



DEDICATED SUPERVISION FOR COMMUNITY HEALTH WORKERS

Trainer guide:

1. Sentences in *italics* are instructions for the trainer. Sentences in *italics* and quotation marks can be read verbatim by the trainer.
2. Before the training, words in brackets [] should be replaced by words that match the context; for example, replace [COUNTRY] with “Mali” if the training is to be implemented in Mali.
3. The training is organized around different types of activities: brainstorming, simulations/role-plays, practice exercises (individual or group), and case studies.
4. **General training tips:**
 - Encourage the participation of all participants, at all times, and invite them to comment on different topics.
 - Listen to all answers without judgment and make sure all participants have the opportunity to speak.
 - Invite participants to share their experiences as a parent or caregiver when applicable.
 - Share a summary statement at the end of an activity to review the important points or the main idea that the activity was intended to highlight.
 - Ask participants regularly if they have any questions or would like a concept to be clarified.
 - For group work:
 - Form groups based on the total number of participants, small enough to encourage participation, but large enough to meet the requirements of the activity.
 - Ask each group to present their work to the other groups.
 - Ask participants to share their reflections about the other groups’ work.
 - Point out the strengths and areas for improvement of each group’s work.
 - Wrap up the group work by summarizing the key takeaways.
5. **Tips for brainstorming:** Brainstorming is a technique that involves asking questions before presenting concepts to initiate reflection and discussion on the training topic. It allows you to take stock of participants’ proficiency in a topic as well as their knowledge gaps in advance in order to frame the training and target certain concepts.
 - Emphasize that the purpose of a brainstorming discussion is to help encourage reflection among participants rather than to identify the best answers.
 - If possible, write participants’ answers on a large sheet of paper to encourage discussions and give value to everyone’s comments.
 - Ask the questions one at a time, and pause after each question to encourage participation.
 - Make sure that the correct answers are clearly identified after each discussion.
6. **Tips for simulation/role-plays:** Simulations and role-plays put participants in real-life situations to practice a procedure, method, or communication technique. They help create a realistic environment for anticipating and preventing possible errors in a setting with no harmful consequences for the patient.
 - Clearly describe the simulated situation or roles to play.
 - Provide time for participants to immerse themselves in the situation or their role.

- Encourage everyone to participate as realistically possible.
- Do not intervene until the simulation or role-play is complete.
- At the end of each role-play, congratulate the actors.
- Have other actors repeat the role-play as many times as is useful.

7. **Tips for practice exercises:** practice exercises require participants to apply theoretical concepts to practical situations. They help check participants' the level of understanding of an abstract concept in the way that will be expected in the field.

- Prepare the materials and tools needed for the exercise in advance.
- Clearly define the instructions for the exercise.
- Make sure that the correct answer is clearly identified at the end of the exercise.

8. **Tips for case studies:** Case studies describe a story/situation to introduce or dig deeper into a theoretical concept. They help illustrate abstract concepts through familiar situations to make them more understandable and easier to remember.

- Share the case study clearly.
- Ask the questions one at a time, pausing after each question to encourage participation.
- Make sure correct answers are clearly identified after each discussion.
- Summarize the concept illustrated by the case study.

9. Review the tips for each activity type above before starting an activity of that type.

Abbreviations and acronyms:

CHW	Community Health Worker
DHIS2	District Health Information Software 2
DM	Department Manager
F	False
MAR	Monthly Activity Report
SP	Sulfadoxine/pyrimethamine
T	True

Introduction to training:

- ***Inform participants that:***
 - *This module concerns the dedicated supervision of CHWs from the point of view of CHW supervisors.*
 - *In this module, some words, situations, pictures, and/or videos may make participants uncomfortable, be troubling, or cause emotions such as sadness. All these emotions are normal and welcome in the room.*
 - *If a participant feels uncomfortable and wishes to take a break, they should feel free to do so.*
- ***Encourage participants to:***
 - *Commit to ensuring confidentiality, as some could share sensitive or personal information with the group, and we want to create a space where all participants will feel safe and comfortable. Any personal information shared during this training should not be shared with anyone outside of this training.*
 - *Share their thoughts on this issue of confidentiality.*

Present the training objectives, plan, and activities. Make all the necessary materials are present.

Objectives:

At the end of this session, participants should be able to:

- Define the roles and responsibilities of CHW supervisors
- Explain dedicated supervision in its entirety
- Discuss the benefits of supervision
- Discuss supervision styles
- Describe the profile of a supervisor (qualities and skills)
- Describe Muso's supervision model: "dedicated supervision"
- Discuss the roles of different stakeholders in managing the CHW inventory of medications/supplies
- Define the supply chain plan for CHWs.

Plan:

1. Introduction to supervision
2. Roles and responsibilities of dedicated CHW supervisors
3. Integrated supervision
4. Qualities and skills of an effective supervisor
5. Dedicated supervision
6. CHW data collection
7. Management of CHW medications/supplies inventory

Activities: brainstorming; practice exercise; simulations/role-play; case studies

Materials:

- Common to all activities: video projector; laptop; large sheets of paper; multicolored markers; multimedia tools (images, forms, videos, etc.), suggestion box
- Additional: supervision forms, input management form

Pre-test:

“We will proceed with the pretest before diving into the subject in order to assess participants’ level of understanding before and after the session is completed.”

