

# MENTORING SUPERVISORS OF COMMUNITY HEALTH VOLUNTEERS IN TB PROGRAM IMPLEMENTATION

A Step-by-Step Guide  
in Support of the National  
Tuberculosis Control Program



# *Mentoring Supervisors of Community Health Volunteers in TB Program Implementation*

## **A Step-by-Step Guide in Support of the National TB Program**



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## Abbreviations

BHS	Barangay Health Station
CHO	City Health Office
CHT	Community Health Team
CHV	Community Health Volunteer
DSSM	Direct Sputum Smear Microscopy
PHN	Public Health Nurse
RHM	Rural Health Midwife
RHP	Rural Health Physician
RHU	Rural Health Unit
TA	Technical Assistance

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## About this Toolkit

This toolkit presents the tools, templates, and steps in mentoring supervisors of community health volunteers (CHV) in TB Program Implementation. The tools and templates in this toolkit were developed based on the collective experience of local government partners of the **IMPACT Project**.

### For whom is this toolkit?

This toolkit is intended for three types of audience. The first is the Rural Health Physician and Public Health Nurse in the rural health units (RHUs) as immediate supervisors and first level mentors of the CHV supervisors. The secondary users are the CHV supervisors as mentors for their CHVs. The third group of users are the NTP coordinators and technical staff of provincial health offices (PHOs), city health offices (CHOs) of highly urbanized cities (HUCs) who serve as technical assistance providers for RHUs/CHOs.

### What does this toolkit contain?

This toolkit consists of two parts.

**Part 1** provides the background and rationale for mentoring supervisors of community health volunteers in TB Program Implementation.

**Part 2** describes the recommended steps for the mentoring process as well as the tools and templates prepared by the IMPACT project for this purpose.

Users of this toolkit may reproduce the tools and templates, including the PowerPoint Presentations provided in this package.

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## Introduction

The magnitude of the TB problem has placed the Philippines third among the 30 high-TB burden countries in incident TB cases per 100,000 population. It is also fifth among the top 30 countries with high multidrug-resistant TB (MDRTB) burden in thousand incident cases (WHO Global TB Report 2017). TB continues to be the country's 8<sup>th</sup> leading cause of death (DOH, 2013) and 8<sup>th</sup> top cause of illness (DOH, 2014). The 2016 National Tuberculosis Prevalence Survey showed that the burden of TB remains high among Filipino adults and is higher than previously estimated. About 1 million Filipinos are expected to have the TB disease and may not even know it. Factors associated with high prevalence include weaknesses in health systems and poor health-seeking behavior. Poverty and malnutrition further fuel the spread of TB. While the national government and its development partners have made significant investments in the TB control program, TB remains a major public health challenge with serious economic consequences. TB morbidity and premature mortality result in economic losses valued at PhP8 billion (\$171 million) annually (Peabody J. et al., 2005).

The institution of the Directly Observed Treatment, Short Course (DOTS) strategy in 1996 and its nationwide implementation in the public health sector starting 2002 have enabled the country to make significant progress in TB control. Program performance, however, remains variable across cities and municipalities. Moreover, while the TB control program continues to gain broader support and greater momentum, it needs to keep pace with the rate of infection.

The Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT), a five-year technical assistance (TA) project funded by the United States Agency for International Development (USAID), sought to respond to the abovementioned challenges. The Project provided TA to the Department of Health (DOH) National TB Control Program (NTP) and worked directly with 43 provinces and cities – in Luzon, Visayas, and Mindanao, including the Autonomous Region in Muslim Mindanao – with the greatest burden of TB disease and lowest performance in both case detection and cure rates. IMPACT engaged both public and private sectors at the national and local levels to detect and successfully treat TB cases.

Guided by a harmonized blueprint of technical assistance and research initiatives, as well as the USAID TB Portfolio Results Framework, the Project worked with other USAID cooperating agencies and key partners involved in TB control. IMPACT measured the outcomes of project interventions against a set of national program indicators and targets identified in the enhanced Philippine Plan of Action to Control Tuberculosis (PhilPACT) 2010–2016. IMPACT was implemented from October 2012 to September 2017, with an extension period of seven months from October 2017 to April 2018.

The goal of IMPACT was to reduce TB prevalence by 30%, achieve 85% case detection rate for all forms of TB, and 90% cure rate for new smear-positive cases in all participating sites by 2017 relative to the 2010 baseline.

