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# CHW Peer Support Groups: An Alternative Approach to Supportive Supervision

## Lessons from the Rwanda *Kabeho Mwana* Child Survival Project

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**Integrated Community Case Management (iCCM):  
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3-5 March 2014, Accra, Ghana

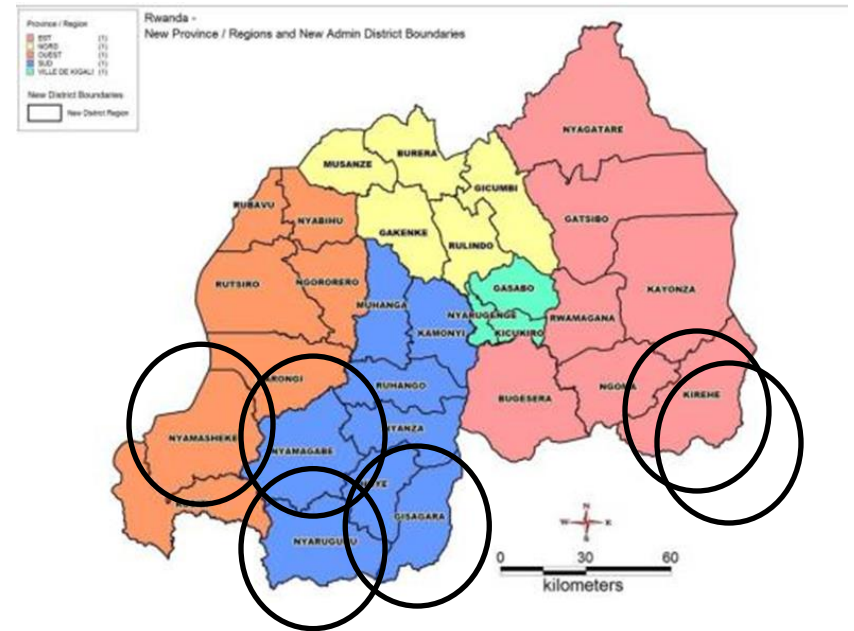
# Background: Kabeho Mwana

**Details:** 2006 – 2011 in six districts in Southern and Eastern Rwanda with funding from USAID Child Survival and Health Grants Program

**Purpose:** Support the Rwanda MOH to scale-up iCCM in line with national guidelines:

- Treatment of diarrhea with ORS
- Treatment of pneumonia with amoxicillin
- Treatment of confirmed malaria (RDT) with ACT

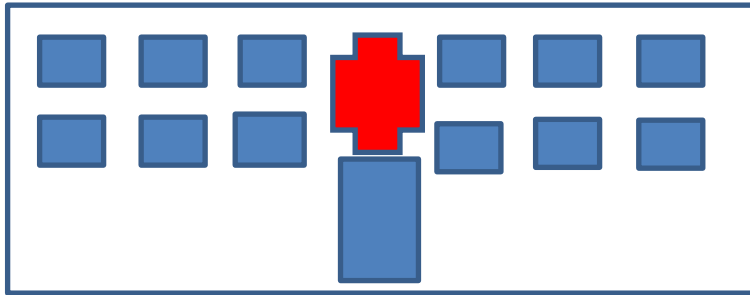
**Key Activities:** Training and supporting over 6,100 CHWs and 88 health centers to implement iCCM



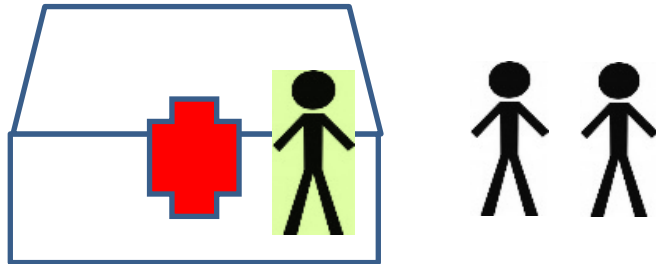
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# Community Health Structure in Rwanda



