

## **First Trial–NIGRAAN plus supportive supervision RCT**

**Department:** Community Health Sciences

**Project Sponsors:** Bill & Melinda Gates Foundation

**Duration:** 2015-2017

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**Background:** Pakistan's largest community health worker program, National Program for Family Planning and Primary Health Care, (commonly referred as the LHW program), currently covers 60% of Pakistan's rural population. Under the program, an LHW is the point of care for the community. She provides preventive and basic curative services to women and children less than five years of age living in her catchment area. The LHW program has a structured system of supervision where the Lady Health Supervisors (LHS) are responsible for on-going supervision and monitoring. However, third party evaluations of the LHW-P have identified gaps in supervision, knowledge and skills as critical hindrances to optimal performance. The health information system of LHW-P complements national HMIS of Pakistan. The Integrated Report in 2008 indicated a 100% compliance of data reporting from all districts of Pakistan through LHW-P.

Although monthly reports furnished by the LHWs have demonstrated an improvement on several health indicators, the program information on CCM (community case management) of diarrhea and pneumonia is questionable in terms of timeliness and quality; under 5 mortality and morbidity rates due to these major killers are almost stagnant. This can be attributed to weak supervisory skills of LHS which lead to weak display of case management skills by LHWs. One of the important reasons for weak supervision identified in the fourth evaluation report of the National program was the lack of coordination between LHWs and her LHSs due to unavailability of transport and delayed communication.

**Primary Objectives:** To assess the effect of structured supportive supervision administered through training of LHS and written feedback to LHWs on community case management practices and morbidity due to diarrhea and pneumonia in children under five.

**Methods:** This is a cluster randomized controlled trial to be conducted in district Rahim Yar Khan in Punjab province.

**Study site:** The study site was identified in consultation with the Departments of Health (DoH) Government of Punjab. The site was chosen using the following criteria:

- Predominantly rural population
- Operational presence of LHW program
- Administrative feasibility
- No contamination of effects due to other concurrent interventions

**Study design:** This is a cluster randomized controlled intervention trial consisting of three sequential phases

- Pre-Intervention formative phase

Baseline household survey and pre-intervention exploratory FGDs and IDIs will be conducted in this phase

- Intervention phase

This phase will involve roll out of the main intervention components including LHS supervisory training, written feedback by LHS to LHWs on CCM of diarrhea and pneumonia and periodic assessment of knowledge and skill assessments of both LHSs and LHWs.

- Post-Intervention phase

Includes an end-line household survey and qualitative data collection through FGDs and IDIs to identify barriers and enablers for intervention implementation and scale up.

**Research Impact\Expected outcome\Result:** Improvement in CCM practices of childhood diarrhea and pneumonia by LHWs, LHSs and community care givers ultimately helping to address Millennium Development Goal 4.