The Project aimed to achieve three objectives:



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- strengthen demand for TB services through adoption of healthy behaviors within families;
  - improve supply of TB services, including the availability and quality of public sector services and selective expansion of private sector providers; and
  - remove policy and systems barriers to support supply of, and demand for TB services.

IMPACT complemented the health programs of USAID/Philippines and other development partners. Its activities are aligned with the principles of the United States Government Global Health Initiative and the Government of the Philippines' Universal Health Care agenda (*Kalusugan Pangkalahatan*).

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## Part 1

### Background

Since the Directly Observed Treatment, Short Course (DOTS) was introduced as a strategy for TB control in the Philippines, rural health midwives (RHMs) have become part of the TB program workforce. Their responsibilities include identification of presumptive TB clients, referring them to DOTS facilities for direct sputum smear microscopy (DSSM), and administering medication as prescribed in TB treatment protocols.

As the workload for RHMs in the health center or rural health units (RHUs) increased with no corresponding increase in the number of midwives, community health volunteers (CHVs), which include barangay health workers (BHWs) and community health teams (CHTs), were tapped to do TB case finding and oversee treatment of TB patients. The CHVs complemented the work of the RHMs in TB program implementation. The RHMs then became the supervisors of CHVs in the RHUs.

Aside from RHMs, the CHV supervisor in the RHU or City Health Office (CHO) could be the public health nurse (PHN) depending on the organizational structure.

Most CHV supervisors, however, have had no training in supervision.

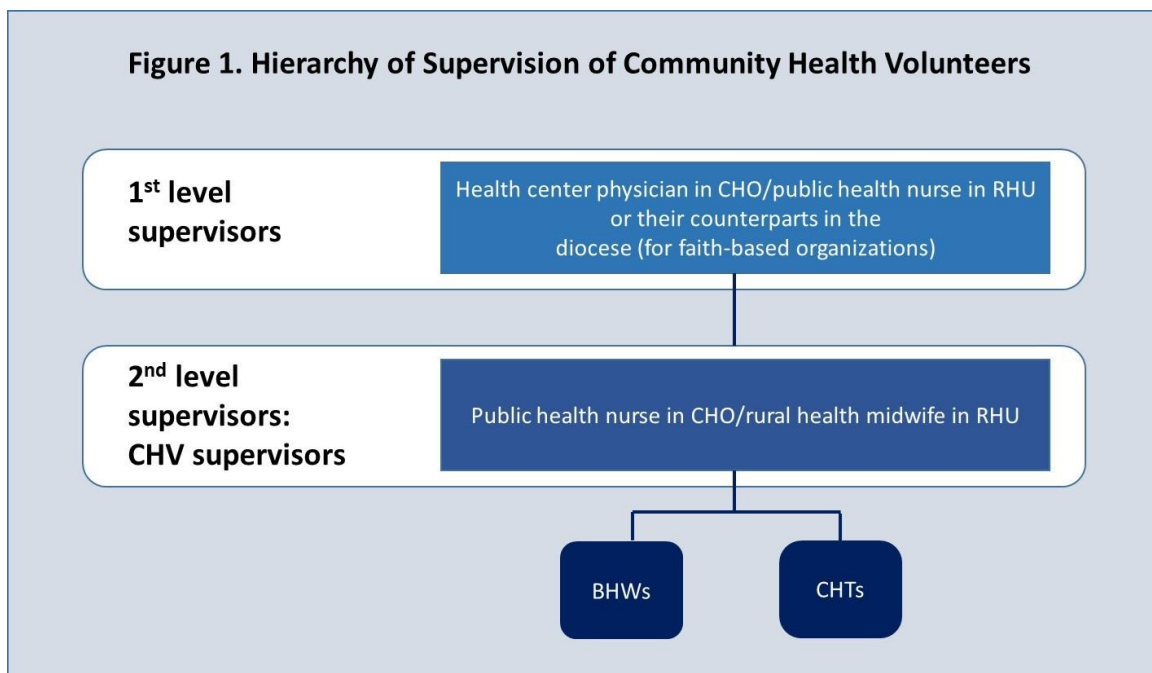
This TA package on “Mentoring CHV Supervisors in TB Control Program Implementation” was designed to strengthen CHV supervisors’ knowledge of and skills in supervision. Through on-site mentoring, technical assistance providers can better assess how CHV supervisors perform their supervisory role and provide guidance and support.