Provide a copy of the pretest to all participants. Remind them that the pretest is not a judgment and that it is a private exercise that helps us have a better idea of their basic level of understanding of the topic that will be discussed. Read and explain the questions one at a time pausing (30 seconds/question) to encourage participation. At the end of the pretest, thank the participants, collect the forms, and move forward with the training.

First and Last Name: _____

Some of the following statements are false and some are true. In the first column, circle (T) for those that are “true” and (F) for those that are “false.” The correct answer is listed in the second column.

1	Supervision is a process that helps manage the activities of an individual or group.	T F	T
2	Supervision is primarily used in the field of medicine.	T F	F
3	Supervision is only performed by direct supervisors.	T F	F
4	CHWs should carry out home visits to identify individuals who need medical care.	T F	T
5	Dedicated supervision of CHWs focuses solely on the follow-up of daily tasks and activities.	T F	F
6	Dedicated supervision of CHWs promotes constructive communication and feedback between supervisors and CHWs.	T F	T
7	CHWs are not allowed to collect disease data in their community.	T F	F
8	Supervision generally means regular exchanges between the supervisor and the supervisee.	T F	T
9	Dedicated supervision of CHWs does not require specific communication and leadership skills.	T F	F
10	Dedicated supervision is not required for CHWs, since they have already received full training.	T F	F

The form above contains the answers. Before printing the forms for participants, make sure to remove the last column which contains the answers.

**PART 1: SUPERVISION, ROLES AND RESPONSIBILITIES OF COMMUNITY HEALTH WORKER
SUPERVISORS**

Section 1: Introduction to supervision

“We will start by describing supervision.”

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is supervision?
2. What is the purpose of dedicated supervision?
3. What are the benefits of supervision?
4. What are the different styles of supervision?

Answers:

1. Supervision is a CONTINUOUS process of GUIDING, TRAINING, SUPPORTING, and ENCOURAGING staff so that they can perform their work with confidence, efficiency, and as instructed.” [23]
 - **Continuous:** ongoing
 - **Guide:** coach, help
 - **Train:** educate someone, instill principles, habits, and knowledge that develop his/her aptitudes
 - **Support:** help bear some of the weight for an individual or a group; help enable them to function effectively; help them to continue on including by providing technical, emotional, and moral help, comfort, etc.
 - **Encourage:** give someone courage, reassure him/her, or prompt him/her to persevere, bolster [16]

Note: Some concepts may be confused with supervision. These include, but are not limited to the following:

- **Inspection** aims to ensure compliance with standards.
 - **Control** consists of identifying what was done, comparing results and expectations, which leads to the approval or disapproval of the results. In case of disapproval, the correct measures must be adopted.
 - **Assessment** is the verification of the degree to which the established objectives were achieved compared to the available resources, while making a value judgment on the degree of achievement of the objectives.
 - **Coordination** consists of harmonious distribution of tasks to ensure efficient and effective execution. It helps prevent one or more people from doing the same thing at the same time and in the same place.
 - **Monitoring** consists of the continuous collection of information or indicators related to the activities performed, their analysis, and the interpretation of their results. [16]
2. Many countries prioritize community health seeking to achieve improved health outcomes. However, one of the main challenges in many countries is the lack of supervision of CHWs by supervisors. This affects both the quality of community healthcare delivery as well as the ability to collect and monitor quality community health data. To address this, new approaches, such as dedicated CHW supervision, are proposed to improve the coverage and quality of community healthcare.
 3. Dedicated CHW supervision provides many benefits to the various stakeholders involved, in particular for: the supervisee, supervisor, the health system, and even the country.

Benefits for the supervisee: the main benefit of supervision for the supervisee is improvement of their performance in order to provide quality services. More specifically, it includes:

- Having the opportunity to discuss his/her problems with the supervisor
- Feeling empowered, valued, stimulated, as being part of a team
- Being trusted
- Recognizing his/her productivity
- Being aware of his/her strengths and weaknesses
- Being supported in his/her work
- Feeling comfortable performing his/her job
- Better understanding of the guidelines
- Improving his/her skills [16]

Benefits for the supervisor: supervision allows the supervisor to:

- Track how assigned tasks are performed
- Make progress in achieving specific outcomes such as reducing child mortality rates
- Have better knowledge of the working conditions of the staff under his/her supervision and the potential needs of the staff
- Better understand the needs of patients
- Identify problems related to the execution of activities
- Identify and correct delays in care
- Better evaluate staff skills
- Ensure the correct execution of tasks and protocols- both spontaneous and routine
- Understand the necessary resource needed (human, material resources, etc.)

Benefits for the health system and country:

- “Increase the efficiency, effectiveness, and quality of the services provided
- Correct errors on time
- Adapt the execution of activities and use of material, human, and financial resources to the realities of the field
- Enable better organization of services
- Improve service accessibility
- Create a climate of harmony, open collaboration and good communication among team members” [16]
- Improve data quality (collection, analysis, and transmission)

4. **Supervision styles:** these include supportive or participative as well as authoritative styles.

- Supportive supervision is a cooperative effort between the supervisor and the worker to help the CHW improve his/her performance and self-confidence. It focuses on the strengths of the worker rather than his/her weaknesses or problems. The CHW and the supervisor define the objectives together. The supervisor provides constructive feedback. The CHW should feel motivated by the process and encouraged to improve his/her skills.
- According to the authoritative supervision style, the supervisor “should state what should be done and how it should be done. He/she gives specific instructions and closely monitors the execution of tasks.

