

FACILITATOR'S MANUAL FOR COMMUNITY HEALTH COMMITTEES (COMM)

SESSION 2: SUPPORTING COMMUNITY HEALTH WORKERS (CHWs)



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Cover photo: Nean Chou (far left) and Onn Kom (far right) are health workers who are part of the Village Health Support Group, organised by World Vision, in Cambodia. Nean and Onn visit pregnant mothers within their community, advising how to properly care for their babies.

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SESSION 2: SUPPORTING COMMUNITY HEALTH WORKERS (CHWs)



Notes for the Facilitator

This session follows the outline of the CHW Assessment and Improvement Matrix, which details the necessary elements for a strong CHW programme. The COMM has a direct role to play in many of the matrix components. This matrix may be found both in World Vision's CHW training material and in the USAID CHW toolkit.

See Crigler et al. 2011. *Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving Community Health Worker Programs & Services*. USAID Health Care Improvement Project. Bethesda, MD: URC, LLC.

Facilitator Preparation

In order to most effectively carry out this session, you must have a good understanding of the CHW programme in your country. You will need to know which elements the Ministry of Health has implemented and which it has not, and obtain copies of all forms and tools, per this checklist.

Ministry of Health responsibilities: Be aware that if any of these elements or items do not exist, this is not something that you and the COMM will be able to resolve on the spot. Rather, they are areas for MoH dialogue or advocacy, which you and your office may decide to pursue. Such decisions and changes should happen at national level and then be communicated to all COMMs and CHWs. For example, if there are no criteria for the selection of CHWs, this is something that the MoH must develop and then communicate; ideally through a process of community consultation. The COMM will not develop it during this training. You will explain that it is a gap and then discuss COMM's roles in light of that.

Table 1: CHW Checklist

Element	Item	Y/N	Copy obtained
CHW Recruitment	Are there recruitment criteria?		
CHW Roles	Is there a written CHW job or role description?		
Written Agreement	Is there a written agreement detailing CHW responsibilities and disciplinary procedures?		
Training	Be familiar with the trainings the CHWs receive		
Equipment/Supplies	Do CHWs receive supplies or equipment? If yes, what?		
Equipment/Supplies	Is there a stock control form?		
Incentives	What monetary and/or in-kind incentives do CHWs receive?		
Referrals	Is there a CHW-to-clinic and clinic-to-CHW referral and counter-referral system? Are there forms?		
Data/Information	Do CHWs fill out data collection or other reporting forms?		
Performance Appraisal	Do CHWs receive annual performance appraisals? Is there a form for this?		

Important: If the COMM you are working with meets the minimum standards for COMM membership, there will be two or three CHWs as members of the COMM. It is very important that they are present throughout this session, as they will be the ones best able to explain the many points covered here. If the COMM does not have any CHW members, you will need to arrange for a minimum of three CHWs to agree to attend this session as consultants.

If the COMM is working with more than one cadre of community health workers or volunteers, then each cadre should have at least one representative.

Note: If the COMM is working with more than one cadre of CHWs or volunteers, you will discuss their roles with respect to each cadre, throughout the session. The degree of support that the COMM can provide will depend to some extent on the total number of CHWs or volunteers they are overseeing.

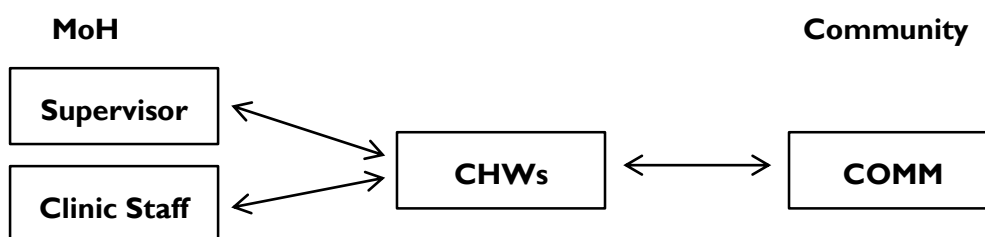
ACTIVITY 1: DIAGRAM THE CHW RELATIONSHIPS; INTRODUCE ACCOUNTABILITY AND SUPPORT

Find out from the CHWs in the group what their current reporting relationships are and make a diagram of these links. Ask the CHWs about these relationships. How often do they see their supervisors? Do the supervisors make field visits, or do the CHWs go to them?

Talk about the relationship between the CHW and supervisor using the words accountability and support. Explain that while the CHWs must be accountable to their supervisors and to the ministry of health (MoH) overall, they should also be supported by them to carry out their work. Draw a two-way arrow to represent this desired two-way relationship. Ask the CHWs about the existing situation. What do their supervisors expect from them? How do the supervisors support them?