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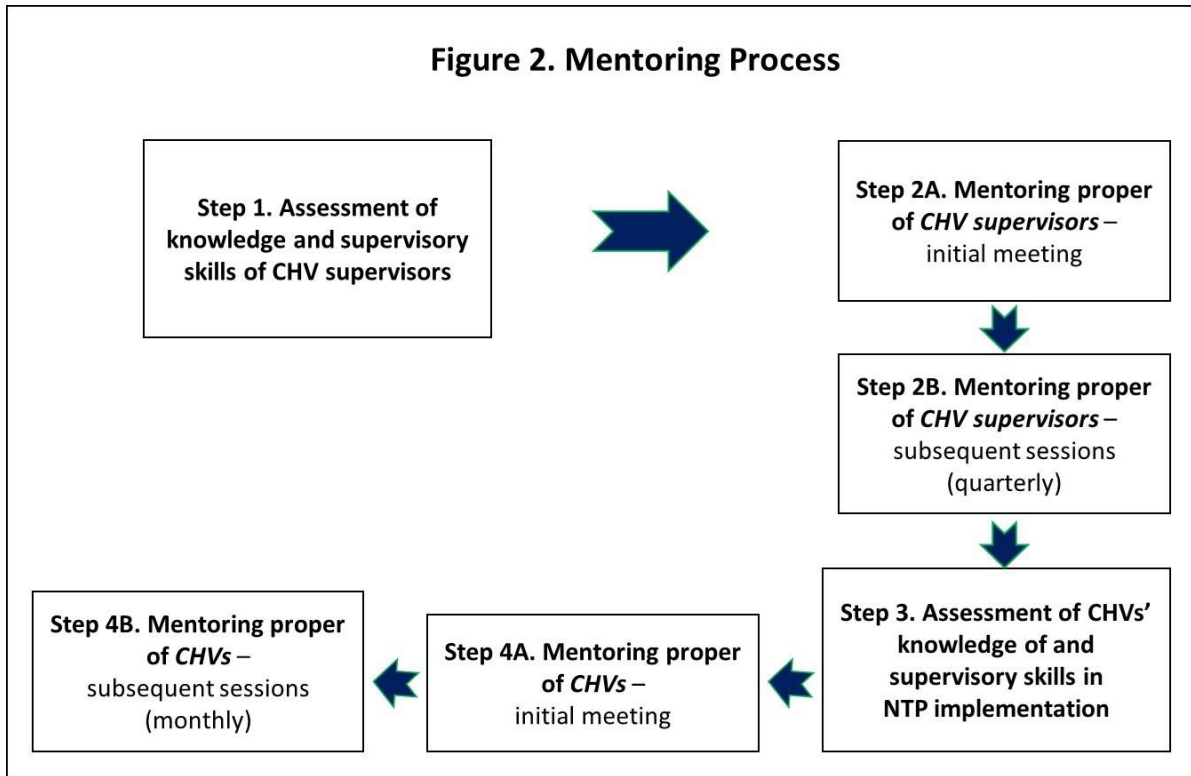
## Part 2

### The Mentoring Process for Supervisors of Community Health Volunteers

The mentoring process is implemented at two levels (*Figure 1*). At the first level, mentoring of the CHV supervisors will be the responsibility of the health center physicians in City Health Offices (CHO), the PHN in RHUs and their counterparts in faith-based organizations (FBOs) at the diocesan level. At the second level, the CHV supervisors will conduct the mentoring of their supervisees – the BHWs and CHTs.



The mentoring process is summarized in *Figure 2* and discussed step by step below.



### [Step 1. Assessment of knowledge and supervisory skills of CHV supervisors](#)

#### **Task Objective**

By the end of this step, the First Level Supervisor (health center physician/PHN) should have assessed the level of knowledge and skills of the CVH supervisors compared with the set minimum levels needed to satisfactorily perform their role.

#### **Suggested Tools**

- CHV Supervisor Performance Check List A (Interview)
- CHV Supervisor Performance Checklist B (Self-assessment)
- CHV Supervisor Performance Monitoring – Individual Record
- CHV Supervisor Performance Monitoring – Group Record

#### **Process**

##### **1.1 Setting up the initial meeting**

- The First Level Supervisor will set an appointment with each CHV supervisor. Two hours will be allotted for this meeting. Alternatively, the First Level Supervisor can gather all CHV supervisors in one venue for the meeting.

##### **1.2 Explaining the objectives of the meeting and mentoring process**

- The First Level Supervisor explains to the CHV Supervisor the objective for the assessment and planned mentoring process.