**District Hospital:** Community Health Supervisor



**Health Facility:**

- In-Charge of Community Health
- 1-2 CHW Cell Coordinators

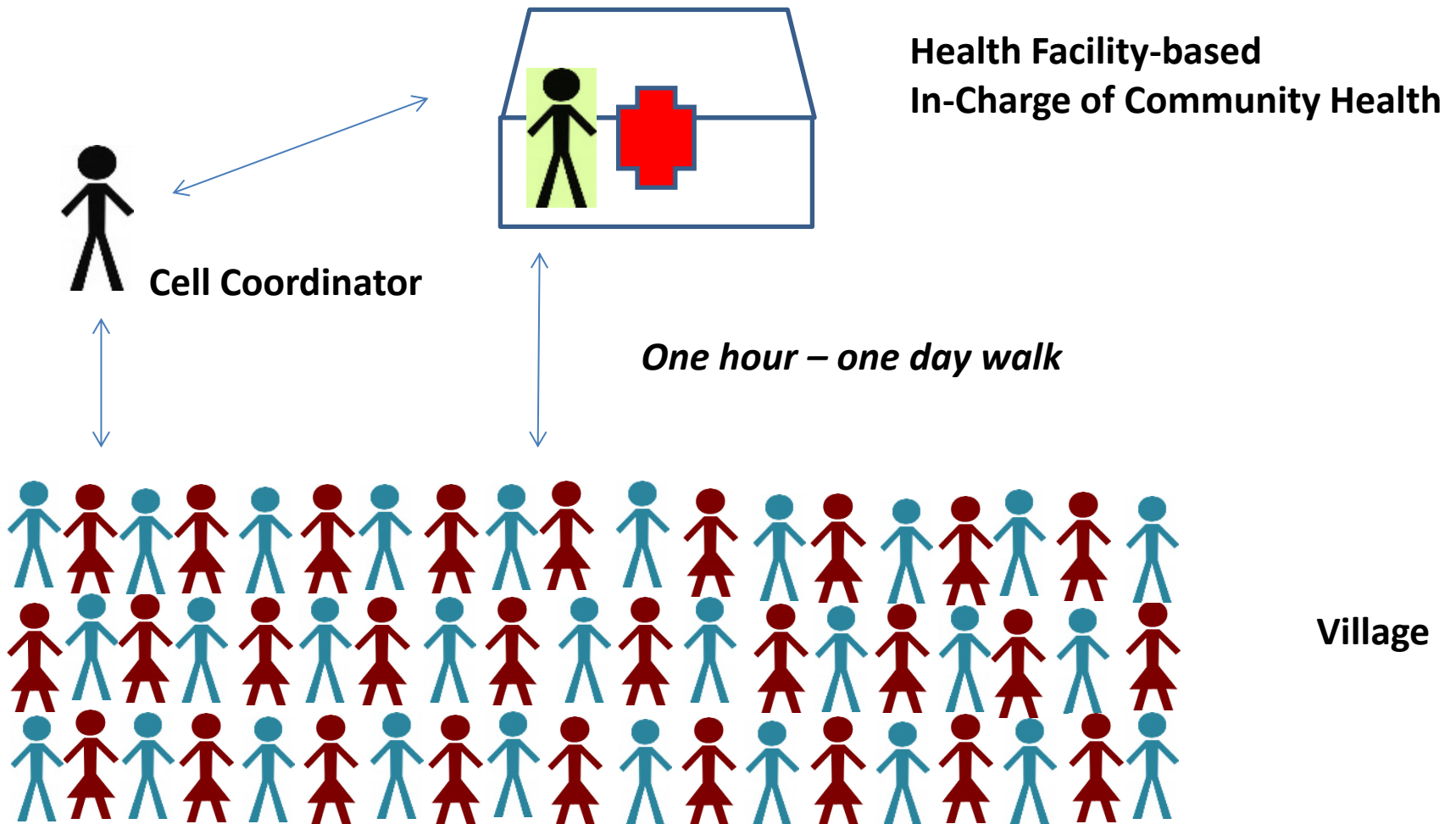


**Village:** Male-female '*binome*' CHW providing iCCM

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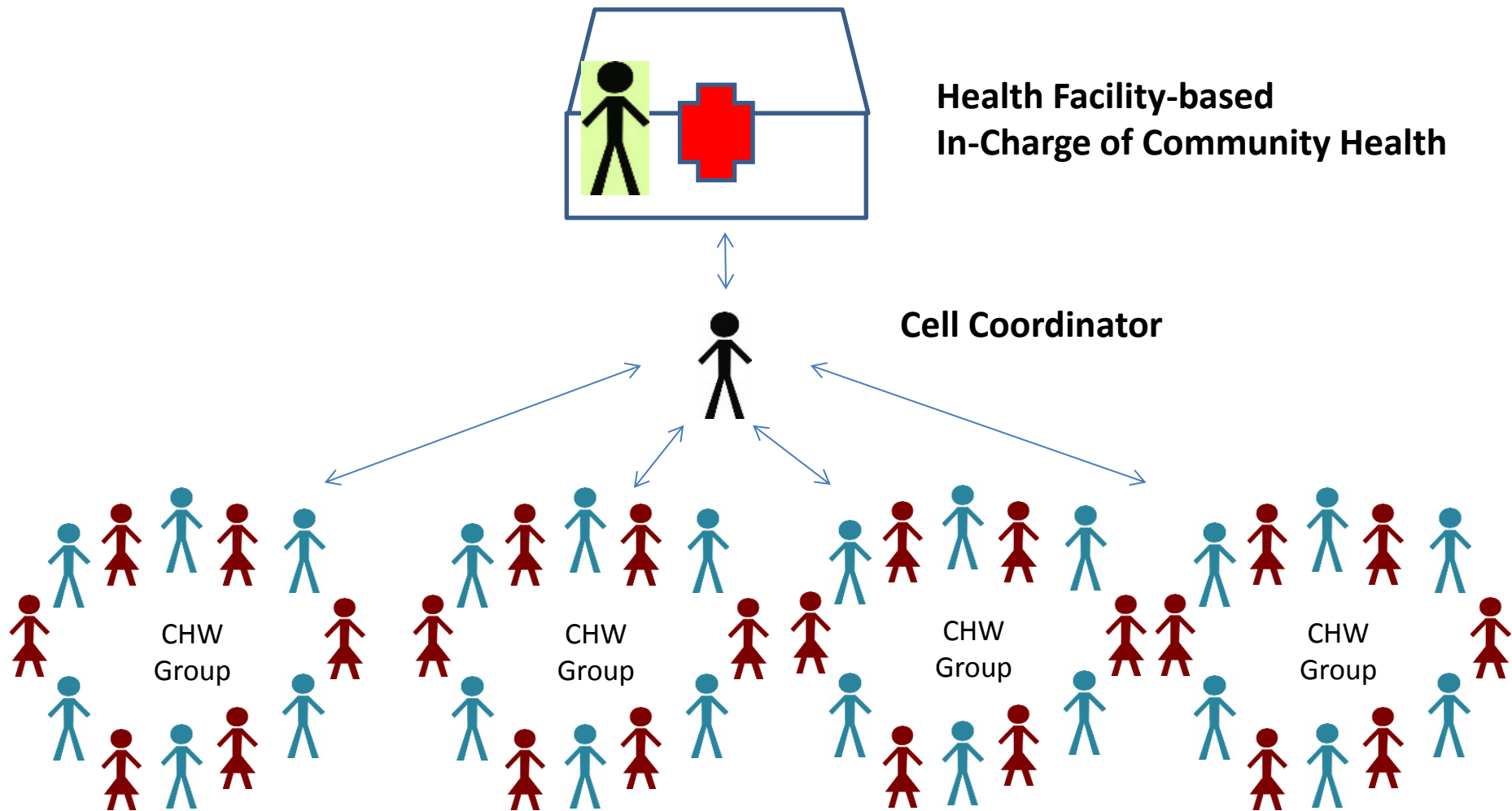
# Existing CHW Supervision Systems



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# CHW Peer Support Groups



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# Learning from the CHW Peer Support Group Model

Innovative model for CHW supervision associated with improved CHW performance and social capital



Sarriot E. Final Evaluation of the Kabeho Mwana Expanded Impact Child Survival Program. 2011.

Available at: [www.mchipngo.net](http://www.mchipngo.net)

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# CHW Supervision

## Peer Support Groups:

- ✓ Enabled supervision access to CHWs at intermediate level between facility and community
- ✓ Small-group setting facilitated information-sharing and follow-up
- ✓ Allowed for informal peer supervision



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# CHW Performance

## Productivity:

- ✓ **Greater number of treatments** administered by CHWs (1/3 of all treatments in country per national HIS data)
- ✓ **Greater number of household visits** conducted (44 per village per month compared to 10-30 in non-project districts)

## Reporting:

- ✓ CHW reporting rate: 93%
- ✓ **Eased the burden of work** related to the compilation of reports, resolution of discrepancies, and timeliness.