Now, explain that CHWs must be accountable not only to the MoH, but also to the communities they serve. By the same token, CHWs should be supported not only by their supervisors and the MoH, but also by the communities. This is where the COMM comes in. Add the COMM to the diagram now. Use a solid line if a link between the CHW and the COMM already exists, and a dotted line if it doesn't. Explain that as you go through this session you will be deciding together on the roles that the COMM, the CHW supervisor, and the MoH in general will be playing.

Diagram 1: Accountability to MoH and Community



ACTIVITY 2: CREATE A WALL OR FLOOR MATRIX

Using large cut-outs, create the 'responsibilities matrix' on the floor or wall, with the responsibilities listed vertically, and 'COMM', 'Supervisor' and 'MoH' in a row at the top. Distribute Tool 2-1 as a handout that the participants will fill in as they follow along, and explain that you will work through the categories and fill in the information, based on the situation in the country.

Use Table 2 as a guide. For each type of responsibility you will discuss and review the current situation, which may be different from the example descriptions given in the table.

Table 2: Example Matrix of Responsibilities

	COMM	CHW's Supervisor	Ministry of Health
CHW Recruitment	<ul style="list-style-type: none"> • Mobilise community to review and contribute to recruitment criteria • Mobilise community participation for selection of new CHWs • Mapping to inform recruitment process 	<ul style="list-style-type: none"> • Ensure COMM and community know recruitment criteria 	<ul style="list-style-type: none"> • Develop recruitment criteria
CHW Roles	<ul style="list-style-type: none"> • Understand CHW roles • Ensure community knows the CHW roles 	<ul style="list-style-type: none"> • Ensure COMM and community know the CHWs' roles 	<ul style="list-style-type: none"> • Determine the CHW roles, provide in writing
Written Agreement	<ul style="list-style-type: none"> • COMM understands its roles vis-à-vis the CHWs per the written agreement • Ensures community is aware of process for grievances • When COMM or community become aware of CHW infractions, should report to supervisor as first point of address 	<ul style="list-style-type: none"> • Ensure COMM receives copy of written agreement • Supervisor is usually first point of address for disciplinary processes 	<ul style="list-style-type: none"> • Develop the terms of the written agreement, provide in writing
Initial and Ongoing Training	<ul style="list-style-type: none"> • COMM is aware of all trainings CHWs receive • COMM members may occasionally participate in part of a CHW training, for better familiarity • Mobilise to support CHW households so they can attend training (childcare, crops, etc.) • Track trainings, attendance 	<ul style="list-style-type: none"> • Informs COMM of CHW trainings • (Supervisor is sometimes the CHW trainer) 	<ul style="list-style-type: none"> • Responsible for CHW training
Equipment and Supplies	<ul style="list-style-type: none"> • May monitor the CHW stock control forms • Alert supervisor of any suspected CHW misuse of stock 	<ul style="list-style-type: none"> • Overall supervision of CHW stock control forms 	<ul style="list-style-type: none"> • Develops the stock control system
CHW Support	<ul style="list-style-type: none"> • Develop a 'buddy system' for CHW support (may be individual, or small groups) • Meet regularly with buddies or buddy group, usually at community level • Address CHW concerns and issues as appropriate 	<ul style="list-style-type: none"> • Should also provide support to CHWs 	
Incentives	<ul style="list-style-type: none"> • Mobilise community to ensure CHWs receive (locally-appropriate) recognition for good performance 	<ul style="list-style-type: none"> • Ensure COMM knows CHW incentive scheme 	<ul style="list-style-type: none"> • Develops a uniform, national CHW incentive scheme

(Table 2 continued)

	COMM	CHW's Supervisor	Ministry of Health
Referrals	<ul style="list-style-type: none"> • Understands the referral system • Track and investigate adverse events (see Session 5) • Establish community support for referrals e.g. emergency transport fund or identifying alternative transport 	<ul style="list-style-type: none"> • Assists CHWs with problems they may encounter with clinic referrals 	<ul style="list-style-type: none"> • Develop the referral and counter-referral system
Documentation, Information	<ul style="list-style-type: none"> • Understand the reporting forms that CHWs use • Identify barriers to data collection and help solve issues • Carry out 'spot checks' in the community to ensure CHWs are making the visits they claim on reports 	<ul style="list-style-type: none"> • Quality control of CHW reporting forms • Collect and tally data • Provide aggregated information to COMMs 	<ul style="list-style-type: none"> • Develop the CHW reporting system • Aggregate data nationally • Provide reports of aggregated data to stakeholders
Performance Appraisal	<ul style="list-style-type: none"> • Contributes to performance appraisal by informing supervisor of CHW performance in community • '360 degree' performance appraisal where CHWs also evaluate the COMM and community 	<ul style="list-style-type: none"> • Carries out annual performance appraisals of CHWs • Appropriate acknowledgment of high performers, and action taken with low performers 	<ul style="list-style-type: none"> • Institutes a performance appraisal system
Opportunities for Advancement	<ul style="list-style-type: none"> • Approve advancement of CHWs through the performance appraisal system • Recommend CHWs to the health facility 	<ul style="list-style-type: none"> • Inform COMM of any opportunities • Together with COMM select candidates for advancement 	