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### 1.3 Assessment proper

- The First Level Supervisor uses *Checklist A* as a guide in interviewing the CHV Supervisor to obtain the information required for a thorough assessment. Alternatively, the First Level Supervisor distributes *Checklist B* and asks all the CHV supervisors to answer it.
- The First Level Supervisor rates each CHV supervisor using the rating categories defined in the checklist and identifies any knowledge and skills gaps or behavioral deficits.
- The First level supervisor discusses the initial list of identified gaps and behavioral deficits with each of the CHV supervisors to validate the initial findings.
- The First level supervisor will furnish the CHV supervisor with a copy of their final common assessment of behavioral gaps vis-a-vis desired behaviors.

### 1.4 Record-keeping

- The First Level Supervisor then fills up the *CHV Supervisor Performance Monitoring – Individual Record* using details gathered in the checklist. This Individual Record will be used in subsequent mentoring sessions.
- The First Level Supervisor may also use the *CHV Supervisor Performance Monitoring – Group Record* and identify any gaps in knowledge and skills as well as behavioral deficits common to most of the CHV supervisors. If present, the First Level Supervisor may opt to conduct specific group activities like plenary lectures or demonstrations or other methods of knowledge- or skills-building as needed.

## Step 2.A. Mentoring Proper of CHV Supervisors – Initial Meeting

### Task Objective

To address the identified gaps in knowledge and skills or the behavioral deficits related to the performance of supervisory function of CHV supervisors

### Suggested Tools

- CHV Supervisor Performance Monitoring – Individual Record
- CHV Supervisor Performance Monitoring – Group Record
- TB101 (PowerPoint slides)
- Mentoring of CHV Supervisors (PowerPoint slides)
- Planning and Target-Setting Form (Annual)
- Planning and Target-Setting Form (Monthly)
- CHV Monthly Accomplishment Report Template
- CHV Performance Monitoring – Individual Record
- CHV Performance Monitoring – Group Record
- Household Contacts Tracing Plan and Targets
- Household Contacts Tracing Accomplishments
- Household Contacts Screening Tool
- Cough Surveillance Form
- Quarterly Supervision Plan template
- CHV Supervision Log

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## Process

### 2.1.A Setting up the initial mentoring session

- The First Level Supervisor sets a schedule with CHV Supervisors for the first mentoring meeting. Allot two hours for this initial meeting, if to be done on a one-on-one basis. A group meeting may also be conducted in plenary if a large number of common gaps are identified, or if a one-on-one meeting is not feasible.

### 2.2.A Review of records

- The First Level Supervisor discusses in detail the relevance of each item in the set of knowledge and supervisory skills outlined in the *CHV Supervisor Performance Checklist*. These include knowledge of basic facts and skills for planning, setting targets, identifying resources needed, monitoring, and mentoring.
- Both mentor and mentee/s review together the *CHV Supervisor Monitoring – Individual Record* of the mentee/s.

### 2.3.A Addressing knowledge gaps

- The First Level Supervisor may use the *TB 101* and *Mentoring of CHV Supervisors* slide sets to explain what information CHV supervisors should have mastery of. The mentor must answer all questions of the CHV supervisors, even those not covered in the slide sets. If the mentor cannot provide answers right away, s/he should find a way to do so at the soonest possible time.

### 2.4.A Addressing supervisory skills gaps: Introduction of tools for supervision

- The First Level Supervisor explains that s/he will be introducing tools to be used by the CHV Supervisor in carrying out his/her role.
- The First Level Supervisor introduces the tool, *CHV Performance Checklist – Group Record*, which the CHV Supervisor can use to analyze the status of all the CHVs s/he is supervising. The First Level Supervisor demonstrates how this will be accomplished, analyzed and utilized to plan the CHV Supervisor’s initial meeting with his/her CHVs.
- The First Level Supervisor discusses the importance of the tool, *Planning and Target-Setting Form (Annual)*, and demonstrates how it is to be accomplished.
- The First Level Supervisor presents the *Planning and Target-Setting Form (Monthly)* and explains how all the CHVs’ performance, under the guidance of the CHV Supervisor, will contribute to the achievement of the annual target for their catchment area.

The First Level Supervisor explains how the CHV Supervisor can use the same tool, *Planning and Target-setting Form (Monthly)*, in setting monthly targets for each CHV under his/her supervision. In addition, the CHV Supervisor can also use the *CHV Monthly Accomplishment Report* form to plan and track the performance of each CHV monthly.

