Republic of Ghana,
Ministry of Health

Ghana National Community Health Worker Training Manual

Manual for Training CHW Supervisors

Resources and references

Materials used in the development of this curriculum include

Timed and Targeted Counselling for Health and Nutrition, 2nd edition © World Vision International : Guidance for Data Collection and Reporting, and Guidance for Supportive Supervision of TTC.

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CONTENTS

ABBREVIATIONS

ART	Anti-retroviral therapy
CHMC	Community health management committee
CHO	Community health officer
CHW	Community Health Worker
CHX	Chlorhexidine
DOT	Directly observed treatment (for tuberculosis)
HIV	Human immune deficiency virus
i-CCM	Integrated community case management
IMCI	Integrated management of childhood illness
LLIN	Long lasting insecticide treated net
MOH	Ministry of Health
MUAC	Mid upper arm circumference
NA	Not applicable
TB	Tuberculosis
TTC	Timed and targeted counselling

MODULE DESCRIPTION

Objectives

The supervisor would be able to:

1. Understand and carry out the supervision process and its various components, to standard
2. Demonstrate the leadership and communication skills needed for effective supervision
3. Carry out case evaluations, home visit observations and performance audits using appropriate tools
4. Provide effective feedback using data from the supervision and develop an action plan
5. Facilitate CHW debriefing sessions
6. Conduct annual performance appraisals of CHWs
7. Work with the CHMC in supporting and recognising CHWs and in taking disciplinary action

Learning objectives	*At the end of the training, participants would be able to:* • Explain the supportive supervision process, its functions and components • Demonstrate the leadership and communication skills needed for effective supervision • Describe the CHW service package and core competencies needed to deliver the services • Carry out a case evaluation and complete the scoring • Carry out a home visit observation and complete the scoring • Carry out a performance audit of the CHW • Provide feedback based on the supervision and develop and action plan • Facilitate debrief meetings with CHWs • Calculate coverage levels and performance scorecard for CHWs • Involve the CHMC in various aspects of the supervision and support process • Conduct annual performance appraisals of CHWs • Understand what supervision is required for a supervisor
Sessions	1. Introduction to supportive supervision 2. Supervision skills 3. CHW services and competencies 4. Case evaluation (spot check) 5. Home visit observation 6. Performance audit 7. Supervision wrap-up: feedback, action plan and follow up 8. CHW debriefing meetings 9. Individual performance appraisal 10. CHMC support to CHWs
Preparation and materials	**Materials:** 1. Supervision forms: Case evaluation forms (Forms 1A, 2A and 3A), Home visit observation forms (Forms 1B, 2B and 3B), performance audit (Form C), individual performance appraisal (Form D) 2. Completed CHW registers with dummy data 3. Household register tally sheet, CHW and CHO monthly report forms, Scorecard **Preparation:** 4. Preparation for volunteers carrying out role plays 5. Prepare registers with dummy data and make copies ahead of time

SESSION 1. INTRODUCTION TO SUPPORTIVE SUPERVISION

Session Objectives	By the end of this session participants will be able to explain: • The concept of supportive supervision • What they supervise and why • Supportive processes, standards • The purpose of supervision and main components.
Session Topics	Supportive supervision, three components of supportive supervision
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Understanding supportive supervision Activity 3: Reinforcing the information: Group discussion Activity 4: Give relevant information: A supervisor wears three hats Summarise the session
Key words and phrases	Supportive supervision, skills mentoring, compliance

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- What in your view is supportive supervision?
- How does it benefit CHWs?
- What aspects of supervision have helped you in your work?

Activity 2: Give relevant information: Understanding supportive supervision

WHAT IS SUPPORTIVE SUPERVISION?

Supportive supervision focuses on meeting the needs of CHWs, so that they are enabled to perform to the best of their ability. The supervision process not only assesses the performance of the CHWs but also supports them by providing feedback on critical areas of their work, helps them to identify specific areas for improvement and demonstrates their improvement over time. Supportive supervision makes them feel part of the health system and hence motivates them to give their best to the task.

- Supportive supervision involves direct, personal supervisory contact on a regular basis to guide, support and assist CHWs to become more competent and satisfied in their work
- Supportive supervision means building relationships that foster *support and encouragement* from the viewpoint and input of both the supervisor and CHW but *does not neglect performance*

Best Friend ---------- Police Officer

(Support) Teacher (Skills mentoring) (Compliance)

Emphasise the words 'support and encouragement', and 'does not neglect performance'. Introduce the idea of the supervisor as a 'best friend' and as a 'police officer'. ***Explain*** that these represent the two extremes of supervision, and that their roles as supervisors will probably be somewhere in the middle. They will be friends and supporters of the CHWs, listening to their work-related concerns, helping to find solutions, assisting them with parts of their work that they may not understand, and paying attention to their well-being. They will also sometimes need to show some characteristics of a police officer, to verify that the CHWs are doing their work and to confront issues of poor quality work if necessary.

Using coloured paper, place the words best friend and police officer on the wall at some distance apart (as if there were a line connecting them) to help visualise this idea of a continuum.

Activity 3: Reinforcing the information: Group discussion

Now ***have a discussion*** with the participants about their own experiences of being supervised by others and about their thoughts on how they will act and need to act as they begin the work of being supervisors themselves.

⇨ Break the participants into groups, with each facilitator working with a group. You may use the following questions as prompts for this discussion.

Questions for discussion

- In your experience as supervisors, have you played the role of the police officer or the best friend? What experiences have you found helpful? What have you found most unhelpful?
- In your experiences of *being supervised* do you find that the supervisors behave in the role of police or the best friend? Which would you find the most helpful approach and why?
  - Does it sometimes happen that supervisors worry only about the work performance and do not show support or understanding?
  - Have you had supervisors who acted only as police and not as supporters? What do you think about that style of supervision?
  - Is it possible to be concerned about performance in a way that is not like a police officer?

When the groups have finished discussing, have each group briefly present a summary of its discussion. Give participants coloured sticky notes to place on the wall somewhere between 'best friend' and 'police officer' to represent how they hope to be as supervisors. More emphasis on friendliness? More emphasis on control and discipline? Somewhere in between?

Activity 4: Give relevant information: A supervisor wears three hats

⇨ ***Ask:*** Is it the supervisor's job to make the CHWs feel supported or to make sure the CHWs are fulfilling their responsibilities? What do you think the main roles of a supervisor are?

Collect comments on flipchart and refer to them during discussion. ***Explain*** the three functions of supervision (three hats the supervisor wears) using the text below:

THREE FUNCTIONS OF SUPERVISION

Supporter

Making sure that CHWs feel that you understand their needs and difficulties will ensure they trust you and ask for help when they need it. We all need encouragement to feel motivated in our work.

Teacher

Building the skills and mentoring on improved techniques is one of the key purposes of supportive supervision. It is a chance to observe and identify the knowledge gaps from the training and work towards improvements that will make their work easier and more effective.

Police officer

The 'compliance' element of supervision ensures that a person is carrying out the tasks **to the best of her or his ability**. This serves to discourage low performance (e.g. skipping visits, falsifying data or misusing medicines), which is important to make sure the programme is successful.

Look at the table below, and ***ask*** the participants to discuss each column in turn.

- ⇨ ***Ask:*** Is it sometimes necessary to be like a police officer?
- ⇨ ***Ask:*** Do you think your CHWs will perform better if they feel supported? How can you show support to your CHWs?
- ⇨ ***Ask:*** What opportunities for skills development are presented in supervision?

Write your additional ideas in the space provided.

	Supporter	**Teacher**	**Police officer**
What is the purpose	Emotional support, encouragement, understanding and help	Skills mentoring	Compliance
What are the benefits of the approach? **When would this approach be most appropriate?**	*e.g. develops empathy, builds trust*	*e.g. finds out what the gaps in training are; especially important at project start up*	*e.g. discourages falsified data, ensures safe use of medicines, ensures everyone has access*
Are there any risks to this approach? **When would this approach not be appropriate?**	*e.g. perception of the supervisor*		*e.g. contributes to stress, discourages, shames*

It is important that supervisors balance their roles. It would not be good to focus *only* on the policing part of their role but rather to also be strong supporters of their CHWs.

If the placement of the sticky notes does not reflect this (that is, if most place their notes towards the 'police officer' extreme), you should ***spend more time*** discussing the concept of supportive supervision.

Summarise the session

- There are multiple roles for a supervisor including teaching, mentoring and support as well as occasionally taking the role of 'policing' where required.
- A strong supervision should be able to ensure that the supervisee feels supported and gains knowledge and skills during supervision, whilst also ensuring that protocols and quality standards are being met.

SESSION 2. ATTITUDES AND PRACTICES FOR EFFECTIVE SUPERVISION

Session Objectives	By the end of this session participants will be able to: • Explain the role of leadership in supervision and the leadership skills needed for effective supervision • Explain and demonstrate good techniques for communicating that supervisors can use during supervision. • Describe the skill of giving feedback as a supervisor
Session Topics	Leadership as a supervisory skill, Communication skills – two-way communication, being approachable, active listening and praising when appropriate, Giving feedback
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Leadership as a supervisory skill Activity 3: Reinforcing the information: Group work on leadership Activity 4: Give relevant information: Communication as a supervisory skill Activity 5: Give relevant information: Giving feedback Activity 6: Reinforcing the information: Group work on giving feedback Summarise the session
Key words and phrases	Leadership, two-way communication, being approachable, active listening, body language, paraphrasing, praising, giving feedback

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- What skills are required to provide supportive supervision?
- What leadership qualities should the supervisor possess, to be effective?
- What communication skills should the supervisor possess?

Activity 2: Give relevant information: Leadership as a supervisory skill

Explain that ***Read aloud:***

SUPERVISORY SKILLS: LEADERSHIP

A supervisor is a leader and needs to exercise leadership to perform the supervisor's role.

To be a good leader, a supervisor needs to perform effectively in the following areas:

- Identify problems early and be a resource to help solve problems the CHWs may be having.
- Be concerned about the CHWs and look out for their welfare.
- Be a role model.
- Be confident about making decisions.
- Inspire and guide others towards accomplishing goals.
- Know and be able to use CHWs' strengths.

- Grow and develop the CHWs, while also getting things done.
- Mentor and coach the CHWs for good performance.
- Allow CHWs to manage their own time and workloads.
- Delegate some tasks to others, as appropriate.

Answer any questions participants may have.

Activity 3: Reinforcing the information: Group activity on leadership qualities

1. ***Divide*** the participants into groups of three. ***Assign*** each group one of the 10 leadership elements from the list. In their groups they should come up with an example situation that illustrates the point. It may be a real situation from their own experience or a situation that they could imagine happening.

   For example, point 1 reads *'Identify problems early and be a resource to help solve problems that CHWs may be having'*. An example situation might be a CHW telling the supervisor about a problem she is having with a family. The family is not accepting home visits. In this example, the supervisor might decide to go to the household with the CHW and try to resolve the problem together. This is the sort of examples each group should come up with.

   When the groups have finished discussing among themselves, ***ask*** one person from each group to explain the situation they came up with to the rest of the class. Try to keep these presentations as brief as possible, because there will be 10 of them.

2. Now ***give*** participants two sticky notes of different colours. On the first note they should write the number of the leadership element they think will be easiest for them to perform; on the second note, they write the one they think will be most difficult. Have an area of the wall for the easiest and an area of the wall for the most difficult. The participants will place their sticky notes in the two areas.

   Review the results. Do the participants all choose different things? Are their answers mostly all the same? Is there one area of leadership that stands out as seeming most difficult for many of the participants? Spend some time discussing with the participants some ways they can develop these skills.

Activity 4: Give relevant information: Communication as a supervisory skill

SUPERVISORY SKILLS: COMMUNICATION

A good supervisor will demonstrate the following **communication** behaviour:

- Create a welcoming environment for the free flow of **two-way communication.**
- Demonstrate an accessible, **approachable personality**.
- **Listen actively**: show interest in what others have to say.
- Offer **praise when appropriate.**

In addition to these skills, the supervisor should:

- Hold regular meetings to ensure that there is regular communication happening.
- Maintain regular contact with CHWs.

Communication skills 1&2: Two-way communication and being approachable

Have a short discussion with the participants asking what they think an approachable personality is like and how a welcoming environment can be created.

Ask for two volunteers to role play a supervisor-supervisee situation where the supervisor does not demonstrate these skills. What behaviours or attitudes can be off-putting?

Following that, ***ask*** for two volunteers to role play a situation where the supervisor does demonstrate the skills. The volunteers can use any scenario situation they wish. What behaviours and approaches can make a supervisor more welcoming and approachable? ***Wrap up with a brief discussion.***

Supervisory skill 3: Active listening

Ask the participants if they can explain the difference between 'hearing' and 'listening'. ***Ask*** why they think it is important that they take the time to listen to the CHWs they are supervising. Discuss.

COMMUNICATION SKILLS 3: ACTIVE LISTENING

People feel respected when they feel they are being listened to. There are many ways that a person can communicate that he or she is listening. We can show that we are listening even without saying anything, by using **'body language'.**

- Sit opposite the person you are listening to.
- Lean slightly towards the person to demonstrate interest.
- Maintain eye contact as appropriate (without staring).
- Look relaxed and open. Show you are at ease with the person. Arms should not be crossed.
- Do not rush or act as if you are in a hurry.
- Use gestures, such as nodding and smiling, or saying 'mmm' or 'ah'.

Another aspect of active listening is that will be able to demonstrate that we have understood. When they have finished speaking we could:

- Restate the key points
- Ask for clarification

There are some behaviours and responses that *block good communication and active listening*. Some examples are:

- Interrupting before someone finishes speaking
- Expressing indifference or doing something else whilst the person is talking
- Jumping in to tell someone what to do, or lecturing before you have got to the bottom of the issue
- Moralising and criticising without understanding the circumstances.

We can make sure of this by using **restatement, paraphrasing and summarising techniques** to check what we've heard.

Have the participants work in pairs. One person should talk about what he or she did the previous day, while the other person listens. The person listening should *show* that she or he is listening, using body language. Switch roles and then discuss as a group the ways they showed that they were listening to each other. Now try some of the blocking responses. How do they feel when they get this reaction?

Ask the participants why they think it is important to praise the CHWs from time to time. Discuss.

Ask each participant to give an example of a way that she or he may praise a CHW. What can they praise CHWs for?

Working in pairs, ***have participants practise*** praising each other for something positive that they observe or know about each other. If you wish, you may then ***have participants share*** their praise comments with the plenary. Examples might include:

- You seem to be learning very quickly in this class.
- I notice that you wash your hands before we have our lunch breaks. That is very good.
- You have beautiful children.

Activity 5: Give relevant information: Giving feedback as a supervisory skills:

SUPERVISORY SKILLS: GIVING FEEDBACK

Telling a CHW how he or she is performing on the job requires tact, sincerity and good supervisory skills to be effective. Giving specific information helps the CHW to continue to deliver good service in the community or to improve:

1. Be specific

Providing specific examples helps the CHW understand exactly what the issue is. You can then agree on the details and work on solutions:

Don't say: 'Your performance is below what I expect.' Say: 'Your monthly report is not complete.'

Don't say: 'Good.' Say: 'The way you helped that pregnant woman with her referral was very good'.

2. Do not criticise the person, criticise only the person's behaviour

Don't try to guess why a person did something, and do not criticise the person. Concentrate on the action and criticise the behaviour only. Remember, you are not trying to change who the person is, you are simply trying to improve the way that person carries out the work.

Don't say: 'You are not taking things seriously enough.'

Say: 'You have not been active for the last three weeks, and you did not inform us of your problems. Can you share the facts of the situation with me?

3. Be immediate

Feedback must be well timed. It should be given as soon after the event as possible. Don't save it for later. But also don't give feedback if you are angry or upset. Wait until you have cooled off and can be calm and objective about the issue

4. Start on a positive note

When you have to give negative feedback to someone, begin by showing respect for the other person. Tell people what they did well in addition to what they did not do well. Start with something positive. This is less likely to cause resentment and defensiveness.

5. Criticise in private, praise in public

Avoid giving negative feedback in public. Announce good feedback more widely – but check with the person first (they might prefer to keep it to themselves).

6. Avoid unnecessary emotion

Don't lose your cool. Over-reacting will produce defensiveness. Talk when you are calm and objective.

7. Avoid giving too much feedback at any one time

When you give feedback, focus on one or two behaviours or issues, not a whole collection of them. Be sure you don't 'save up' all the things you want to say and then 'dump' it all on the CHW. Feedback should be focused and given frequently rather than overwhelming.

8. Avoid threats

If the behaviour merits discipline, take it promptly. But do not threaten anyone.

Don't say: 'Your behaviour has been unacceptable. Remember, I can influence your payments.'

Say: 'The way you handled this issue is not acceptable for the following reasons [give the reasons]. I am now going to implement the disciplinary procedures.'

Activity 6: Reinforcing the information: Group work on giving feedback

With the group, read each point of the section above 'Giving feedback'. ***Try to give one or two examples, or demonstrate*** each of the feedback skills, as follows:

- Explain Point 1: 'Be specific'. The trainers do a short skit demonstrating feedback that isn't specific, followed by a skit showing feedback that is specific.
- Explain Point 2: 'Do not criticise the person, only the person's behaviour'. The trainers do a short skit demonstrating an example of criticising the person, followed by an example where only the behaviour is criticised.

Now ***ask*** for two volunteers to come to the front of the class to act out a feedback session. ***Give*** them Scenario 1 to act out. You may ***repeat*** the activity with other groups of volunteers using scenarios 2 and 3.

Scenario 1

Yesterday the supervisor accompanied the CHW on a home visit to a pregnant woman. During the visit the CHW told the problem story and the positive story, but did not negotiate using the family health card. You should provide feedback to the CHW about the household visit overall, using good feedback skills.

Scenario 2

You are carrying out a debriefing meeting with all CHWs. Eight CHWs completed all their work during the month, while two did not. Of the two that did not, one travelled to visit her son. The other CHW gave no reason for not completing her work. How should the supervisor provide feedback in this situation? Demonstrate, using good feedback skills.

Scenario 3

Yesterday you accompanied CHW on a home visit. The CHW followed all of the steps correctly, but she spoke to the family in a very stern way, criticising them for not practising all the behaviours in the family health card. Demonstrate how you would provide feedback to this CHW, using good feedback skills.

Wrap up this session by explaining to the CHWs that there will be an opportunity later in the training to practise giving feedback.

Discussion – Problems in supervision

Explain to the participants that there will be times – even after they have displayed all of the effective supervisory skills – when they will still have problems with some of their CHWs. Discuss some of the problems they may be having, or may expect to have, and provide any input you may have as a trainer or supervisor in the programme.

Summarise the session

- Each supervisor should develop the following supervisory skills: leadership, communication, active listening, praising appropriately and giving feedback.
- Mastery of these skills will ensure that good relationships and trust are built between supervisor and supervisee which will strengthen the outcomes of the supervision.

SESSION 3. CHW SERVICES AND COMPETENCIES

Session Objectives	By the end of this session participants will be able to: • Explain the components of CHW service packages • Describe the core competencies that CHWs need to have, to deliver their services • Outline the two types of methods of assessing CHW competencies
Session Topics	CHW service packages, CHW competencies, Assessment methods and tools, module progression
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: The CHW service package and core competencies Activity 3: Give relevant information: Assessing CHW competencies and module progression Summarise the session
Key words and phrases	Service package, core competencies, methods, tools, case evaluations or spot checks, home visit observation

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- What are the services that a CHW provides in a community?
- What should a CHW be competent in, to be able to deliver these services?

Record responses on flip charts, taking care to ***group*** the competencies by service area.

Activity 2: Give relevant information: The CHW service package and core competencies

Refer to participants' responses above and ***complete*** the list using the information below.

