IMPROVING PUBLIC SECTOR CASE-REPORTING FOR CHILDHOOD DIARRHOEA THROUGH CAPACITATING COMMUNITY LEVEL VOLUNTEERS (CLVs) IN BIHAR, INDIA

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ABSTRACT

Introduction: Community level volunteers (CLVs) play an important role in treatment of diarrhoea. However, they were not involved in its systematic reporting. Only a small proportion of cases reported by them were fed into HMIS. The Micronutrient Initiative capacitated and equipped semi-literate female CLVs to report on childhood diarrhoea cases.

Methods: CLVs were provided with simple pictorial reporting tools, hands-on training and continuous capacity building through supportive supervision.

Results: Reporting of childhood diarrhea cases by CLVs increased from near zero to ~ 25,000 cases per month in the 15 demonstration districts. In spite of this increase, 64% CLVs do not report regularly due to non-availability of tools and poor accountability.

Conclusion: Reporting from CLVs is feasible by providing simple tools, imparting training, continuous follow-up and directed one-on-one supervision. Successful demonstration has encouraged the state government to scale-up the involvement of CLVs in reporting on childhood diarrhoea through use of pictorial tools, but strengthening of supportive supervision and incentivizing CLVs is needed.

BACKGROUND

- Female community level volunteers (CLVs) were continuously trained for service delivery of childhood diarrhoea treatment since May 2011.
- There was no direct reporting mechanism of community level performance.
- CLVs were not part of reporting through the Health Management Information System (HMIS) in India.
- Lack of reporting by CLVs has implications on proper planning and decision making.

OBJECTIVE

To develop a strategy to facilitate and strengthen the reporting of childhood diarrhoea management by female community level volunteers, as part of the Health Management Information System in Bihar, India.

METHOD

Participants: Semi-literate female CLVs who deliver treatment of childhood diarrhoea as part of public sector Childhood Diarrhoea Management Program.
Setting: 15 districts of Bihar, India.

Step-wise approach:
1. Formative research, baseline study and field reviews revealed that:
   - Systematic reporting started at facility HSC level
   - Community level volunteers were not directly involved in reporting
2. Development and pilot testing of simple pictorial reporting tools to be used by semiliterate women CLVs (Figure 1)

RESULT

- No. of cases reported through HMIS has increased after integrating CLVs reporting into HMIS in May 2013 (Figure 2).
- Nearly two-thirds of non-facility based treatment is by CLVs (Figure 3).
- Among CLVs, 41% of Accredited Social Health Activist (ASHA) and 27% Anganwadi Worker (AWW) report child diarrhoea cases.
- Field interactions suggest that incentives to ASHA and strengthened mechanism of supportive supervision can further improve reporting from CLVs.

CONCLUSION

Reporting through CLVs led to an improvement in monitoring/tracking of child diarrhoea cases and programme decision making in 15 districts of Bihar, India. This improved reporting has contributed to:
- Better programme planning and resource allocation
- A more accurate forecasting and procurement of supplies
- Tracking performance of CLVs and providing feedback for corrective action

Lessons
- CLVs can record and report diarrhoea cases using simple pictorial reporting tools.
- Continuous capacity building through hands-on training and supportive supervision facilitates CLVs reporting.
- Accountability and regular availability of reporting tools improves reporting by CLVs.
- CLVs reporting helps improve the number of cases reported under the HMIS.
- Successful reporting by CLVs for diarrhoea suggests they can report for other health programmes.

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