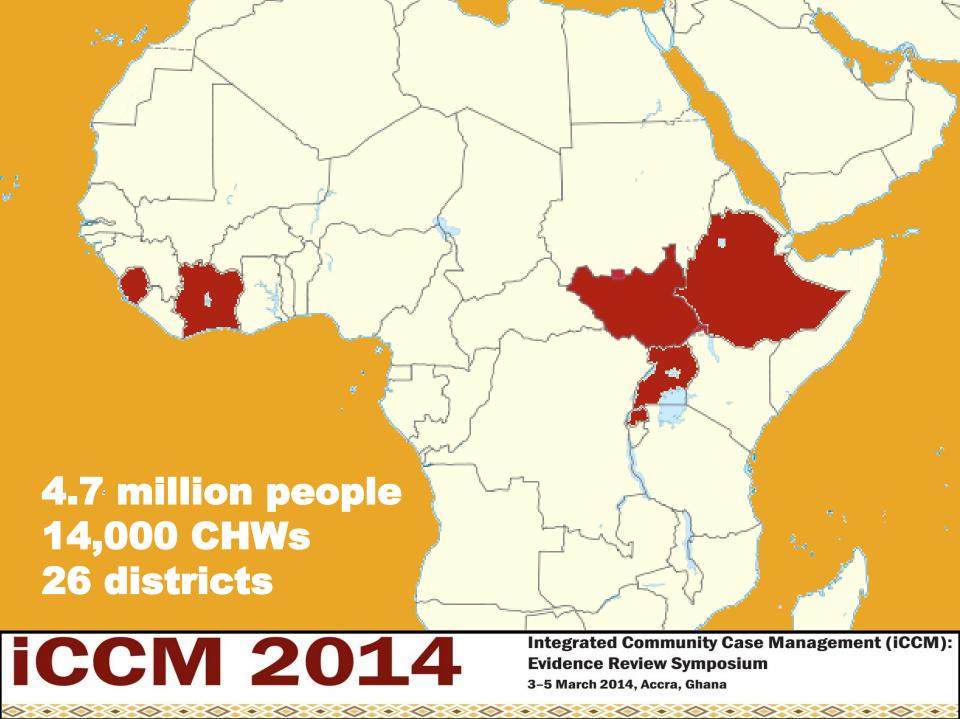
# **Supervision:** is it showing us the real picture?



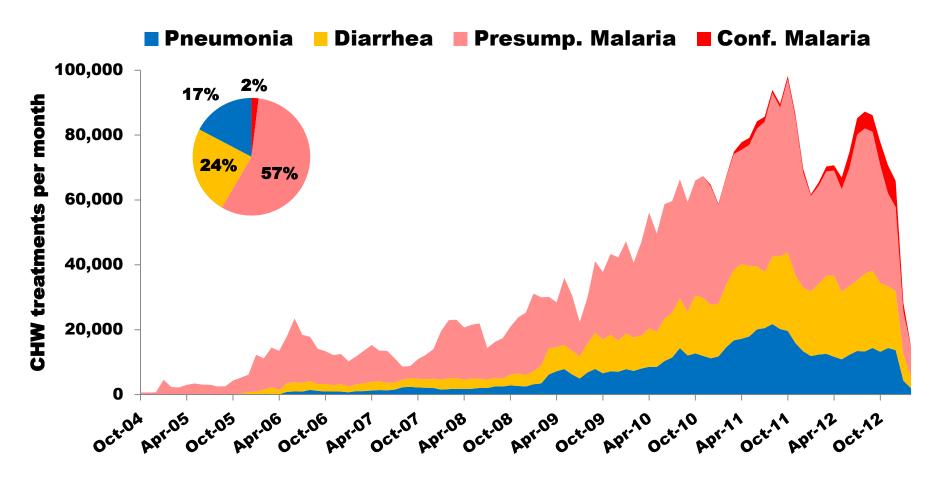
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# CHWs delivered 4 million treatments over 9 years



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Of iCCM services

Coverage of appropriate care by ANY provider

Mortality 2-59 months of age from all causes

Quality of care

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### Community Health Worker (CHW) Patient Register



### Community Health Worker (CHW) Program

Name of CHW:	Month:	
Village:	Year:	
PHU:	CHW No:	

			Village	Sex	-	\ge	N	AUA	С	Fe	ver	Diar	rhea	Cou	ıgh	Breaths per	Pneumonia	Referred	Reason
No.	Date	Patient's name	8.3		2-11 months	1-5 years		9	1		***			AT.		minute		+	for referral
			(E)	AC J	項		R	6	¥	< 24 hours	> 24 hours	< 24 hours	> 24 hours	< 24 hours	> 24 hours	L	200	PHJ T	OMN-Maps
1.																			
2.																			
3.																			
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9.																			
10.																			