MODULE 1: COMMUNITY HEALTH BASICS	MODULE 2: COMMUNITY-BASED CARE	MODULE 3: TIMED AND TARGETED COUNSELLING
Community Surveillance a. Community mapping b. Registering deaths c. Basic disease surveillance & notifiable disease response d. Household registration and identification of priority households	**Management of complications** a. Common injuries and accidents b. Maternal, newborn and child health complications c. Home-based management of diarrhoea & feeding in illness d. Managing a referral	**TTC basic skills** a. Identifying early pregnancies b. Psychological first aid for maternal mental health/psychosocial problems c. Negotiation-based dialogue counselling d. Chlorhexidine cleaning of the cord stump

<table>
<tr>
<td rowspan="3">Routine Household visit:

Family health check and Household Assessment

a. Healthy home: assess and promote practices:
- Access to hygienic sanitation and waste disposal and clean air
- Safe water access and storage
- Safe food preparation and storage
- Personal hygiene practices including handwashing
- Preventing malaria (LLITN)
- A nurturing and safe environment for child health and development

b. Routine care of the child
- Check vaccines status
- Promotion of vitamin A and deworming
- Promote ITN use
- Promote good nutrition

c. For adolescents and adults
- Promotion of safe sex, prevention of STIs
- Promote HIV prevention and testing
- Promotion of family planning uptake
- Disease surveillance and referral
- Support for disability, chronic diseases
- Care for the elderly: promote regular health checks and home based support</td>
<td>Community-based Care for the malnourished child

a. Recognition and referral of SAM cases
b. Assessing CMAM cases for household feeding practices
c. Providing home-based support during treatment
d. Providing follow-up support after CMAM discharge
e. Weighing and classifying the child</td>
<td>Maternal health in pregnancy

a. Visit 1 - Healthy pregnancy
b. Visit 2 – HIV/PMTCT
c. Visit 3- Birth planning and preparation

Newborn and postpartum care

a. Visit 4- day of birth (if home birth)
b. Visit 5 – day 3: follow up
c. Visit 6 – day 7: follow up

Child health, nutrition and development

a. Visit 7 – 1 month
b. Visit 8 – 5 months
c. Visit 9 – 9 months
d. Visit 10 – 12 months</td>
</tr>
<tr>
<td>Integrated community case management (iCCM)*

a. Case management for diarrhoea
b. Case management for malaria
c. Case management for pneumonia
d. Assessing malnutrition</td>
<td>Supportive care for priority cases

a. Vulnerable pregnancies (e.g. adolescent pregnancies, HIV)
b. Care of the small baby
c. Care of vulnerable postpartum mothers and babies and children</td>
</tr>
<tr>
<td>Community-based Care for HIV/TB*

a. Community-based care for the person living with HIV and AIDS, including children
b. Community-based care for the person undergoing TB treatment
c. Defaulter/contact tracing for TB and HIV</td>
<td>Management of complications:

a. Assess for problems and refer
b. Register & follow-up
c. Provide community-based care for chronic illness (including HIV/TB)</td>
</tr>
</table>

Explain that these services require a set of competencies in CHWs, to enable them to effectively deliver these services.

CHW CORE COMPETENCIES – GENERAL AREAS

The CHW must possess the following **"generic"** set of competencies to deliver ***all*** of their services:

1. Effective communication skills
   - Rapport building with families
   - Active listening
   - Use of job aids during the process
2. Dialogue to identify root causes or "real" barriers
3. Negotiation for new practices
4. Complete the CHW Registers
5. Complete a monthly report
6. Carry out referral and post-referral follow up
7. Mobilise communities for community-wide events

Discuss with participants why each of these competencies are critical and how they contribute to the effectiveness of the CHWs' work.

Explain that the following are specific competencies, related to the specific tasks that the CHWs must deliver. ***Read aloud and compare*** with the list made earlier:

Module 1 competencies	Module 2 competencies	Module 3 competencies
• Demonstrate good communication skills • Demonstrate dialogue-based negotiation and counselling for behaviour change • Conduct a comprehensive household assessment including household vulnerability assessment • Identify and discuss household health, safety, sanitation, hygiene and nutrition problems in the home • Proactively mobilize communities for mobile clinics and outreach services • Compile and update a community register • Carry out referral and post-referral follow up • Successfully report births, deaths and disease surveillance • Complete a monthly activity report	• Correctly assess a child for danger signs using the IMCI assessment approach • Correct completion of a *Referral Form* • Correct interpretation of a *Counter-Referral Form* • Correct completion of a *Home-Based Care Register* • Correctly conduct a root-cause assessment for a case of malnutrition • Development of a feeding plan following recovery of a child from therapeutic feeding (CMAM) • Correctly measure weight for age of a child and classify nutritional status (according to literacy) • Correct measurement of middle upper arm circumference (MUAC) • Compile a report on home-based care and data submission. **Option 1: Home-based care for malaria and pneumonia** • Identify and treat moderate cases of diarrhoea, pneumonia and malaria in the community (iCCM) • Correctly asses a sick child under five years using the iCCM protocol • Correctly complete a referral form for a sick child **Option 2: Community-Based Care For HIV & TB** • Providing psychosocial support for HIV clients and families • Assessing ART usage and ART adherence counselling • Supporting TB DOT treatment • Planning and reporting on home-based supportive care	• Apply positive/negative storytelling for engagement of families • Support the positive participation of fathers in promoting maternal and child health • Assess the pregnant and post-partum mother for danger signs • Support and care of the newborn in the field week of life [including correct application of chlorhexidine solution to cord stump] • Assess the newborn for danger signs • Assess correct attachment and positioning for initiation of breastfeeding • Counsel the mother experiencing difficulties breastfeeding. • Counsel the mother on the timely introduction of complementary feeding for the baby at six months

Activity 3: Give relevant information: Assessing CHW competencies and modular progression

Read aloud and explain:

COMPETENCY BASED ASSESSMENT OF CHWS

A key role of the supervisor is to assess CHWs for the above competencies and support them in developing these further.

The following methods (and accompanying tools) have been developed to help the supervisor carry out competency-based assessment and feedback:

1. **Case evaluations or Spot checks:** In this method, the supervisor ascertains critical details of completed visits (after-the-fact) from members of the households that the CHW interacted with. By analysing these details, the supervisor is able to judge the level of competency of the CHW and areas for improvement. This method is relevant for assessing competencies related to tasks that the *CHW cannot schedule,* such as a birth or death registration and referral and post-referral follow up.
2. **Home visit observation:** In this method, the supervisor observes live, an interaction between the CHW and a household (or individual) and ascertains how key competencies are utilised during the course of the interaction. By analysing details from a series of observations, the supervisor is able to judge the level of competency and areas for improvement. This method is useful to assess competencies related to tasks that the CHW *can schedule* with the household, such as a routine household visit (for household assessment and family health check), and the timed and targeted counselling visit for pregnant women and infants.

Both the methods use standardise tools for scoring so the supervisor is able to compare scores of a CHW over time and also compare across CHWs at any given time. Supervisors of CHWs will ensure that each CHW is assessed for all the core competencies at least once in six months

Explain that CHWs do not "automatically" move from one module to the next. Their competency in the completed module is ascertained through supervision and a deliberate decision is made to move them to the next module.

MODULE PROGRESSION BY CHWS

Training in the 3 modules includes classroom sessions as well as field practical sessions. In addition, field supervision is conducted after completion of each module, to ascertain that the CHW is fully competent in the completed module, before moving to the next higher module.

This approach makes the learning process flexible to the learning needs of individual CHWs, especially for new recruits and low-literate CHWs. Supervisors should work with CHMCs to progress the cohort of CHWs through the modules according to their capacity. Importantly, because of this structure it is essential that CHWs are selected from or *deployed to* their communities prior to the training course.

The supervision component using case evaluations and home visit observations will help confirm the competence of the CHWs. As a rule, each CHW would need to have at least 1 case evaluation and 1 home visit observation with acceptable level of scoring in order to move on to the next module. These deliverables would need to be observed for the supervisor / CHO and the CHMT to approve that a CHW can progress to the next level.

Summarise the session

- CHWs require a set of core competencies to deliver their services effectively. These include general competences (used in every CHW service) such as effective communication, dialogue and negotiation as well as competencies specific for the services they provide
- Two main methods for assessing these competencies are – case evaluations and home visit observations. The supervisor would use standardised tools to carry out these assessments.
- A CHW would have to satisfactorily clear one case evaluation and one home visit observation of the completed module along with a performance audit before moving to the next module.

SESSION 4. CASE EVALUATION (SPOT CHECKS)

Session Objectives	By the end of this session participants will be able to: • Explain why and how to conduct a case evaluation during a supervision visit • Describe how to include the case evaluation score in assessing the CHW
Session Topics	Case evaluation and its advantages, the case evaluation form
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Overview of case evaluation Activity 3: Reinforcing the information: Plenary discussion Activity 4: Reinforcing the information: Practice using role plays Summarise the session
Key words and phrases	Case evaluation, spot check, data validation, falsified data, form, client type, score, average performance

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- Have you evaluated a volunteer's performance (or has your performance been evaluated) by checking with a beneficiary household? What are the benefits of this method? What are its disadvantages?
- What supervision skills are needed to carry out such a check?

Activity 2: Give relevant information: Overview of the case evaluation

Read aloud:

CASE EVALUATION OR SPOT CHECK

Case evaluation, or a spot check, helps the supervisor assess how well the CHW has been delivering services at the household. It does so by reviewing with a household member what transpired during the most recent visit, and assessing that against a standard set of items. The case evaluation also helps identify falsified data.

There are 3 case evaluation forms, one for each module:

1. Form 1A: Case evaluation of a household registration/assessment and family health check (Module 1)
2. Form 2A: Case evaluation of home based care (Module 2)
3. Form 3A: Case evaluation of a timed and targeted counselling (TTC) visit (Module 3)

Read and explain that the box below summarises the steps and actions a supervisor should keep in mind when carrying out a home visit observation.

CASE EVALUATION FROM START TO FINISH

1. Use the register to select three to five cases that have been visited recently, making sure you select different types of cases. If there has been a recent referral this could also be a good option.
    - For evaluation of a household assessment, make sure that at least one of the households you select is a priority household
    - For evaluation of home based care, try to select a variety of cases such as one each on TB treatment, HIV treatment, treatment for a chronic illness such as diabetes and a child with recent illness or acute malnutrition.
    - For evaluation of a TTC visit, include pregnant women and mothers with infants
2. Copy the information on the registers from the most recent home visit for the household you intend to visit.
3. Go to the selected houses one after the other. You might need the CHW to help you find the house, but your interview should be conducted without the CHW there.
4. Ask the CHW to wait away from the house so the client does not feel pressured to respond a certain way.
5. Ask to interview the person in the household who interacted with the CHW during the said visit, or someone else who was present at the time and knows what transpired. Explain who you are and the purpose of the visit, and ask if they are happy to proceed (obtaining consent).
6. If no one is home, select another case.
7. As you run though each question with the household member, score the finding according to 0, 1 or 2 as indicated.

When you have finished, add up all the numbers and give total score.

Hand out the case evaluation form for household visit and ***talk through*** each of the questions and steps.

FORM 1A: Case evaluation (Spot Checks) of Household Registration, Assessment and Family Health Check

Randomly select up to five recently registered families from the CHW household register (at least one of the households must be a priority household). Explain the purpose of your visit and conduct the spot check with the household head, or the person with whom the CHW interacted with the most during the registration process. Always ask for consent. If the family is not home or does not agree to an interview, select other household for the spot check. Use one column for each of the households where you do the spot checks. Carry the CHW household register with you to do the spot checks							
Client type (Routine = 1, Priority = 2)							
Household number							
Name of head of the household							
1	**Selecting the right respondent** Q: Did the CHW speak with the household head or someone else who has the needed information for the registration?	Did not speak with a responsible/knowledgeable member =1 Spoke with the household head or another knowledgeable member = 2					
2	**Data validation** Q: For each recorded data points (all data points for Registration visit and updated points for Update visit) on the register ask the household head to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3.	**Vulnerability Assessment**	Only a few questions were asked= 0					

	Q: Check with the household head if the CHW asked all the relevant questions in the Vulnerability assessment checklist	Most questions were asked = 1 All questions were asked = 2					
4.	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
5	**Barriers identified** Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	None identified = 0 Partially done=1 Identified root causes using open ended questions =2					
6	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partially done =1 Arrived at workable solutions, with the household = 2					
7	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
8	**Use of visual aids** Q: What materials were shown during the visit? Did s/he talk you through the stories?	Visual aids not used = 0 Partially used =1 Correct usage = 2					
9	**Complications & Referral** Q: Did you report any health problems to the CHW during the visit, and if so, did they help you to access treatment you needed?	CHW did not enquire = 0 Yes, and they referred me= 2 They enquired, but I had no health problems = 2					
10	**Referral Follow up** Q: If you were referred by the CHW did they return to visit you after you returned from the facility?	Not referred by CHW= 2 Referred but no follow up = 0 Referred with follow up = 2					
11.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	**Performance total** (Count scores from questions 1-11 – grey areas)		/ 22	/ 22	/ 22	/ 22	/ 22
	<8 (or any score with X for Question 2): Poor *8-13: Needs improvement* *14-17: Good* *> 18: Excellent*						
	Average performance across the all households visited for evaluation			Comments			

Activity 3: Reinforcing the information: Plenary discussion

After explaining the process, ***have a discussion*** with the participants about the **logistics** of the case evaluations. You should ***tailor*** the discussion to the individual situations of the lead CHWs present. How widely dispersed are the CHWs they are supervising? How widely dispersed are the families they are visiting? Is it possible to walk to the households? Is there a need for CHWs to travel to the households and, if so, how will transportation be handled? Try to ***sort these issues out*** with the participants and respond to any concerns they might have.

FORM 2A: Case evaluation (Spot Checks) of Home based care

Randomly select up to five families where the CHW has been providing home based care. Explain the purpose of your visit and conduct the spot check with the household head, or the person with whom the CHW interacted with the most during the registration process. Always ask for consent. If the family is not home or does not agree to an interview, select other household for the spot check.
Use one column for each of the households where you do the spot checks. Carry the CHW home-based care register with you to do the spot checks

Client type (HIV or TB = 1, Child with illness = 2, Child recovering from SAM = 3, Other chronic illness = 4)							
Household number							
Name of head of the household							
1	**Selecting the right respondent** Q: Did the CHW speak with the person receiving care or with the caregiver (for a child)?	Did not speak with the person receiving care or the caregiver =1 Spoke with the person receiving care or with the caregiver = 2					
2	**Data validation** *Q:* For each recorded data points (all data points for home based care on the register ask to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
4	**Check for danger signs** Q: Did the CHW look for any danger signs or ask for concerns that would warrant immediate referral?	Did not look for danger signs or ask for concerns= 0 Asked/looked for danger signs or concerns = 2					
5	**Checking treatment adherence** Q: Did the CHW ask about how regularly you were taking your medications and check the medicines?	Did not ask or check = 0 Asked, but did not check = 1 Asked and checked = 2					
6	**Checking about care** Q: Did the CHW check about the care you are supposed to provide for yourself or a family member is to provide for you?	Did not ask = 0 Asked about care = 2 There is no care provision needed = NA					
7	**Checking about Nutrition** Q: Did the CHW check about diet and any specific directions related to nutrition?	Did not ask = 0 Asked about nutrition –related instructions and if those were being followed = 2					
8	**Check about emotional well-being** Q: Did the CHW check how you were doing emotionally and provide encouragement and support?	Did not ask = 0 Enquired but did not offer any support = 1 Asked and encouraged = 2					
9	**Barriers identified** Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	None identified = 0 Partially done=1 Identified root causes using open ended questions =2					
10	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partially done =1 Arrived at workable solutions, with the household = 2					
11	**Checking date for next visit to clinic** Q: Did the CHW check from your records when your next clinic visit is due?	Did not check = 0 Checked = 2					
12	**Plan date for next visit** Q: Did the CHW plan on his/her next visit to your household	Did not plan = 0 Planned = 2					

13	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
14.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	Performance total (Count scores from questions 1-14 – grey areas)		/ 28	/ 28	/ 28	/ 28	/ 28
	<12 (or any score with X for Question 2): Poor *12-16: Needs improvement* *17-23: Good* *> 24: Excellent*						
	Average performance across the all households visited for evaluation			Comments			

FORM 3A: Case evaluation (Spot Checks) of timed and targeted counselling

Randomly select up to five recently registered TTC families from the CHW TTC register. Try to select at least 2 pregnant women and at least 2 mothers with infants. Explain the purpose of your visit and conduct the spot check with the pregnant woman/mother. Always ask for consent. If the family is not home or does not agree to an interview, select another TTC household for the spot check.
Use one column for each of the households where you do the spot checks. Carry the CHW TTC register with you to do the spot checks

Client type (Pregnant woman = 1, Mother of infant = 2)							
Household number							
Name of head of the household							
1	**Timeliness of visits** Q: Did the CHW visit according to the schedule planned and when you expected them?	Visit not done =X Visit too early or too late = 0 Visit less than 2 weeks late =1 Visit done on time = 2					
2	**Data validation** *Q:* For each recorded data points on the register ask the woman to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3.	**Topics covered during visits** Q: What stories were used during the visit? What topics discussed?	Inadequate /wrong topics = 0 Partially correct topics = 1 Correct topics for visit= 2					
4.	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
5	**Barriers identified** Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	None identified = 0 Partial =1 Good =2					
6	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partial =1 Good = 2					
7	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
8	**Use of visual aids** Q: What materials were shown during the visit? Did s/he talk you through the stories?	Visual aids not used = 0 Partially used =1 Correct usage = 2					
9	**Complications & Referral** Q: Did you report any health problems to the CHW during the	CHW did not enquire = 0 Yes, and they referred me= 2 They enquired, but I had no health problems = 2					

	visit, and if so, did they help you to access treatment you needed?						
10	**Referral Follow up** Q: If you were referred by the CHW did they return to visit you after you returned from the facility?	Not referred by CHW= 2 Referred but no follow up = 0 Referred with follow up = 2					
11.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	**Performance total** (Count scores from questions 1-11 – grey areas)		/ 22	/ 22	/ 22	/ 22	/ 22
	<8 (or any score with X for Question 1 or 2): Poor *8-13: Needs improvement* *14-17: Good* *> 18: Excellent*						
	Average performance across the all households visited for evaluation			Comments			

Activity 4: Reinforcing the information: Practice using role plays

Divide participants into groups of six. ***Ask*** each group to carry out the three role plays outlined below, with two members taking turns doing each role play (one as the supervisor and the other as a household member) and the rest of the members observing the plays. By the end of the session, each group will have carried out all three role plays and each member would have had a chance to act in one role play and assess two scenarios played out.

Role play 1: (Form 1A, Household assessment)

Household head says the CHW visited the home a month ago for a routine visit. The CHW spoke with him during that time. He confirms that the data on household members (that you read out from the register) is correct. At the time, the CHW had observed during the course of assessment that there was no handwashing station in the house and that members did not regularly wash their hands after using the toilet. The CHW had then told them to start practicing that. The CHW did not use any pictures to explain why handwashing was important or ask for reasons why they do not currently practice the behaviour. The CHW had asked for the family health card and updated it. They are happy that the CHW comes on visits and helps them understand health issues, but wish the CHW spent more time with them.

Role play 2: (Form 2A, Home based care)

TB patient says the CHW visited him a week ago. He is very thankful for the CHW's work as it was she who had first suspected TB and had referred him to the health facility. During last week's visit, the CHW enquired about his overall health, well-being and if he was taking his tablets regularly. The CHW checked with his treatment supporter, a CHMC member who lives nearby, about the previous week's medicines. The CHW also asked for any concerns, and about his appetite and what he ate the previous day. The CHW reminded him of his next clinic visit and said she would visit him again in a week's time.

Role play 3: (Form 2A, TTC for pregnant woman and infants)

Pregnant woman says she was visited as noted in the TTC register. She is happy with the manner in which the CHW communicated with her family and listened to them. She recalls the stories presented, and you judge that those were indeed the stories pertaining to that visit. The woman also recalls that the CHW discussed the difficulties her family might have in doing the recommended behaviours and helped them find solutions. The CHW used the storybooks and encouraged all to participate. She inquired about health problems, but the pregnant woman did not have any.

Debrief in plenary.

Ask each group to talk about what aspects were interesting in the role plays (in terms of supervision) and what challenges in supervision the role plays alerted them to.

Summarise the session

- The case evaluation form helps supervisors assess the manner in which the CHW has carried out past visits and identify falsified data, if any.
- Remind the participants that they will practise this form in the field.

SESSION 5. HOME VISIT OBSERVATION

Session Objectives	By the end of this session participants will be able to: • Explain why and how to conduct an observation during a supervision visit • Describe how to include the observation score in assessing the CHW
Session Topics	Home visit observation,
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Overview of home visit observation Activity 3: Reinforcing the information: Plenary discussion Activity 4: Reinforcing the information: Simulate a home visit observation Summarise the session
Key words and phrases	Observation, assessment, adherence, forms, feedback

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- Have you evaluated a volunteer's performance (or has your performance been evaluated) by observing their work (while they perform it)? What are its disadvantages?
- What supervision skills are needed to carry out such an observation?

Activity 2: Give relevant information: Overview of the home visit observation

Read aloud:

HOME VISIT OBSERVATION

By observing a home visit that the CHW carries out, this form helps supervisors assess the extent to which the CHW delivers home visits and the CHW's adherence to standards. The form guides supervisors to assess and score each step of the household visit process. The supervisor will also use this opportunity to dialogue with the CHW and help her or him improve performance and identify areas for further growth. Thus the tool serves an evaluative and a formative function.

There are 3 observation forms, one for each module:

1. Form 1B: Observation of a household registration/assessment and family health check (Module 1)
2. Form 2B: Observation of home based care (Module 2)
3. Form 3B: Observation of a timed and targeted counselling (TTC) visit (Module 3)

Ask: Why is it important to sometimes accompany the CHWs on the visits they make to the families?

Point out that the CHWs' core activity is in the community and homes, and on-site supportive supervision becomes essential and should receive maximum attention by the supervisor. It is an opportunity for giving encouragement and feedback to the CHW, and for strengthening the skills of the CHW in carrying out the visit. In addition, during on-site supervision the supervisor and the CHW are engaged in a two-way process in which they grow to trust each other over time. The supervisor's empathy and praise of the CHW leads to a solid supervisory relationship.

