Supervision Models for Village Health Teams Uganda

Background

During the carrying out a situation analysis of implementation, coverage and best practices in Village Health Team implementation, the author has had extensive discussions with District medical teams, Supervisors Health Workers in health centres and Village health teams. This is a first draft of a possible supervision model which would be affordable feasible and sustainable.

Every District team and health centre visited is asked about if and how they supervise VHTs. The questions are standard:

- What supervisory activity has taken place during the past 6 months?
- Who supervises the VHTs?
- How do they supervise?
- Have Supervisors had any supervision training?
- Do Supervisors use a standardised checklist?
- Are any supervision reports available?
- For those Districts with no supervisory activity why? How could they supervise?

Although only 25 Districts have been visited so far very similar results are emerging.

- Some Sub Counties and many NGOs supervise VHTs
- VHTs carrying out activities treatment programs are much more likely to be supervised than those only carrying out health promotion and social mobilization.
- Few VHTs are supervised in their villages, if supervised at all it is at the health facility.
- Supervision is non standardized and depends on the personal skills of the supervisor except for a minority of NGOs which have standardized checklists
- A number of Districts started supervision at the inception of the VHT strategy, with quarterly or monthly meetings; however lack of funding has meant that this has not taken place for a number of years.
- Supervision when it took place comprised review of VHT registers and discussions.
- In Yumbe excellent records of VHT supervision and discussions with VHT were seen.
- A number of health facilities supervise VHTs when they come to help out at the Health Centre. Their registers are reviewed, and they are often given new information, and skills. This method was very popular with the VHTs and the health workers supervising. In the Health facilities carrying out this method of supervision, the VHTs and health workers had very close ties and mutual respect, and the VHTs helped out with simple routine tasks such as organizing queues, weighing, checking MUACs and registering patients. Districts which had called together large numbers of VHTs to monthly meetings had been unable to review VHT registers, but had reported important discussions with the VHTs.
- Quarterly meetings were popular with health staff, but VHTs preferred individual or small group supervision.

Purpose

The aim of this piece of work is to recommend a workable model for VHT supervision, develop, practical, training materials and tools for supervision to ensure sustainable quality of activities and care carried out by village Health Teams.

Building the capacity of Village Health Teams and their supervisors

The common denominator of all discussions was that only regular supervision ensures implementation and improvement of quality of performance of both the VHT and their supervisors. Supervision of the supervisors was seen as a new and novel but an important intervention. Practical Supervisor training with exercises, role plays and field visits as practiced in the IMCI follow up after training, Malaria, EPI and NGO VHT supervisor training was seen as a good starting point.

Supervisors (who should supervise)

- Supervisors will come from HCII and HCIII to which the VHT is attached, or be Community Development Officers or Health Assistants or Health Inspectors.
- They must be available for regular supervisory sessions of VHTs
- Supervisors must have been trained in the Village Health Team training materials and their competences and skills should be more than the VHT being supervised.
- The emphasis on supervisor training should be made on skills basis and skill building of the supervisors All supervisors will receive training in how to conduct supervisory visits, including supportive supervision methods
- Have successfully completed VHT supervision training
- Advocacy social mobilisation and feedback to key community members was noted as an important role for the supervisors (for which they would need guidelines and training

How often should VHT and Supervisors be supervised?

- Monthly supervision is seen as the ideal model, however for VHT in hard to reach areas far from the Health Centre, this may prove difficult. It is proposed that VHTs be supervised at Integrated Outreach sessions.
- For supervision of the supervisors, biannually or quarterly supervisions are proposed

The objectives of supervision (what to supervise)

To ensure VHTs active and functional

- Assess core competencies related to their basic functions
- Review register and reporting of VHTs
- Assess that VHT have the supplies and equipment necessary to carry out their function
- Assess drug management
- Assist VHT to find solutions to problems
- Build linkages between the VHT and the community and VHT and the linked health Centre
- Build linkages between the Health Centre and the VHT and community

Basic or Core competencies for both the supervisor and the VHT should be supervised. However, at each supervision there should be some degree of flexibility, and a selection will be supervised, with the emphasis of skill building.

Supervisor Core competencies

Supervisors should have ALL the knowledge and skills of the VHT. They should also learn the following skills and competencies during training and ongoing supervision and refresher training.