### 2.5.A Planning and NTP performance target-setting

- The First Level Supervisor and CHV Supervisor then set monthly targets for the catchment area of the CHV Supervisor and indicate these in the *Planning and Target-Setting Form (Monthly)*.
- The First Level Supervisor and CHV Supervisor identify resources needed by the CHV Supervisor and potential sources. These are to be indicated on the same form.

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- The First Level Supervisor then introduces the *Household Contacts Tracing Plan and Targets* tool and demonstrates how it can be used to generate initial numerical targets. S/He then asks the CHV Supervisor to distribute the initial targets to the different CHVs in his/her catchment area. A copy of this initial plan is given to the CHV Supervisor while another copy is kept by the First Level Supervisor. Together the CHV Supervisor and his/her mentees will later develop their *Household Contacts Tracing Plan* and finalize the targets. The tool, *Household Contacts Tracing Accomplishments*, is also introduced to prepare the CHV Supervisor for the subsequent recording and monitoring processes.

### **2.6.A Planning for supervisory activities**

- The First Level Supervisor introduces the *Quarterly Supervision Plan* template. This is to be used by the CHV Supervisor in keeping track of his/her supervisory responsibilities over the CHVs. The First Level Supervisor demonstrates how to fill it out.
- The First Level Supervisor presents the *CHV Supervision Log* that the CHV Supervisor can use to document the results of his/her supervisory meetings with the CHVs. The CHV Supervisor will accomplish this form after each supervisory meeting (whether one-on-one or group meetings, or any occasion for on-the-job mentoring of CHVs).
- The First Level Supervisor advises the CHV Supervisor that on-site observation of actual supervisory skills, and on-the-job mentoring will also be performed from time to time by the First Level Supervisor. (Mentor and mentee should set a date and time when the mentor can join the mentee in his/her schedule for supervision of the CHVs.) Observations of the mentor on these occasions will be considered in subsequent ratings of the CHV Supervisor.
- The First Level Supervisor explains that during subsequent mentoring sessions, whether in plenary or one-on-one sessions, it is of utmost importance to check for improvement in knowledge and supervisory skills as well as overall performance of NTP implementation in the CHV Supervisor's catchment areas.
- Mentor and mentee then agree on the schedule of their next one-on-one supervisory meeting, which should be conducted at least quarterly.

### **2.7.A Record-keeping**

- The First Level Supervisor and his/her mentee will then update the *CHV Supervisor Performance Monitoring – Individual Record*.

The *CHV Supervisor Performance Monitoring –Group Record* is also updated by the First Level Supervisor for reference in planning the following mentoring sessions.

### **Step 2.B. Mentoring Proper of CHV Supervisors – Subsequent Sessions**

#### **Task Objective**

To continue addressing the identified gaps in knowledge and skills or the behavioral deficits related to the performance of supervisory function of CHV supervisors until behavioral improvements are manifested

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## Suggested Tools

- CHV Supervisors Performance Monitoring – Group Record
- CHV Supervisors Performance Monitoring – Individual Record
- TB101 (PowerPoint slides)
- Mentoring of CHV Supervisors (PowerPoint slides)
- Quarterly Supervision Plan
- CHV Supervision Log
- Planning and Target-Setting Form (Monthly)
- CHV Monthly Accomplishment Report Template
- CHV Performance Checklist – Individual Record
- CHV Performance Checklist – Group Record
- Household Contacts Tracing Plan and Targets
- Household Contacts Tracing Accomplishments

## Process

### 2.1.B Setting up the initial mentoring session

- First Level Supervisor reviews the *CHV Supervisor Performance Monitoring – Group Record*.
- First Level Supervisor confirms the appointment for the next mentoring meeting or session with the CHV Supervisors. Allot 30 minutes to an hour for this meeting, if to be done one-on-one. A group meeting may also be conducted in plenary if there are common gaps identified or if a one-on-one meeting is not feasible. However, the First Level Supervisor must set aside at least 15 minutes (if the CHV supervisor is performing well) to have a one-on-one meeting with the CHV Supervisor to go through the entire process and provide the opportunity for the CHV Supervisor to share information or observations that s/he may be hesitant to raise in a plenary setting.

### 2.2.B Review of records

- Both mentor and mentee/s review the *CHV Supervisor Performance Monitoring – Individual Record* of the mentee/s. The First Level Supervisor will also provide feedback to the CHV Supervisor regarding the latter's performance during the on-the-job mentoring, if this was done before the meeting.