Have a short discussion about this, and then explain that it is recommended that they accompany each CHW on a home visit at least twice per year (every six months).

Read and explain that the box below summarises the steps and actions a supervisor should keep in mind when carrying out a home visit observation.

THE HOME VISIT OBSERVATION FROM START TO FINISH

Prepare

1. Plan to spend a minimum of one hour per family visit.
2. Make sure that the CHW is aware that you are visiting her to accompany her on a home visit.
3. Arrive at the meeting site early enough to allow you to accompany the CHW to the family she is going to visit.
4. Show the CHW the checklist you will use to observe, assess and guide her during the home visit. Give the CHW a copy to keep (if she is literate) so that she can also conduct self-assessment.

Greet, introduce and reconnect

5. Set the tone by greeting the family members. Allow the CHW to introduce you to the family.
6. Let the CHW explain the purpose of the visit, as necessary.
7. Ensure that the family members are comfortable with the visit.

Gather information

8. Observe the CHW as she carries out the home visit. Avoid interruptions, and use the Home Visit Observation Form in the presence of the family.
9. Notice the CHW's emotional response to the activities he or she is performing.
10. Explore the family's participation in the home visit experience.
11. Chat to the family members and praise them for their commitment to the programme.

Compliment through 'teachable moments' to improve skills

12. Look for the unplanned opportunities to help the CHW improve skills and knowledge.

Provide post on-site feedback to CHW

13. Discuss your observations away from the family, and use the Home Visit Observation Form to commend the CHW on aspects that were satisfactorily done and to point out aspects that were omitted or not satisfactorily implemented.
14. Analyse the Community Health Worker's Monthly Summary Sheet to ensure accuracy.
15. Ask the CHW what additional support she or he needs from you as a supervisor and make notes.

Plan for the next support session

16. Set date for next meeting or home visit observation.
    Decide on aspects to be focused on based on findings of the visit.

Hand out the home visit observation form for routine household assessment and ***talk through*** each of the questions and steps.

FORM 1B: Home visit observation for Routine household assessment (Module 1)

Randomly select up to 3 households from the Household Register that are due for a visit from the CHW, ensuring at least one of them is a priority household. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.					
Client type: Routine = 1, Priority = 2					
Household number					
Name of household head					
#	Item	Scoring Guide	HH 1	HH 2	HH 3
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for the family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Reviews previous meeting and practices negotiated during the previous visit and assists the family to update the family health card	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	For behaviours already practiced, circles the tick mark and praises the family *(If the family is not currently practicing any of the behaviours, indicate N/A)*	Does not do this step = 0 Completes this step = 2 Family does not practice any behaviour = NA			
5	If the family says they *do not practice* a behaviour, uses the "why-why" line of questioning to identify the root causes that the family is experiencing	Does not identify barriers = 0 Does the step insufficiently = 1 Sufficiently identifies root causes = 2 Family practicing all behaviours = NA			
6	After identifying root causes, negotiates with the family to practice the new behaviour (by asking "how can we make this easy for you to do")	Does not negotiate for new practices = 0 Talks about new practices and does not check if they are feasible = 1 Sufficiently negotiates for new practices = 2 Family practicing all behaviours = NA			
7	Circles the correct symbol beneath each Illustration in the family health card	Does not do this step = 0 Circles correctly = 2			
8	Demonstrates active listening & good communication skills	Ignores family's statements = 0 Listens insufficiently = 1 Listens actively = 2			
9	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
10	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
11	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
12	Plans date for next visit	Does not plan = 0 Plans = 2			
13	Accurately fills out the household register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			
Evaluation	Ignoring NAs, please review the scores of each case:				
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*				
	Feedback to the CHW:				

FORM 2B: Home visit observation for Home based care (Module 2)

Randomly select up to 3 households from the Home based care register that are due for a visit from the CHW, ensuring at least one of them is a child recovering from an illness or severe acute malnutrition. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.					
Client type: Adult = 1, Child = 2					
Household number					
Name of household head					
#	Item	Scoring Guide	HH 1	HH 2	HH 3
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for the family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Checks the date of the most recent clinic visit and if this has not been done on time, enquires the family about the reasons for that	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	Asks and observes for any danger signs	Does not do this step = 0 Only asks, does not observe = 1 Asks and observes = 2			
5	If there is a danger sign, initiates appropriate referral	Does not refer= 0 Starts referral process = 2 No danger sign = NA			
6	Asks for and checks adherence to medication	Does not do this step = 0 Only asks, does not check = 1 Asks and checks through pill count = 2 No medication = NA			
7	Asks about nutrition	Does not do this step = 0 Does correctly = 2 Not applicable = NA			
8	Asks about self-care or care to be provided by a family member	Does not do this step = 0 Does correctly = 2 Not applicable = NA			
9	Asks about emotional well-being	Does not do this step = 0 Does correctly = 2 Not applicable = NA			
10	If any of the above are not being done, looks for root causes	Does not ask questions to identify root causes = 0 Insufficient questions to identify root causes = 1 Carries on until root cause is identified = 2 Step not required = NA			
11	If root cause is identified, negotiates with family for solutions	Does not identify solutions = 0 Insufficient probing to identify solutions = 1 Identifies workable solutions = 2 No root causes = NA			
12	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
13	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
14	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
15	Plans date for next visit	Does not plan = 0 Plans = 2			

16	Accurately fills out the home-based care register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			
Evaluation	Ignoring NAs, please review the scores of each case:				
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*				
	Feedback to the CHW:				

FORM 3B: Home visit observation for timed and targeted counselling (Module 3)

Randomly select up to 3 households from the Timed and targeted counselling register that are due for a visit from the CHW, ensuring at least one of them is the mother of an infant. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.

Client type: Pregnant woman = 1, Infant = 2					
Household number					
Name of household head					
#	Item	Scoring Guide	HH 1	HH 2	HH 3
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for mother & family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Reviews previous meeting (Step 1 of Home Visit Sequence), and assists the family to update family health card	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	Tells Problem Story and asks Guiding Questions (Step 2), if applicable. *(If no Problem Story for the Visit, indicate "N/A").*	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2 No problem story for this visit = NA			
5	Tells Positive Story and asks Guiding Questions (Step 3a).	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2			
6	Carries out Technical Session (Step 3b), if applicable. *(If no technical session for visit, indicate "N/A").*	Does not do this step = 0 Does incompletely = 1 Covers sufficiently = 2 No technical session this visit = NA			
7	Reviews illustrations in the family health card corresponding to the Visit and conducts negotiation process referring to the correct negotiation illustrations	Does not do this step = 0 Does insufficiently= 1 Carries out sufficiently = 2			
8	For behaviours already practiced, circles the tick mark and praises the family *(If the family is not currently practicing any of the behaviours, indicate N/A)*	Does not do this step = 0 Completes this step = 2 Family does not practice any behaviour = NA			
9	If the family says they <u>*do not practice*</u> a behaviour, puts down the family health card and discusses with the family, tries to identify the barriers that the family is experiencing *(If the family is already practicing all behaviours, indicate N/A)*	Does not identify barriers = 0 Does the step insufficiently = 1 Sufficiently identifies barriers = 2 Family practicing all behaviours = NA			
10	Circles the correct symbol beneath each negotiation Illustration in the family health card	Does not do this step = 0 Circles correctly = 2			
11	After a complete discussion, asks family if they will agree to try the behaviour (or negotiated practice) and encourages the family member to write his/her initials *(If the family does not agree to try any of the behaviours, indicate N/A)*	Does not ask for initials = 0 Asks for writing initials = 2 Family did not agree to any behaviour = NA			
12	Demonstrates active listening & good communication skills	Ignores family's statements = 0 Listens insufficiently = 1 Listens actively = 2			
13	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
14	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
15	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
16	Plans date for next visit	Does not plan = 0 Plans = 2			
17	Accurately fills out the TTC register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			
Evaluation	Ignoring NAs, please review the scores of each case:				
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*				

	Feedback to the CHW:

Activity 3: Reinforcing the information: Plenary discussion

Have a discussion with the participants about the logistics of the home visit observations. You should ***tailor the discussion*** to the individual situations of the Lead CHWs present. How widely dispersed are the CHWs that they are supervising? How widely dispersed are the families they are visiting? Is it possible to walk to the households? Is there a need for CHWs to travel to the households and, if so, how will transportation be handled? Try to sort these issues out with the participants and respond to any concerns they might have.

If you are facing a situation where it is clear that the lead CHWs are not going to be able to keep to such a schedule of home-observation visits, ***ask them to brainstorm*** criteria for prioritising which CHWs to visit first and which ones later, as possible.

Activity 4: Reinforcing the information: Simulate a home visit observation

Simulate a household assessment visit along with other trainers. One trainer will play the role of the CHW, and the others will be family members. As preparation, turn to the Household register and the Family health card and ***put in imaginary marks*** in pencil to reflect what the family said and agreed in the previous visit. If you have enough trainers, you may select one trainer to run the projector and project the family health card so that participants may follow along with the illustrations being discussed.

Explain that participants are to watch the simulation carefully, and each person will fill in a Home Visit Observation Form based on what they see.

Explain, too, that at the end of the simulation you will randomly draw four names; these four people will be asked to provide **feedback** to the trainers, one at a time, corresponding to Steps 1, 2, 3 and 4 in the Home Visit Observation Form. Since nobody knows whose names will be selected, everybody must pay close attention.

Carry out the simulation rapidly and efficiently, ***building in mistakes*** that participants can pick up and record in the observation form.

When the trainers have completed the simulation, they will draw four participant names to give feedback on each of the four steps. Trainers can use this opportunity to hone the participants' feedback skills as well.

Finally, ***review in plenary*** the answers for the Home Visit Observation Form. Have a discussion with the group as a whole. Ask them how they feel about observing the home visits and filling out the form. If they have any remaining doubts or questions, carry out additional reviews and/or practise as needed.

Summarise the session

- The home visit observation form helps supervisors assess the extent to which the CHW delivers home visits and the CHW's adherence to standards.
- The form guides supervisors to assess and score each step of the household visit process.
- The supervisor will also use this opportunity to dialogue with the CHW and help her or him improve performance and identify areas for further growth.

SESSION 6. PERFORMANCE AUDIT

Session Objectives	By the end of this session participants will be able to: • Understand the purpose of the performance audit • Explain the difference between performance and health practice outcomes • Extract information from the CHW registers and calculate the performance indicators
Session Topics	The performance audit, Overview of the performance audit form, carrying out the audit from start to finish
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: The performance audit Activity 3: Give relevant information: Using the performance audit form Activity 4: Reinforcing the information: Practising using the form and calculating totals Summarise the session
Key words and phrases	Performance, audit, indicators, total, average, percentage, score

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- What are critical "performance" issues for the CHW?
- Have you evaluated a volunteer's performance (or has your performance been evaluated) by an assessment/audit of the work carried out? What are its disadvantages?
- What supervision skills are needed to carry out a performance audit?

List answers on flip chart.

Activity 2: Give relevant information: The performance audit

Explain or read aloud:

PERFORMANCE AUDIT

Performance of CHWs pertains to the extent to which they complete their tasks and not the extent of changes in health practices in the households they visit.

The performance audit form uses data from CHW registers and computes the key performance indicators listed below. These are considered a performance audit as we use it to identify weakness in the performance of CHW activities, rather than the outcomes of the counselling, which are not directly under the CHWs' control. By ensuring performance against these four areas, we are ensuring that CHW's work is being carried out as planned.

This tool is not intended to capture health data from the registers but only to capture the 'performance-based' information about the CHWs' services.

The process of performance audit is intended to be a quick analysis of whether the CHW are reaching their performance targets in terms of coverage. We focus on performance-only data in an individual supervision session, whereas the health data collection will take place in a group setting. The reason for this is to keep individual one-to-one supervision events focussed on individual performance, coaching, mentoring and skills-building, and not be overburdened with time consuming data tallying.

Unlike case evaluation and home visit observation, this method works to ascertain key indicators from ***all*** households that the CHW visits, and not from a sample of households.

Key performance indicators:

- percentage of planned visits that were completed in a given supervision period, disaggregated by household assessment visits, home-based care visits and TTC visits
- percentage of visits where males/birth partners participated
- percentage of pregnant women who had the first TTC household visit in the first trimester
- percentage of referrals that had follow up visits carried out

Activity 3: Give relevant information: Using the performance audit form

Distribute copies of Form C: Performance audit of CHWs and ***explain*** its layout.

FORM C: Performance audit of CHW

#	Performance Item	Routine household assessment/family health check (tally marks)	Home-based care (tally marks)	Timed and targeted counselling for MNCH (tally marks)	Total
1	# planned/due visits during this period				
2	# planned/due visits that were completed during this period				
Performance Indicator #1: % Planned visits that were completed: Total of #2 ---------- X 100 = Total of #1					
3	# visits (only from HH register and TTC register) with male participation				
Performance indicator #2: % Visits with male participation: Total of #3 ---------- X 100 = Numbers from #1 – from ~~HH and TTC~~ register only					
4	# pregnant women in the TTC register				
5	# above pregnant women who had the first TTC visit before the 4th month of pregnancy				
Performance indicator #3: % Pregnant women registered early: Total of #5 ---------- X 100 = Total of #4					
6	# referrals made in this quarter (but before the past week) that went to the facility				

7	# of above referrals who received a follow-up visit from the CHW				

Performance indicator #4: % Referrals that had a post-referral follow-up visit by the CHW:

Total of #7
---------- X 100 =
Total of #6

Average performance (%) across all indicators:
(add all percentage scores for indicators that were assessed and divide by the number of indicators that were assessed)

Performance Score (check one below)

------ 0–49% = poor
------ 50–74 % = needs improvement
------ 75–90% =good
------ >90% excellent

Reason for low activity	Comments:
☐ Temporary absence ☐ Permanent absence/drop out ☐ Illness or travel ☐ Difficulties with schedule ☐ other ----------	

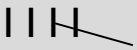
Explain that the table below gives a step-by-step guidance on using the performance audit form.

Distribute copies of the Performance audit form, the Household register, Home-based care register, TTC pregnancy register, TTC newborn register and TTC infant register.

Explain that as they are yet to complete training in Modules 2 and 3, we would consider the descriptions related to the Household register only.

THE PERFORMANCE AUDIT FROM START TO FINISH

Complete the tool by column: start with the household register, and place tally marks in the appropriate rows in the audit form, as per instructions below. Then move to the home-based care register and finally to the TTC register.

Use tally marks to mark every entry in the following format: 

1. **Household register:** Start with the last used page in the household in the register and move backwards. For each household:
   a. Check the date of the last visit (from the household assessment section)
      i. If the date is within the past 6 months, place a tally mark under "planned visit" (row #1 of the audit form) as well as under "completed visit" (row #2)
      ii. If the date is more than 6 months prior, place a tally mark under "planned visit" (row #1) only
   b. Check the row for male participation (from the household assessment section, row V:
      i. If there is a check mark against the visit done during this period, place a tally mark under "male participation" (row 3)
   c. Check the dates under "referral" and "post-referral" – columns M and N in the Household register:
      i. If there was any referral made, as per column N, during this period, place a tally mark under "referrals made" (row 6)
      ii. If there is a check mark under post-referral follow-up visit, in column O in the Household register, for the referrals made during this period, place a tally mark under "post-referral follow up visit done" (row 7)
2. **Home-based care register**: Start with the most recent entry and move upwards. For each person entered in the register:
   a. Tallying visit dates
      i. Check column D in the register for referrals made during this period, and place a tally mark under "referrals made" (row # 6 of the audit form) for each of them
      ii. Check the dates of visits (column A) and verify if the visits planned under column G have taken place. For each, place a tally mark under "completed visit" (row #2).
   b. Tallying referral and post-referral:
      i. If there was any referral made, as per column N, during this period, place a tally mark under "referrals made" (row #6)
      ii. Check visit dates (column A) to see if a post-referral follow-up was made. For every such visit made, place a tally mark under "post-referral follow-up made (row #7)
3. **TTC Pregnancy register**: Start with the most recent entry and move backwards.
   a. Calculating total number of currently pregnant women: Look for entries in the register that have not yet delivered. For each, place a tally mark under "number of pregnant women in the TTC register" (row # 4)
   b. For each of the currently pregnant women included in the tally above, check row C under visit 1. If visit 1 took place on or before the 4th month of pregnancy, place a tally mark under "pregnant women received first TTC visit before 4th month of pregnancy" (row # 5).
   c. Tallying referral and post-referral visits:

i. Check row P in the register for any dates that fall within this reporting period. For each of them, place a tally mark under "referral made" (row # 6)
ii. Check row Q in the register for each of the above referrals, if a post-referral follow-up visit was made. For those that have had a follow-up visit, place a tally mark under "post-referral follow-up visit made: (row # 7)

4. **TTC Newborn register**: Start with the most recent entry and move backwards.
   a. Tallying referral and post-referral visits:
      i. Check row K in the register for any dates that fall within this reporting period. For each of them, place a tally mark under "referral made" (row # 6)
      ii. Check row Q in the register for each of the above referrals, if a post-referral follow-up visit was made. For those that have had a follow-up visit, place a tally mark under "post-referral follow-up visit made: (row # 7)
5. **TTC Infant register:** Start with the most recent entry and move backwards.
   a. Tallying referral and post-referral visits:
      i. Check row O in the register for any dates that fall within this reporting period. For each of them, place a tally mark under "referral made" (row # 6)
      ii. Check row P in the TTC register for each of the above referrals, if a post-referral follow-up visit. For those that have had a follow-up visit, place a tally mark under "post-referral follow-up visit made: (row # 7)
6. Total up the tally marks in each row and record the total in under "Totals."
7. Calculate the four performance indicators (in percentage) according to the instructions given in the audit form.
8. Calculate the overall performance across all four indicators and give the appropriate score.
9. If the overall score is "poor" or "needs improvement", ask the CHW the reason for low activity and select one of the options given in the form. Try to be understanding of circumstances, and look to see if you can help the person to meet the schedule by organising time and home visits better. If the CHW remains inactive for two consecutive supervisions, discuss the situation with the CHMC.

Activity 4: Reinforcing the information: Practise calculating overall performance

Divide participant into groups of 3 or 4 and provide each group with a set of completed CHW registers.

They can work together in the group to carry out the totals and calculation of percentages, as outlined above. In their groups they should then determine the performance scores of the individuals for each area and give an overall estimate of the effort for this supervision period.

Summarise the session

- The 'performance audit' assesses whether CHWs are identifying clients early, going to the homes for the visits, capturing the right people and managing the follow up if referred.
- The performance audit is a quick analysis of whether the CHW are reaching their performance targets, whereas the health data collection will take place in a group setting. This is to keep individual one-to-one supervision events focussed on individual performance, coaching, mentoring and skills-building.
- Supervisors will use data from CHW registers to calculate key performance indicators, using percentages or estimates, and then give an overall score for the CHW as poor, needs improvement, good or excellent.

SESSION 7. SUPERVISION WRAP UP: FEEDBACK, ACTION PLAN AND FOLLOW UP

Session Objectives	By the end of this session participants will be able to: • Understand how to wrap up a supervision session • Explain the process of giving feed back • Explain how to make an action plan
Session Topics	Concluding the supervision session, feedback process
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Giving feedback to CHWs Activity 3: Reinforcing the information: Practising in groups Summarise the session
Key words and phrases	Feedback, praise, improvements, action plan, appraisal

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- How should the supervisor wrap up the supervision session?
- Why is giving feedback important?
- What areas should the feedback session cover?

List responses on flip chart.

Activity 2: Give relevant information: Giving feedback to CHWs

Read aloud

CONCLUDING THE SUPERVISION SESSION

- It is important for the supervisor to conclude the supervisory session by summarising key findings, praising the CHW on areas where performance has been good and helping the CHW make an action plan to improve on areas where performance was below average.
- The supervisor must also sign off on the cases that have been included in the supervision session, so that they are not taken up again in a subsequent supervision session.
- Before leaving the community, the supervisor must also ensure that CHMC members and community leaders are appraised of the visit.

Now ask the group: what would be motivating to the CHW in the feedback process? What might demotivate them?

Note down their responses in a table on the flipchart or board

DEMOTIVATING	MOTIVATING
• Focus on the negative areas • Lack of recognition of efforts • Too much negative feedback or too many things to change • 'Nit-picking' – i.e. putting emphasis on areas which are less important or seem trivial	• Recognition of things that have gone well • Identifying positive deviation and innovation, or "going the extra mile" efforts by the CHW • Being asked your opinion on what's going well/poorly • Having the chance to correct errors or propose solutions • Being respected for your views

Begin by explaining that it is important for the supervisor to conclude the supervisory session by summarising key findings, praising the CHW on areas where improvements in health practices are evident and helping the CHW make an action plan to improve on areas where uptake is still low.

Remind participants to always remember to sign off the cases that they have supervised on the ttC Registers, so that they are not taken up again in a subsequent supervision session, and also to help cross-verify supervision findings with data in the registers.

