

# Community Health Worker Supervision

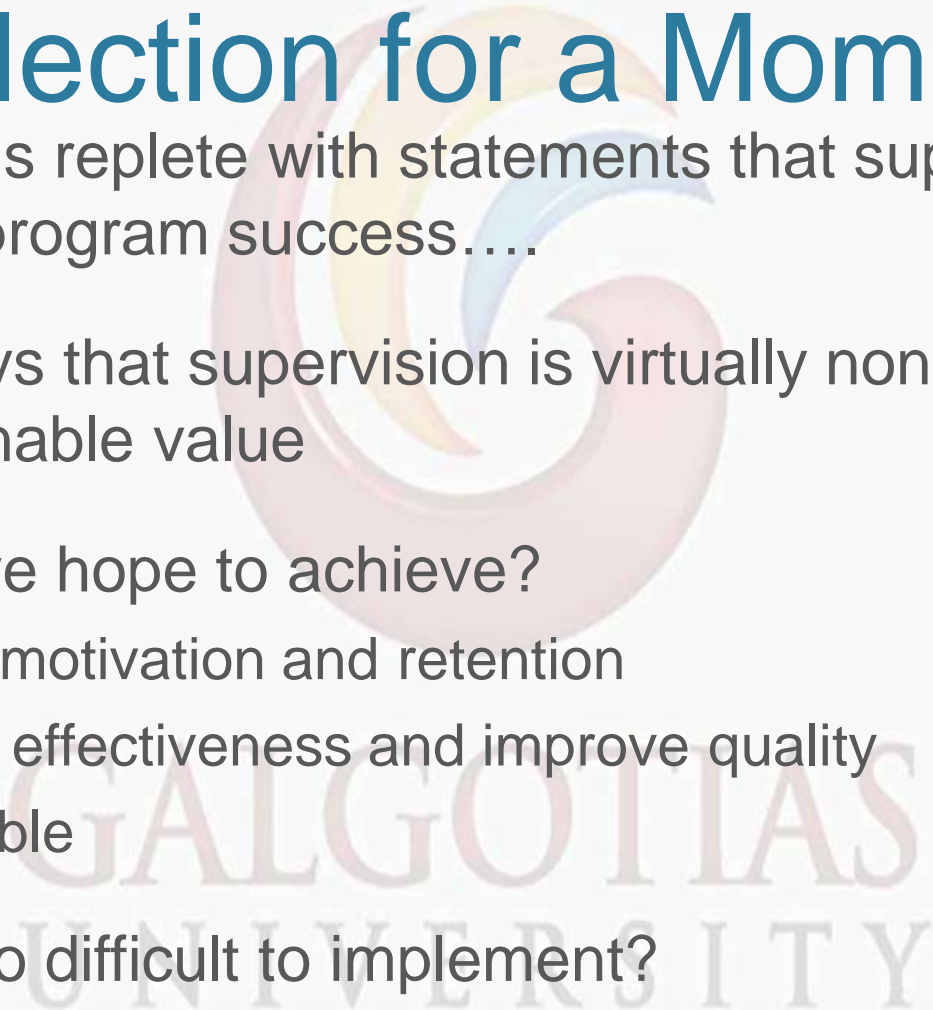
Maximizing Effectiveness and Retention

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## Reflection for a Moment

- Literature is replete with statements that supervision is critical to program success.....
- Reality says that supervision is virtually non-existent or of questionable value
- What do we hope to achieve?
  - Improve motivation and retention
  - Increase effectiveness and improve quality
  - Be scalable
- Why is it so difficult to implement?



## Challenges to Supervision

- Travel expenses and logistics
- Supervisors are not really “supervisors”
- Supervisors do not have appropriate tools and support to conduct supervision
- Supervisors don’t understand the CHW role or the context in which they operate
- Gender issues – supervisors are often men and CHWs are often female