You will go through all of the responsibilities one by one, in a similar manner:

- First, have the participants describe the current situation.
- If there is a form or a tool, distribute and review it. Ask the CHWs present to explain the tool or process to the COMM.
- Are there gaps that need to be addressed at national level with the MoH? Explain this.
- What are the COMM's responsibilities in each area? Discuss and agree with the group. Fill in the matrix on the wall or floor accordingly, and have the participants fill in their handouts. Note that there may be different scenarios in different contexts. For example, in one country it may be agreed that COMMs will review CHWs stock control sheets, while in another country the information will be considered confidential and not to be shared with the COMM. (In this case the COMM may choose to do community-level 'spot checks' instead.) This is the reason why you must complete the matrix together with the participants, rather than simply copying the sample provided here.

Specific instructions related to each responsibility, as needed, follow.

ACTIVITY 3: CHW RECRUITMENT

- Discuss the current situation regarding CHW recruitment. Are new CHWs recruited from time to time? When, or for what reasons?
- If recruitment criteria exist, either write them on a flipchart or distribute as a handout. Review the criteria. Ask if the COMM is in agreement with the criteria, or if they feel the criteria need to be revised. If criteria

need to be revised, this will have to be taken up with the MoH. The COMM may wish to organise a community meeting to get input that can eventually be compiled and presented to the MoH.

- Have the participants describe the process for selecting CHWs. Is there adequate community participation in the selection? If not, what needs to happen to improve the situation?
- Given all of the above, what should the COMM be doing with respect to CHW selection? Write the COMM responsibilities on one or more cards and place them in the matrix on the floor or the wall. The participants should copy the information into their handouts. The main role of the COMM in this case will be to ensure that the community participates in the selection of new CHWs.
- Clarify the roles of the supervisor and the MoH as well, and include on the matrix.

ACTIVITY 4: CHW ROLES

The COMM should know all the activities that CHWs do in their area, and what the expectations of the CHW position are. This way the COMM can competently monitor the CHWs' activities and be able to determine if a CHW is fulfilling her responsibilities or not, and what kind of support she might need.

A Note on CCM and CMAM

If CHWs in this area do Community Case Management (CCM) or Community-based Management of Acute Malnutrition (CMAM) then the COMM needs to know the specific MoH protocols that define their activities. Since the COMM plays a monitoring role in the activities of the CHWs, it needs to know in what parameters the CHWs are expected to operate so that the COMM can determine if things are being done properly, such as appropriate diagnosis, use of medicines, and follow-ups on the recovery of malnourished children, as examples. These special responsibilities should all be outlined in the written CHW roles document.

- Ask the CHWs present to describe and explain their roles. If the CHWs' roles are formally written, list these on a flipchart or distribute as a handout.
- If there is no written job or role description, understand that this is a responsibility of the MoH to develop. When the CHWs explain their roles, a list (unofficial) should be written on the flipchart and the COMM should make a copy to keep for itself.
- Have the CHWs introduce the COMM to the activities they are doing as a part of behaviour change communication (BCC) and familiarise the COMM with the curriculum or methodology that the CHWs have been trained in (ttC, or other).
- Fill in the matrix with COMM, supervisor and MoH responsibilities.

ACTIVITY 5: WRITTEN AGREEMENT AND DISCIPLINARY PROCEDURES

- If a formal written agreement exists that outlines CHWs responsibilities and the measures that will be taken if responsibilities are not met, distribute it as a handout and review it.
- If no formal written agreement exists, distribute copies of Tool 2-2 which gives an outline of what a written agreement may contain. Note that Tool 2-2 has a front and a back page. The back page shows World Vision International Child Protection Protocols as an example, which is a very good idea to include for CHWs entering the homes of others where children are present.
- You may simply review the handout, or you may divide the participants in groups. Ask one group to come up with examples of possible work agreement violations, and the second group to come up with the steps for dealing with the problem. Review against the sample provided and discuss.
- Whether or not a written agreement exists, the COMM should be clear on what its role is when it becomes aware of an under-performing or non-performing CHW, or a CHW that has committed a violation. In most cases, the supervisor should be informed before the COMM takes any action itself.
- Discuss how the COMM will make the community aware of the grievance procedures.
- Fill in the matrix with the agreed COMM, supervisor and MoH responsibilities.

ACTIVITY 6: INITIAL AND CONTINUING TRAINING

The COMM is not normally involved in training CHWs, but it needs to know what trainings the CHWs receive so as to interpret their performance.

- Have the CHWs list all trainings they have received on a flipchart and briefly explain each one. Indicate which trainings are requirements by the MoH and which are additional useful trainings but not required.
- All CHWs should receive a basic minimum standard of training, and the COMM will ensure to the best of its ability that the CHWs' meet that standard. When a new CHW is recruited, the COMM will want to keep track of whether or not this CHW receives the trainings he or she needs, and follow up with his or her supervisor as needed.
- You may want to have the CHWs demonstrate a behaviour change counselling session based on their training, acting out the roles of CHW, mother and family.
- Fill in the matrix with the agreed COMM, supervisor and MoH responsibilities.