Refer to participants' responses on what the feedback session should comprise of. ***Read and explain:***

THE FEEDBACK PROCESS

- Thank the CHWs for the work they have put in, and remember to give positive feedback. It's important to highlight the good things they have done, whilst not losing the emphasis on incorrect treatment or evaluation.
- Ask them for their own ideas about weakness and improvements they could make.
- Try to understand
- Be specific about where you have observed difficulties in their technique, and if possible demonstrate how they can improve.
- Identify other sources of support nearby – another CHW, or support with reading training materials.
- Before you leave, ensure that you have agreed on an action plan for how you wish to proceed, and how the action plan will be assessed.
- Share with the CHMC the overall outcome of the supervision and the actions you have agreed upon with the CHW.

STEPS FOR GIVING FEEDBACK AND ACTION PLANNING

STEP 1: Identify and investigate success areas. Ask the CHWs to share how they think this result came about and take notes for the next debriefing meeting. **Give positive feedback** on what is going well.

STEP 2: Select <u>three or four</u> improvement focus areas. To be really able to provide meaningful feedback, create a realistic action plan for the CHW to improve in critical areas. Don't give too much feedback at once; instead, prioritise the issues. Examples of problem areas to look at:

- Actions related to follow up and support to emergencies or case management
- Competency in negotiation/dialogue counselling methods
- Reduced productivity or coverage
- Lower-than-expected TTC enrolment or late registration in pregnancy

- Low male involvement

STEP 3: Use the 'root-cause' technique to discuss the underlying barriers leading to these data findings, through discussion with the CHWs. In the root-cause technique we identify their barriers, try to understand what/what is making that difficult for them.

STEP 4: Support the CHW to identify their own solutions. CHWs will tend to 'own' the action better if they are able to identify potential solutions, your role is to support or encourage them. This reflects the 'behaviour change methodology we use in the household, so it is good to practice! Agree on actions to be taken and write these in the CHW journal/diary and on the supervision form.

STEP 5: Giving feedback to community representatives. Before leaving the community, ensure that you report to the CHMC or to the committee of elders/community chiefs. Share with them (if the CHW agrees) the outcomes of the supervision and the actions agreed upon, and get their feedback.

Example:

CHW SUPERVISION PERIOD 3 MONTHS

Success areas:

- Coverage of visits has increased by 15% compared to previous months.
- Follow up of emergency referrals was 100%, that excellent
- Male participation has increased from 20% to 50% in the last supervision period; well done!

Improvement focus areas:

- Less than 50% of pregnant women received their first TTC visit in early pregnancy.
- Less than 50% of newborns had all three visits in the first week of life
- Observed counselling methodology needs further practice.

Action plan:

- Promote early registration for TTC in pregnancy, and early post-partum reporting in the community's faith groups and women's groups so ensure the CHW can conduct the full schedule of visits.
- Work with partner CHW to practice the dialogue counselling methodology together.
- Continue to encourage male involvement and scheduling of home visits during convenient times for husbands/partners.

Activity 3: Reinforcing the information: Practise in groups

Divide participants into groups of 4-6 and ***ask*** each group to play the four scenarios given below, with 2 members doing one scenario (one as CHW and the other as supervisor).

Scenario 1 (poor)

Case evaluations (3 households, 2 home-based care clients and 2 TTC clients) revealed that some of the data in the CHW registers was incorrect. The CHW did not check if the families were practicing the recommended behaviours. The families felt that the CHW was hurried during the visits. The registers do not have dates for subsequent visits.

Home visit observations included 2 household assessments, 3 home-based care clients and 2 TTC families. The CHW had good rapport with the families but did not try to get to the root causes for not practicing key behaviours. The CHW did not use the relevant job aids.

The CHW has completed less than half of their visits on time. None of the visits had a male participant present. The CHW made three referrals but never went back to check if the client had gone to the facility. The CHW says that during this supervision period she had been very sick and had to travel to clinic herself but plans to improve next month.

Scenario 2 (needs improvement)

Case evaluations (3 households, 1 home-based care client and 2 TTC clients) revealed that data in the CHW registers was correct. The CHW did not spend time understanding barriers in the families. The families were happy to have the CHW visit them but want her to spend more time with them.

Home visit observations included 3 household assessments, 1 home-based care clients and 2 TTC families. The CHW had good rapport with the families and checked if they were practicing recommended behaviours, but did not try to get to the root causes for not practicing key behaviours. The CHW used the relevant job aids but rushed through them.

The CHW completed 60 per cent of the visits on time. Male/partners participated in most of the visits. He referred five cases and followed up on three of them, which went to the facility; the others did not go. He has struggled to make the visits because he is volunteering for many initiatives.

Scenario 3 (good)

Case evaluations (3 households, 2 home-based care client and 2 TTC clients) revealed that data in the CHW registers was correct. The CHW spent time understanding barriers in the families. The families were happy to have the CHW visit them but want her to spend more time with them.

Home visit observations included 3 household assessments, 1 home-based care clients and 2 TTC families. The CHW had good rapport with the families and checked if they were practicing recommended behaviours, and tried to get to the root causes for not practicing the behaviours, although he did not quite get to the root cause for one behaviour. The CHW used the relevant job aids well.

The CHW completed 75 per cent of the visits on time, mostly with men participating in the sessions. He referred three cases and did two successful follow ups. The visits he didn't make on time he says it's because the families were away.

Scenario 4 (excellent)

Case evaluations (3 households, 2 home-based care client and 2 TTC clients) revealed that data in the CHW registers was correct. The CHW spent time understanding barriers in the families. The families were happy to have the CHW visit them and are thankful for all his contributions to their health and well-being.

Home visit observations included 3 household assessments, 1 home-based care clients and 2 TTC families. The CHW had good rapport with the families and checked if they were practicing

recommended behaviours, and got to the root causes for not practicing the behaviours and negotiated new practices. The CHW used the relevant job aids well.

The CHW did all his visits. All but one case had men present during visits. He made only one referral and followed up correctly.

Debrief in plenary, using the following questions:

1. Did the supervisor praise the CHW for what was done well, in each scenario? How did that part go, and how could it be made better?
2. Did the supervisor ask the CHW what his/her own assessment of the work was? In what ways did this step help the feedback process?
3. How did the CHW handle the review of completed supervision forms? How was negative feedback provided?
4. What action plans were made? How feasible do you think they are?

Summarise the session

- The feedback session helps the supervisor and the CHW to recap key findings from the supervisory session, both positive and negative.
- It helps both to agree on a follow-up action plan in areas that need improvement.

SESSION 8. INDIVIDUAL PERFORMANCE APPRAISAL

Session Objectives	By the end of this session participants will be able to: • Explain the process of annual performance appraisal of individual CHWs • Explain the tool used for individual performance appraisal
Session Topics	The performance appraisal, the appraisal tool and process
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: The individual performance appraisal Activity 3: Give relevant information: The performance appraisal tool and process Summarise the session
Key words and phrases	Performance appraisal, competency, tool, process

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- Why is it important to do a performance appraisal of CHWs?
- What supervisory processes might help in the appraisal?

List responses on flip chart.

Activity 2: Give relevant information: The individual performance appraisal

Explain that the individual performance appraisal helps the supervisors keep track of the overall performance and progress of the CHW.

INDIVIDUAL PERFORMANCE APPRAISAL OF CHWS

In keeping with standards, individual performance appraisal should be done once per year. The performance appraisal should include a review of quantitative performance data - using the data from consecutive supervisions over that period of time. It should also include a qualitative component which looks at the competencies of the individual to perform their tasks. The supervisor should take the reports from previous individual supervisions and use them to complete the competencies assessment below.

The appraisal **process** has three parts: The CHW does a self-assessment of the various components of the tool, followed by an assessment by the supervisor, using data from all supervisory sessions. As the final step, the supervisor and CHW make a joint assessment of each component and arrive at a performance score.

Activity 3: Give relevant information: The performance appraisal tool and process

Explain the format of the tool using the information below:

THE PERFORMANCE APPRAISAL TOOL: ASSESSMENT OF COMPETENCIES

The tool is organised around the core competencies as the ultimate purpose of supervision is to assess and improve core competencies in CHWs.

Results from case evaluations, home visit observations and performance audits of the CHW carried out over the course of the year will be used to complete the appraisal. In addition, the supervisor would review the CHW registers as part of the performance appraisal

For each competency, the CHW gives a self-assessment score of 0 to 3, where 0 = poor, 1 = needs improvement, 2 = good and 3 = excellent.

The next column is for noting which supervision form was used to assess the competency area.

This is followed by a column for noting the most common performance score taken from the supervision sessions of the appraisal period.

The last column to the right is for a joint assessment by the supervisor and the CHW, using the same performance scale of 0 to 3.

At the end of the tool, there is space for noting observations from CHMCs and specific areas for improvement.

FORM D: Annual Individual Performance Appraisal: Assessment of Competencies

#	Core Competency	CHW self-assessment 0-3	Was this observed in supervision in the past year ✓✗	Supervisor's assessment 0-3	Overall Performance 0 = poor; 1= needs improvement; 2 = good ; 3 = excellent
General					
1	Effective communication skills Rapport building with families Active listening Use of job aids during the process				
2	Dialogue to identify root causes or "real" barriers and negotiation for new practices				
	Carry out referral and post-referral follow up				
	Completes a monthly report				
Module 1. Community Health Basics					
	Carry out household registration and vulnerability assessment				
	Conduct household assessment and family health check				
	Complete the household register and the family health card				

	Successfully report births, deaths and notifiable illnesses				
	Complete the surveillance register				
Module 2: Community Based Care					
	Correctly assess a child using the IMCI approach				
	Correctly measure weight of child, interpret growth curve, and measure MUAC				
	Correctly provide home-based care (interpret counter-referral forms)				
	Conduct a root-cause assessment for a case of severe acute malnutrition				
	Develop a feeding plan with the family for a child recovering from severe acute malnutrition				
	Complete the home based care register				
Module 3: Timed and Targeted Counselling					
	Use positive and problem stories to engage families in TTC				
	Encourage involvement of male partners				
	Assess the pregnant woman and post-partum mother for danger signs				
	Assess the newborn for danger signs				
	Assess positioning and attachment and support breastfeeding				
	Counsel on diet diversity and meal frequency and negotiate for appropriate practices				

Summarise the session

- Individual performance appraisal of CHWs is to be done annually and is based on the results of supportive supervision sessions carried out through the year. It helps to bring recognition to the role of the CHW and keep CHWs motivated to continue.

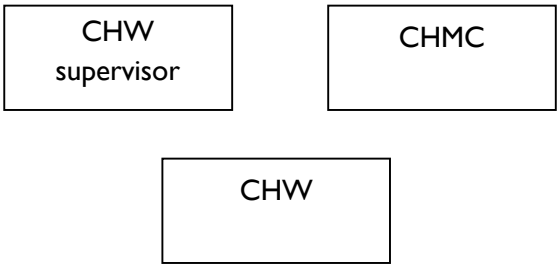
SESSION 9. CHMC SUPPORT TO CHWS

Session Objectives	By the end of this session participants will be able to: • Explain the role of the CHMC in supporting the supervision process • Explain the role of the CHMC in supporting the work of CHWs in general
Session Topics	Roles of the CHMC related to CHWs, dealing with inactive CHWs (disciplinary process), CHW support (buddy system), recognising CHWs
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Roles of the CHMC related CHWs Activity 3: Give relevant information: Role of the CHMC in dealing with inactive CHWs Activity 4: Give relevant information: CHW support by the CHMC Activity 5: Give relevant information: Role of the CHMC in recognising CHWs Summarise the session
Key words and phrases	CHMC, support, inactive CHWs, recognition, motivation, buddy system

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- What is the relationship between the CHW, CHMC and the supervisor?
- ***Draw*** the 3 boxes on a flip chart as given below and ***ask*** participants to draw arrows between the boxes to describe how these entities interact, what processes are involved and what the division of responsibilities among them is.
- Do you recall the roles of the CHMC with regard to CHWs, from Module 1?



Activity 2: Give relevant information: Roles of a CHMC in supporting CHWs

Explain that the information below is a recap of what they learnt in Module 1, Unit 1:

THE CHMC'S ROLE RELATED TO CHWS

RECAP FROM MODULE 1, UNIT 1

A community health management committee (CHMC) consists between four to ten respectable persons in a community. They are selected and approved by the traditional leadership to serve as the link between the community and the CHO. Their main responsibility is to support CHWs and volunteers whom they assist in selecting. They also advocate for community health and ensure the welfare of the CHO, the CHW and the volunteers.

Roles of a CHMC include:

- Participate in selecting CHWs and volunteers
- Advocate for health delivery
- Solicit and manage community resources
- Supervise CHWs and volunteers and resolve conflicts
- Promote the welfare of CHOs, CHWs and volunteers

The CHMC should know all the activities that CHWs do in their area, and what the expectations of the CHW position are. This way, the CHMC can competently monitor the CHWs' activities and be able to determine if a CHW is not fulfilling his or her responsibilities. The CHMC needs to have an idea of the training that CHWs receive.

Understanding the roles of the CHWs and having a close relationship with them will enable CHMC members to contribute to supporting CHW in their work and assessing and recognising their performance. When CHWs receive recognition and rewards for doing well, they will be encouraged to continue. If a CHW is not performing well, the CHMC helps improve the quality of work by addressing the problem, whether it calls for discipline, further training, or replacement of the CHW by someone else. These actions are informed by the individual performance assessments

The CHMC can support CHWs in:

- Resolving issues and problems CHWs have in their work;
- Follow-up if the CHW's supervisor is not doing her/his job;
- Alert the supervisor if the CHW needs more support supervision to do his/her job
- Supporting the referral system
- Discussing health trends;
- Providing input on individual performance appraisals

Explain that CHWs are accountable to, and supported by, their supervisors – and that has been the topic of this training. At the same time, however, CHWs are also accountable to, and should be supported by, their communities. ***Explain*** that based on the broad guidelines found in Module 1, we can detail the role of the CHMC in various aspects of the CHW programme, as listed in the table below. ***Read aloud and explain***:

Type of responsibility	CHMC roles	Supervisor roles	CHMC -Supervisor interaction
1. CHW recruitment	Encourage community participation in the recruitment of CHWs Engage community when either new or replacement CHW candidates are selected from within the community Mediate community meeting for final selection	The MOH will choose qualified candidates based on the criteria agreed upon for CHWs based on MOH standards	Supervisor makes sure the CHMC knows the MOH criteria for recruitment
2. CHW roles and written agreement	Understand CHWs activities and what the expectations of the role are Prepare and store copies of any written agreement if necessary	Ensure agreements are done	Give the signed agreements to the CHMC
3. Initial and ongoing training of CHWs	CHMC does not train CHWs but need to be aware of training they receive	Supervisor is sometimes also the trainer of CHMC	Informs CHMC of any training
4. Equipment/supplies	Ensure that, if any supplies are distributed via the CHWs to households, CHMC can monitor the stocks according to the national stock system	Supervise stock	Two-way reporting of any stock problems found
5. CHW support	'Buddy' system of support to CHWs can be advantageous		Share results of CHW supervision
6. Performance appraisal	Contribute to individual performance appraisals Follow up on performance action plans to ensure they are put into place	Deal with inactive CHW	Share results of CHW supervision Supervisor consults CHMC on action regarding inactive CHW
7. Incentives	Ensure CHWs receive recognition and rewards for doing well, and if not, ensure that actions are taken in line with community expectations Oversees any distributions according to country policy	If there is a performance-based element of incentives, supervisor may feed into that using data/feedback	Communicate about the incentives provided

8. Community involvement	Ensure the community is aware of and engaged in the CHWs' work and advises on overcoming barriers to community involvement where needed	Seek feedback from the community on the work of the CHW	Give feedback from the community to the CHMC if relevant
9. Referrals	Understand the referral system so that it can support proper functioning Strengthen weaknesses or advocate for their strengthening if it requires action from outside entities, such as the MOH Track and investigate adverse events, including deaths or near misses, misconduct at the clinic in terms of health worker behaviour, stock shortages or overcharges, to discover their causes and plan to address them Establish community support for referrals (e.g. an emergency transport fund or identifying alternative transport)		
10. Opportunities for advancement	Approve advancement of CHWs through the performance appraisal system	Inform CHMC of any opportunities	Together select candidates for advancement
11. Documentation, Information	Review programme data/reports and include analysis in their action plans	Collect and tally data	Provide reports to CHMC via health authorities
12. Debriefing meetings	Help coordinate meetings Participate in discussions and action plans	Contribute to and/or facilitate meetings	Participate in joint planning

Activity 3: Give relevant information: Role of CHMC in dealing with inactive CHWs

Explain the CHW Charter and the basic package of services (covered in Module 1, Unit 1) outline the behaviour expected of CHWs and what they are responsible for in their communities.

Ask: What happens when a CHW does not conduct the activities according to the plan? Does this happen a lot? What might be the reasons for this?

Write the answers on the flipchart. Answers might include the following:

- unrealistic time commitment
- burden of other tasks is too great
- CHW work is too difficult
- CHW was not the right candidate.

The majority of attrition of CHWs is due to work load, time constraints or loss of motivation; therefore a 'disciplinary' approach may not be relevant, and supervisors should take every step to try to help CHWs overcome their barriers to work. Many CHWs may start the project with good intentions but find over time that they are unable to meet the commitment.

Ask: What steps should be taken before we consider replacing a CHW with a new one?

DISCIPLINARY PROCEDURES/STEPS TO REPLACEMENT

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

- non-participation in trainings or supervision events
- non-availability (for community-level work) due to other commitments
- not providing required services
- disputes in the community

When disciplinary action is required repeatedly by the same CHW, the CHMC and/or the CHW supervisor should follow these steps:

1. Conduct 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:
   Step 1: A verbal warning from the supervisor
   Step 2: A verbal warning from the health facility head
   Step 3: Discussion with the CHMC
   Step 4: Suggested replacement of the CHW

Activity 4: Give relevant information: CHW support by the CHMC

Check if participants can recall the "buddy system" they learnt about in Module 1. ***Use*** the information below to recap:

THE CHMC – CHW BUDDY SYSTEM

The CHMC could link each of its members with 1 or 2 CHWs so as to create a "buddy" system – which will help build relationships between the CHMC and the CHWs and make support easier and more productive. When people build a history together it is much easier to grow from there. A lot of time can

be lost during meetings between strangers or people who are not well acquainted because the parties need to provide some background first.

The CHO and supervisors can help the CHMC to decide how it will match 'buddies' as they begin to work with this system. For example, they might pair 1 CHMC member with 1 CHW, or 1 CHMC member with 3 CHWs. They may choose to pair with CHWs they know well, or CHWs they don't know well. It is up to the CHMC (and the context) how the buddy system will be set up.

CHMC members will support their 'buddy' CHWs by:

- Resolving issues and troubleshooting
- Following up if the CHW's supervisor is not doing her or his job
- Noting and attempting to address grievances or problems the CHW has
- Providing input on individual performance appraisals
- Helping the CHWs to overcome any difficulties they have in reaching their potential.

CHMC members might find it useful to shadow their 'buddy' CHWs sometime during a home visit that the CHW deems appropriate, so that the CHMC will have a better understanding of what the CHWs do.

Activity 5: Give relevant information: Role of CHMC in recognising CHWs

Explain that the CHMC should play a key role in ensuring the CHWs who perform to expectations or exceed them are appropriately recognised. ***Try to avoid*** the term "incentives".

RECOGNISING CHWS' PERFORMANCE

There are many ways the CHMC can help recognise CHWs who perform well. The CHMC is involved in working with CHWs and they will be able to determine appropriate forms of recognition.

Public recognition and expressions of appreciation by the community can be done in a variety of ways. For example, if a particular CHW excels at persuading families to adopt key health practices, having them share their methods and tips with their peers in a meeting or workshop will recognise their exceptional skill and enable them to share that skill with others.

Ask: Community members should not be encouraged by WV to give money or gifts as in-kind payment for service. Why might this be?

PROBLEMS WITH GIFT-GIVING

- Encouraging CHWs to accept **gifts-in-kind** could cause a problem: money and 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. **The services of CHWs should be free to all users**. Furthermore, ideally the CHWs should prioritise their care towards the households that are poorest, most isolated and most vulnerable (i.e. those least likely to be able to give gifts), but if CHWs become dependent on gifts of cash or food, that might skew their priorities.
- If supervisors notice this happening, they must talk with people involved and discourage it, explaining why it creates problems and should be avoided. If it becomes a problem, they must report it to the CHMC.

Discuss the cultural norms for gift giving in your context: What do we consider to be acceptable, and when might we consider taking action or speaking to the CHW?

Summarise the session

- The CHMC is very important in the management of CHW programmes as they have multiple roles in supporting their work and ensuring good quality.
- Supervisors need to interact with the CHMC on multiple issues and regularly debrief CHMC on what they observe during supervisions and monitoring.
- When dealing with non-participation or inactivity of CHWs, supervisors, together with the CHMC, will take gradual steps through an agreed process defined in a written agreement with the CHWs. The CHMC is ultimately responsible for managing grievances.
- CHW could also have 'buddies' within the CHMC who can provide extra support.
- Supervisors who are aware of exceptional efforts of CHWs should inform the CHMC and encourage recognition and appreciation of efforts on a regular basis.
- Regular gift giving by families for CHWs is to be discouraged as this has a risk to skew the priorities of the CHWs from the families most in need.