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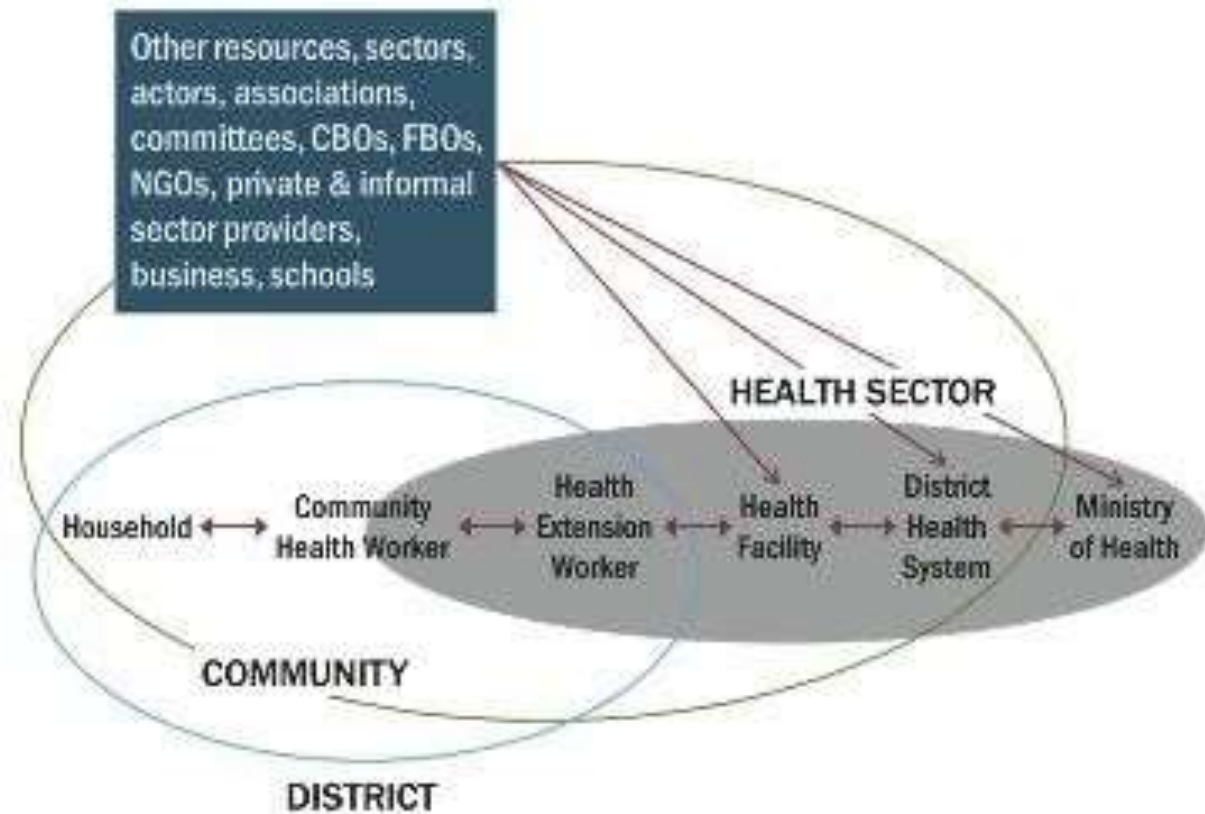
## Supervision: in Context

Figure 1. Overview of CHW program sub-systems and their interactions



## Actors and Influencers

Figure 2. CHWs within the health sector





## 7 Key Questions

- What are the objectives of CHW supervision?
- What strategies should shape the supervision approach?
- What standards and guidelines should guide CHW performance?
- Who will supervise? Who will supervise the supervisors?
- How often should supervision be done?
- How can you ensure that supervision visits are planned, implemented, and tracked?
- How will information be used to improve performance?

## Q1: What are the objectives of supervision?

- Quality
  - Adherence to norms and guidelines
  - Drugs and supplies
- Communication and information
  - Households, visits, EPI
  - Promotional messages, education
- Supportive
  - Emotional, motivational
  - Coaching and problem-solving

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## Q2: What strategies should guide the approach?

- Build upon what exists
- Use a bottom-up approach
- Plan, and monitor implementation
- Engage all levels for accountability
- Develop capacity at all levels:
  - Data management
  - Teamwork
  - Problem-solving

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## Q3:What standards should guide performance?

- Foundation of quality is a thoughtful and thorough set of standards/guidelines that are communicated to everyone and that engage everyone—
  - CHWs
  - Supervisors
  - Program managers
  - Health committee
  - Community

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## Q4&5: Who will Supervise Whom? How Often?

- Who will supervise?
- Who will supervise the supervisor?
- How often will it happen?
- Where will it happen?

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## Q:6 Plan, Implement and Track

- Yearly plans are made but not followed
- Plans focus on coverage and health indicators while management processes are overlooked
- Supervisors are rarely prepared for visits and visits are often not carried out
- A plan is only as good as its implementation, monitoring and evaluation
- Monitor and evaluate the process not only the outcomes

## Performance Improvement

- CHWs are the closest link to communities and asked to collect lots of data
- Data go up and rarely come back down
- Supervisors usually do not use data for improving performance
- ***But they could***, if information flow is planned and organized, and supervisors, CHWs and communities have access to the right kinds of data

## Approaches to Supervision

- 1 Traditional or External Supervision
- 2 Group Supervision
- 3 Peer Supervision
- 4 Community (or Health Committee) Supervision

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## External Supervision

- **Objectives:** Links CHW to health system: protocols, supplies, collection of data, one to one support
- **Prerequisites:** Functioning and accessible HC, travel resources, available and prepared supervisors, tools
- **Benefits:** Linkages to health system, clinical oversight, integration of new protocols, health system issues addressed (drugs). Also potentially scalable.
- **Challenges:** Expensive, difficult to implement and monitor, requires functioning PHC system (to support and evaluate supervisors) and trained and available supervisors. Little to no community input.

## Group Supervision

- **Objectives:** Links CHW to health system: protocols, supplies, collection of data, group support
- **Prerequisites:** Functioning and accessible HC, travel resources, tools
- **Benefits:** Linkages to health system, some clinical oversight, health system issues addressed (drugs). Also potentially scalable.
- **Challenges:** Requires functioning PHC system (to support and evaluate supervisors), little if any input from community, CHWs receive less (or no) one-to-one coaching

# School of Nursing

Course Code : BSCN4002

Course Name: Community Health Nursing2

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**THANK YOU**

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