ACTIVITY 7: EQUIPMENT AND SUPPLIES

Note to Facilitator

This activity only applies to COMMs where CHWs are involved in CCM, Home-based Care, and similar programmes where they are handling medicines or other types of supplies. These COMMs may play a role in monitoring stock control. If the CHWs do not receive any supplies at all, you will skip this section.

- Ask the CHWs to list the supplies that they receive, or should receive. Write the list on a flipchart. The CHWs should describe the system that is used to keep track of the supplies received and distributed.
- If the MoH has a stock control form that the CHWs are using, obtain copies and review the form(s) with the COMM. The CHWs can lead this review.
- If there is no stock control system, use the Stock Control Sheet provided in Tool 2-3. Understand that it would be necessary to reach agreement with the MoH to introduce such a system. Make one copy per participant. Explain how to fill it in and then provide a few examples of stock in and stock out events that they can fill in on their sheets. Discuss the benefits of introducing a form such as this to keep track of supplies, and discuss any arrangement there may be for dialoguing with the MoH about this.
- Stock-outs: Explain to the COMM that every medicine has a threshold amount that is estimated based on the size of the community and the approximate need. When this threshold is reached, and if it is not soon replenished, it can lead to the CHW completely running out of stock. The COMM may play a role in addressing stock-outs. If a stock-out is caused by the MoH, then the COMM needs to determine if it can and should be addressed through direct meetings and follow up. If the stock-out is caused by the misuse of supplies by the CHW or others, then this becomes a disciplinary issue. Discuss the current situation with stock and stock-outs, and agree together on any role(s) the COMM should play.
- Decide together if the COMM should review the CHWs' stock control sheets on a regular basis. This may be appropriate in some contexts and not in others, depending on the confidentiality of the information. An alternative to reviewing the forms is to carry out spot checks in the community by asking a sample of families if they are receiving the necessary supplies from the CHWs.
- Agree on the COMM responsibilities with regard to CHW supplies and fill in the matrix.

ACTIVITY 8: CHW SUPPORT**Note to Facilitator**

If the COMM is directly **supervising** CHWs, it will receive trainings on the curriculum and forms CHWs use for their work. For example, for CHWs carrying out Timed and Targeted Counselling (ttC), the COMM will receive training in ttC so that it can competently supervise the CHWs' activities. It will also become familiar with the forms the CHWs use. These trainings are not covered here, and the activities that follow relate to COMM **support** of CHWs; not COMM supervision of CHWs.

If the COMM is not supervising CHWs, the COMM will play a **supporting** role for the CHWs. In these cases, please remember to use the word 'support' when working with the COMM to emphasise this.

- Ask the CHWs how their supervisors currently support them. Discuss.
- Explain that the COMM should also support CHWs and they can best do this by developing closer relationships with smaller groups of CHWs. Review the administrative system and determine the approximate number of CHWs in the COMM's coverage area. Find out how many communities (or lowest administrative level) make up this coverage area, and explain that the support should take place at this lowest level. All COMM members from one community should be supporting all the CHWs from that same community. The COMM may prefer to do this by meeting as small groups at community level or, alternatively, by pairing off with one or more CHWs in a buddy system. Discuss and reach preliminary agreement.
- In plenary or in small groups, come up with a list of questions the COMM members can ask CHWs to enable the COMM to best support them, such as, how is your work going? How are the families receiving you? How are you doing? What issues can we help you with? Then practice this by having the COMM members in the class ask these questions and discuss with the CHWs in the class.
- Alternatively, you may use the COMM-CHW role play cards in Tool 2-4 and pair off the participants to work through the scenarios.
- Point out that COMM members might find it useful to shadow their buddy CHWs sometime during a home visit that the CHW deems appropriate, so that the COMM will have a better understanding of what the CHWs do.
- Now that the idea of the buddy CHW or buddy group is clear to the participants, ask them to explain the difference between the buddy that the COMM can be, and the CHW's formal supervisor. Why is it important or useful for the CHWs to have both a supervisor and a buddy or buddy group?
- Complete the matrix with COMM, supervisor and MoH responsibilities regarding CHW support. Emphasise that these roles complement each other and discuss as needed.

ACTIVITY 9: INCENTIVES

- Have the CHWs describe the current incentive system. Do they receive a stipend? Materials? Awards? Is anything done by the community to show their appreciation?
- Explain that public recognition and expressions of appreciation by the community are a legitimate form of incentive. CHWs can receive public recognition and motivation in a wide variety of ways. Ask what the COMM and community can do if a CHW is doing particularly good work but not yet being recognised for it. Write the answers on a flipchart and agree steps to encouraging recognition, led by the COMM.
- Agree on COMM responsibilities with regard to mobilising the community for public recognition of CHWs and fill out the matrix.