He/she aspires to see everything, know everything, understand everything and be everywhere; he/she gives direction and ensures the execution of activities by imposing discipline.” [16]

PRACTICE EXERCISE - Go over the instructions for the exercise. Specify whether the exercise is to be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: divide participants into 4 groups and give each group a large sheet of paper. The first two groups will address the “supportive or participative style” and the last two groups will be in charge of the “authoritative style.”

Directions: ask each group to identify the pros, cons, and circumstances of applying the style assigned to them.

Example answers:

The supportive style:

- **“Pros:** it increases productivity CONSIDERABLY and SUSTAINABLY, it is motivating, it helps in making decisions, it encourages initiative, it allows for good coordination of activities
- **Cons:** there is a risk of slow progress in achieving results
- **Circumstances of application:** it applies to all situations except emergency situations and stuck situations.” [16]

Authoritative style:

- **“Pros:** it helps achieve elevated performance immediately, but for a very short time.
- **Cons:**
 - May cause the supervisee frustration
 - May decrease the effectiveness and productivity of the supervisee when the supervisor is absent
 - Can frequently lead to psychological difficulties, such as fears, reluctance, lack of trust, and a feeling of insecurity on the part of the supervisee
- **Circumstances of implementation:** it is best used carefully in emergency cases, in chaotic situations, or at other times depending on the context.” [16]

Section 2: Roles and responsibilities of dedicated CHW supervisors

“We will now discuss the roles and responsibilities of dedicated CHW supervisors.”

1. Task of dedicated CHW supervisors:

As a reminder, the main task of CHW supervisors consists of helping CHW perform their tasks well by improving their performance, including the effectiveness and quality of their care [2].

More specifically, a CHW supervisor is tasked with:

- Providing a detailed monthly action plan for CHW activities (including scheduling field visits with and without each CHW in his/her supervision group), and proposing this schedule to the CHW manager
- Providing monthly dedicated supervision for each CHW, according to the dedicated CHW 360 degree supervision model: home visits with and without CHWs, including direct observation of the CHW performing tasks and individual meetings with each of his/her CHWs [4]
- Providing a written monthly summary report of the activities of each CHW in paper and/or digitally
- In collaboration with the CHW manager, creating a skill-building plan for each CHW based on their specific challenges and growth opportunities, and proposing an implementation plan
- Organizing and leading weekly group meetings with his/her CHW group
- Participating in the weekly CHW supervisor meeting with the CHW manager [2,4]

2. Responsibilities of dedicated CHW supervisors

Dedicated CHW supervisors have core responsibilities for:

- CHWs
- Communities
- Tracking and reporting

2.1 Dedicated CHW Supervisor Responsibilities for CHWs

The dedicated CHW supervisor should:

- Avoid assumptions and instead develop analysis based upon attentive, active, deep listening to CHWs experience, opinions, and concerns
- Take on a supportive, participative supervisory approach for most circumstances, being attentive to encourage CHW opinions and suggestions, always striving to avoid shame or humiliation
- Express humility and respect for CHWs and minimize the hierarchical relationship in discussions or decision-making
- Through field visits and meetings, support each CHW under his/her supervision to continuously improve their performance
- Identify the strengths and areas for improvement of CHWs under his/her supervision
- Help each CHW find solutions to challenges that may interfere with achieving his/her personal objectives
- Ensure CHWs develop the technical skills and knowledge as well as that they have the necessary resources to correctly adhere to CHW protocols
- Provide psychological support for his/her CHWs by listening to them and responding to work-related challenges
- Ensure that his/her CHW team always has the necessary medications and supplies in stock to appropriately provide expected diagnostic and treatment services and to ensure proper documentation
- Act as a spokesperson for his/her CHW team.

2.2 Responsibilities to the community

The dedicated CHW supervisor should:

- Act as a community advocate by presenting community needs at meetings during decision-making processes
- Be a reliable and available resource for the community
- If a CHW is unavailable or overwhelmed, the supervisor should make himself/herself available whenever possible to address community questions and/or needs
- Make sure families receive quality services from their assigned CHW
- Ensure completeness, quality, accuracy, and reliability of data and information collected by CHWs
Note: data falsification is VERY DANGEROUS for patients, the community, and the organization and may be an IMMEDIATE cause for dismissal of a CHW or CHW supervisor.
Note: it CHW worksheets MUST be thoroughly completed, since the information on the impact of our work comes from data collected by CHWs during their activities [5]
- Make sure that families receive regular home visits and care according to protocol, and document all services provided using a monthly performance report for each CHW
- Make sure that community members are satisfied with the services they receive from their assigned CHW

2.3 Follow-up and reporting responsibilities

The dedicated CHW supervisor should:

- Make sure that critical issues are resolved promptly
- Make sure that CHW activities are well coordinated according to a pre-established schedule
- Cultivate team spirit among his/her CHW team to improve the quality of their services
- Evaluate his/her own performance and evaluate the progress of his/her CHW team through monthly meetings with the CHW Program Manager

PART 2: INTEGRATED SUPERVISION, SKILLS AND QUALITIES OF A SUPERVISOR

Section 1: Supervision strategy: integrated supervision

"We will now discuss integrated supervision."

1. The supervision strategy:

The supervision strategy we will adopt is *integrated supervision*.

INTEGRATED SUPERVISION means that the various activities and/or tools (protocols, materials, etc.) of CHWs are supervised at the same time. This integrated supervision differs from INTEGRATED SUPERVISION MANAGEMENT, which in contrast means that several people with varying and complementary skills supervise at the same time.