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#### SUPERVISION CHECKLIST FOR VHTs

Supervision is an essential stage in ensuring an effective community case management program. In order for it to be effective, supervisors need to have a clear understanding of what needs to be done and why. Do not conduct any supervision without the supervision checklist instructions.



SECTION A: GENERAL INFORMATION								
Supervisor Name:	VHT Nam	ie:	Health Facility:					
Reporting Month:								
SECTION B: REGISTER REVIEW								
Refer to the instructions:								
Findings:								
Action:								
SECTION C: AVAILABILITY OF DRUGS AND	SUPPLIES							
2. 2 or more Zinc blisters □ Yes □ N 3. 2 or more red Amoxi blisters □ Yes □ N	lo  Replenish Replenish Replenish Replenish Replenish	5. 2 or more yellow 6. 2 or more blue o 7. Respiratory time 8. 5 Job aids 9. Referral forms	oartem blisters	□ Yes □ No□ Replenish				
SECTION D: STORAGE OF DRUGS AND SU	IPLIES							
10. Drugs kept in a locked box in a dry place	□ Yes □ No	11. Supplies kept of	clean and dry	□ Yes □ No				
SECTION E: CORRECT USE OF RESPIRATO	ORY TIMER							
12. Correct respiratory rate (within 3 of standard	d)			□ Yes □ No				
SECTION F: PATIENT VISIT								
13. Child's age (months)     14. Child's symptoms (as in VHT register)     15. Child's symptoms (as reported by person)								
16. Are the symptoms reported by person the same as the ones in VHT register? □ Yes □ No 17. Drugs given by the VHT to the person								
Amoxi (G) blisters Amoxi (R) blisters	ORS sachets	Zinc blisters	Coartem (Y) blis	eters Coartem (B) blisters				
18. If the child had just cough, was Amoxi giver	n?		□ Yes □	· No □NA				
19. If the child had pneumonia, was the correct treatment given for the child's age? ☐ Yes ☐ No ☐ NA								
20. If the child had diarrhea, was the correct treatment given for the child's age? ☐ Yes ☐ No ☐ NA								
21. If the child had fever, was the correct treatn			□ Yes □	No □NA				
22. Does the balance of the blisters/sachets correspond to the expected treatment?								

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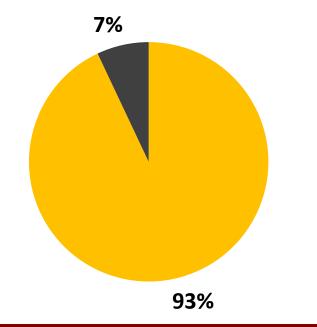
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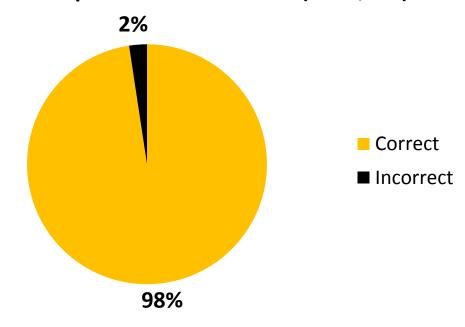
# Supervision data was reassuring regarding CHWs' performance

% of CHWs who performed during a supervision (2010)

**Correct breathing count (N= 24,367)** 

**Correct pneumonia treatment (N = 3,061)** 





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### Yes, if not true, tick No and give advice.)

11. Supplies kept clean and dry

(Ask the VHT to show you where he/she keeps the supplies. Supplies should be kept inside a bag either hanged or on a shelf away from children and water. If this is true, tick Yes, if not true, tick No and give advice.)

### SECTION F-CORRECT USE OF RESPIRATORY TIMER

12. Correct respiratory count (within 3 of standard)

You have to assess the VHT's capacity to use the respiratory timer correctly. You will need to have a child under five years with the permission of the parent. Once the child is available, both the VHT and the supervisor will have to start counting separately at the beep of the timer and stop counting after the second beep (timers do a beep after 30 seconds). The VHT and you will write on a piece of paper or on their hands the number of breaths without consulting with each other. After that, the child and the parent will leave the VHT house. The VHT and you will compare the counts. If the difference between both counts is of 3 or less, the VHT and you agree and you will tick Yes. If the difference between your counts is 4 or above, the VHT and you don't agree and you will tick No.