A word on gifts from families: Community members should not be encouraged by any NGO or COMM to give money or gifts to CHWs as payment for service. Ask the participants why this might be? Ask them if this happens in their contexts. Explain that encouraging families to provide money or gifts can skew a system that provides free services to all users. Community members who cannot afford to give anything can miss out on care. Discuss the

cultural norms for gift giving in their context. What is considered acceptable, and when should a CHW be spoken to or action taken about this?

ACTIVITY 10: REFERRAL SYSTEM

- If there are existing CHW-to-clinic referral and clinic-to-CHW counter-referral forms, distribute copies and ask the CHWs in the group to explain the forms to the COMM members. You may wish to carry out a brief simulation, using the characters of a sick patient, a CHW and a nurse, for example.
- If there is no existing referral and counter-referral system, use the example in Tool 2-5 and practice with one or two scenarios. Understand that the MoH would need to agree to the use of this tool or one similar before implementing such a system.
- As an example, review the complete flow of action that takes place when a patient is referred, treated and counter-referred, and write the steps on the flipchart (1) sick patient (2) CHW correctly recognises problem and refers (3) patient goes to health facility (4) health facility treats properly (5) facility counter-refers (6) patient presents counter-referral to CHW (7) CHW follows up.
- Ask the group to identify possible *breakdowns* with each of these steps, and write the breakdowns on the flipchart.
- Ask what the COMM's role can or should be with regard to the referral system and the possible breakdowns that may occur. The COMM may have an important role to play in addressing transport issues that present a barrier to getting to the facility, for example. Have the COMM discuss options for emergency transport by vehicle in their area. Do COMM members have vehicles that can be made available? Is public transport an option, especially in light of the fact that some cases may arise in the middle of the night? Other?
- The COMM will also want to ensure that the CHW indeed follows up with the patient in cases of counter-referral. Evidence has shown that many deaths occur in the home after hospital discharge and so this is an area that the COMM should monitor carefully. Discuss how the COMM can do this.
- As the CHW is following up with the patient, the CHW may learn of difficulties that the patient experienced at the clinic. Ask the group what types of difficulties the patient might encounter, such as poor treatment by the nurse, no medicines, or incorrect diagnosis. The CHW can bring these problems to the attention of the COMM for follow up.
- Complete the matrix.

ACTIVITY 11: DOCUMENTATION AND INFORMATION MANAGEMENT

Note to Facilitator

If the COMM is directly **supervising** CHWs, it will be fully involved in data collection and aggregation, and quality assurance. The COMM will receive a separate training for this. If the COMM is not directly supervising CHWs but, rather, is playing a supporting role, it will not have to collect and aggregate data itself. The COMM should receive some data from CHWs, though, in one of two ways:

- In Scenario 1, mechanisms are in place to make sure the COMM receives aggregated data that show the results of the CHWs' work. The way that this will happen will vary from place to place. In some cases a supporting NGO (like World Vision) will handle data aggregation and pass the results to the COMM, while in other cases this might be handled by the local clinic. You, the facilitator, will need to understand the mechanisms in your area, and make sure in initial phases that the COMMs indeed are receiving the aggregated results.
- In Scenario 2, there are no mechanisms for providing aggregated CHW data to the COMMs. In this scenario, the COMM will collect semi-quantitative information around select indicators. This is described in Session 5: Tracking Community Health Status.

Regardless of the scenario, the COMM will also get *qualitative* information from CHWs, by talking to them about their successes and barriers, and listening to their reports at debriefing meetings.

- Have the CHWs provide copies of the data forms they fill out and explain them to the COMM members. The CHWs should explain who they give these forms to and what happens to them after that. Who compiles them? What is done with the compiled data?
- Discuss the mechanisms that exist, or that could exist, so that the COMM can receive copies of aggregated data – the overall numbers and percentages, compiled from all CHWs' forms. Discuss why this would be important for the COMM's work.
- If it is not possible to receive aggregated totals, review the method that the COMM will use to collect information from CHWs about the practices they are most interested in tracking. Session 5 describes a method using piles of beans, which will enable approximate percentages. Carry out a simulation of this method, selecting one practice (such as exclusive breastfeeding) and collecting beans from the CHWs present. In their left hand they will show the approximate per cent of families practicing the behaviour and in their right hand the families not practicing. Collect all the 'left hand' beans and all the 'right hand' beans to create two piles and determine the approximate percentage.
- Discuss whether the COMM has a role to play in carrying out spot checks to help ensure that the data the CHWs are recording is valid, especially around home visits. Are families indeed being visited by the CHWs?
- Now explain to the COMM that, very often, health data and information are shared only with the MoH and other higher level stakeholders, but that the information rarely gets back to the community. The COMM will provide an important service by sharing these types of information with the community! Ways of sharing health information with the community is covered in Session 6.
- Complete the matrix.

