Wasting and COVID 19 Programme Adaptations Information
Note 003

Categories: CHW treatment of Wasting, Remote Management
Challenge: In the context of movement restriction or high risk of transmission, it may not be able to provide in-person monitoring or supervision of CHWs.
Recommended adaptation: *Use of remote methods to support and supervise CHWs*

Background:

Community Health Workers (CHWs) are increasingly being given greater responsibility in the management of wasting. In recent years, many programmes have begun decentralising treatment of wasting to this cadre. This decentralised model has significant potential for ensuring access to treatment in remote locations and increasing coverage as well as reducing costs to the caregiver (both financial and time).

Importance of supervision

Studies into this delivery model have found that CHWs are able to provide effective treatment for wasting but have also highlighted the importance of supervision in ensuring the quality of service delivery.[1]

Supervision may serve a number of purposes, including:

- Reinforcing training/ensuring technical knowledge of CHWs
- Motivation/connection to the wider system
- Monitoring delivery of activities and supply use
- Quality assurance - ensuring that protocols are being followed correctly
- Troubleshooting challenges
- Ensuring that IPC measures are being followed correctly to ensure safety for all concerned.

CHW-led treatment of wasting in the context of COVID 19

In the context of COVID 19, CHW treatment of wasting has been recommended as a programme adaptation to ensure continuity of services. This advice assumes that the CHW can deliver the care safely from a security point of view as well as in terms of Infection Prevention and Control (IPC).

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6587873/

In many instances, the transition/task-shifting will have been rapid with limited training and opportunity for in-person support for understanding protocols and new responsibilities.
Therefore, it is important that alternatives to in-person supervision are identified and used where possible. For this reason, it is important that mechanisms are in place for monitoring and supervision to support continued quality service provision in line with guidelines/protocols.

Process to compile this information note:
This note was produced through the Wasting and Risk workstream of the GTAM. Members of the workstream contributed to a discussion on methods for supervision drawing on previous experience as well as existing tools and guidance.

Recommended adaptation

1. **In person supervision with IPC measures in place**

Where in-person supervision is possible, conduct meetings outdoors where possible. Ensure that IPC measures are in place (maintaining the recommended physical distance; hand-washing; cleaning of any shared items and surfaces; use of PPE; if available and according to government guidance).

2. **Remote supervision**

Where in-person supervision is reduced or is not possible at all, remote supervision methods can be considered. For agencies wishing to use this approach, it will be necessary to outline a) the mechanism b) the tools available c) the supervision chain and process.

a) Mechanisms

The mechanism(s) selected for remote supervision will depend on an assessment of the context, including an understanding of equipment available, literacy levels and availability/reliability of mobile phone networks.

- Phone calls
  Voice calls can be used to discuss the activities of the CHW, programme management information (numbers of new admissions, discharges, treatment outcomes, stocks of antibiotics and RUTF) and to check understanding of protocols.

- Use of phone apps for supervision
  Where smart phones or tablets are available, tools such as supervision checklists can be used through apps such as Kobo Toolkit and Open Data Kit (ODK). Where the network

connection is poor, they can be used offline and uploaded at a later time when the phone has an internet connection.
These apps can include supervision questions and the uploading of photos.
If acceptable to the context and CHW and confidentiality can be ensured, they can also be used to take GPS allowing for the mapping of the location of visits.

- Use of chat groups (such as WhatsApp)
  Whatsapp groups, if well managed to prevent the spread of misinformation, can be useful for information exchange and motivation. This paper from Kenya documents how Whatsapp groups were used for supervision of CHWs https://pubmed.ncbi.nlm.nih.gov/27353623/

  In the Ebola outbreak in the Democratic Republic of Congo, humanitarian agencies such as RNW Media and Médecins Sans Frontières (MSF) implemented WhatsApp groups with at-risk audiences, drawing on a preexisting blogging network with youth, and setting up groups to cascade life-saving information to at-risk communities in insecure areas.
  https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/WHO_CETipsCovid19_0.pdf

- Use of photos (ensuring data protection and permission - see considerations)
  Save the Children has used photos to review nutrition programmes in inaccessible locations. In Somalia, teams based in the field took photos of key treatment points in the OTP sites, such as screening and measurement-taking, appetite testing and the dispensing of RUTF and medicines, and of children having their MUAC taken; scan or take photographs of a sample of patient cards; and share supply monitoring figures/sheets and reports and supervision checklists. These were then used as a basis for supervision and programme review meetings.
  https://odihpn.org/magazine/conducting-simulated-field-visits-for-insecure-locations-in-somalia/

b) Tools

Tools to support the supervision of CHWs in the treatment of wasting can be found here:
https://www.acutemalnutrition.org/en/Simplified-Tools-Covid
Save the Children has recently published a guide on remote nutrition programme supervision in contexts where technology can be used. This includes supervision of community level staff and contains tools and reporting templates for remote management.
https://resourcecentre.savethechildren.net/node/17550/pdf/guideline_for_remote_support_on_nutrition_during_covid_19_pandemic_v_1.0_fin_updated.pdf

c) Supervision process

Potential steps to establish remote supervision:

1. Agree clear lines of responsibility for supervision ensuring that each level receives support
2. Complete a list of all field staff with contact phone number
3. Decide on mechanism and fill any supply gaps (such as phones, phone credit)
4. Outline priorities areas for supervision
5. Share supervision tools
6. Agree on the frequency of meeting and means of communication
7. Agree on types of documents to be provided if applicable - such as checklists or photos
8. Supervisor reviews any documents/photos provided
9. Remote meeting by phone to discuss any issue faced by the CHW, check understanding of tasks. Supervisor provides feedback.
10. Agree on action points
11. Supervisors provide continuous support based on agreed means of communication such as WhatsApp.

3. Alternatives to supervision (where in-person or remote supervision is not in place)

Where the above types of supervision are not possible (ie.where there is limited availability of phones or lack of network coverage), this should not prevent services from continuing due to the high risk of mortality from untreated SAM. However, the following steps could be considered.

- Forecasting the CHW's need for supplies based on previous usage and any updated reports and support prepositioning.
- Use of other community members to relay messages via phone or if they are able to travel to areas with connectivity.
- Negotiating periodic travel to a location where communication is possible
- Ensuring that objectives of the programme and duties of the CHW are well-understood by the community - radio messaging could be used to support this.
- Promoting accountability mechanisms through mass media.
- Use of radio chat programmes with CHWs (other CHWs who can be contacted) to foster a sense of camaraderie, to talk about common challenges and reinforce training.
- If no remote supervision is possible, community feedback should be sought when restrictions are lifted.

Considerations

Lack of technology for supervision should not prevent the delivery of care. Poor adherence to protocols is likely less harmful than cessation of treatment services.

The period of reduced supervision / adaptation should be limited and subject to review on a regular basis. The timeframe for review should be pre-agreed. If a long period of limited supervision is expected, investments should be made in improving mechanisms to supervise.

Transfer of risk should be considered. In insecure environments, shifting of tasks to CHWs could result in increased risks to their security, particularly where agencies are less able to provide support to the CHW.

Permission of local authorities should be sought for any change in supervision methods. This is particularly important where photographs and GPS are used as these use of these may be sensitive.

Data protection
Ensure that data protection laws (organisational national, international) are not breached if records are shared by photo. Make sure to cover data which may identify the beneficiary (such a name, address, phone number) before taking the photo.

Consent from beneficiary for use/sharing of photos. Before taking any photos of beneficiaries, consent should be given. The consent process should include an explanation of the reason the photo is being taken, how and where it may be shared.

Ensuring those performing remote supervisory tasks are also supervised. Those supervising CHWs will also need supervisory support and this should be built into the remote management process.

Resources

1. Simplified tools for CHW treatment of Wasting
https://www.acutemalnutrition.org/en/Simplified-Tools-Covid

2. Use of WhatsApp groups
https://pubmed.ncbi.nlm.nih.gov/27353623/
https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/WHO_CETipsCovid19_0.pdf

3. Supervision using photos
https://odihpn.org/magazine/conducting-simulated-field-visits-for-insecure-locations-in-somalia/

4, Remote management
https://resourcecentre.savethechildren.net/node/17550/pdf/guideline_for_remote_support_on_nutrition_during_covid_19_pandemic_v_1.0_fin_updated.pdf

5. Community engagement

This guide from WHO, UNICEF, IFRC and GOARN provides tips engaging communities during COVID-19 in low-resource settings, remotely and in-person https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/WHO_CETipsCovid19_0.pdf

- The CDAC network has resources to support community engagement. A list can be found here http://www.cdacnetwork.org/policy-and-guidance/guidance/i/?id=cca52f57-4f06-4237-9c18-37b9e8e21a18. The CDAC also has a specific COVID 19 resource portal. http://www.cdacnetwork.org/i/20200316224410-9m4ud/
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6. Accountability mechanisms during COVID 19

The IASC have a resource portal here for tools to support accountability.

- https://interagencystandingcommittee.org/covid-19-resources-relating-accountability-and-inclusion

7. Resources in multiple languages

AMREF's LEAP app is for CHWshttps://amref.org/enterprises/our-products/leap/
Their information centre has multilingual content on COVID 19. The site can be viewed in 19 languages, including French, Arabic, Igbo, Swahili, and Zulu: https://amrefuk.org/what-we-do/latest-news/amref-launches-covid19-africa-information-centre-coronavirus/

Translators Without Borders are working with the Community Health Academy to translate their Covid-19 online content for CHWs into languages including Swahili, Arabic, Hindi and Portuguese: https://communityhealthacademy.course.tc

WHO's OpenWHO.org website contains a wide range of training resources for health workers, including on Covid-19, in languages from traditional Chinese to Lingala: https://openwho.org/