SESSION 10. CHW DEBRIEFING MEETINGS

Session Objectives	By the end of this session participants will be able to: • Explain the purpose and process of holding meetings with CHWs • Explain aspects of the meetings – report-back, discussion, data collection, record keeping and problem solving
Session Topics	CHW report-back and support, addressing barriers, logistics of a debrief meeting, an agenda for the meeting
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: The CHW debriefing meeting Activity 3: Discussion: Planning logistics Activity 4: Give relevant information: Agenda for the debriefing meeting Activity 5: Reinforcing the information: Role play Summarise the session
Key words and phrases	Debriefing, report-back, logistics, sample agenda, discussion of barriers

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- Why is it important for supervisors to meet with CHWs regularly?
- What should be covered during the meeting?
- What aspects should go into planning the meetings?

List responses on flip chart.

Explain that CHWs would also submit their monthly reports and the CHO would compile the information and analyse coverage levels. This will be dealt in the next session.

Activity 2: Give relevant information: The CHW debriefing meeting

Read aloud:

CHW REPORT-BACK AND SUPPORT

One of the purposes of debriefing meetings is to provide an opportunity for the CHWs to talk about their experiences during the reporting period.

The CHWs should be asked to relate not only their challenges and constraints, but also their successes! In fact, they should try to always begin with positive experiences, before getting into the problems. Ask one or two volunteers now to share something positive that has happened to them during their work as CHWs!

Have a brief discussion with participants about the types of problematic issues the CHWs might raise, and the ways that the supervisors might respond.

Explain that a key aspect of the CHWs' work is about identifying the barriers to healthy practices that households experience. CHWs will collect the information about significant barriers, or report these to supervisors verbally.

Ask participants to give 8-10 examples of barriers they may have identified in their work

WHEN CHWS REPORT A BARRIER TO THE SUPERVISOR

During the meetings, it is important that the CHWs report on the barriers that the households are experiencing – especially those that are difficult to address. This is a good opportunity to talk about them together and decide if there is any action they can take as a group to help out.

There are several actions to be taken:

If the barrier pertains to only a few cases

a. Help the CHWs identify possible solutions to individual barriers.
b. Potentially help them speak to the family if there are difficult issues.

If the barriers are not solvable in the family and pertain to many cases

c. Give feedback to the CHMC about common or difficult barriers.
d. Give feedback to the CHO and the health facility if the barriers pertain to them

The table below has some sample cases. ***Work through these and ask*** participants to determine a possible response. Then go back and ***review*** the examples they have given.

Example of a barrier	Supervisor's response
A woman cannot go to ANC because the husband will not agree to pay the transportation costs; the CHW has not been able to convince the husband.	a) and b)
The mother of a child recovering from SAM is not able to provide a diverse diet to the child. Her husband is away in the city looking for work and she has not heard from him in 6 weeks.	c)
An adolescent girl who lives with her widowed mother and two younger siblings is pregnant. She had gone to stay with her boyfriend a few months ago but he physically abused her. She escaped and returned to her mother's home. She has not yet had any ANC. She does not know her HIV status.	c) and d)
The CHW reports that after several referrals they have found that children are not always getting medicines they are prescribed when they are sick because the clinics and pharmacies are out of stock.	d)

For each of these actions above, also ***ask*** the participants to think of some instances when they have taken these actions from their own experiences. ***Ask*** for volunteers to present their cases and how they addressed them. ***Ask*** them to explain what the outcomes were.

The idea is that difficult barriers are addressed during the debriefing meetings.

Activity 3: Discussion: Planning the debriefing meeting

Have a discussion with the participants about the logistics of the debriefing meeting. ***Tailor*** the discussion to the individual situations of the supervisors present. The purpose of this discussion is to find out if the supervisors will have difficulty organising the debriefing meetings, so that solutions may be proposed. The purpose is not to 'train' the CHWs in logistics. ***Find out*** the following:

- How widely dispersed are the CHWs that they are supervising?
- Where will the debriefing meeting be held?
- Is there a need for CHWs to travel to the meeting, and if so, how will transportation be handled?
- How far/how long would the most distant CHW need to walk to attend the meeting?

Debriefings should ideally be done quarterly. ***Try to sort out these issues*** with the participants.

Activity 4: Give relevant information: Agenda for the debriefing meeting

Review participants' responses regarding the agenda.

For the most part, you should ***accept the ideas*** that participants come up with in terms of what to include in the sample agenda, as these will be *their* meetings and they should feel empowered and in control of them. Although the CHMC may lead on certain elements of debriefing meetings, the supervisors will be able to influence the supervisory elements.

Then have the participants look at the *Sample agenda* below:

SAMPLE AGENDA FOR DEBRIEFING MEETING

Part One: Group meeting

- Welcome and announcements
- CHWs' reports and discussion
- Successes
- Challenges
- CHWs' reports on household-level barriers
- CHWs explain the barriers
- Group discussion about possible solutions or actions
- Any other business
- Date of next meeting
- Closing and prayer

Part Two: Supervisor meets individually with CHWs

- Collect Data Collection Tools (if this is not done in group setting or community visit)
- Support the CHW and assist with problems, as necessary
- Any disciplinary issues
- Set date for supervision, as necessary

Activity 5: Reinforce the information: Role play debriefing meeting

Ask for 8-10 volunteers. Ask them to prepare and practice overnight for the role play. ***Explain*** that you would like them to role play a debriefing meeting of the supervisor with the CHWs. They should select one volunteer to play the role of the supervisor, while the others play the CHWs.

Tell the volunteers that they should look at the Sample Agenda. They should carry out Part One, the group meeting, all together. Then they will select one volunteer for Part Two, individual meetings.

Note: *Although the supervisor will role play collecting the forms from the CHW, she will not actually do all of the record keeping, as that would take too much time. In the role play, they can pretend that they are filling in her forms, and then discuss the results with the CHW.*

The volunteers will carry out the role play in front of the rest of the group at the beginning of the next day. ***Have them*** write the agenda on a flip chart. Remind them of the following points that help to make a role play effective:

- They should not have their backs to the audience. This means they cannot sit in a circle but rather, probably, a semi-circle.
- They should speak very loudly! In a real meeting with only a few people it might not be necessary to speak loudly, but in this case they want to make sure that the audience can hear them clearly.
- The role play can be funny, but they must make sure that they are demonstrating a meeting accurately.

After the role play, ***debrief*** with the participants: What did they learn from the role play? How do they feel about their ability to hold debriefing meetings with the CHWs they will be supervising? Answer any questions they may have with regard to the structure of the meeting or, indeed, to anything that was covered in this session.

Summarise the session

- The debriefing meeting provides an opportunity for the CHWs to talk about their work experience – both successes and problems/challenges
- The meeting also provides space for the supervisor and the CHWs to learn about barriers they have encountered in households in the practice of recommended behaviours, and take action to resolve them.
- Participants should develop a logistics plan and an agenda for the debrief meetings
- CHWs would also submit their monthly reports and the CHO would compile the information and analyse coverage levels. This will be dealt in the next session

SESSION 11. ASSESSING COVERAGE

Session Objectives	By the end of this session participants will be able to: • Explain tallying of the CHW household register • Explain how to fill the CHW monthly report form • Understand the use of thresholds to calculate coverage levels • Explain the use of the scorecard
Session Topics	Compiling the CHO monthly report, calculating coverage, threshold values for indicators, calculating the CHW scorecard
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: The CHO monthly report Activity 3: Give relevant information: Calculating coverage Activity 4: Reinforcing the information: Practise calculating coverage Activity 5: Give relevant information: Threshold values and CHW coverage Activity 6: Give relevant information: Calculating the CHW scorecard Activity 7: Reinforcing the information: Summarise the session
Key words and phrases	Coverage, percentages, threshold, scorecard

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

- Do you remember how many registers the CHWs complete with data from their work? Which of them has a tally sheet?
- How can the supervisor help CHWs make sense of the data in their monthly report? How can they use the data to take action?

List responses on flip chart.

Activity 2: Give relevant information: The CHO monthly report

Explain that the CHO monthly report is very similar to the CHWs', except that there are separate columns to enter each CHWs' data.

Point out the columns for CHW data in the sample form that participants have.

CHW Monthly Report

Month/Year:

CHW Name: Community:

CHO Name: CHPS Zone:

Data for this report will come from:

- Household register tally sheet (done by CHW)
- Surveillance register
- Home based care register
- TTC registers - pregnancy, newborn and infant

Data Item	Number
Households	
Total individuals in CHW area	
Total men	
Total women	
Total children under five	
Total women aged 15-49 years	
Total elderly (>60 years)	
Total over 18 years	
Total literate	
Total 6-16y in JHS	
Total 16-18y in SHS	
Total disabled	
Total Households	
Households with access to safe water	
Households treating water before use	
Households with handwashing facility	
Households with functional latrine	
Households with refuse disposal facility	
Households with male participation	
Households having sufficient LLINs	
Surveillance	
Total Deaths	
Total births	
Boys	
Girls	
Live births	
Stillbirths	
Delivered at facility	
Total cases of notifiable illness reported:	
Acute flaccid paralysis	
Neonatal tetanus	
Measles	
Acute watery diarrhoea	
Cholera	
Viral Haemorrhagic Fevers	
Yellow Fever	
Leishmaniasis	
Guineaworm	
Trachoma	

Data Item	Number
Timed and Targeted Counseling	
# women in TTC register who delivered this month	
# women who had male partner presence during TTC	
# women who slept under bed net	
# women who completed 5 ANC	
# women who did HIV test and received result	
# newborns in TTC this month	
# newborns receiving CHX gel application	
# newborns who received BCG and OPV-0	
# infants in TTC completing 1 year this month	
# infants sleeping under bed net	
# infants who received Penta and OPV 3	
# infants who received measles vaccine	
# infants who have had birth registration	
# infants whose mothers or their partners use FP	
CHW Activities of this month	
# household assessments (routine/priority)	
# family health checks	
# TTC visits	
# given home-based care (total)	
# children with SAM given home-based care	
Referral and treatment	
# Pregnant women referred	
# Postpartum mothers referred	
# newborns referred	
# Children with general danger signs referred	
# Children with fever treated	
# Children with fever referred	
# Children with cough and fast/difficult breathing treated	
# Children with cough and fast/difficult breathing referred	
# Children with diarrhoea treated	
# Children with diarrhoea referred	
# Children with low MUAC (MAM and SAM)	

CHO Monthly Report							Data for this report will come from:						
Month/Year:							CHW Monthly reports						
CHO Name:		CHPS Zone:											
Suervisor: Name:		Sub district:											
Data Item	**CHW1**	**CHW2**	**CHW3**	**CHW4**	**CHW5**	**Total**	**Data Item**	**CHW1**	**CHW2**	**CHW3**	**CHW4**	**CHW5**	**Total**
Household Assessments							**Timed and Targeted Counseling**						
Total individuals in CHW area							# women in TTC register who delivered this month						
Total men							# women who had male partner presence during TTC						
Total women							# women who slept under bed net						
Total children under five							# women who completed 5 ANC						
Total women aged 15-49 years							# women who did HIV test and received result						
Total elderly (>60 years)							# newborns in TTC this month						
Total over 18 years							# newborns receiving CHX gel application						
Total literate							# newborns who received BCG and OPV-0						
Total 6-16y in JHS							# infants in TTC completing 1 year this month						
Total 16-18y in SHS							# infants sleeping under bed net						
Total disabled							# infants who received Penta and OPV 3						
Total Households							# infants who received measles vaccine						
Households with access to safe water							# infants who have had birth registration						
Households treating water before use							# infants whose mothers or their partners use FP						
Households with handwashing facility							**CHW Activities of this month**						
Households with functional latrine							# household assessments (routine/priority)						
Households with refuse disposal facility							# family health checks						
Households with male participation							# TTC visits						
Households having sufficient LLINs							# given home-based care (total)						
Surveillance							# children with SAM given home-based care						
Total Deaths							**Referral and treatment**						
Total births							# Pregnant women referred						
Boys							# Postpartum mothers referred						
Girls							# newborns referred						
Live births							# Children with general danger signs referred						
Stillbirths							# Children with fever treated						
Delivered at facility							# Children with fever referred						
Total cases of notifiable illness reported:							# Children with cough and fast/difficult breathing treated						
Acute flaccid paralysis							# Children with cough and fast/difficult breathing referred						
Neonatal tetanus							# Children with diarrhoea treated						
Measles							# Children with diarrhoea referred						
Acute watery diarrhoea							# Children with low MUAC (MAM and SAM)						
Cholera													
Viral Haemorrhagic Fevers													
Yellow Fever													
Leishmaniasis													
Guineaworm													
Trachoma													

Activity 3: Give relevant information: Calculating coverage

Read aloud and explain by writing on a flip chart

CALCULATING COVERAGE

Numbers do not mean much, in and of themselves, such as when we say that 15 households practice a certain behaviour. We need to know how many households are there in all, out of which 15 is a part. This is also called "coverage".

For example, a CHW reports that 10 pregnant women have slept under a bed net in her community. We first need to know how many pregnant women are in that community. If there are 20 pregnant women in that community, then the number 10 would be considered a fairly high figure (though we would want all 20 to have slept under a bed net!!). On the other hand, if there are 50 pregnant women in the community, then 10 out of 50 would be considered very low. In order to calculate the coverage in a standard form, we use "percentages". For these two scenarios, percentages would be as follows:

10/20*100 = 50%

10/50*100 = 20%

Make sure that participants understand the concept of percentages in the last example shown above.

Explain that some of the indicators below may not sound familiar as the participants are not yet trained in Modules 2 and 3. However, these are included so that they fully understand the concept of coverage.

CALCULATING COVERAGE USING CHW DATA:

The following sets of indicators can be assessed for coverage using the data that the CHW submits in the monthly report.

Set 1: The following set of indicators need to be calculated as a percentage of the total number of households, as reported in the CHW monthly report.

- Households with access to safe water
- Households treating water before use
- Households with handwashing facility
- Households with functional latrine
- Households with refuse disposal facility
- Households having sufficient LLINs

Set 2: The following set of indicators need to be calculated as a percentage of the total number of pregnant women who delivered during the month, as reported in the CHW monthly report:

- women who had male partner presence during TTC
- women who slept under bed net
- women who completed 4 ANC
- women who did HIV test and received result

Set 3: The following set of indicators need to be calculated as a percentage of the total number of newborns born during the month, as reported in the CHW monthly report:

- newborns receiving CHX gel application
- newborns who received BCG and OPV-0

Set 4: The following set of indicators need to be calculated as a percentage of the total number of pregnant women who delivered during the month, as reported in the CHW monthly report:

- infants sleeping under bed net
- infants who received Penta and OPV 3
- infants who received measles/rubella vaccine
- infants who have had birth registration
- infants whose mothers or their partners use FP

In addition to the above, the following indicator will be calculated as a proportion of the total population:

- Children 6m to 5 years who have acute malnutrition (MAM and SAM) based on MUAC reading

For this indicator, 3 or more children (with SAM and MAM) per 1,000 population is considered "critical".

Activity 4: Reinforcing the information: Practice calculating coverage

Divide participants into groups of 4-6 and ***ask*** each group to calculate percentages of the indicators in the CHW scorecard, using the dummy data in the CHW monthly report. If the supervisors do not possess adequate numeracy skills, they could use terms such as "almost all", "half", "about a quarter" etc to indicate the percentages. ***Debrief*** in plenary.

Activity 5: Give relevant information: Threshold values and CHW coverage

Read aloud and explain:

HOW MUCH COVERAGE IS SUFFICIENT?

For some indicators, coverage below 25% will be considered insufficient, while for others, levels of 70% or below would be considered insufficient. This depends on several factors, such as how critical the intervention is to health and well-being, and what the coverage levels are in the district, region or country. Coverage levels are divided into three categories, based on how much coverage (for that health practice or condition) is considered good, how much is considered moderate and what level is considered critical, requiring immediate action.

THRESHOLD VALUES

For some indicators, such as pregnant women sleeping under an LLIN, 70% coverage or above is considered good and is denoted in green. 50- 70% is considered moderate, denoted in yellow. Coverage below 50% is considered critical, requiring that the CHO and CHWs look for barriers and initiate action.

>70%	50–70%	<50%
Most	More than half	Less than half

For other indicators, such as the percentage of couples using contraception, 35% and above is considered good, and less than 25% is considered critical, as shown below:

>35%	25–35%	<25%
Less than half	About a quarter	Less than a quarter

For yet other indicators, we desire that the percentages remain low. Examples include pregnant women with high risk pregnancy and children with SAM. In these cases, coverage of less than 5% would be considered acceptable, and any level above 15% could be considered critically high, requiring action, as shown below:

<5%	5–15%	>15%
Very few	Less than a quarter	About a quarter

These levels that mark good, moderate and critical are called "thresholds"

Make sure the participants understand the concepts of threshold values

Activity 6: Give relevant information: Calculating the CHW scorecard

Distribute copies of the CHW scorecard. ***Read aloud:***

THE CHW SCORECARD

The indicators mentioned above are compared with set threshold values to determine whether each indicator scores "good", "moderate" or "critical". The threshold values for all the above indicators are included in the CHW score card. Data that the CHW reports in the monthly form are also to be used to update the indicators in the community chalkboard.

CHW Scorecard						
Month/Year:						
CHW Name:	Community:					
CHO Name:	CHPS Zone:					
Indicator	**Thresholds**			**Coverage level for the month**		
	Good	**Moderate**	**Critical**	**Number doing the practice/Number with the condition (enter numbers)**	**Total number**	**Percentage/ Scorecard**
Households with access to safe water				Total # households		
Households treating water before use						
Households with handwashing facility	>70%	50-69%	<50%			
Households with functional latrine	>70%	50-69%	<50%			
Households with refuse disposal facility	>70%	50-69%	<50%			
Households having sufficient LLINs	>70%	50-69%	<50%			
# women who had male partner presence during TTC	>70%	50-69%	<50%	# pregnant women delivered this month		
# women who slept under bed net						
# women who completed 4 ANC	>80%	60-79%	<60%			
# women who did HIV test and received result	>70%	50-69%	<50%			
# newborns receiving CHX gel application				# newborns born this month		
# newborns who received BCG and OPV-0	>80%	60-79%	<60%			
# infants sleeping under bed net				# infants completing 1 year this month		
# infants who received Penta and OPV 3	>80%	60-79%	<60%			
# infants who received measles vaccine	>80%	60-79%	<60%			
# infants who have had birth registration	>80%	60-79%	<60%			
# infants whose mothers or their partners use FP	>35%	15-34%	<15%			
# Children with low MUAC (MAM and SAM)			>=3	per 1,000 population		

Contextualisation: Check the above scorecard threshold values against current national and district coverage data, and adjust accordingly. Threshold values should be reviewed annually. Indicators can be included/excluded according to district health priorities and local contextualisation needs of the programme.

Activity 7: Participant Practice: Calculating the scorecard and planning for action

Go over each indicator in the scorecard and discuss the threshold values, and why they are at the levels given. How does this compare to existing levels they have observed in their communities and districts?

Ask participants to get back to the earlier groups, and each group is to transfer the coverage levels they calculated earlier to the CHW scorecard and determine what category each coverage belongs to. After completing the calculations, ***ask*** each group to colour the scorecard by comparing the coverage levels with the corresponding levels of each indicator. ***Debrief*** in plenary. ***Make*** sure that all participants are able to calculate the scorecard using threshold values.

Discuss in plenary which indicators are at "critical" level. Using the "why-why" line of questioning, ***help*** the group to come up with possible barriers for households practicing that behaviour. ***Discuss*** what possible action the CHW and the CHMC could take, to remedy the situation

Summarise the session

- Calculating coverage in percentages helps us understand better the numbers that CHWs report.
- Comparing these coverage levels to pre-defined threshold values helps in understanding how good or low the coverage is and also helps the team to take appropriate action

SESSION 12. SUPERVISING THE SUPERVISOR

Session Objectives	By the end of this session participants will be able to: • Understand the need for supervising supervisors • Understand the expected competencies of supervisors and how they are to be assessed in the field
Session Topics	Supervising the supervisor Performance indicators for the supervisor Assessment forms for supervisors Evaluation by health manager
Session plan Time: 1h00 	Activity 1: Determine what they already know Activity 2: Give relevant information: Supervising the supervisor Activity 3: Give relevant information: Performance indicators for the supervisor Activity 4: Summarise the session
Key words and phrases	Performance indicators, evaluation, competencies

Activity 1: Determine what they already know

PLENARY DISCUSSION TOPICS

What support do you as supervisors need to supervise the CHWs effectively?

In what ways can this support be provided?

Can you think of key performance indicators for the supervisor?