ACTIVITY 12: CONTRIBUTION TO INDIVIDUAL PERFORMANCE APPRAISALS

- If the CHWs receive periodic (usually annual) performance appraisals, have them describe the process.
- If performance appraisals are not part of the CHW programme, explain what this means and discuss the importance of them. Understand that it would be a MoH decision to begin to implement them. Distribute Tool 2-6 as an example.
- Discuss the supervisor's and the COMM's role with respect to performance appraisals. The supervisor will have the primary responsibility for completing a CHW performance appraisal, but as he or she is not always as close to the work of the CHWs as the COMM is, the COMM will have some valuable information to share. If a standard performance appraisal form exists, review where and how the COMM can contribute to it. If there is no such form or process, discuss whether the COMM and the supervisors might want to set up some type of feedback mechanism between them in any case.
- Brainstorm the types of information the COMM might provide to the supervisor. Examples include:
 - an evaluation by the buddy COMM member of how well the CHW performs each of her roles
 - any grievances or disciplinary actions involving the CHW
 - any recognition or awards received on account of the CHW's work (such as from NGOs or CBOs)
 - input from household visits, asking for feedback on the CHW.
- After the performance appraisal, the supervisor might agree on an action plan together with the CHW for improving the CHWs performance in cases where this is needed. Brainstorm ways that the COMM can support this process. There are various ways that the COMM will be able to help out.
- Complete the matrix with the agreed COMM, supervisor and MoH responsibilities.

ACTIVITY 13: CREATE AN ACTION PLAN AND USE TO MONITOR PROGRESS

It is very important at this point that the COMM translate its roles (that which they filled in on the matrix) into concrete action planning. The COMM will not likely be able to take action on all the points at once, but they should plan to phase in their many roles with regard to CHWs over time.

Go back through the COMM roles for each element of responsibility and agree with the COMM on the concrete action it will take. It is likely that they will want to organise an initial community meeting to introduce many of the points. They should also be thinking about setting up their buddy system or buddy groups and scheduling meetings with the CHWs. They may also want to meet with CHW supervisors to agree on the ways that the COMM will transmit any CHW disciplinary, grievance or success and high-performance issues to the supervisors.

Distribute Tool 2-7, COMM Action Planning and Monitoring Tool: Supporting CHWs. Review the goals. At this point the group should consolidate all of the activities they have been writing down throughout this session onto this one tool. The COMM secretary will be responsible for finalising the final version and keeping it updated.

You as facilitator should request a copy of this form every quarter so that you, too, can track the group's progress.

ACTIVITY 14: KNOWLEDGE ASSESSMENT FOR SESSION 2

As you close Session 2, ask the COMM to respond to each of the following statements as either 'true' or 'false' in order to assess their general understanding of the material. Allow the group time to discuss and agree on a collective response to each, before they answer. If they get an answer incorrect, you will know that you need to revisit this information as a group before proceeding to the next session.

1. It is not very important for the COMM to be familiar with the CHWs' ongoing activities, performance, and other matters; only to support them when they ask for assistance or feedback. (*Answer: FALSE*)
2. The COMM should discourage community members from giving CHWs money or gifts as in-kind payment for service, and encourage public recognition and appreciation instead. (*Answer: TRUE*)
3. The COMM's Action Plan should include all of the group's CHW-related activities. (*Answer: TRUE*)

TOOL 2-1. MATRIX OF RESPONSIBILITIES

	COMM Responsibilities	Supervisor Responsibilities	Ministry of Health Responsibilities
CHW Recruitment			
CHW Roles			
Written Agreement			
Initial and Ongoing Training			
Equipment and Supplies			

(Tool 2-1 continued)

	COMM Responsibilities	Supervisor Responsibilities	Ministry of Health Responsibilities
CHW Support			
Incentives			
Referrals			
Documentation, Information			
Performance Appraisal			
Opportunities for Advancement			

TOOL 2-2. SAMPLE OUTLINE OF WRITTEN AGREEMENT

The **Written Agreement** should include:

- who the agreement is between
- dates of validity
- all CHW responsibilities (the CHWs' roles)
- child protection protocols
- codes of conduct
- an estimate of the time commitment.

Disciplinary Procedures and Steps to Replacement, if needed:

The following are some examples of work agreement violations, which would trigger corrective action:

- non-participation in trainings or supervision events
- non-availability due to other commitments
- non-treatment of patients
- disputes in the community
- falsification of data.

When corrective action is required repeatedly with the same CHW, the COMM and the CHW supervisor should follow these steps:

1. Conduct a root-cause analysis to understand why the issue has arisen.
2. Give support to overcome the difficulties.
3. If the problem continues with no effort to improve performance then proceed as follows:
 - a) Step 1: A verbal warning from the supervisor
 - b) Step 2: A verbal warning from the health facility lead
 - c) Step 3: Discussion with the COMM
 - d) Step 4: Suggested removal of the CHW.