## Motivation:

- ✓ Energy multiplying
- ✓ Encouragement to model target behaviors
- ✓ Low attrition: 1.2% over life of project

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# Social Capital

## Peer Support Groups allowed for:

- Frequent interactions between CHWs, experience sharing and learning
- Increased accountability
- Trust



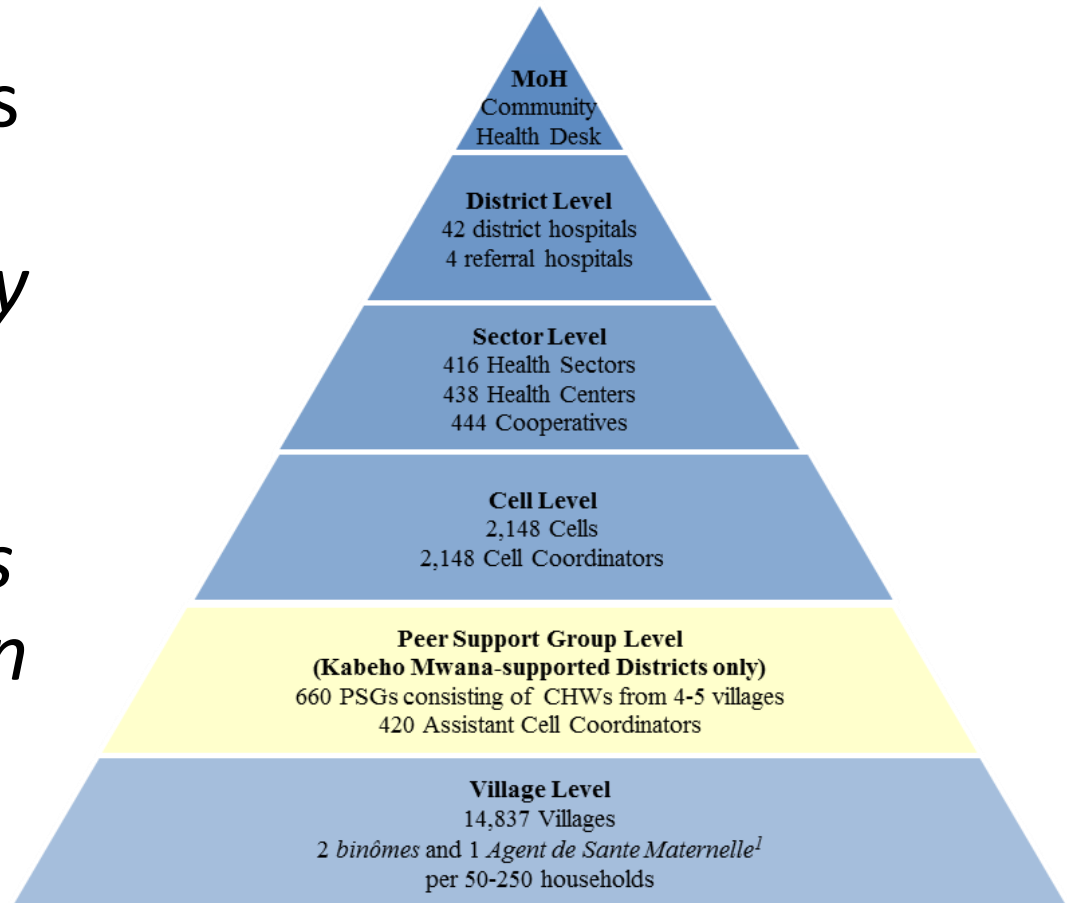
*“Things work well because there is a small group so results are more visible because everyone assesses their neighbor’s performance.”*

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# Potential Integration with National Community Health System

Peer Support Groups  
“...allow us the chance to solve many problems before we attend the Cell Meeting ... members talk freely, more than in Cells.”



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# Conclusions

- **CHW supervision is challenging across countries**; especially with high ratios between supervisors to CHWs
- Compared to CHWs working independently, **CHWs working together in groups develop a stronger commitment to implementing health activities and provide greater peer support** to jointly find creative solutions to problems.
- MOH stakeholders at all levels viewed the Peer Support Group as an **effective mechanism for CHW coordination and meaningful engagement of CHW** at the community level.
- As the MOH Community Health Policy continues to evolve in Rwanda, key elements of the Peer Support Group model **could be integrated within the framework of the existing community health structure**.