Record responses on a flip chart

Activity 2: Give relevant information: Supervising the supervisor

Explain that the basic support for supervisors can be provided in many ways. ***Read aloud:***

SUPERVISING THE SUPERVISOR

Supervision of supervisors needs to be undertaken at least once per quarter. This is a minimum set of activities that supervision will involve.

1. Meet with supervisors at least twice a year to
    a. Collect completed supervision forms and review them for completion, quality of feedback provided and continuity in the supervisory support provided to a CHW
    b. Review quality and completeness of CHW-related data that supervisors compile
    c. Compare data across several supervisors

d. Share best practices and lessons

2. Carry out a supervisory support visit at least twice a year to observe a supervision session and provide feedback to the supervisor obtain feedback from CHWs on how supervision is benefitting them and how it can be further improved (as part of the supervision support visit)
3. Provide remote supervision support, reactively (for example, over phone).

They can build this activity into other field-level work that the managers do – such as visiting child health days or outreach campaigns.

Activity 3: Give relevant information: Performance indicators for the supervisor

Explain after reading aloud:

PERFORMANCE ASSESSMENT OF A SUPERVISOR

It is important to periodically evaluate the supervisor's performance. Indicators to assess the supervisor's performance are:

- timely submission of data reports
- completion of monthly supervision (1-2) schedules
- checklist of the actions taken during a supervision (see below)
- checklist of the supportive attitudes and practices of a supervisor (see below)

In addition to the above, it is important to assess if the supervisor possesses the enabling attitudes and practices that are critical for effective supervision. To achieve this, the CHWs would help assess the supervisor's performance using a checklist and the MOH manager who supervises the supervisor would observe the supervisor conducting a monthly debriefing and assess key competencies.

This assessment could be carried out once or twice a year for all supervisors.

Activity 4: Give relevant information: Assessment forms for supervisors

Read aloud and explain the forms to be used for evaluation of supervisor's performance. The first form is for the CHWs to complete regarding the supervisor's performance, and the second one is for the Sub district head to complete while observing the supervisor's performance during a CHW debriefing.

EVALUATION OF INDIVIDUAL SUPERVISION PERFORMANCE (TO BE COMPLETED BY A CHW)		
Name of CHW supervisor: Name of supervising manager: Performance period:		
#	Indicator	Response
1	**Supervision frequency** In the last six months how many times have you received a scheduled individual supportive supervision visit in your community? *(tick one)*	☐ Never for this programme (skip assessment) ☐ none in the last 6 months ☐ once in the last 6 months ☐ more than once in the last 6 months
2	**Supervision activities**	☐ Observation of a household visit……..….. ☐ Case spot checks ……..…… ☐ Coaching or mentoring……..……

	In the last supportive supervision visit you received, which of the following activities were conducted *(tick all that apply)*	☐ Skills development (demonstration or teaching)……. ☐ Knowledge development (review of material)…… ☐ Data tallying or review of records……... ☐ Trouble shooting or problem solving……... ☐ Action planning…… ☐ Work schedule management……

		Strongly Disagree 1 ▼	Disagree 2 ▼	Un-decided 3 ▼	Agree 4 ▼	Strongly Agree 5 ▼
		☹	☹	😐	☺	☺
3.	My supervision visit took place at a date and time agreed in advance and convenient to me.	☐	☐	☐	☐	☐
4.	During supportive supervision I feel that I am learning and updating my knowledge.	☐	☐	☐	☐	☐
5.	During supportive supervision I feel able to discuss challenges and solutions openly and get support.	☐	☐	☐	☐	☐
6.	During supervision I receive feedback about my work that helps me to improve my work.	☐	☐	☐	☐	☐

EVALUATION BY SUB DISTRICT HEAD

(OBSERVATION OF A CHW DEBRIEFING MEETING)

Name of CHW supervisor:

Name of supervising manager:

Performance period:

#	**The supervisor:**	**Assessment**
1	Listens actively and asks open-ended questions	Yes/No
2	Demonstrates active listening	Yes/No
3	Praises when appropriate	Yes/No
4	Re-states, paraphrases and summarises, to ensure understanding	Yes/No
5	Gives specific feedback, focussed on behaviour	Yes/No
6	Does not pronounce threats or punitive action	Yes/No
8	Facilitates discussion on barriers, challenges etc.	Yes/No

Summarise the session

- Supervision of supervisors by MOH managers helps supervisors improve their skills, learn from other supervisors and obtain feedback from the CHWs they supervise. This supervision should ideally combine quarterly review of data and twice-yearly direct observation of supervision.

FORM C: Performance audit of CHW

#	Performance Item	Routine household assessment/family health check (tally marks)	Home-based care (tally marks)	Timed and targeted counselling for MNCH (tally marks)	Total
1	# planned/due visits during this period				
2	# planned/due visits that were completed during this period				
Performance Indicator #1: % Planned visits that were completed: Total of #2 ---------- X 100 = ☐ Total of #1					
3	# visits with male participation				
Performance indicator #2: % Visits with male participation: Total of #3 ---------- X 100 = ☐ Total of tallies from household and TTC in #1					
4	# pregnant women in the TTC register				
5	# pregnant women who had the first TTC visit before the 4th month of pregnancy				
Performance indicator #3: % Pregnant women registered early: Total of #5 ---------- X 100 = ☐ Total of #4					
6	# referrals made in this quarter				
7	# of referrals who received a follow-up visit from the CHW				
Performance indicator #4: % Referrals that had a post-referral follow-up visit by the CHW: Total of #7 ---------- X 100 = ☐ Total of #6					
Average performance (%) across all indicators: (add all percentage scores for indicators that were assessed and divide by the number of indicators that were assessed) ☐					
Performance Score (check one below) ------ 0–50% = poor ------ 50–75 % = needs improvement ------ 75–100% =good ------ >90% excellent					
Reason for low activity ☐ Temporary absence ☐ Permanent absence/drop out ☐ Illness or travel ☐ Difficulties with schedule ☐ other ----------	Comments:				

SUPERVISION FORMS

SUPERVISION 1: HOUSEHOLD REGISTRATION, ASSESSMENT AND FAMILY HEALTH CHECK

FORM 1A: Case evaluation (Spot Check) of Household Registration, Assessment and Family Health Check

Randomly select up to five recently registered families from the CHW household register (at least one of the households must be a priority household). Explain the purpose of your visit and conduct the spot check with the household head, or the person with whom the CHW interacted with the most during the registration process. Always ask for consent. If the family is not home or does not agree to an interview, select other household for the spot check.
Use one column for each of the households where you do the spot checks. Carry the CHW household register with you to do the spot checks

Client type (Routine = 1, Priority = 2)							
Household number							
Name of head of the household							
1	**Selecting the right respondent** Q: Did the CHW speak with the household head or someone else who has the needed information for the registration?	Did not speak with a responsible/knowledgeable member =1 Spoke with the household head or another knowledgeable member = 2					
2	**Data validation** *Q:* For each recorded data points (all data points for Registration visit and updated points for Update visit) on the register ask the household head to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3.	**Vulnerability Assessment** Q: Check with the household head if the CHW asked all the relevant questions in the Vulnerability assessment checklist	Only a few questions were asked= 0 Most questions were asked = 1 All questions were asked = 2					
4.	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
5	**Barriers identified** Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	None identified = 0 Partially done=1 Identified root causes using open ended questions =2					
6	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partially done =1 Arrived at workable solutions, with the household = 2					
7	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
8	**Use of visual aids** Q: What materials were shown during the visit? Did s/he talk you through the stories?	Visual aids not used = 0 Partially used =1 Correct usage = 2					
9	**Complications & Referral** Q: Did you report any health problems to the CHW during the visit, and if so, did they help you to access treatment you needed?	CHW did not enquire = 0 Yes, and they referred me= 2 They enquired, but I had no health problems = 2					
10	**Referral Follow up** Q: If you were referred by the CHW did they return to visit you after you returned from the facility?	Not referred by CHW= 2 Referred but no follow up = 0 Referred with follow up = 2					
11.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	**Performance total** (Count scores from questions 1-11 – grey areas)		/ 22	/ 22	/ 22	/ 22	/ 22
	<8 (or any score with X for Question 2): Poor *8-13: Needs improvement*						

	14-17: Good *> 18: Excellent*					
	Average performance across the all households visited for evaluation		**Comments**			

FORM 1B: Home visit observation for Routine household assessment

Randomly select up to 3 households from the Household Register that are due for a visit from the CHW, ensuring at least one of them is a priority household. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.

Client type: Routine = 1, Priority = 2					
Household number					
Name of household head					
#	**Item**	**Scoring Guide**	**HH 1**	**HH 2**	**HH 3**
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for the family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Reviews previous meeting and practices negotiated during the previous visit and assists the family to update the family health card	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	For behaviours already practiced, circles the tick mark and praises the family *(If the family is not currently practicing any of the behaviours, indicate N/A)*	Does not do this step = 0 Completes this step = 2 Family does not practice any behaviour = NA			
5	If the family says they *do not practice* a behaviour, uses the "why-why" line of questioning to identify the root causes that the family is experiencing	Does not identify barriers = 0 Does the step insufficiently = 1 Sufficiently identifies root causes = 2 Family practicing all behaviours = NA			
6	After identifying root causes, negotiates with the family to practice the new behaviour (by asking "how can we make this easy for you to do")	Does not negotiate for new practices = 0 Talks about new practices and does not check if they are feasible = 1 Sufficiently negotiates for new practices = 2 Family practicing all behaviours = NA			
7	Circles the correct symbol beneath each Illustration in the family health card	Does not do this step = 0 Circles correctly = 2			
8	Demonstrates active listening & good communication skills	Ignores family's statements = 0 Listens insufficiently = 1 Listens actively = 2			
9	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
10	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
11	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
12	Plans date for next visit	Does not plan = 0 Plans = 2			
13	Accurately fills out the household register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			

Evaluation	Ignoring NAs, please review the scores of each case:			
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*			
	Feedback to the CHW:			

SUPERVISION 2: HOME BASED CARE

FORM 2A: Case evaluation (Spot Checks) of Home based care

Randomly select up to five families where the CHW has been providing home based care. Explain the purpose of your visit and conduct the spot check with the household head, or the person with whom the CHW interacted with the most during the registration process. Always ask for consent. If the family is not home or does not agree to an interview, select other household for the spot check.
Use one column for each of the households where you do the spot checks. Carry the CHW home-based care register with you to do the spot checks

	Client type (HIV or TB = 1, Child with illness = 2, Child recovering from SAM = 3, Other chronic illness = 4)						
	Household number						
	Name of head of the household						
1	**Selecting the right respondent** Q: Did the CHW speak with the person receiving care or with the caregiver (for a child)?	Did not speak with the person receiving care or the caregiver =1 Spoke with the person receiving care or with the caregiver = 2					
2	**Data validation** *Q:* For each recorded data points (all data points for home based care on the register ask to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
4	**Check for danger signs** Q: Did the CHW look for any danger signs or ask for concerns that would warrant immediate referral?	Did not look for danger signs or ask for concerns= 0 Asked/looked for danger signs or concerns = 2					
5	**Checking treatment adherence** Q: Did the CHW ask about how regularly you were taking your medications and check the medicines?	Did not ask or check = 0 Asked, but did not check = 1 Asked and checked = 2					
6	**Checking about care** Q: Did the CHW check about the care you are supposed to provide for yourself or a family member is to provide for you?	Did not ask = 0 Asked about care = 2 There is no care provision needed = NA					
7	**Checking about Nutrition** Q: Did the CHW check about diet and any specific directions related to nutrition?	Did not ask = 0 Asked about nutrition –related instructions and if those were being followed = 2					
8	**Check about emotional well-being** Q: Did the CHW check how you were doing emotionally and provide encouragement and support?	Did not ask = 0 Enquired but did not offer any support = 1 Asked and encouraged = 2					
9	**Barriers identified**	None identified = 0 Partially done=1					

	Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	Identified root causes using open ended questions =2					
10	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partially done =1 Arrived at workable solutions, with the household = 2					
11	**Checking date for next visit to clinic** Q: Did the CHW check from your records when your next clinic visit is due?	Did not check = 0 Checked = 2					
12	**Plan date for next visit** Q: Did the CHW plan on his/her next visit to your household	Did not plan = 0 Planned = 2					
13	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
14.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	Performance total (Count scores from questions 1-14 – grey areas)		/ 28	/ 28	/ 28	/ 28	/ 28
	< 12 (or any score with X for Question 2): Poor *12-16: Needs improvement* *17-23: Good* *> 24: Excellent*						
	Average performance across the all households visited for evaluation			**Comments**			

FORM 2B: Home Visit Observation for Home-Based Care

Randomly select up to 3 households from the Home based care register that are due for a visit from the CHW, ensuring at least one of them is a child recovering from an illness or severe acute malnutrition. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.

Client type: Adult = 1, Child = 2					
Household number					
Name of household head					
#	**Item**	**Scoring Guide**	**HH 1**	**HH 2**	**HH 3**
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for the family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Checks the date of the most recent clinic visit and if this has not been done on time, enquires the family about the reasons for that	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	Asks and observes for any danger signs	Does not do this step = 0 Only asks, does not observe = 1 Asks and observes = 2			
5	If there is a danger sign, initiates appropriate referral	Does not refer= 0 Starts referral process = 2 No danger sign = NA			
6	Asks for and checks adherence to medication	Does not do this step = 0 Only asks, does not check = 1 Asks and checks through pill count = 2 No medication = NA			
7	Asks about nutrition	Does not do this step = 0 Does correctly = 2 Not applicable = NA			
8	Asks about self-care or care to be provided by a family member	Does not do this step = 0 Does correctly = 2 Not applicable = NA			

9	Asks about emotional well-being	Does not do this step = 0 Does correctly = 2 Not applicable = NA			
10	If any of the above are not being done, looks for root causes	Does not ask questions to identify root causes = 0 Insufficient questions to identify root causes = 1 Carries on until root cause is identified = 2 Step not required = NA			
11	If root cause is identified, negotiates with family for solutions	Does not identify solutions = 0 Insufficient probing to identify solutions = 1 Identifies workable solutions = 2 No root causes = NA			
12	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
13	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
14	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
15	Plans date for next visit	Does not plan = 0 Plans = 2			
16	Accurately fills out the home-based care register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			
Evaluation	Ignoring NAs, please review the scores of each case:				
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*				
	Feedback to the CHW:				

SUPERVISION 3: TIMED AND TARGETED COUNSELLING FOR MNCH

FORM 3A: Case evaluation (Spot Checks) of Timed and targeted counselling

Randomly select up to five recently registered TTC families from the CHW TTC register. Try to select at least 2 pregnant women and at least 2 mothers with infants. Explain the purpose of your visit and conduct the spot check with the pregnant woman/mother. Always ask for consent. If the family is not home or does not agree to an interview, select another TTC household for the spot check.
Use one column for each of the households where you do the spot checks. Carry the CHW TTC register with you to do the spot checks

Client type (Pregnant woman = 1, Mother of infant = 2)							
Household number							
Name of head of the household							
1	**Timeliness of visits** Q: Did the CHW visit according to the schedule planned and when you expected them?	Visit not done =X Visit too early or too late = 0 Visit less than 2 weeks late =1 Visit done on time = 2					
2	**Data validation** *Q:* For each recorded data points on the register ask the woman to confirm this is correct	Data mostly wrong=X Data partially correct= 0 Data mostly correct =1 Data all correct = 2					
3.	**Topics covered during visits**	Inadequate /wrong topics = 0 Partially correct topics = 1					

	Q: What stories were used during the visit? What topics discussed?	Correct topics for visit= 2					
4.	**Rapport with family** Q: Did the CHW establish good communication, did they listen well, and engage well during the visit?	Poor = 0 Reasonable = 1 Good = 2					
5	**Barriers identified** Q: Did the CHW discuss any difficulties you were having in doing the recommended practices?	None identified = 0 Partial =1 Good =2					
6	**Problem solving** Q: Did the CHW try to help you finding solutions to the problems you have identified?	None attempted = 0 Partial =1 Good = 2					
7	**Family participation:** Q: Did the CHW encourage influential family members to participate in discussions?	Key members not invited = 0 Key members invited = 2					
8	**Use of visual aids** Q: What materials were shown during the visit? Did s/he talk you through the stories?	Visual aids not used = 0 Partially used =1 Correct usage = 2					
9	**Complications & Referral** Q: Did you report any health problems to the CHW during the visit, and if so, did they help you to access treatment you needed?	CHW did not enquire = 0 Yes, and they referred me= 2 They enquired, but I had no health problems = 2					
10	**Referral Follow up** Q: If you were referred by the CHW did they return to visit you after you returned from the facility?	Not referred by CHW= 2 Referred but no follow up = 0 Referred with follow up = 2					
11.	**Service Satisfaction:** Q: Did the CHW treat you well, act supportively and were you satisfied with the service?	Unsatisfied =0 Partial = 1 Satisfied= 2					
Evaluation	**Performance total** (Count scores from questions 1-11 – grey areas)		/ 22	/ 22	/ 22	/ 22	/ 22
	<8 (or any score with X for Question 1 or 2): Poor *8-13: Needs improvement* *14-17: Good* *> 18: Excellent*						
	Average performance across the all households visited for evaluation			**Comments**			

FORM 3B: Home visit observation for Timed and targeted counselling

Randomly select up to 3 households from the Timed and targeted counselling register that are due for a visit from the CHW, ensuring at least one of them is the mother of an infant. Stay in the background after you explain the purpose of your visit to members of the household. Observe the CHW in action and do not interrupt. Use one column for each selected household.			
Client type: Pregnant woman = 1, Infant = 2			
HH number			
Name of HH head			

#	Item	Scoring Guide	HH 1	HH 2	HH 3
1	Greets family and builds rapport.	Does not greet = 0 Greets hurriedly/insufficiently = 1 Greets sufficiently = 2			
2	Give opportunity for mother & family to raise any immediate concerns they have.	Does not give this time at all = 0 Gives time but hurries = 1 Gives sufficient time = 2			
3	Reviews previous meeting (Step 1 of Home Visit Sequence), and assists the family to update family health card	Does not review = 0 Reviews but not all actions = 1 Reviews all agreed actions of previous visit = 2			
4	Tells Problem Story and asks Guiding Questions (Step 2), if applicable. *(If no Problem Story for the Visit, indicate "N/A").*	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2 No problem story for this visit = NA			
5	Tells Positive Story and asks Guiding Questions (Step 3a).	Does not do this step = 0 Insufficiently covers story = 1 Tells story in sufficient detail = 2			
6	Carries out Technical Session (Step 3b), if applicable. *(If no technical session for visit, indicate "N/A").*	Does not do this step = 0 Does incompletely = 1 Covers sufficiently = 2 No technical session this visit = NA			
7	Reviews illustrations in the family health card corresponding to the Visit and conducts negotiation process referring to the correct negotiation illustrations	Does not do this step = 0 Does insufficiently= 1 Carries out sufficiently = 2			
8	For behaviours already practiced, circles the tick mark and praises the family *(If the family is not currently practicing any of the behaviours, indicate N/A)*	Does not do this step = 0 Completes this step = 2 Family does not practice any behaviour = NA			
9	If the family says they <u>*do not practice*</u> a behaviour, puts down the family health card and discusses with the family, tries to identify the barriers that the family is experiencing *(If the family is already practicing all behaviours, indicate N/A)*	Does not identify barriers = 0 Does the step insufficiently = 1 Sufficiently identifies barriers = 2 Family practicing all behaviours = NA			
10	Circles the correct symbol beneath each negotiation Illustration in the family health card	Does not do this step = 0 Circles correctly = 2			
11	After a complete discussion, asks family if they will agree to try the behaviour (or negotiated practice) and encourages the family member to write his/her initials *(If the family does not agree to try any of the behaviours, indicate N/A)*	Does not ask for initials = 0 Asks for writing initials = 2 Family did not agree to any behaviour = NA			
12	Demonstrates active listening & good communication skills	Ignores family's statements = 0 Listens insufficiently = 1 Listens actively = 2			
13	Asks open ended questions	Does not ask questions = 0 Asks close ended questions = 0 Asks open ended questions = 2			
14	Shows good understanding of all of the health and nutrition information related to the visit	Very little understanding = 0 Insufficient understanding = 1 Good understanding = 2			
15	Carries out all other actions required for the visit (*context*)	Does not carry out any action = 0 Carries out some = 1 Carries out all actions = 2			
16	Plans date for next visit	Does not plan = 0 Plans = 2			
17	Accurately fills out the TTC register for this visit	Does not fill register at all = 0 Fills incompletely or with errors =1 Fills accurately = 2			
Evaluation	Ignoring NAs, please review the scores of each case:				
	Score of 0 or 1 in most items: Poor *Score of 0 in some items: Needs Improvement* *Score of 1 or 2 in all items, no score 0: Good* *Score of 2 in most or all items and 0 in none: Excellent*				

	Feedback to the CHW:

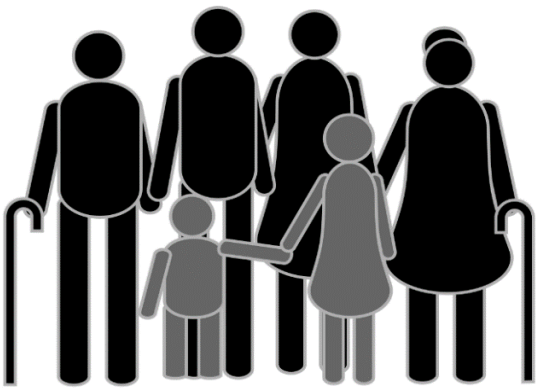
Water and Sanitation

- [ ] Clean water access
- [ ] Latrine
- [ ] Waste disposal

Good Nutrition

- [ ] Iodized salt
- [ ] Adequate supply
- [ ] Three food groups
- [ ] Iron rich foods

Healthy Family



Disease Prevention

- [ ] Sufficient bednets
- [ ] Handwashing & hygiene
- [ ] Food safety
- [ ] Clean air / stove

Safety and Nurture

- [ ] Play & communication
- [ ] Prevention of injury
- [ ] Savings for emergencies
- [ ] Nurturing home

Healthy babies

- [ ] Essential newborn care
- [ ] Cord care
- [ ] Vaccination
- [ ] Bednet use
- [ ] Exclusive breastfeeding to 6 months

Healthy children

- [ ] Complete vaccination
- [ ] Growth monitoring
- [ ] Continued breastfeeding 2+ years
- [ ] Bednet use
- [ ] Good nutrition
- [ ] Vitamin A & deworming

Healthy pregnancy

- [ ] Good nutrition
- [ ] Antenatal care
- [ ] Iron/folic acid
- [ ] Tetanus vaccine
- [ ] Birth plan
- [ ] Skilled birth attendance
- [ ] Postnatal care

Healthy teens

- [ ] In full time education
- [ ] Sex education
- [ ] Iron/folic acid for girls
- [ ] Tetanus vaccine for girls
- [ ] Healthy lifestyle

Healthy adults

- [ ] Healthy lifestyles
- [ ] Access to family planning
- [ ] Prevention of HIV
- [ ] Screening for TB
- [ ] Disability

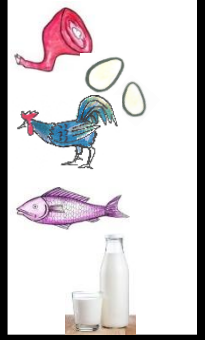
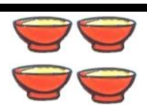
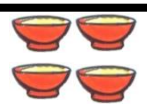
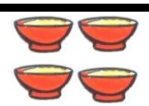
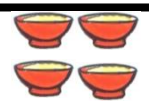
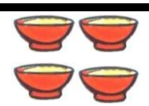
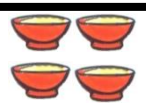
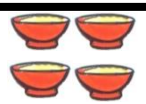
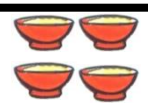
Healthy elderly

- [ ] Routine check-up
- [ ] Home based care & support
- [ ] Healthy lifestyle
- [ ] Good nutrition
- [ ] Disability

Date of visit	Actions to be taken	Signature

Food diary

Name:_____ Date started:_____ Week number: _____

Day							
1							
2							
3							
4							
5							
6							
7							

CHW Referral form

Part completed by the CHW, kept by CHPS for reference

Date of referral: __ / __ / __

CHW name: _____

CHW Mob No.: _____

Referring location: *Circle location type*

Community ☐ | CHPS compound ☐ | Health centre ☐

Patient name: *Circle patient type*

Pregnant | Post-partum | Newborn | Child | Adolescent | Adult | Elderly

Patient HH register no.:

Reason for referral	Child 0-59 months	Pregnant/post-partum mother	Others
Medical history:	Newborn danger signs ☐	Suspected pregnancy ☐	HIV test ☐
Date of first symptoms:	Small baby ☐	Fever in pregnancy ☐	TB testing ☐
Description of condition:	Fever ☐	Bleeding ☐	Family planning ☐
	Cough with difficult breathing ☐	Pregnancy danger sign ☐	Routine check-up ☐
	Diarrhoea ☐	Complication in labour ☐	Other (describe) ☐
	Malnutrition ☐	Postpartum danger sign ☐	

Condition at departure

☐ Normal | ☐ Moderate | ☐ Severe | ☐ Critical

Prior treatments *(community)*

Medicine **Dose**

Date _____

Contact person and phone no.:

CHW Counter-referral form

Part completed by CHPS, retained by the CHW after follow-up

Date of discharge: __ / __ / __

CHO Name: _____

Contact number: _____

Facility discharging patient: *Circle facility type*

CHPS compound ☐ | Health centre ☐ | Hospital ☐

Patient name: *Circle patient type*

Name:

Pregnant | Post-partum | Newborn | Child | Adolescent | Adult | Elderly

ID number of patient record

Conditions treated	Child 0-59 months	Pregnant/post-partum mother	Others
Description of diagnosis and case management:	Newborn danger signs ☐	Confirmed pregnancy ☐	HIV confirmed ☐
	Small baby ☐	Malaria ☐	TB confirmed ☐
	Malaria ☐	Miscarriage ☐	Family planning ☐
	ARI ☐	Pregnancy condition ☐	Routine check-up ☐
	Diarrhoea ☐	Complication in labour ☐	Other (describe) ☐
	Malnutrition ☐	Postpartum condition ☐	

Condition on discharge

☐ Normal | ☐ Moderate | ☐ Severe | ☐ Critical

Instruction to CHW

Date return to CHPS:		**Return immediately if:**	
Follow-up	Visit patient _____ times per week/month for _____ days /months		
CHW to check in follow-up			
Signature			

REPUBLIC OF GHANA
MINISTRY OF HEALTH

&

GHANA HEALTH SERVICES

YOUTH EMPLOYMENT AGENCY

Community-Based Health Planning & Services (CHPS)

CHW REGISTER

Name of CHW:		Nearest Health Center:	
CHW ID:		Community / Village:	
CHW Mobile Number:		CHPS Zone:	
Name of CHO:		Sub District:	
CHO Mobile Number:		District:	
Name of CHPS Compound:		Region:	
START DATE:		END DATE:	

Catchment Area Profile and Community Mapping

Name of community:			
Description of catchment zone boundaries:			
CATCHMENT ZONE POPULATION STATISTICS			
Total Population:		Population Under 1 year:	
No. women of child-bearing age:		Number of compounds/households:	
Major ethnic groups:		Major religious groups:	
WATER AND SANITATION FACILITIES			
Pipe Borne Water: Yes/No		Number of functional hand pumps:	
Number of Hand dug wells:		Number of hand pumps not functional:	
Number of Dams:		Number of Ponds:	
Streams/Rivers: Yes/No		Other water sources used:	
No. of KVIPs:		No. of pit latrines:	
Type of refuse disposal:			
INFRASTRUCTURE			
No of Pre-Schools:		No of Primary Schools	
No of JHS:		No of SHS:	
Police Station: Yes/No		Post Office: Yes/No	
Number of Churches:		No of Mosques:	
Mobile network coverage:		Road access:	
Electricity: Yes/No			
EMERGENCY MANAGEMENT PLAN			
Nearest Health facility:		Emergency transport available: *e.g. ambulance, local vehicle*	
Emergency contact at Health Centre:		Name and contact for emergency transport:	

Overview of the Registers

Register		Format	Compiling	Reporting
Household		One page per household (one row per member) - 100 pages (both sides)	6-monthly	6-monthly
Surveillance		One row per event/person - running list, 25 pages (both sides)	Monthly	Monthly
Referral & Treatment		About half-page per client, running list, 25 pages (both sides)	Monthly	Monthly
Home based Care		One page per person receiving home based care (one row per visit), 25 pages	Monthly	Monthly
Timed and Targeted counselling	Pregnancy	One set of 3 columns per pregnant woman, five women per page, 20 pages	Monthly	Monthly for those completing visit 3
	Newborn	One set of 3 columns per newborn, five newborns per page, 20 pages	Monthly	Monthly for those completing visit 4c
	Infant	One set of 4 columns per infant, five infants per page, 20 pages	Monthly	Monthly for those completing visit 8

Assessing Households for Vulnerability:

Consider Priority Households as those with 2 or more of the following factors:

For households with 1 or more children under 5 years of age:

- Child under five who is a maternal orphan or mother absent
- Child under five whose mother is aged 18 years or under
- Child under five with a single parent
- Woman who has been pregnant five or more times (parity of >5)
- More than 4 children under five years
- Siblings less than 18 months apart
- A household where a child died before first birthday
- Child under five with physical/mental disability/developmental delay

For all households:

- Social vulnerability factors *(observed or suspected drug or alcohol abuse, domestic violence, other)*
- Conditions of extreme poverty (per LEAP assessment)
- Low use of health services (has not been to the health facility in the past 6 months)

Note: It is expected that about 1 in 20 households would be "prioritized" based on these factors. Prioritisation rationale should remain confidential between CHW,CHO and family. Priority homes should be reviewed quarterly with the CHW supervisor

HOUSEHOLD REGISTER

Overall Instructions

Use 1 page per household. Continue to the next page, if needed and leave the rest of the second page blank

Update the register every three months; for priority households, update every month

Instructions on Completing the Household Register

Household Number: Give a serial number for every household, beginning with 1

Priority Household: Use the Vulnerabilities List to assess if a household is priority. Write ✓ if the household is a priority

Date of first visit: Write the date of the first visit to the household.

A	2 digits for the household and 2 digits for the individual, separated by a -; for household head of the first household, write: 01-01.
	Under "Totals" write the total number of individuals
B	Write the name of the individual
C	Write the number corresponding to the relationship of the individual to the household head
D	Write M for male and F for female. Under "Totals", write the total the number of male members on the left half of the box and female members on the right half
E	Write the age in completed years. For infants (less than 1 year) write 0
F	If the individual is a child under five years, write ✓ . Else leave blank. Under "Totals", write the total the number of under-fives
G	If the individual is a woman between 15 and 49 years of age, write ✓ . Else leave blank. Under "Totals", write the total of all women in this age group
H	If the individual is over 60 years of age, write ✓ . Else leave blank. Under "Totals" write the total of all over 60
I	If the individual is over 18 years of age and can read/write, write ✓ . Else write X. If the person is under 18 years of age, write NA.
	Under "Totals", write the total number of those over 18 and Under "Count of ✓" write number of those who are literate
J	If the individual is between 6 and 16 years of age and is in school, write ✓ . Else write X. If the person is outside the age range, write NA.
	Under "Totals" write the total number of those aged 6-16 years and Under "Count of ✓" write the number of those in school
K	If the individual is a physically or mentally disabled, write ✓ . Else write X. At the bottom, write the count of those with disability
L	Write the date of update visits (all visits that follow the first visit).
	During an update visit, review all the earlier entries on the page, and make changes as needed.
O	Write here any other comments on the updates you made during the update visit
	Below the table, update items N through S at every visit - both at first visit and during every update visit
	Write the date of this visit.
P	If the household has access to an improved source of drinking water write ✓. Else write X.
	This includes:: household water connection; public standpipe; borehole; protected dug well; protected spring; rainwater source - within 1km of the house
Q	If the family treats drinking water using chlorine, bleach, boiling or filtration, write ✓. Else write X
R	If the household has a station for hand-washing, with soap, write ✓. Else write X
S	If the household has an improved sanitation facility that is in use, write ✓. Else write X
	Public sewer or septic system connection; pour-flush latrine; simple pit latrine; ventilated improved pit latrine, pit latrine with slab, composting latrine
T	If the household has a facility for disposal of refuse, write ✓. Else write X
U	If the household has and uses insecticide treated bed nets, write ✓. Else write X
V	If a male member of the household participated in the household assessement write ✓. Else write X
	To the right of this section, complete the list of vulnerability factors that this household has, if you have designated this as a priority household

Household Register

Household Number and Location: _____ **Telephone contact:** **Date of first visit:**

Individual Code	Name of Household Member	Relationship to HHH 1=HHH, 2=Spouse, 3=Child (Biological), 4= Child (Relative), 5=Grandchild, 6=Brother/Sister, 7=Others	Sex (M/F)	Age in years (y) or months (m)	Under 5 years (✓/blank)	Woman Aged 15-49 y (✓/blank)	Elderly >60y (✓/blank)	For those over 18 years: Literate Adult (✓/X/NA)	For those aged 6-16 years (JHS): In school (✓/X/NA)	For those aged16-18 years (SHS): In school (✓/X/NA)	Disabled (✓/X)	Date of Update Visit	Comments from update visits
A	B	C	D	E	F	G	H	I	J	K	L	M	N

Assessment of Household Practices	Date:	Date	Date:	Date:
P. Family has access to safe water (✓/X)				
Q. Family treats water before use (✓/X)				
R. Household has handwashing facility (✓/X)				
S. Latrine functional and in use (✓/X)				
T. Household has refuse Disposal Facility (✓/X)				
U. Family has sufficient LLINs (✓/X)				
V. Male participation in the assessment (✓/X)				

Priority Household: (✓/X)

1

2

3

SURVEILLANCE REGISTER

Behind Cover page

Overall Instructions

Use 1 row for each person or illness episode

Update the register every time you visit a household that had a vital event or a notifiable disease

Instructions on Completing the Surveillance Register

	Basic Information
	(Complete this section for all entries - Deaths, Births, Illnesses)
A	Write the date when the event was reported to you
B	Enter the full address of the household
C	Enter the individual code (from the Household register) of the person who had the vital event or disease For births, enter the baby's name in the household register and create a new individual code for the baby
D	Enter the name. For births, write baby of (mother's name)
	Deaths
	(Complete this section for reporting deaths; Complete Basic Information also)
E	Write the date when death occurred
F	Write the cause of death - from health center reports, or if died at home, based on descriptions by family members
G	Write the approximate age of the person at death. If an infant less than 1 year, write 0 (If stillborn, record under Births)
H	If the family reported the death to you, enter 1. If you found out from others and went, write 2; if the facility reported the death, write 3
	Births
	(Complete this section for reporting births; Complete Basic Information also)
I	Write the date of birth
J	Write M for boy and F for girl
K	If delivered in facility, write ü. Else write X
L	If the baby was born live, write 1. If born dead, write 2
	Notifiable Disease
	(Complete this section for reporting a notifiable disease; Complete Basic Information also)
M	Write the age of the person with the notifiable disease
N	Write the date when symptoms first appeared (based on the person's account)
O	If the family reported the death to you, enter 1. If you found out from others and went, write 2; if the facility reported the death, write 3
P	Based on facility reports or the symptoms reported by the person or family, write the number corresponding to the illness (Refer to your Manual)

Surveillance Register

Basic Information				Deaths				Births				Notifiable Illness			
Date of Reporting	Address	Individual Code (Mother's code, for births)	Name (Mother's name, in case of births)	Date of Death	Cause of Death	Age at death	1. Self/Family Reported 2. Contacted by	Date of Birth	Gender (M/F)	Delivered in facility (✓/X)	1. Livebirth 2. Stillbirth	Age	Date of first symptoms	1. Self Reported 2. Identified by CHW	1. Acute Flaccid Paralysis 2. Neontal Tetanus 3. Measles 4. Acute Watery Diarrhea 5. Cholera 6. Viral Haemorrhagic Fevers 7. Yellow Fever 8. Leishmaniasis 9. Guineaworm 10. Trachoma
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Totals for month/year					Count by cause										Count by illness
Totals for month/year					Count by cause										Count by illness

Separate Leaf

REFERRAL AND TREATMENT REGISTER

Behind Cover page

Overall Instructions

Use 1 page for up to 3 persons/illness episodes, leaving a blank row inbetween

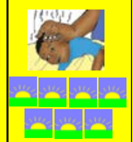
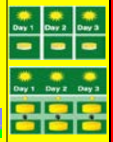
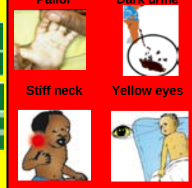
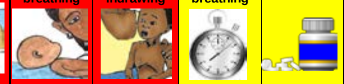
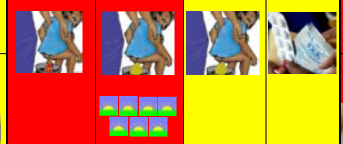
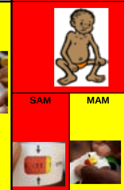
Update the register every time you visit a household that had a vital event or a notifiable disease

Instructions on Completing the Referra and Treatment Register

	(Complete this section for all entries)
A	Write the date when the event was reported to you
B	Enter individual code from HH register.
C	Enter the name
D	Enter the age of the case
	Danger signs (Columns E through G)
	(Complete this section for reporting deaths; Complete Basic Information also)
E	Place a checkmark if it's a danger sign in the newborn: poor or no sucking, difficult breathing, stiffness and arching of body, body feels too hot or too cold, baby too sleepy or unconscious, redness or pus in the cord stump, and small baby
F	Place a checkmark if it's a danger sign in the pregnant woman: fever, pain in lower abdomen, bleeding, headache, paleness, vomiting, swelling of ankles and fits or convulsions
G	Place a checkmark if it's a danger sign in the postpartum mother: fever, crampy pain in lower abdomen, too much bleeding, headache and fits or convulsions
	Assessing a Sick Child
	(Complete this section when assessing a sick child)
H	Place a checkmark if it's a general danger sign in the child: convulsions, lethargic or unconscious, vomiting everything and fits or convulsions
	Sick child - Fever
I	Place a checkmark if the child's body was hot to the touch
J	If you did an RDT test, write whether it was + or -
K	If the fever has been there for 7 days or more, place checkmark
L	If you provided ACT medicines, place check mark
M	If the child has fever with one of these symptoms - pallor, dark urine, stiff neck, yellow eyes - place check mark here
	Sick child - Cough
N	If the child has noisy breathing place checkmark here
O	If there is indrawing of chest, place checkmark here
P	If the breathing rate is higher than normal (50 breaths per minute for child aged 2months to 2 years; 40 per minute for child aged 2 years to 5 years
Q	If you gave the child Amoxycillin, place checkmark here
	Sick child - Diarrhea
R	If the mother reports blood in stool, place checkmark
S	If mother reports diarrhea for 7 days or longer, place checkmark
T	If mother reports only loose stool, and less than 7 days, place checkmark

U	If you gave the child ORS and Zinc, place checkmark
	Acute malnutrition
V	If the MUAC reading is less than 11.5cm, place checkmark here
W	If the MUAC reading is between 12.5 and 11.5cm place checkmark here
	Follow-up visits
X	Write here the date of referral
Y	Visit the client's home 2 days after they return from the facility
Z	Visit the client's home 5 days after they return from the facility
AA	Visit the client's home 8 days after they return from the facility
AB	Write the date when the client was seen at the facility; write also the treatment received
AC	When this case is checked by the CHO, write the date of checking here (and the CHO to sign here)

CHW REFERRAL AND TREATMENT REGISTER

Date of CASE	Individual code (from household register)	Name of child/woman	Age	Newborn danger signs 	Danger signs in pregnancy 	Post partum danger signs 	Assessment of Child: General Danger Signs – Convulsion; Lethargic / unconscious; Unable to drink / breastfeed; Vomiting everything 	Fever: Hot body 	RDT test + or - 	Fever for seven days or more 	ACT 	FEVER WITH SEVERE DISEASE: Pallor; Dark urine; Stiff neck; Yellow eyes 	Cough  : Noisy breathing 	chest indrawing	Fast breathing	Amoxycillin	Diarrhoea: Bloody diarrhoea 	Diarrhoea for 7 days or more	Simple diarrhoea	ORS/ZINC	Malnutrition  : SAM	MAM	Decision/referral day ☼	Follow up home visits: 2nd ☼☼	5th ☼☼ ☼☼ ☼	8th ☼☼ ☼☼ ☼☼ ☼☼	**Referral compliance:** Date case was seen at clinic & treatment received 	Case assessed by supervisor
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC

Separate Leaf

HOME-BASED CARE REGISTER

Behind HBC Cover; Facing first page of HBC register

Overall Instructions
Use 1 page per person receiving home based care.
Use 1 row for every visit you make

Instructions on Completing the Home Based Care Register
Name, Age, Sex, Individual Code, Priority Household: Complete using details from Household Register
Fill in contact number and address and the condition for which you provide home-based care
Fill the visiting schedule you have for this client: twice weekly, weekly or other

A Write the date of your visit, beginning with your first visit and using a new row for every visit
B Review the clinic attendance of the client. If it is according to the prescribed schedule, write ✓. Else write X
C Write briefly the care you provided during this visit
D If you referred the person back to the health facility, write ✓. Else write X
E If the client is adhering to the treatment plan, write ✓. Else write X
F Write your general observations on the client's condition and the follow up actions agreed with the family
G Write the date of next visit, as agreed with the family

When the home-based care visits are completed, write the date of the last visit in the bottom row.
Write the condition of the client at the time of your last visit - recovered/referred to clinic/died

Home Based Care (HIV, TB, SAM AND OTHERS)

