Lessons Learned Document	
Thematic Area	Quality Assurance
Description	This Lessons Learned document reviews quality assurance aspects of iCCM implementation; specifically how to improve Community Health Worker (CHW) training, supervision and quality of care, through the identification of: • The most effective training approaches and tools for transferring knowledge and skills to CHWs in different contexts and how best to assess CHW competencies; • Optimal, sustainable and integrated support supervision strategies that will promote high-quality care; and • Ways to improve CHW performance using innovative technology.
Organizations documenting Lessons Learned	Malaria Consortium

Background

In order to improve quality of care, it is important to determine which approaches to training and supervision are most effective. This is especially critical where the delivery of care relies on the performance of Community Health Workers (CHW), who bridge the gap between formal health services and vulnerable communities with geographic, financial or cultural barriers to accessing health care. Important aspects of iCCM training, including approaches, content, length and evaluation vary by country and implementing agency, as do supervision models.

Process for documentation

Agencies supporting iCCM implementation were asked to share training and supervision-related tools (e.g. training manuals, job aids, checklists, supervision tools). Where possible, focal persons involved in the CHW training and supervision components of iCCM implementation were interviewed about their experiences. Additionally, a grey literature review was undertaken to identify relevant documentation. A structured literature review of programmatic information and research evidence was carried out by the Swiss Tropical and Public Health Institute (Basel).

Strategies that worked well

The following strategies were identified as those that tended to improve quality of care provided by CHW through iCCM programmes.

- **Participatory approaches and adult-focused training methodology** used in the CHW training, such as group discussion, role-plays and visits to health facilities, strengthened CHWs' skills and built confidence.
- **Training conducted in local languages, using local terms for diseases and translated training tools,** enhanced CHW comprehension.
- **Videos showing symptoms of severe illness, such as convulsions and chest in-drawing,** facilitated understanding of these symptoms.

- **A range of supervision methods were identified as beneficial, including:**
    - **Timely follow-up home visits with CHWs after initial training;**
    - **Group and health facility supervision activities** where CHWs are encouraged to share their experiences, give and receive feedback; and
    - **Peer mentoring,** which was identified as a sustainable support system that offered CHWs the opportunity to discuss challenges and solutions.
- The frequency and quality of health facility supervision and peer mentoring improved significantly with the **provision of mobile phones** that were part of a closed user group for CHWs in Uganda.
- **Establishing teams consisting of CHWs, health facility supervisors and district staff** and imparting quality improvement concepts of objective and team-based work were effective in promoting team-led solutions. Teams used existing monthly meetings, which were made more effective by teaching participants how to set an agenda, use available data, determine priority decisions and include regular problem solving, action planning and progress tracking.
- **Community recognition** of CHWs and feedback on their performance and impact from supervisors, health facility staff and through automatically generated SMS messages, increased CHW motivation.
- **Utilising existing health and local leadership structures** to support CHWs helped motivate CHWs, influencing their performance and potentially offering a sustainable support mechanism.
- **CHW supervisors** who received guidance and technical support from superior health facility staff reported better engagement with CHWs.
- **Integration with existing health care services** and alignment with other community outreach programmes also improved quality of care provided by CHWs.

Strategies that did not work well

The following strategies were identified as those that tended to hinder quality of care provided by CHW through iCCM programmes.

- **Insufficient training period**. More time should be spent on problem areas, including identifying pneumonia through the use of respiratory timers, administering rectal artesunate (where included as part of the package) and using CHW registers/data collection tools.
- **Large-scale cascade training** can compromise the quality of training at lower levels. This has been shown to be mitigated by the presence of a core trainer at every training session.
- **Non-adaptation of training materials to local contexts, especially where there is low literacy.** Pictorial training and data collection tools need to be developed and tested to promote knowledge and skills transfer amongst CHWs.
- **Combining supervision with other community health outreach activities and / or a lack of dedicated staff for iCCM support and supervision** may lead to insufficient time for supervisors to visit CHWs, which can leave CHWs feeling neglected and demotivated.
- **For CHWs located in hard-to-reach areas, the transportation allowance might be insufficient** for supervisors to visit them. Infrequent visits from supervisors sometimes resulted in lower motivation amongst CHWs and weaker performance.
- **The observation method of supervision,** through which the supervisor waits until a child visits the CHW to assess CHW performance, was not always an efficient use of the supervisor's time (children might not be present at the time of supervisor's visit). In this instance, the supervisor could improvise with a role-play to test CHWs' skills.
- **Patriarchal, traditional approaches to supervision** may inhibit an open dialogue, leading to a

situation where CHWs may not ask for help when needed. **Simplistic supervision tools** such as checklists may not be thoroughly assessing CHW performance, leading to a gap between the quality of care CHWs are providing and the data supervisors are collecting on CHW performance. Competency-based assessments may offer a more comprehensive, accurate way of capturing quality of care.

Lessons Learned

Several common themes emerged on how training, supervision and quality of care could be improved. Lessons learned and recommendations for future quality assurance included:

- **Extending the pre-service iCCM training to a period of two weeks** could promote improved CHW comprehension and confidence.
- **Focusing more on supervisory skills**, including mentoring CHWs, during the training of trainers sessions for CHW supervisors could improve CHW quality of care.
- **A participatory and adult-focused approach to training**, including group discussions, role plays, visits to health facilities and practice with diagnostic tools, simulators and data collection materials are essential to building CHW confidence, reporting and case management skills.
- **Recognition of low literacy skills** when developing training materials and data collection tools could enhance CHW comprehension and capacity to provide accurate treatment and collect accurate community-level data.
- **Refresher training** provides a boost to CHWs' confidence and ability on more challenging topics, including respiratory timers, administering rectal artesunate and supply chain processes.
- The cost of supervision can be high. **Alternative approaches,** such as peer support groups, may be a sustainable option which could follow initial one-on-one visits with supervisors.
- **Combining supervision home visits with other activities,** such as routine data collection and delivering/dispensing iCCM commodities, could be another opportunity to provide support to CHWs and saved supervisors time. A mix of supervision approaches, including home visits, peer group sessions, mobile phone reporting and group/health facility supervision activities, offer CHWs multiple platforms to ask for guidance, share experiences and problem solve.
- Teaching supervisors how to use simple **"why-why trees"** to identify the root cause of on-going problems is effective in helping supervisors and CHWs brainstorm together and identify potential solutions and can be empowering and motivating for CHWs.
- **Mobile Health (mHealth),** which utilizes mobile phones to provide another form of supervision and a more effective way to submit community-level data to supervisors, can increase CHWs' motivation and improve quality of care.
- **Supporting the supervisors** with another level of supervision improves motivation and enhances the quality of the supervision provided to the CHW, positively affecting CHW quality of care.
- **Motivating CHWs** through supervision, regular feedback on their work, community recognition and engagement can positively influence CHW performance and impacts quality of care.
- Introducing **competency assessments** can serve to capture a more accurate portrayal of CHW performance compared to traditional checklists and encourage deeper engagement between the supervisor and CHW.
- **A harmonization of 'what works' in iCCM training and supervision** could prevent a duplication of efforts from implementing partners operating in the same country with similar packages and lead to better integration into the health system in later stages.
- **Effective monitoring and evaluation** of CHW performance is essential to providing a high standard of care.