### 2.3.B Addressing knowledge gaps

- To address the gaps in knowledge on TB and TB program implementation, the First Level Supervisor may use the *TB 101* and *Mentoring of CHV Supervisors* slide sets again to explain what information the CHV supervisors should have mastery of. The mentor must answer all questions of the CHV supervisors, even those not covered in the slide sets. If the mentor cannot provide answers right away, s/he should find a way to do so at the soonest possible time.

### 2.4.B Addressing supervisory skills gaps

- To address supervisory skills gaps, the First Level Supervisor will ask the CHV Supervisor if s/he has been able to perform her/his supervisory functions. If yes, the First Level Supervisor commends the mentee then proceeds to the next step described below. If the answer is no, then the First Level Supervisor should ask the reasons for non-performance. The First Level Supervisor



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must listen carefully then guide the CHV Supervisor in devising solutions to address the barriers to the performance of supervisory functions. If the CHV Supervisor needs a review, then the First Level Supervisor must go back to Step 2A.

- The First Level Supervisor reviews the *Quarterly Supervision Plan* and the individual *CHV Supervision Logs* to see if they have been used and properly accomplished. The First Level Supervisor will discuss with the CHV Supervisor any issues or problems in the use of the tools, or with the CHVs as a group, or any particular CHV. Together they will plan how to address the identified issues or problems within their agreed time period.

### **2.5.B Review of NTP performance and problem solving**

- The First Level Supervisor, together with the CHV Supervisor reviews the *Planning and Target-setting Form (Monthly)* tool and the *CHV Monthly Accomplishment Report*. They should discuss any difficulties in using the tool, if any.
- If the set targets are achieved, the mentee and his/her team will try to identify the factors that made the achievement of the targets possible. They will also discuss any issues or problems hindering any CHV or the whole team from achieving their targets and devise ways to address them within an agreed time period.
- Both mentor and mentee review the *Household Contacts Tracing Accomplishments* and compare it with the *Household Contacts Tracing Plan and Targets* to identify any difficulties and challenges encountered. Mentor and mentee discuss and identify solutions to address them.

### **2.6.B Record-keeping**

- The First Level Supervisor and his/her mentee will then update the *CHV Supervisor Performance Monitoring – Individual Record*. Actions to be taken by the CHV Supervisor and First Level Supervisor to address the problems, issues or any behavioral deficits still present are summarized.

### **2.7.B Planning for future supervisory activities**

- The First Level Supervisor and CHV Supervisor then set a date and time when the mentor can join again the mentee in his/her schedule for supervision of the CHVs. Mentor and mentee also set the schedule of their next one-on-one supervisory meeting. This should be conducted at least quarterly.
- The *CHV Supervisor Performance Checklist – Group Record* is also updated by the First Level Supervisor for reference in planning the following mentoring sessions.

## **Step 3. Assessment of CHVs' knowledge of and skills in NTP implementation**

### **Task Objective**

By the end of this step, the CHV supervisor should have assessed the level of knowledge and skills needed by the CHVs to satisfactorily perform their role in NTP implementation.

### **Suggested Tools**

- CHV Performance Check List A (Interview)
- CHV Performance Checklist B (Self-assessment)
- CHV Performance Monitoring – Individual Record

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- CHV Performance Monitoring – Group Record

## Process

### 3.1 Setting up the initial mentoring session

- The CHV Supervisor will set an appointment with each CHV. Allot two hours for this meeting. Alternatively, the CHV supervisor can gather all CHVs in one venue and ask them to perform a self-assessment.

### 3.2 Explaining the objectives for the meeting and mentoring process

- The CHV Supervisor explains the objective for the assessment and planned mentoring process with the CHV.

### 3.3 Assessment proper

- The CHV Supervisor uses *Checklist A* as a guide in interviewing the CHV to obtain the information required for a thorough assessment. Alternatively, the First Level Supervisor distributes *Checklist B* and asks all the CHVs to fill it out.
- The CHV Supervisor rates each CHV using the rating categories defined in the checklist and identifies any knowledge and skills gaps or behavioral deficits.
- The CHV Supervisor discusses the initial list of identified gaps and behavioral deficits with each of the CHVs to validate the initial findings.