2. There are two main approaches to the integrated supervision methodology:

2.1 Direct or observational methods:

"Observation is the most important technique for this method.

It must be "PASSIVE," in the sense that it must not be INTERVENTIONAL.

The supervisor should not interrupt an activity, but rather try to understand the motivations governing the worker's practices.

The supervisee should be allowed to do his/her job and observations should only be discussed with him/her after his/her service" [16], in the absence of the service recipients and using a training-oriented approach.

The observation should take into account the following aspects:

- The supervisee's attitudes (how he/she behaves with others, his/her opinions and reactions to others and to situations)
- The supervisee's aptitudes (his/her abilities to do something in an innate fashion or because he/she has learned to do it)

The supervisor should understand that, during the observation, interfering with the supervisee's activities may:

- "Disrupt and irritate the supervisee
 - Demean the supervisee in the eyes of the users of the services offered
 - Give a false bias as the supervisee may adopt unexpected approaches
 - Mislead the supervisor because he/she did not adopt a wide enough perspective in his/her observations."
- [16]

2.2 Indirect methods or complementary techniques:

"These complementary techniques include:

- Analysis of MARs (number of home visits, number of children assessed, etc.)
- Analysis of physical tools (management forms, notebooks, etc.)
- Observation of activity results

These techniques are easier than direct observation of activities, but they are removed from the supervision objective in that they do not directly address the health worker whose performance is meant to be improved."

[16]

Note: this method alone should not be used by a direct supervisor such as the "dedicated CHW supervisors;" it should be complementary to the direct or observational method.

Section 2: Qualities and skills of an effective supervisor

"Now we will discuss the qualities and skills of an effective supervisor."

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

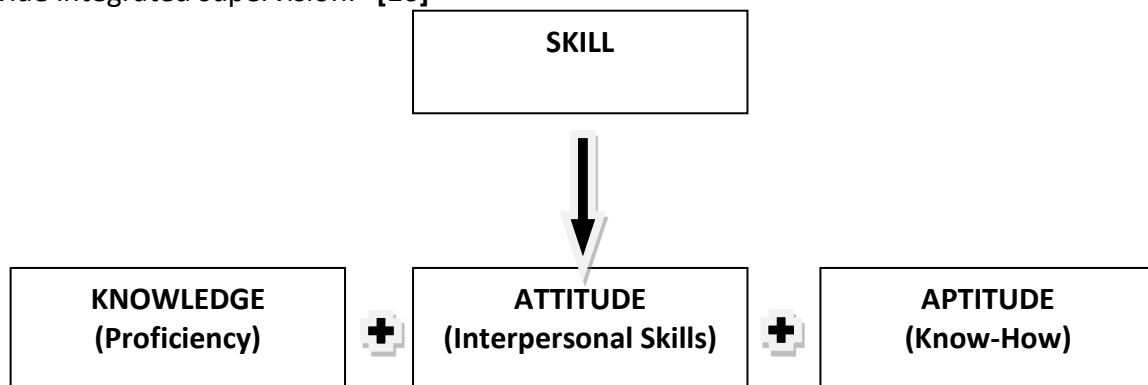
1. What are the qualities of an effective supervisor?
2. What skills are needed to leverage the qualities of an effective supervisor?

Answers:

1. In order to carry out his/her job, the supervisor should have the following qualities:
 - "Be organized and methodical;
 - Be respectful towards the supervisee;
 - Be a good listener;
 - Be a good communicator;
 - Be impartial;
 - Be tolerant and courteous;
 - Have team spirit;
 - Have a sense of creativity and analogy;
 - Have a good interpersonal approach;
 - Be a good manager with the ability to plan, organize, and enforce activities;
 - Have the will to succeed." [16]
2. Skills of an effective supervisor include, but are not limited to, broad knowledge, active listening and leadership.

1. Broad knowledge

"To ensure proper supervision, the supervisor must possess superior skills compared to the supervisee. The supervisor's areas of knowledge should be as broad as possible to address the supervisee's various requests, as well as provide integrated supervision." [16]



2. Active listening:

- **Hearing:** this is simply evidence that the sense of hearing works. This does not necessarily require attention.
- **Listening** is an activity that takes effort.

Active listening is an attitude meant to increase the quality of listening. It makes the speaker feel heard and understood [19].

Active listening is the starting point for any support process (examples: CHW – Community, dedicated CHW supervisor – CHW, dedicated CHW supervisor – Community, etc.) and helps you see how you can help the person.

For example, it involves rephrasing the other person's words and asking them relevant questions (open-ended questions) to support him/her and guide him/her deeper in their thinking process.

Actively listening means being favorably open to all ideas, all subjects, all solutions, and not interpreting or judging, and leaving time and space for the other person to find his/her own way (20).

Note: knowing how to listen has undoubtedly proven to be one of the best tools to improve productivity as a supervisor. Whenever possible, it is best to strive to practice "active listening."

2.1 The key elements that make up active listening are as follows:

- **Silent listening:** silent listening is listening to the other person without saying anything, without interrupting, while bringing interest to what he/she is saying.
- **Rephrasing:** this consists of re-stating what was expressed by the other person using accurate (proper) terminology. The purpose is to indicate that what was said has been understood correctly; to value this person's thoughts or testimony and encourage others to think about it. This technique is not natural; it is acquired.
- **Questioning** is a key tool for active listening. It helps to clarify, to further explore the current discussion, to stimulate collective thinking, and to promote a shift from latent to reflective.
- **Overview:** this is used to mark the end of a communication sequence or work step before moving on to the next one. This is a summary where key ideas, decisions, or contradictions of the discussion or work are highlighted.