(Tool 2-2 continued)

Sample: World Vision International Child Protection Behaviour Protocols

All WVI employees, applicants, volunteers, interns, independent consultants and board members will be expected to abide by the defined guidelines for behaviour as follows:

- a) Should seek to live up to the World Vision Mission Statement and Core Values in all relationships with others
- b) Must be concerned about perception and appearance in their relationships with children
- c) Must be entirely professional in their relationship with children, while at the same time demonstrating Christian love, compassion and caring in both word and deed
- d) Must be appropriate and culturally sensitive in all their interactions with children
- e) Should not hire children as 'house help'. For purposes of this policy, house help refers to hiring children to serve as maids, housekeepers and similar roles on a daily basis and not to casual hiring of children to serve as babysitters.
- f) Should not use verbal conduct such as derogatory comments or sexual advances, invitations, nor use power and authority to persuade a child to act in ways that may sexually gratify the adult
- g) Should not use visual conduct such as derogatory posters, pornography of any kind, cartoons, drawings or gestures, or any form of sexual or inappropriate written or verbal communication
- h) Must not engage in physical conduct with children such as culturally inappropriate or unwanted touching, hugging, kissing, or blocking of normal movement
- i) Must obtain parental or guardian permission, in writing, prior to the involvement of children in WVI-sponsored programmes or activities.

Visits to World Vision Projects

Any staff member, board member, or visitor of WVI who will be visiting a World Vision project must be advised of the local behaviour protocols which should include:

- a) Visits to WVI projects are to be pre-arranged and pre-approved.
- b) When a WVI staff member takes visitors (sponsors, donors, constituents) to a project, the visitors must be accompanied by a WVI staff member at all times.
- c) Unannounced or unplanned visitors may be denied access to the project.
- d) WVI does not facilitate visits by children to the donor, sponsor or constituent's home.
- e) WVI does not facilitate adoptions.
- f) WVI staff must not stay overnight alone with non-related children whether in the staff member's home or elsewhere.
- g) Although it should be the exception rather than the rule, there may be some circumstances when it might be appropriate for WVI staff to spend time alone with a child. WVI staff must notify the appropriate supervisor before spending time alone with a child in an unsupervised situation with written permission from the child's parent or guardian.
- h) Two or more adults must supervise all activities where project children are involved. At least two adults must be present at all times.

(Tool 2-3 continued)

Stock Control Summary Sheet

Note: Only some programmes will use this form; it has been included for limited use.

Insert MoH logo here	CHW Stock Control Summary Sheet	CHW	
		Community	
		Supervision Period	
		CHW Signature	
		Supervisor	

Verification of stock									
	Amoxicillin	ORS	(Other)	(Other)	(Other)	(Other)	(Other)	(Other)	Other
Current stock level									
Stock issued									
Stock removed									
Quality of stock									
Threshold reached / stock out									
Assessment of CHW stock management	Comments								
Check equipment and supplies intact (e.g. breath counter, job aids, forms, MUAC, scales, etc.)	Comments								

TOOL 2-4. COMM – CHW ROLE-PLAY CARDS

Supporting CHWs

CHW 1	CHW 2
<p>Issue resolution – ‘I’m supposed to receive a stipend at the end of each month. But last month I didn’t get it. This has happened before and I’m getting frustrated.’</p> <p>Discussing trends – ‘The families I visit are getting much better about going for antenatal care. Even the husbands go with their wives to appointments sometimes! I think this will show in the health of their newborn babies. I’m looking forward to seeing the results.’</p>	<p>CHW supervisor – ‘My CHW supervisor has been away for three months. She usually meets with the clinic staff and finds out about services our mothers are getting for their babies and shares that information with us for cross-referencing. But now we haven’t received any information for a while. Can you help?’</p> <p>Discussing trends – ‘Several mothers told me that their infants and older children have been suffering from diarrhoea. I wonder what could be causing it.’</p>

TOOL 2-5. CHW REFERRAL AND COUNTER-REFERRAL FORMS

Part completed by the CHW, kept by primary healthcare worker (PHC) for reference	CHW Referral Form	Date of referral	
		CHW name	
		Mobile Phone Number	
Referring location (site evacuated from)	<input type="checkbox"/> Village <input type="checkbox"/> Health post <input type="checkbox"/> Health centre		
Name of patient	<input type="checkbox"/> Pregnant <input type="checkbox"/> Newborn (0–28 days) <input type="checkbox"/> Child <input type="checkbox"/> Other (explain)		Patient record number:
Condition/reason for evacuation	MEDICAL HISTORY:		
	Date of first symptoms:	Child	Maternal / neonatal
		Fever <input type="checkbox"/>	Newborn danger signs <input type="checkbox"/>
	Description of condition:	Cough with difficult breathing <input type="checkbox"/>	Birth complications <input type="checkbox"/>
		Diarrhoea <input type="checkbox"/>	Bleeding/miscarriage <input type="checkbox"/>
		Malnutrition <input type="checkbox"/>	Danger sign in pregnancy <input type="checkbox"/>
Other <input type="checkbox"/>		Other <input type="checkbox"/>	
Condition on departure	<input type="checkbox"/> Normal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical		
Prior treatments (community)	Medicine _____ Dose _____ Date _____ 1. 2. 3. 4.		
Next of kin/contact			

