaining
- Complete and store CBD Peer Supervisor Checklists
- Keep a file of your monthly work plans and CBD action plans
- Complete, store, and submit Supervisor Compiled Monthly Reports
- Complete, store, and submit CCM Health Facility Monthly Reports
- Collect referral tickets from the PHU, and return the tickets to the CBDs
- Keep a book for recording referrals from CBDs; record the number and reasons for referral

The following should typically (but not in all cases) be found at the PHU, since a lot of the data submission and completion of reports takes place there:

1. File for patient, drug, and death registers attached monthly.
2. File for waybills
3. File for materials and drug distribution
4. File for supervisor and health facility compiled monthly forms
5. File for filled supervision checklists
6. File for blank tools
7. Book for recording referrals from CBDs
8. File for the monthly CBD meeting minutes

Filing Systems

The main goal of filing is to be able to find the information you need when you need it. A good filing system will allow you to:

- Quickly get to everything they need to complete their reports
- Know what is missing
- Check something if you need to
- Be more productive (you're not wasting time looking for things)
- Reduce your stress (you're not getting frustrated looking for things)
- Make your peer supervision work life easier

Having and properly using a good filing system also allows the CCM Officer to check it easily if he or she needs to.

Some tips for filing:

- Use as simple a system as you can
- File right away—do not put the paper somewhere thinking you will file it later
- Keep extra folders so that if you need to make a new file (to file a new kind of thing or because a file gets full, for example) you can do it right away
- Keep similar things together: use obvious categories, then file alphabetically within each category
- Label each folder so the label is easy to see and read
- Add papers to the front of the folder, not to the back; this keeps the most recent information in the front
- If you give someone something from a file, write on the front of the folder who, what, and when so you know where to find it

The 3 Cs of Data Quality

For the CCM Program to make good decisions, it must have good information about what is happening in the program and in the communities the program serves. CBD Peer Supervisors help make sure good, true, complete data go into the information system. The 3 Cs of data quality are:

Complete

- Complete means that all of the needed information about the under-five CBD visit or death report has been entered into the appropriate registers.
- Register entries must be complete in order for the information collected and processed by the CCM program to be valid and therefore useful.

Correct

- Correct means that the information in the registers reflects the actual visit with the child and caregiver. It provides the true information about the child, the child's condition, and what the CBD did for the child.
- Without true information about the CBD-patient visit, the program cannot know whether it is doing the right things or making life better for the community.

Consistent

- Consistent means that the information in the register makes sense. There is nothing strange about the information—it fits with reality.
- Having consistent data is also important in giving a true picture of what is happening with children at the community level. If the information in the registers is inconsistent with what we think is the reality, there might be a big problem that needs to be addressed.
- Several things in the register might mean that the data are not consistent. The Peer Supervisor should ask the CBD about them when reviewing the registers. Some examples include:
  - Children being treated for the same sickness
  - Too many children with the same breathing count
  - Same name appearing more than once during the month
  - Children treated and referred at the same time
  - Too many children arriving after 24 hours
  - Children treated for the three sicknesses
  - Too many children coming from the same family
  - Children treated without being classified

Guiding Principles for Quality Improvement

A client-oriented mindset: The caregivers and children who come to CBDs are considered as external clients. The staff and volunteers are internal clients to each other. Each supervisor is the client of his or her supervisor. Supportive supervisors focus on the needs and expectations of both external and internal clients. Children should get quality services, and volunteers need materials and other support necessary to deliver quality services. The supportive peer supervisor keeps these needs in mind when assessing quality, and they involve volunteers in identifying problems and seeking solutions.

Staff involvement and ownership: Supportive supervisors involve volunteers in improving quality. They encourage a spirit of ownership and teamwork by emphasizing the importance and contribution of everyone to better quality of services.

Focus on processes, systems, and performance improvement: Supportive supervisors emphasize the importance of improving processes, systems, and performance rather than focusing on individual mistakes. The supportive approach to supervision recognizes that more than 75% of problems are due to overly complex or faulty processes or systems—not to the people who try to implement these processes or systems. However, since organizations take time to change systems and processes, supportive supervisors do what they can to help volunteers do their best.

Cost-consciousness and efficiency: If something is not done correctly the first time, it has to be fixed and repeated. Poor quality is costly, both financially and in terms of the health of individuals and the community. In addition, it may have other costly results. Poor quality is wasteful, and good quality saves money.

"When processes are made better, total costs usually fall."

—Berwick, D. M, Godfrey, A. B., & Roessner, J. 1990.
Curing health care: New strategies for quality improvement.
San Francisco: Jossey-Bass.

Continuous learning, development, and capacity-building: Supportive supervisors pay close attention to developing and building the capacity of volunteers. They help transfer the knowledge and skills needed to provide quality CCM. Supportive supervisors provide on-the-job training. They help volunteers to identify learning needs and to develop a plan to address those needs.

Ongoing quality improvement: Supportive supervisors visit CBDs regularly. They teach volunteers how to improve quality. The quality of CCM services is regularly monitored and evaluated, and problem areas are constantly identified and improved.

Adapted from: EngenderHealth. 2001. *Facilitative supervision handbook*. New York.

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