2.2 How to apply active listening:

To apply active listening, it is important to:

- Let the person talk and not cut him/her off;
- Exclude your own preconceived ideas and any attempted interpretation;
- Adopt a physical attitude of availability (look the other person in the eyes to show sincere interest and attention, lean slightly towards him/her, nod your head occasionally, use words such as: "yes," "I see," "hmm," etc.);
- Rephrase the other person's words;
- Ask him/her questions (open-ended questions) to learn more;
- Stay neutral and considerate.

When actively listening, the supervisor should avoid [20]:

- Giving advice;
- Lecturing;
- Blaming the person speaking;
- Giving orders, requiring submission;
- Demonstrating paternalism;
- Going off-subject from the conversation.

3. Leadership:

BRAINSTORMING – Ask each question to participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What is a leader in your opinion?
2. How do these people become leaders?
3. What are the disadvantages of appointing leaders this way?
4. Should leaders be appointed in the same way as before? Why?
5. What does a community expect from its leaders?

Answers:

1. A leader is someone who is called upon to lead, guide, show the way, and direct something. In English, the verb “to lead” means “show the way.”
2. Often people become leaders by inheritance, force, etc.
3. A single family can monopolize all the power for a very long time. Other community members may not participate in decision-making. The leader may not have the qualities of a good leader. Community members do not feel empowered. Decisions are often made against the people’s will, causing problems and revolts. The community can be indifferent to everything that takes place.
4. This is because the world has changed, and we are facing problems that require effective and competent leaders.
5. Members of a community expect leaders to show them the way forward, to intelligently mobilize all community resources for community development.

3.1. The qualities of a good leader are as follows:

- Competent
- Responsible
- Visionary
- Honest
- Hardworking
- Intelligent
- Upstanding
- Objective
- Modest
- Conscientious
- Supportive

- Dynamic
- On-time
- Concerned about the public interest
- Conciliatory
- Respectful
- Effective supervisor

3.2 The aptitudes of a good leader:

- **Problem analysis:** the ability to study the relevant aspects of a problem and analyze information to determine its fundamental aspects.
- **Judgment:** the ability to draw logical conclusions and make quality decisions based on the available information.
- **Organizational ability:** the ability to plan and manage the work of others. The aptitude to leverage resources optimally. The ability to handle both a large volume of work and to respond to many demands.
- **Decision:** the ability to make good decisions and quickly seize the appropriate time to take action.
- **Leadership:** the ability to involve others in problem-solving and knowing when a group needs guidance. The ability to work with a group effectively and guide them towards a set goal.
- **Sensitivity:** the ability to identify the needs, concerns and personal problems of others. The ability to resolve conflicts. Showing discretion in relationships with others. The ability to know what information to share with which person.
- **Resistance to pressure:** the ability to act under pressure and deal with conflict.
- **Verbal and written communication:** the ability to clearly communicate one's ideas to others, to express oneself verbally and in writing.
- **General culture:** staying informed and being able to discuss several topics of general interest.
- **Motivation:** enjoying what one does. The ability to fully engage in the work and deriving personal satisfaction from it. The ability to motivate others.

3.3. The leadership categories are as follows:

- **The “authoritative, directive” category.** The authoritative leader “rules.” Sometimes, he/she listens to others, but always makes decisions alone. He/she always likes power and shouts at others to assert his/her dominance. He/she is comfortable using a divide and conquer approach to better establish his/her authority. He/she refuses any questioning of his/her orders. He/she does not delegate work.
- **The “participative” category.** The leader delegates his/her responsibilities to others. The structure is clearly defined and everyone follows the established rules. He/she listens to others, consults with them regularly, and works in group to define goals and action plans.

**PART 3: DEDICATED SUPERVISION, DATA COLLECTION, AND MANAGEMENT OF CHW
MEDICATIONS/SUPPLIES INVENTORY**

Section 1: supervision model: dedicated supervision

"We will now discuss a supervision model, dedicated supervision."

1. Dedicated supervision:

Dedicated supervision consists of employing people whose sole responsibility is to provide supervision.

The standard monthly supervision of CHWs is performed by the head of the community health center. The head of the health center is expected to visit each CHW once a month. However, due to the significant workload, this activity is not routinely performed.

In addition, since supervision is a dedicated task, the supervisor must possess specific skills to accomplish it in an optimal fashion.

2. Conduct of dedicated supervision activities in the field:

The supervision activities of dedicated CHW supervisors in the field take place in four major steps:

- Step 1: Group meeting with CHW with the same dedicated supervisor
- Step 2: Community visit without the CHW
- Step 3: Direct observation of the CHW on the job
- Step 4: Individual meeting (feedback) with the supervised CHW