Part completed by PHC, returns to CHW	<h2>CHW Counter-Referral form</h2>		Date of discharge: _____	
			Name of Health Care Worker (HCW) _____	
			Contact no. PHC: _____	
Receiving institution	_____ <input type="checkbox"/> Health post <input type="checkbox"/> Primary HC <input type="checkbox"/> Hospital			
Name of patient	_____ <input type="checkbox"/> Pregnant <input type="checkbox"/> Newborn (0–28d) <input type="checkbox"/> Child <input type="checkbox"/> Other (explain)		ID number of patient record	
Conditions treated at facility	MEDICAL HISTORY: Conditions: Treatments given:	Child	Maternal / neonatal	
		Malaria <input type="checkbox"/>	Neonatal infection <input type="checkbox"/>	
		ARI <input type="checkbox"/>	Complex delivery <input type="checkbox"/>	
		Diarrhoea/ dehydration <input type="checkbox"/>	Miscarriage <input type="checkbox"/>	
		Malnutrition: M (moderate)/ S (severe) <input type="checkbox"/>	Malaria <input type="checkbox"/>	
		Other infection <input type="checkbox"/>	Danger sign in pregnancy <input type="checkbox"/>	
		Other <input type="checkbox"/>	Other <input type="checkbox"/>	
Condition on discharge	<input type="checkbox"/> Normal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical			
Instruction to CHW				
Date to return to PHC		Return immediately if		
Follow up schedule	Home visit patient _____ times per week for _____ weeks			
CHW to check during follow up	Medicine adherence schedule Possible danger signs Counselling			
Signature of health technician	_____			

TOOL 2-6. SAMPLE PERFORMANCE APPRAISAL

Core CHW competencies 0= Poor; 1= Needs improvement; 2 = Good ; 3= Excellent		Self assessment 0-3	Observed in Supervision Form ✓✗	Supervisor's assessment 0-3	Overall Performance Assessment
1. Effective communication and counselling skills	Building rapport with families				
	Active listening				
	Negotiation and dialogue				
	Use of job aids and materials during process				
	Barriers analysis				
2. Handling of referral cases	Recognition of symptoms and danger signs				
	Referral and Follow up				
	Interpretation of counter referral				
3. Record keeping	Referral forms				
	Record keeping and reporting				
	Use of the household handbooks				
4. Health knowledge	Healthy pregnancy				
	Essential newborn care, postpartum care and danger signs				
	Breastfeeding counselling and support				
	IDS and growth curve interpretation				
	Childhood illness				
	Complementary feeding and child nutrition				
	High risk children and households (HIV, TB, OVC)				
5. Other	Timeliness of visiting, punctuality				
	Supportive care for vulnerable families				
	Use of initiative and problem solving skills				
6. Community involvement	Engagement with other Community health actors, COMM CHCs and others				
	Community trust and value perception (feedback)				
	Community sensitisation and health promotion activities (group based)				
COMM or community representative comment and feedback	Complaints, community feedback Recommendations, recognition, awards				
Final result Reviewed by supervisor and COMM representative	Supervisor: Role: Signature: Date:				

TOOL 2-7. COMM ACTION PLANNING AND MONITORING TOOL: SUPPORTING CHWs

SUPPORTING COMMUNITY HEALTH WORKERS (CHWs)

Name of COMM: _____ Year: _____ Quarter: Q1 _____ Q2 _____ Q3 _____ Q4 _____

Instructions: Fill out the table below with the activities the COMM will undertake to support CHWs. Tick the boxes under ‘Goals’ only when the activities are complete and the goals have been achieved.

Goals

- We provided support and oversight of the CHW programme this quarter, in the following ways (tick all that apply)
 - Mobilised community to review and contribute to CHW recruitment criteria, and CHW roles
 - Mobilised community participation in selection of new CHWs
 - Tracked CHW training attendance
 - Mobilised community to ensure CHWs receive locally-appropriate recognition for good performance
 - Provided feedback for CHW performance evaluations and supervision
 - Supported the referral system in ways agreed locally
 - Carried out spot checks in community to ensure CHWs doing work claimed on reporting forms
- We had a meeting with CHWs this quarter for support, discussion and feedback
- We carried out at least one activity in the community this quarter that helped the community to better understand the CHW program
- Number of CHWs supported: _____

COMM Activities	Who	Resources	Planned date to complete	Date actually completed	Comments

(Tool 2-7 continued)

COMM Activities	Who	Resources	Planned date to complete	Date actually completed	Comments

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