### 3.4 Record-keeping

- The CHV Supervisor will furnish the CHV with a copy of their final common assessment of behavioral gaps vis-a-vis desired behaviors.
- The CHV Supervisor then fills up the *CHV Performance Monitoring – Individual Record* using details gathered using the checklist. This Individual Record will be used in subsequent mentoring sessions.
- The CHV Supervisor may also use the *CHV Performance Monitoring – Group Record* and identify any knowledge and skills gaps as well as behavioral deficits common to most of the CHVs. If present, the CHV Supervisor may opt to conduct specific group activities like plenary lectures or demonstrations or other methods of knowledge- or skills-building as needed.

## Step 4.A. Mentoring Proper of CHVs – Initial Meeting

### Task Objective

To address the identified gaps in knowledge and skills and the behavioral deficits related to the NTP performance of CHVs

### Suggested Tools

- CHV Performance– Individual Record
- TB101 (PowerPoint slides)
- Mentoring of CHV Supervisors (PowerPoint slides)
- Planning and Target-Setting Form (Annual)

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- Planning and Target-Setting Form (Monthly)
  - CHV Monthly Accomplishment Report Template
  - Household Contacts Tracing Plan and Targets
  - Household Contacts Tracing Accomplishments
  - Household Contacts Screening Tool
  - Cough Surveillance Form
  - Quarterly Supervision Plan template

## Process

### 4.1.A Setting up the initial mentoring session

- CHV Supervisor schedules the first meeting for mentoring each CHV. Allot two hours for this initial meeting if to be done one-on-one. A group meeting may also be conducted in plenary if a large number of common gaps is identified, or if a one-on-one meeting is not feasible.

### 4.2.A Review of records

- Both mentor and mentee/s review the *CHV Performance Checklist – Individual Record* of the mentee/s.

### 4.3.A Addressing knowledge gaps

- To address the gaps in knowledge on TB and TB program implementation, the CHV Supervisor may use the *TB 101* and *Mentoring of CHV Supervisors* slide sets to explain what information the CHVs should have a mastery of.

### 4.4.A Planning and NTP performance Target-setting

- The CHV Supervisor explains the importance of his/her team in planning and setting targets for NTP performance in their catchment areas to ensure that they help meet the targets at the RHU level.
- The CHV Supervisor presents and discusses the plan and targets at the RHU level as indicated in the *Planning and Target-Setting Form (Annual)*.
- The CHV Supervisor then presents the initial targets as indicated in the *Planning and Target-Setting Form (Monthly)* for their barangay health station and explains how all the CHVs' performance, under the guidance of the CHV Supervisor, will contribute to the achievement of the annual target for their catchment area. The Supervisor and CHVs discuss the targets, negotiate if necessary, and agree on the final targets of each CHV per month.
- The CHV Supervisor then introduces the CHV Monthly Accomplishment Report form. The targets for each CHV is indicated on his/her Form. The CHV Supervisor explains that the form will be used to track the performance of each CHV monthly to inform future mentoring sessions.
- The CHV Supervisor presents the *Household Contacts Tracing Plan and Targets* tool and explains how it is used. S/He presents the initial targets made for each of the CHWs for discussion. The CHV Supervisor and her/his mentees will together finalize their *Household Contacts Tracing Plan and Targets*. A copy of this final agreed-upon plan is given to the CHV while another copy is kept by the CHV Supervisor.
- The tool, *Household Contacts Tracing Accomplishments*, is also introduced so that the CHVs will be aware of the subsequent recording and monitoring processes that will follow.

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- The tool, *Household Contacts Screening Tool*, will be introduced at this point as reference for CHVs in household contacts tracing. Each CHV will be given a copy.
  - The tool, *Cough Surveillance Form*, is similarly discussed, and copies distributed among the CHVs for their guidance if cough surveillance is for implementation.

#### 4.5.A Planning for mentoring activities

- The CHV Supervisor then introduces the *Quarterly Supervision Plan* template to advise CHVs how their overall performance will be monitored by the CHV Supervisor. Mentor and mentee will then agree on the schedule of their next one-on-one supervisory meeting. This should be conducted monthly, on the same day as the regular monthly meeting of BHWs.
- The CHV Supervisor will advise the CHV that on-the-job monitoring and mentoring will also be performed from time to time by the CHV Supervisor. This will be considered in subsequent performance ratings of the CHV.
- The CHV Supervisor will explain that during subsequent mentoring sessions, whether in plenary or one-on-one, special attention will be given to checking improvement in knowledge and supervisory skills as well as overall performance of NTP functions in the CHV Supervisor's catchment areas. It is expected that as the skills of the mentees improve, and the behavioral deficits decrease, the duration and frequency of mentoring sessions will likewise be reduced.