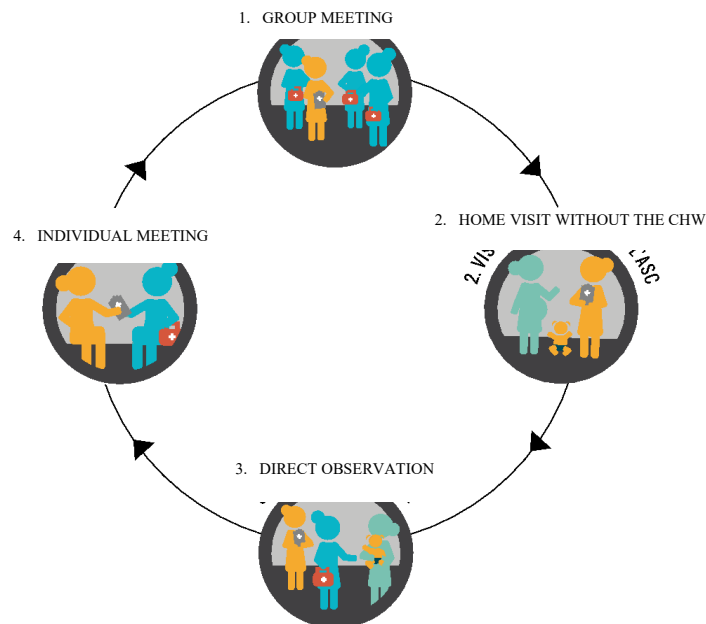


Figure 1: Timeline of CHW supervision activities in the field

Note: a supervisory visit includes the last three steps of the supervision model after paying a courtesy visit to the village authorities, namely: a home visit without the CHW, direct observation of the CHW on the job, individual interview with the CHW and other community stakeholders.

These activities represent the main tasks of dedicated CHW supervisors and have the primary objective of helping CHW and other community stakeholders provide quality services for the well-being of patients and communities. They help reinforce the community-based approach.

For the proper coordination of activities, the dedicated supervisor will propose, at the beginning of each month, in cooperation with the heads of the health centers, a supervisory visit schedule and will make sure that each CHW has at least one supervisory visit per month. This number may vary depending on the circumstances and the performance of each CHW.

2.1 Step 1: group meeting with CHW with the same dedicated supervisor

Each dedicated supervisor will meet at least once per month with CHWs under his/her supervision in the presence of members of the Community Health Center Management Committee of the health area (community center head, community representative). If the chair of the Community Health Center Management Committee is not available, he/she may send a representative. The dedicated supervisor will be responsible for planning and conducting such meetings. In the event that the dedicated supervisor is assigned to two or more health areas, the group meeting should rotate between health areas.

Note: this meeting may be held in the absence of the members of the Community Health Center Management Committee of the health area and the heads of the health centers.

Note: this rotation may be interrupted in the event of a special situation (security issue, etc.). Therefore, this decision must be made jointly among the district, health areas, and communities.

Prior to the meeting, the supervisor must perform the following tasks:

- Prepare skill-building subjects based on his/her overview to identify the most common mistakes made in his/her supervisory group. These mistakes will make up the training topics discussed at the meeting.
- Inform the CHW of the date, location, and time of the meeting.

During the meeting, the supervisor must:

- Establish an attendance list;
- Develop the visit schedule for the month;
- Share the summary of the supervisory visits carried out during the previous month;
- Share information at the end of the meeting between CHW supervisors and/or health authorities at the health area or district level;
- Discuss the difficulties and challenges faced by CHW during the previous month;
- Establish a problem-solving plan;
- Guide CHW on a specific topic identified as a deficiency during previous supervision;
- Collect validated MARs and other information from CHW (regarding applications that CHW use, the supervisor must ensure proper harmonization of all CHWs in his/her supervised group).

This meeting must take place regularly (monthly or weekly) on a specific date or day.

The day selected may vary from district to district depending on other synergistic activities (monthly reports, DHIS2 completion, etc.).

Example: if the monthly district debrief meeting is held on the 1st of each month, the group meetings for that district can be held on the 25th of the month to allow the heads of the community health centers to prepare for this monthly meeting.

2.2 Step 2: Community visit without the CHW:

In an effort to provide reassurance that communities are receiving quality services from the CHW, dedicated supervisors are required to visit the community with a broad, active listening approach to compile their needs.

In order to materialize this supervisory visit and with the intention of providing a standardized intervention and gathering as much information as possible, the dedicated supervisor will carry out at least five household visits. For each visit, he/she will fill out a visit sheet in the community without the CHW.

Procedure:

- According to the schedule, the CHW that will be supervised on that day must be notified of the visit, but must not know the streets or families that will be visited by the supervisor;
- The dedicated supervisor must select the likely times when he/she can find at least one key person in the family (for example, avoiding times when women go to the market, are in the fields, etc.);
- The dedicated supervisor must select at least five households at random from various families;
- The dedicated supervisor must make sure they have at least five copies of the “visit sheet without the CHW” and complete them during the visit.

During this activity, the dedicated CHW supervisor must:

- Check that the family knows the CHW and knows where he/she lives and what his/her phone number is;
- Make sure that the CHW conducts visits in this household;
- Make sure that the services proposed by the CHWs are provided according to the established protocol;
- Ensure the CHW’s availability to the community;
- Check the facts reported by the CHW;
- Check that the CHW is behaving appropriately with the community;
- Make sure that all community care is accessible to the community free of charge;
- Make sure that all pregnant women in the area covered by the CHW receive SP;
- Hear the community’s concerns and suggestions for improving the quality of services offered by the CHW and by health services.

Note: it is possible that the dedicated CHW supervisor or any other authority on the health impact pyramid or a partner (national and/or international) will visit the community as needed, even if this visit is not scheduled. This home visit will be followed by direct observation of the CHW on the job.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play.

Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Amoin Dubla KOUASSI:** you know the CHW, know where he/she lives, and you can show a sheet of paper on which the CHW’s phone number is written. The CHW comes to visit you at least twice a month and he/she treated your last child in the past week for malaria. The CHW came to see him/her only once, on the following day, since this management. You believe that the CHW is respectful and that the services he/she offers are good because he/she gives advice on how to protect against diseases even if there are no sick children in the family, and he/she clearly explains how to administer medicine to the children.

2. **Sandrine ANANI:** you are a dedicated CHW supervisor. According to the schedule, you should do a supervisory visit without a CHW in village X, AKA Aya area. You visited the KOUASSI family and found Ms. KOUASSI on site.

 - Complete the home visit without the CHW supervisory sheet.

2.3 Step 3: Direct observation of the CHW on the job:

After the home visit without the CHW, the dedicated supervisor must accompany the CHW assigned to the area during one of his/her routine household visits. The choice of address/street to be noted by both must be made by the dedicated CHW supervisor and not the CHW. They may return to the same area visited by the supervisor alone or go to another part of the area assigned to the CHW.

Procedure:

- The supervisee (CHW) must be notified of the date and time of the visit, but under no circumstances should he/she know the location of the appointment before the day of the visit.
- The supervisor should make sure that he/she has a home visit with a CHW sheet and complete it during the visit.
Note: the visit sheet should be completed for the entire supervisory visit with the CHW and not for a household.
- The supervisor should avoid intervening during the visit as much as possible. His/her primary role is to closely observe and actively listen. However, should he/she be required to intervene, he/she must do so tactfully, taking care not to upset the CHW.
- During this activity, the supervisor must:
 - Make sure that the CHW asks relevant questions and takes an active listening approach with the household;
 - Make sure that the CHW follows the management protocols;
 - Check the stock and handling of available medications/supplies with the CHW;
 - Make sure that the tools are properly filled and maintained.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: Hand over a supervisory sheet to all participants for direct observation of the CHW on the job.

Instructions:

1. Perform a skit of this visit including the supervisor, CHW, and head of household.
2. Ask the supervisor to complete the supervisory sheet.

2.4 Step 4: Individual meeting (feedback) with supervised CHW:

This interview will take place with the CHW. The discussion will focus on quantitative and qualitative feedback on the CHW's performance. The key approach during this interview should be "active listening."

Procedure:

- This interview should be requested by the dedicated CHW supervisor at the end;
 - The dedicated CHW supervisor must choose a location for this meeting. It should not take place in front of families;
 - The dedicated supervisor must have at least one copy of the "Individual Meeting with the CHW Sheet."
 - During this meeting, the supervisor must:
 - Note and score the CHW's strengths (first) and areas for improvement before the meeting;
 - Talk to the CHW to gather their strengths, areas for improvement, the challenges he/she faces, and his/her proposed solutions to the challenges faced;
 - Complete the "Individual Meeting with the CHW Sheet" over the course of the meeting;
 - Propose and implement a plan for the execution of immediate solutions to the challenges faced;
 - Propose solutions for other areas of improvement and/or challenges faced that involve collective decision-making, or decision-making at the health area, district, regional, or national level.
- Note:** for the strengths, areas for improvement, and solution proposals, it is desirable not to make more than three proposals for each item to be realistic and effective in their implementation.

Section 2: supervision of CHW supervisors

“We will now discuss the supervision of dedicated CHW supervisors.”

1. Supervision of the supervisor:

The dedicated supervisor reports to the head of supervision for Muso sites and reports to the head of the community health center for state sites. The dedicated supervisor should undergo monthly supervision according to a pre-established schedule. It must be incorporated with the routine supervision of the dedicated supervisor.

Note: for dedicated supervisors who will have to be assigned to two or more health areas, this supervision will be carried out in turn by the heads of the community health centers concerned. For Muso sites, the head of supervision alone provides supervision of all dedicated supervisors. This schedule must be done in mutual agreement with all the heads of the community health centers concerned.

2. Steps for the supervision of the dedicated supervisor:

Steps for the supervision for each dedicated supervisor:

- Group meeting with the head(s) of the community health centers
- Community visit without the CHW and his/her supervisor
- Direct observation of the dedicated supervisor on the job
- Meeting (feedback) with the dedicated supervisor

Note: the CHW to be followed should be selected by the head of the community health center in charge of supervising the dedicated supervisor for the month.

2.1 Group meeting:

- This meeting must include the dedicated supervisor and all the heads of the community health center of the health areas to which he/she is assigned.
- It should be held on the same day as the group meeting with CHW under the same supervision, immediately after this meeting or on any other day agreed upon with the people in charge.
- The primary objective is to share the monthly report on the supervision of the dedicated supervisor by the head of the community health center assigned for the month.

2.2 Community visit without the CHW and his/her supervisor:

- This visit should be performed by the head of the community health center without the dedicated supervisor or the CHW.
- It should follow the same procedures as the visit in the community without the dedicated supervisor's CHW.
- This visit should be followed by observation of the supervisor on the job.

2.3 Direct observation of the dedicated supervisor on the job

- The head of the community health center can follow the dedicated supervisor during one or all three steps of the supervisory visit: visit in the community without the CHW, observation of the CHW on the job, individual meeting.
- It should follow the same procedures as the observation of the CHW on the job by the dedicated supervisor.

- This visit must be followed by the individual meeting between the head of the community health center and the dedicated supervisor.