If you ticked No, you will have to get another child and count the breaths, but this time together and aloud.

If during the counting, any of the children appear to have fast breathing according to the supervisor, the VHT will give treatment or refer. This is a great chance for the supervisor to see 11 the VHT knows how to take care of a sick child.

SECTION F: PATIENT VISIT

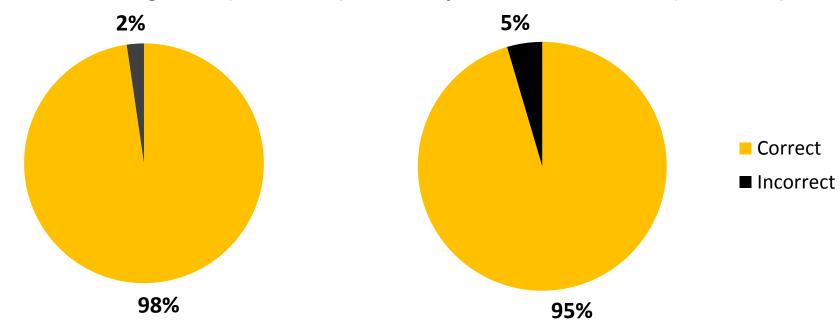
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### Supervision data didn't change

### % of CHWs who performed during a supervision (2011-12)

**Correct breathing count (N = 95,400) Correct pneumonia treatment (N= 26,800)** 



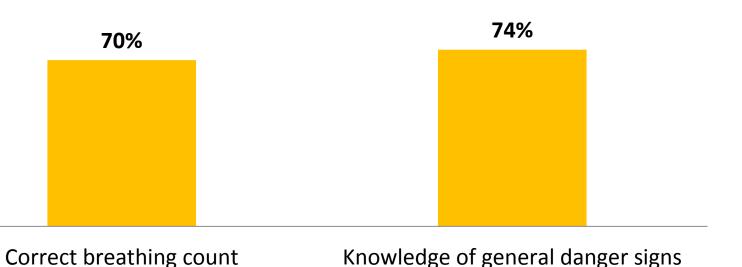
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# Peer supervisors were having competence problems

% of peer supervisors who performed during a competence assessment (n=23)



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## **But were health facility workers the solution?**

CHW's skills in counting breathing rate during supervision (Rwanda, 2010-11) (n=50,775)

■ % correct
■ % incorrect



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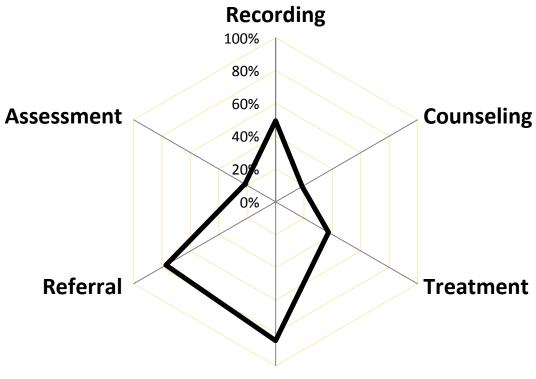


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## QoC data provided a better picture about the potential performance of CHWs

### % of CHWs with the skills



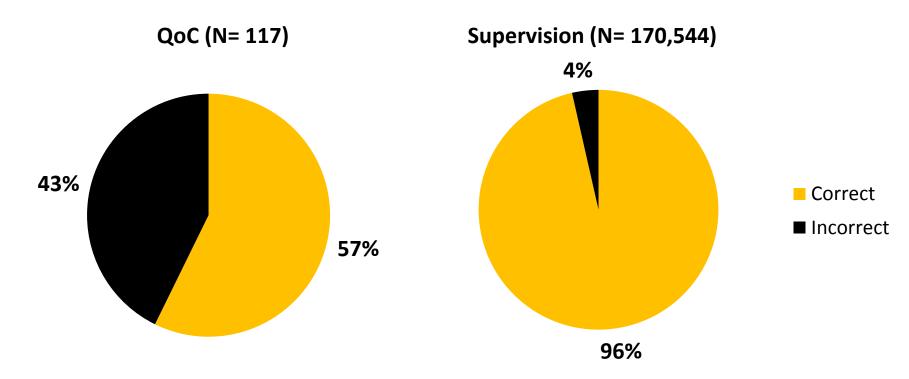
Classification

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## CHWs' skills depended on the measurement method

% of CHWs who could count breathing rate correctly



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