

Supervision and Other Non-training Interventions

Support for Mobile Health Workers

In rural Senegal, the average distance to the nearest health facility is more than 30 kilometers. Only 40% of births are attended by a skilled health worker, and contraceptive use is low. Although one-third of women want to delay or avoid their next pregnancy, only 8% of rural, married women currently use a modern contraceptive method, compared to 19% in urban areas (Senegal Demographic and Health Survey, 1997). To increase the use of family planning and other reproductive health services, Senegal's National Reproductive Health Service asked PRIME II to implement a supervision-related intervention to better support community-based health workers in expanding the range and quality of the services they deliver.

Riding into villages on horseback, the community-based health workers provide preventive primary care and dispense contraceptives, rehydration salts, chloroquine, aspirin and vitamins. They make home visits and facilitate community discussion groups on family planning, HIV/AIDS and safe motherhood. They also refer women to the nearest health clinic for care or family planning visits. Most workers volunteer their time, but keep a percentage of the proceeds from the products they sell to buy feed for their horses.

The PRIME-assisted intervention to improve the performance of 58 community-based health workers and their supervisors began in January 2002 in Kebemer District. Interviews revealed that the workers were not filling out the forms designed to help them keep track of homes visited, products sold and patients referred. As it turned out, not all of the health workers were literate and some relied on their children, husbands or neighbors to help complete the reports. Other health workers were confused about the definition of certain tasks; for example, the difference between a group discussion and a home visit.

A Pocket-Sized Solution for a Sizable Problem

To address these problems, PRIME helped to develop a pictographic job aid in the form of a booklet describing the ten critical tasks of a community-based health worker. Each task is represented by a full-color illustration of a worker performing the task, accompanied by a description in three languages: French, the local language of Wolof, and Wolof written in Arabic script (Wolofal). Wolofal was chosen because, living in a Muslim community, some health workers learned the Arabic alphabet during childhood Quranic studies. The 21-page, pocket-size booklet lists themes for discussions and counseling

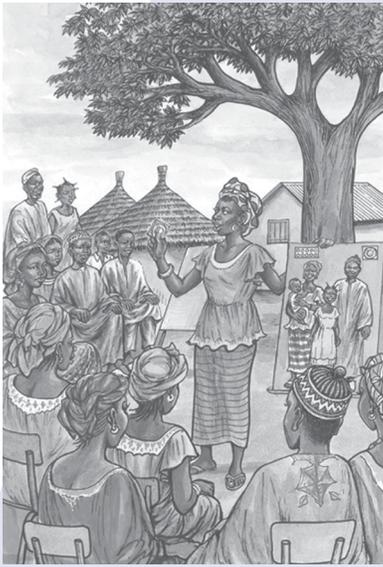


A mobile health worker is depicted taking care of the bag that she uses in the field. Also shown are the trunk, horse and cart that help her carry supplies and products.

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A mobile health worker gathers the community for a health meeting.

sessions and illustrates the different products that workers are responsible for dispensing. Health workers are depicted submitting reports to supervisors and turning in receipts from products sold to local health committees.

The booklet is the result of a second try at highlighting the tasks of the mobile health workers in an accessible format. The first attempt was a plasticized sheet that listed job duties in French and Wolof. Due to literacy constraints, many workers were not able to read the sheet and, thus, could not use it. With the addition of illustrations and Wolofal, the booklet has become a much more worker-friendly aid. In addition, district health personnel are arranging literacy classes for workers who have requested them.

The colorful illustrations for the booklet are the creation of Mr. Lamine Drame, a Senegalese artist who specializes in non-formal education. He has previously worked with local institutions focused on community mobilization and HIV/AIDS awareness and literacy.

The goal of the job aid is to ensure that all workers will be able to respond to the question “What do you do as a community health worker?” by citing the same tasks. The aid also serves as a reminder to the workers of what tasks they are supervised on. Their supervisors evaluate them using forms that list the same ten tasks as outlined in the booklet.

In the coming months, PRIME II will assess the impact of the booklets and how this non-training intervention may contribute to the improved performance of community-based health workers and their supervisors.



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