#### 4.6.A Record-keeping

- At the end of the session, the CHV Supervisor and her/his mentee will update the *CHV Performance Monitoring – Individual Record*.
- The *CHV Performance Monitoring –Group Record* is also updated by the CHV Supervisor for reference in planning the following mentoring sessions.

### Step 4.B. Mentoring Proper of CHVs – Subsequent Meetings

#### Task Objective

To continue addressing the identified gaps in knowledge and skills or the behavioral deficits related to the CHVs' performance of functions in NTP implementation until behavioral improvements are manifested by CHVs

#### Suggested Tools

- CHV Performance Monitoring – Group Record
- CHV Performance Monitoring – Individual Record
- TB101 (PowerPoint slides)
- Mentoring of CHV Supervisors (PowerPoint slides)
- Planning and Target-Setting Form (Monthly)
- CHV Monthly Accomplishment Report Template
- Household Contacts Tracing Plan and Targets
- Household Contacts Tracing Accomplishments
- Quarterly Supervision Plan
- CHV Supervision Log

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## Process

### 4.1.B Setting up the initial mentoring session

- The CHV Supervisor reviews the *CHV Performance Monitoring – Group Record and Quarterly Supervision Plan* to prepare for every subsequent group or one-on-one mentoring session.
- The CHV Supervisor confirms the appointment for the next meeting for mentoring of the CHVs. Allot 30 minutes to an hour for this meeting, if to be done one-on-one. A group meeting may also be conducted in plenary if there are common gaps identified or if a one-on-one meeting is not feasible. However, the CHV Supervisor must set aside at least 15 minutes (if the CHV is performing well) to have a one-on-one meeting with the CHV Supervisor to go through the entire process and provide the opportunity for the CHV to share information or observations that s/he may be hesitant to raise in a plenary setting.

### 4.2.B Review of NTP performance and problem solving

- The CHV Supervisor will ask if the CHV has been able to perform her/his role in the NTP. If the answer is yes, the mentor commends the mentee then proceeds to the next step described below. If the answer is no, then the CHV Supervisor should ask for the reasons of the shortfall. The CHV Supervisor must listen carefully then guide the CHV in devising solutions to the problem. If the CHV needs a review, then the First Level Supervisor must go back to Step 4A.
- The CHV Supervisor, together with the CHV, reviews the *Planning and Target-setting Form (Monthly)* tool and the *CHV Monthly Accomplishment Report*. They discuss any difficulties in using the tool. More importantly, they discuss any issues or problems hindering any CHV or the whole team from achieving their targets.
- The tool, *Household Contacts Tracing Accomplishments*, is also reviewed by both mentor and mentee then compared with the *Household Contacts Tracing Plan and Targets* to identify any problems encountered. Together they will analyze the facilitating and hindering factors, and list actions to be taken to address the problems.

### 4.2.B Review of records

- Both mentor and mentee/s review the *CHV Performance Monitoring– Individual Record* of the mentee/s. The First Level Supervisor will also share with the CHV his/her relevant onsite observations regarding the CHV Supervisor during on-the-job mentoring if this was done before the meeting.
- The CHV Supervisor reviews the mentee’s previous *CHV Supervision Log*. The mentor will discuss with the mentee to see if the issues or problems previously identified have been addressed. They will then identify the factors that continue to facilitate or hinder their performance in NTP implementation. Together they will plan how to address the problems within their agreed time period.

### 4.3.B Addressing knowledge gaps

- To address the remaining gaps in knowledge on TB and TB program implementation, the CHV Supervisor may use the *TB 101* and *Mentoring of CHV Supervisors* slide sets again to explain what information the CHVs should have mastery of. The mentor must answer all questions, even those

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not covered in the slide sets. If the mentor cannot provide answers right away, s/he should find a way to do so at the soonest possible time.

#### **4.4.B Record-keeping**

- The CHV Supervisor and her/his mentee will then update the *CHV Performance Monitoring – Individual Record*. Actions to be taken by the CHV Supervisor and CHV to address the problems, issues or any behavioral deficits still present are summarized and documented in the CHV Supervision Log.

#### **4.5.B Planning for future supervisory activities**

- The CHV Supervisor and CHV will set a date and time for on-the-job mentoring. Mentor and mentee will also schedule their next one-on-one supervisory meeting, which should be conducted at least monthly.
- The *CHV Performance Monitoring – Group Record* is also updated by the CHV Supervisor for reference in planning the following mentoring sessions.