2.4 Meeting (feedback) with the dedicated supervisor

- This meeting can take place at the site level if conditions permit (time, conducive locations, etc.) or at the community health center level after returning to the health area level.
- It should follow the same procedures as the individual meeting between the dedicated supervisor and the CHW.

Section 3: CHW data collection and management of CHW medications/supplies inventory

"We will now discuss CHW data collection and management of CHW medications/supplies inventory."

1. Data collection:

1.1 At the Muso level:

For the purpose of system enhancement and synergy of actions, dedicated CHW supervisors can mainly intervene at two levels, which are:

- Participation in the proper collection of data;
- Data transmission by the CHW;
- For the production and collection of CHW MAR, dedicated CHW supervisors must:
- Make sure that the data collected by the application is collected accurately and completely;
- Assist in resolving technical issues or challenges faced when using the application;
- Use the overview to identify areas where improvements are needed and provide advice and guidance to users;
- Make sure that users of the application adhere to procedures and best practices;
- Make sure that each CHW under their supervision synchronizes his/her application when group meetings and supervisory visits are to take place.

1.2 At the state level:

For the purpose of system enhancement and synergy of actions, dedicated CHW supervisors can mainly intervene at two levels, which are:

- Participation in the production of CHW MAR;
- Transmission of MAR to the heads of community health centers;
- For the production and collection of CHW MAR, dedicated CHW supervisors must:
- Ensure promptness in sharing the MAR (the MAR, as its name suggests, must be completed and shared monthly);
- Ensure completeness of data before sharing with the heads of community health centers;
- Whenever possible, ensure the accuracy of the information provided by the CHW;
- Collect MAR (during group meetings or during supervisory visits) from all CHWs under their supervision and give them to the head(s) of the community health center(s);
- Collect feedback from the heads of the community health center (if any) for action and provide feedback to the CHW concerned;
- Ensure availability of blank MAR sheets for all CHWs.

2. Management of CHW medications/supplies inventory:

The CHW medications/supplies inventory is made up of support products. In addition to the products, the medications/supplies inventory must include certain materials, such as thermometers, MUAC bracelets, stopwatches/timers, etc. CHW medications/supplies must not run out under any circumstances.

To do this, several stakeholders must intervene for a very good process of managing the CHW medications/supplies. The different stakeholders who are involved closely in the process of managing the CHW medications/supplies inventory and supply are:

- The Community Health Center Management Committee
- The head of the community health centers

- The sales DM
- The dedicated supervisor
- The CHW

2.1 Community Health Center Management Committee:

The committee is responsible for the regular supply of inputs to community health centers. They are as follows:

- Making the necessary funds available.
- Ensuring the purchase and delivery of medications/supplies.
- Ensuring compliance with storage and retention standards for inputs.
- Making sure that CHW and other community stakeholders receive the inputs without interruption.

2.2 Head of the community health centers:

He/she is primarily responsible for the management of CHW medications/supplies. He/she is responsible for:

- Preparing a monthly estimate of CHW medications/supplies needs.
- Receiving the medications/supplies and verifying the quality of the products (expiration date, physical condition, dosage, etc.).
- Ensuring proper completion of management tools.
- Ensuring dedicated CHW supervisors come to collect inputs and make them available to the CHW.

2.3 Sales DM:

The DM is in charge of the sales department. He/she must:

- Comply with storage and retention standards for medications/supplies.
- Make orders based on monthly input consumption.
- Properly replenish the management tools.
- Make medications/supplies available to the CHW.
- Ensure drug sale costs are collected from the CHWs.

2.4 Dedicated supervisor:

In this process, the dedicated supervisor has the primary responsibility to ensure that all CHWs under his/her supervision do not record a stock shortage of medications/supplies. To do this, the dedicated supervisor must:

- Check that the management tools are properly maintained.
- Check the available inventory at the CHW level.
- Provide an assessment of medications/supplies during monthly meetings.
- Supply CHWs with medications/supplies at supervisory visits as needed.
- If necessary, remove medications/supplies and hand them to the DM (overstock, expiration, etc.).

2.5 CHW:

He/she is responsible for:

- Ensuring proper storage conditions, storage, and distribution of inputs.
- Ensuring proper maintenance conditions of the materials/equipment at the CHW level.
- Keeping management tools up to date.
- Performing an inventory of medications/supplies prior to each monthly meeting.
- Expressing the need for medications/supplies in a timely manner.

Note: always informs his/her dedicated supervisor before at least one input or tool is out of stock.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: hand over a management sheet for medications/supplies to each supervisor.

Directions: ask participants to use the sheet to request medications/supplies for one month.

Section 4: Assessment and post-test

1. Assessment:

"We are going to do an assessment of this training module."

1. **ASK** participants what their thoughts are on this training module.
2. Then **ASK** the following questions:
 - a. What aspects did you find most useful, and which should be maintained or even reinforced for the remainder of this training or for future training?
 - b. What aspects were not beneficial to you and did not help you effectively understand the concepts?
 - c. What aspects can we improve?
3. **REMIND** participants that there is a suggestion box, and they should not hesitate to use it.
4. **REVIEW** the module objectives and ask participants if they achieved these objectives. If this is not the case, ask them why and summarize this objective to achieve a better understanding.

2. Post-test:

- *Advise participants that we are moving on to the post-test.*
- *Hand a copy of the post-test to all participants.*
- *Read and go over the questions one at a time pausing (30 seconds/question) to encourage participation.*
- *At the end, thank all participants and collect the forms.*

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