Name:	**Age:**	**Priority Household (✓/X):**	**Contact Info (mobile #):**		**Condition:**	
Individual Code:	**Sex:**		**Address:**		**Visiting Schedule**	
Date of Visit	**Clinic attendance on time (✓/X)**	**Details of care provided**	**Referral required (✓/X)**	**Adhering to treatment plan (✓/X)**	**Observations and follow up actions**	**Date for Next Visit**
A	B	C	D	E	F	G
Date of Completion:		Condition at last visit:				

Separate Leaf

TTC PREGNANCY REGISTER

Behind TTC Pregnancy Cover; Facing first page of TTC Pregnancy register

Overall Instructions

There are 3 columns for each pregnant woman, one for each visit. Each page can accommodate up to five women
Update the register every time you carry out a TTC visit, using one column for each visit as instructed

Instructions on Completing the TTC Pregnancy Register

PW name, Individual Code, Partner's Name, Priority Household (✓/X) Complete using details from Household Register

A Enter the date when you planned to do this visit
B Enter the date of this visit. This could be the same as the planned date, or before or after it
C Write the number of months the woman is pregnant
D If the pregnant woman has a high risk factor (refer your manual), write ✓. Else write X. You need not write here what the high-risk factor is.
E If the woman's male partner was present during the entire visit, write ✓. Else write X
F Ask the woman if she slept under a bed net most nights. If yes, write ✓. Else write X
G Ask about the number of ANC visits completed. When all 4 visits are completed, write ✓ until then write X
H Ask the woman if she has had her HIV test done. If yes, write ✓. Else write X
I Ask the woman if she has received the results of her HIV test. If yes, write ✓. Else write X (Do not ask to know the HIV test result)
J Ask the woman if she ate more meals every day compared to before becoming pregnant. If yes, write ✓. Else write X
K Ask the types of foods she took in the past 2-3days. If she mentions foods from the 3 food groups, iron-rich and vitamin-A rich foods, write ✓. Else write X
L Ask the woman if she took an iron-folic acid tablet on most days. If yes, write ✓. Else write X
M When the woman and her family make a birth plan after your counseling in visit **xx,** write ✓. If they do not make a birth plan after your counseling, write X
N When the woman and her family arrange for transportation, after your counseling in visit **xx,** write ✓. If they have not made arrangements, write X
O Check if the woman has a danger sign. If yes, write ✓ Else write X. You need not write here what the danger sign was; enter in Referral Register
P If the pregnant woman has had an unfortunate miscarriage, enter the date of miscarriage (as reported by the family) and close the page
Q If the pregnant woman unfortunately dies (at any time between TTC visits), enter date of death, close the page, and enter details in Surveillance Register
R Enter here the date you agreed with the family for your next visit

TTC Pregnancy Register

			Name of Woman: Individual Code: Name of Partner: Priority HH (✓/X)			Name of Woman: Individual Code: Name of Partner: Priority HH (✓/X)			Name of Woman: Individual Code: Name of Partner: Priority HH (✓/X)			Name of Woman: Individual Code: Name of Partner: Priority HH (✓/X)			Name of Woman: Individual Code: Name of Partner: Priority HH (✓/X)		
			Visit 1	Visit 2	Visit 3	Visit 1	Visit 2	Visit 3	Visit 1	Visit 2	Visit 3	Visit 1	Visit 2	Visit 3	Visit 1	Visit 2	Visit 3
A	Planned Date for visit																
B	Actual Date of visit																
C	How many months pregnant? (write number)																
D	High Risk Pregnancy (✓/X)																
E	Husband/Male Partner Present (✓/X)																
F	Sleeps under Bednet (✓/X)																
G	ANC 5 completed (✓/X)																
H	HIV test done (✓/X)																
I	HIV test result obtained (✓/X)																
J	Eats more than before (✓/X)																
K	Eats from 3 food groups plus iron-rich and vitamin-A rich foods (✓/X)																
L	Takes iron-folate tablets (✓/X)																
M	Birth plan made (✓/X)																
N	Transport arranged (✓/X)																
O	Danger sign (✓/X)																
P	Miscarriage																
Q	Death																
R	Next Visit Date																

Separate Leaf

TTC NEWBORN REGISTER

Behind TTC Newborn Cover; Facing first page of TTC Newborn register

Overall Instructions

There are 3 columns for each newborn, one for each visit. Each page can accommodate up to five newborns; Use separate sections for twins
Update the register every time you carry out a TTC visit, using one column for each visit as instructed

Instructions on Completing the TTC Newborn Register

Name of Mother, Individual code, Husband Name, Priority Household (✓/X)	Complete using details from Household Register
Date of Birth:	Enter the date of birth, from facility record (given to family) or from mother's report
Live/Stillbirth:	If the baby was born live, circle livebirth. If the baby was born dead, circle stillbirth and close the page
Boy/Girl:	Circle the baby's gender
Skilled attendance at birth (✓/X)	If the birth was assisted by a doctor, nurse or midwife, enter ✓ Else enter X
Breastfed within 1h (✓/X)	If the mother began breastfeeding within 1 hour after birth, enter ✓ Else enter X
Wiped/Kangaroo (✓/X)	If the baby was wiped soon after birth and placed skin-to-skin on mother, enter ✓ Else enter X

A	Enter the date when you planned to do this visit
B	Enter the date of this visit. This could be the same as the planned date, or before or after it
C	If the newborn has a high risk factor (refer your manual), write ✓. Else write X. You need not write here what the high-risk factor is.
D	If the mother's male partner was present during the entire visit, write ✓. Else write X
E	Ask the mother if she is able to breastfeed without any difficulty. If yes, write ✓ until then write X
F	Ask the mother if she applies Chlorhexidine gel once a day. If yes, write ✓ until then write X
G	Ask the mother if the baby sleeps under a bed net. If yes, write ✓. Else write X
H	Ask the mother if the keeps baby skin-to-skin during most of the day. If yes, write ✓. Else write X
I	Ask the mother if the baby was given BCG and OPV-0. If yes, write ✓. Else write X
J	Check if newborn or mother has a danger sign. If yes, write ✓ else write X. Need not write here what the danger sign was; enter in Referral Register
K	If the newborn or mother unfortunately die (at any time between TTC visits), enter date of death, close the page, enter details in Surveillance Register
L	Enter here the date you agreed with the family for your next visit

TTC Newborn Register

		Name of Mother: Individual Code: Name of Partner/Husband: Priority HH (✓/X)			Name of Mother: Individual Code: Name of Partner/Husband: Priority HH (✓/X)			Name of Mother: Individual Code: Name of Partner/Husband: Priority HH (✓/X)			Name of Mother: Individual Code: Name of Partner/Husband: Priority HH (✓/X)			Name of Mother: Individual Code: Name of Partner/Husband: Priority HH (✓/X)		
		Date of Birth:			Date of Birth:			Date of Birth:			Date of Birth:			Date of Birth:		
		Live/Stillbirth:			Live/Stillbirth:			Live/Stillbirth:			Live/Stillbirth:			Live/Stillbirth:		
		Boy/Girl:			Boy/Girl:			Boy/Girl:			Boy/Girl:			Boy/Girl:		
		Birth Weight:			Birth Weight:			Birth Weight:			Birth Weight:			Birth Weight:		
		Skilled Attendance at birth (✓/X)			Skilled Attendance at birth (✓/X)			Skilled Attendance at birth (✓/X)			Skilled Attendance at birth (✓/X)			Skilled Attendance at birth (✓/X)		
		Breastfed within 1h (✓/X)			Breastfed within 1h (✓/X)			Breastfed within 1h (✓/X)			Breastfed within 1h (✓/X)			Breastfed within 1h (✓/X)		
		Wiped/Kangaroo (✓/X)			Wiped/Kangaroo (✓/X)			Wiped/Kangaroo (✓/X)			Wiped/Kangaroo (✓/X)			Wiped/Kangaroo (✓/X)		
		Visit 4a	Visit 4b	Visit 4c	Visit 4a	Visit 4b	Visit 4c	Visit 4a	Visit 4b	Visit 4c	Visit 4a	Visit 4b	Visit 4c	Visit 4a	Visit 4b	Visit 4c
A	Planned Date for visit															
B	Actual Date of visit															
C	High risk newborn (✓/X)															
D	Husband/Male partner present (✓/X)															
E	Breastfeeding exclusively without problems (✓/X)															
F	CHX gel applied daily (✓/X)															
G	Bed net used consistently (✓/X)															
H	Baby receiving Kangaroo Mother Care (✓/X)															
I	Baby received early vaccines (✓/X)															
J	Danger sign in newborn or mother (✓/X)															
K	Death of newborn/mother															
L	Next Visit Date															

Separate Leaf

TTC INFANT REGISTER

Behind TTC Infant Cover; Facing first page of TTC Infant register

Overall Instructions

There are 4 columns for each infant, one for each visit. Each page can accommodate up to five newborns; Use separate sections for twins
Update the register every time you carry out a TTC visit, using one column for each visit as instructed

Instructions on Completing the TTC Infant Register

Name of Baby, Individual code, Name of Father, Priority Household (✓/X) Complete using details from Household Register (Assuming baby will have been given a name by this time)

Enter Baby's details in Household Register and in Surveillance Register (under births)

Date of Birth: Copy the baby's date of birth from Newborn register
Boy/Girl: Circle the baby's gender

A Enter the date when you planned to do this visit
B Enter the date of this visit. This could be the same as the planned date, or before or after it
C If the infant has a high risk factor (refer your manual), write ✓. Else write X. You need not enter what the high-risk factor is
D If the mother's male partner was present during the entire visit, write ✓. Else write X
E Ask the mother if the baby sleeps under a bed net. If yes, write ✓. Else write X
F Ask the mother if she is exclusively breastfeeding the baby. If yes, write ✓. Else write X. You need to ask this only for visits 7 & 8
G Ask the mother the number of times she gives semi-solid feeds.
For Visit 9, if it is at least 2 feeds plus breastfeeding or at least 4 feeds if not breastfeeding. If yes, write ü. Else write X.
For Visit 10, if it is at least 3 feeds plus breastfeeding or at least 4 feeds if not breastfeeding. If yes, write ü. Else write X.
H Ask the mother to list all that she fed the baby the previous day. If the baby received food from the 3 food groups, write ✓. Else write X.
You need to ask this only for visits 9 & 10
I If the baby received iron-rich food (see below), write ✓. Else write X. You need to ask this only for visits 9 & 10
J Ask the mother about completed vaccinations and check the baby's health card. If the baby has had 3 doses of Penta and OPV,write ✓. Else write X
K If the baby has received measles vaccine, write ✓. Else write X
L Ask the mother if baby's registration is complete, and check the birth certificate. If yes, write ✓. Else write X
M Ask the mother if she or her husband/male partner have started/resumed a method of family planning. If yes, write ✓. Else write X
N Check if the baby has a danger sign. If yes, write ✓ Else write X. You need not write here what the danger sign was; Enter in Referral Register
O If the baby unfortunately dies (at any time between TTC visits), enter date of death, close the page, enter details in Surveillance Register
P Enter here the date you agreed with the family for your next visit

7 food groups in WHO-IYCF Guidelines:

1. grains, roots and tubers
2. legumes and nuts
3. dairy products (milk, yogurt, cheese)
4. flesh foods (meat, fish, poultry, liver/organ meats and insects – if eaten in greater than token amounts)
5. eggs
6. vitamin-A rich fruits and vegetables
7. other fruits and vegetables

Iron rich food:

Flesh Foods
Home foods fortified with a micronutrient food containing iron

TTC Infant Register

			Name of Baby: Individual Code: Name of Father: Priority HH (✓/X)				Name of Baby: Individual Code: Name of Father: Priority HH (✓/X)				Name of Baby: Individual Code: Name of Father: Priority HH (✓/X)				Name of Baby: Individual Code: Name of Father: Priority HH (✓/X)				Name of Baby: Individual Code: Name of Father: Priority HH (✓/X)			
			Date of Birth:				Date of Birth:				Date of Birth:				Date of Birth:				Date of Birth:			
			Boy/Girl:				Boy/Girl:				Boy/Girl:				Boy/Girl:				Boy/Girl:			
			Visit 5, 1month	Visit 6, 5 months	Visit 7, 9 months	Visit 8, 1 year	Visit 5, 1month	Visit 6, 5 months	Visit 7, 9 months	Visit 8, 1 year	Visit 5, 1month	Visit 6, 5 months	Visit 7, 9 months	Visit 8, 1 year	Visit 5, 1month	Visit 6, 5 months	Visit 7, 9 months	Visit 8, 1 year	Visit 5, 1month	Visit 6, 5 months	Visit 7, 9 months	Visit 8, 1 year
A	Planned Visit Date																			
B	Actual Visit Date																			
C	High risk infant (✓/X)																			
D	Husband/Male partner participated in TTC Visit (✓/X)																			
E	Bed net used consistently (✓/X)																			
F	Exclusively breastfeeding (✓/X)																			
G	Taking minimum meal frequency (✓/X)																			
H	Fed from 3 food groups (✓/X)																			
I	Taking iron rich foods daily (✓/X)																			
J	Penta/OPV 1,2,3 given (✓/X)																			
K	Measles given (✓/X)																			
L	Birth registration done (✓/X)																			
M	Mother/Partner using FP (✓/X)																			
N	Danger sign (✓/X)																			
O	Death of baby																			
P	Next Visit Date																			

Ghana CHW Programme
Tally Sheets, Monthly Reports, Coverage Scorecard

The Household register tally sheet is one level upstream from the registers and is to be used to tally or count numbers from household register

The numbers from the household register tally sheet would then be totalled up and entered in the monthly report form

For the rest of the registers, the CHW would total the cases from the registers directly into the monthly report form

These need not be printed into books; They can be used as loose sheets, in duplicate, with one copy kept at CHO clinic and another sent to district team

If the district team wants to make a detailed electronic data base (with data disaggregated by gender, etc) - data will have to be entered directly from CHW registers

Household Register Tally Sheet (for CHWs)

CHW Name: **Month:** **(Use one sheet for each CHW)** **The column numbers given here indicate column numbers in the Household Register**

Data on Household Members														Assessment of Household Practices Reproduce ✓ or X from Register				
Household Number	Individuals - Total	Male - Totals	Female - Totals	Under Fives Count of ✓	Woman Aged 15-49 y - Count of ✓	Elderly >60y Count of ✓	Over 18 y - Totals Count of ✓ and X	Literate - Count of ✓	6-16 y - Totals Count of ✓ and X	In JHS - Count of ✓	16-18 y - Totals Count of ✓ and X	In SHS - Count of ✓	Disabled - Count of ✓	Family has access to safe water (✓/X)	Family treats water before use (✓/X)	Household has handwashing facility (✓/X)	Latrine functional and in use (✓/X)	Household has refuse Disposal Facility (✓/X)
	B	D	D	F	G	H	I	I	J	J	K	K	L	P	Q	R	S	T
Totals														**Count of ✓**				
														Count of All				

																												⊂	Family has sufficient LLINs (✓/X)
																												<	Men participated in the assessment (✓/X)

CHW Monthly Report

Month/Year:

CHW Name: Community:

CHO Name: CHPS Zone:

Data for this report will come from:

Household register tally sheet (done by CHW)
Surveillance register
Home based care register
TTC registers - pregnancy, newborn and infant

Data Item	Number
Households	
Total individuals in CHW area	
Total men	
Total women	
Total children under five	
Total women aged 15-49 years	
Total elderly (>60 years)	
Total over 18 years	
Total literate	
Total 6-16y in JHS	
Total 16-18y in SHS	
Total disabled	
Total Households	
Households with access to safe water	
Households treating water before use	
Households with handwashing facility	
Households with functional latrine	
Households with refuse disposal facility	
Households with male participation	
Households having sufficient LLINs	
Surveillance	
Total Deaths	
Total births	
Boys	
Girls	
Live births	
Stillbirths	
Delivered at facility	
Total cases of notifiable illness reported:	
Acute flaccid paralysis	
Neonatal tetanus	
Measles	
Acute watery diarrhoea	
Cholera	
Viral Haemorrhagic Fevers	
Yellow Fever	
Leishmaniasis	
Guineaworm	
Trachoma	

Data Item	Number
Timed and Targeted Counseling	
# women in TTC register who delivered this month	
# women who had male partner presence during TTC	
# women who slept under bed net	
# women who completed 5 ANC	
# women who did HIV test and received result	
# newborns in TTC this month	
# newborns receiving CHX gel application	
# newborns who received BCG and OPV-0	
# infants in TTC completing 1 year this month	
# infants sleeping under bed net	
# infants who received Penta and OPV 3	
# infants who received measles vaccine	
# infants who have had birth registration	
# infants whose mothers or their partners use FP	
CHW Activities of this month	
# household assessments (routine/priority)	
# family health checks	
# TTC visits	
# given home-based care (total)	
# children with SAM given home-based care	
Referral and treatment	
# Pregnant women referred	
# Postpartum mothers referred	
# newborns referred	
# Children with general danger signs referred	
# Children with fever treated	
# Children with fever referred	
# Children with cough and fast/difficult breathing treated	
# Children with cough and fast/difficult breathing referred	
# Children with diarrhoea treated	
# Children with diarrhoea referred	
# Children with low MUAC (MAM and SAM)	

CHO Monthly Report

Month/Year:

CHO Name: CHPS Zone:

Suervisor: Name: Sub district:

Data for this report will come from:

CHW Monthly reports

Data Item	CHW1	CHW2	CHW3	CHW4	CHW5	Total
Household Assessments						
Total individuals in CHW area						
Total men						
Total women						
Total children under five						
Total women aged 15-49 years						
Total elderly (>60 years)						
Total over 18 years						
Total literate						
Total 6-16y in JHS						
Total 16-18y in SHS						
Total disabled						
Total Households						
Households with access to safe water						
Households treating water before use						
Households with handwashing facility						
Households with functional latrine						
Households with refuse disposal facility						
Households with male participation						
Households having sufficient LLINs						
Surveillance						
Total Deaths						
Total births						
Boys						
Girls						
Live births						
Stillbirths						
Delivered at facility						
Total cases of notifiable illness reported:						
Acute flaccid paralysis						
Neonatal tetanus						
Measles						
Acute watery diarrhoea						
Cholera						
Viral Haemorrhagic Fevers						
Yellow Fever						
Leishmaniasis						
Guineaworm						
Trachoma						

Data Item	CHW1	CHW2	CHW3	CHW4	CHW5	Total
Timed and Targeted Counseling						
# women in TTC register who delivered this month						
# women who had male partner presence during TTC						
# women who slept under bed net						
# women who completed 5 ANC						
# women who did HIV test and received result						
# newborns in TTC this month						
# newborns receiving CHX gel application						
# newborns who received BCG and OPV-0						
# infants in TTC completing 1 year this month						
# infants sleeping under bed net						
# infants who received Penta and OPV 3						
# infants who received measles vaccine						
# infants who have had birth registration						
# infants whose mothers or their partners use FP						
CHW Activities of this month						
# household assessments (routine/priority)						
# family health checks						
# TTC visits						
# given home-based care (total)						
# children with SAM given home-based care						
Referral and treatment						
# Pregnant women referred						
# Postpartum mothers referred						
# newborns referred						
# Children with general danger signs referred						
# Children with fever treated						
# Children with fever referred						
# Children with cough and fast/difficult breathing treated						
# Children with cough and fast/difficult breathing referred						
# Children with diarrhoea treated						
# Children with diarrhoea referred						
# Children with low MUAC (MAM and SAM)						

CHW Scorecard

add logo

Month/Year:

CHW Name: Community:

CHO Name: CHPS Zone:

Indicator	Indicator values at baseline	District Target (at 25% above baseline)	Thresholds			Coverage level for the month		
			Good	Moderate	Critical	Number doing the practice/Number with the condition (enter numbers)	Total number	Percentage/Scorecard colour
Households with access to safe water			>80%	60-79%	<60%	Total # households		
Households treating water before use			>80%	60-79%	<60%			
Households with handwashing facility			>80%	60-79%	<60%			
Households with functional latrine			>80%	60-79%	<60%			
Households with refuse disposal facility			>80%	60-79%	<60%			
Households having sufficient LLINs			>80%	60-79%	<60%			
# women who had male partner presence during TTC			>75%	50-74%	<50%	# pregnant women delivered this month		
# pregnant women who slept under bed net			>80%	60-79%	<60%			
# women who completed 5 ANC			>80%	60-79%	<60%			
# women who did HIV test and received result			>70%	50-69%	<50%			
# newborns receiving CHX gel application			TBD	TBD	TBD	# newborns born this month		
# newborns who received BCG and OPV-0			>80%	60-79%	<60%			
# infants sleeping under bed net			>80%	60-79%	<60%	# infants completing 1 year this month		
# infants who received Penta 3 and OPV 3			>80%	60-79%	<60%			
# infants who received measles vaccine			>80%	60-79%	<60%			
# infants who have had birth registration			>80%	60-79%	<60%			
# infants whose mothers or their partners use FP			>35%	15-34%	<15%			
# Children with low MUAC (MAM and SAM)			0	1-2 per 1000	>=3 per 1000	per 1,000 population		