- Able to use supervision checklist
- Be able to prioritise supervision according to NEEDS and weaknesses of individual VHTs
- Work together with VHTs to find solutions to any problems.
- Check VHT has supplies and tools necessary to carry out function and supply those needed MUAC Forms etc.
- Review register giving constructive feedback
- Check correct dose and duration of medications given by VHTs
- Carry out home visits with VHT/S to review case management and counselling appropriate
- Document findings in simple standard supervision register
- Plan for next supervision and how to address weaknesses
- Plan for refresher sessions according to findings
- Communicate effectively with Key community leaders and informants to find if sick are using VHT and health centre and if not WHY, and find solutions.

Village Health team

These are the skills and knowledge learned during the 5 day Basic training in Health Promotion and Health Education.

- Knows roles and responsibilities
- Knows Key Messages (Key Family practices)
- Know ALL danger signs for pregnant woman newborn and child
- Able to use and read a MUAC tape
- Knows disease to report
- Able to correctly fill out VHT register
- Able to correctly fill in standard referral letter
- After CCM or other treatment training, able to select the correct drug
- Able to treat correct dose and duration (after checking expiration date)
- Able to counsel correctly using VHT Flip Chart
- Able to give appropriate pre referral treatment (correct dose)

What is supervised over time and between VHTs will vary as skills and competences will improve.

Supportive supervision is seen as the ideal model. Simple questions and observations are seen as confidence building for the VHT by starting with skills that all can achieve. This

would need to build into the training modules and exercises for the supervisors. In many supervisory examples discussed, supervision is carried out as an Inspection and often has negative connotations; these behaviours may have to be un-learned during training and supervision of the supervisors.

The supervision process can be broken down into 5 steps:-

- Initiation of implementation (getting the VHT started)
- Maintaining performance
- Data Monitoring of process and progress
- Documentation
- Evaluation

Tools and training developed should be based on these, with the focus on OUTCOME which should be clearly defined.

Methods

- To ensure the quality of supervisors' performance and in turn the improvement and maintenance of VHT performance, the quality of the supervisor training will be critical. Poor quality authoritarian inspection type supervision leads to de motivation and loss of Village Health Teams.
- For this reason, the materials will provide the same combination of methods to facilitate learning, guided by a trained facilitator and support different modalities of learning.
- Training methods: Methods used include classroom demonstrations, role plays, practice exercises, and sessions. It is likely that the supervisor training would include these and have observed practical supervision sessions of VHTs.
- These methods provide opportunities for participants to demonstrate what they have learned and for their facilitators to support the supervisors to develop a supportive supervisory style. The package of materials will include guidance on each of these activities for the facilitator, and supervisor/participant.
- Sessions where supervisors learn practical skills and practice using tools checklists scenarios and card games etc
- Practical sessions in health centre village or homes will provide opportunities to learn and practice effective observation and constructive feedback. These experiences will also help supervisor develop links.
- Practical sessions with groups of VHT (where this model of supervision has been chosen) will allow supervisors to develop their skills
- Supervised home visits with VHT/s visiting, will enable the supervisor trainees to observe whether the VHT has given appropriate messages or treatment and counselling and then to give constructive feedback to the VHT and the selection of and carrying out of appropriate case scenarios to address and strengthen weaknesses.
- A system of mentoring, where newly trained supervisors can work along side a more experienced mentor, can be developed to fit the local conditions affecting supervision.
- Equipment will be spares of all necessary drugs, materials and equipment for the VHT if he no longer has these.

- Visit to community leaders and key informants to verify whether the community uses the VHT and facilities and if not why not? Feedback to VHT and colleagues in the health Centre.

Supervision Guide Document

The content would be organised in sections and could be organized by modules.

The sections could include

- Options and models
- Planning
- Training
- Supervisors guide
- Supervision Tools and checklists

Supervision Training Materials

- Models and materials already in use for monitoring/supervising VHTs and other community health workers in Uganda should be reviewed
- These supervision training manuals tools could be adapted
- Materials should be developed and field tested reviewing feasibility acceptability and usefulness

Tools and instruments

A number of simple tools and instruments will need to be adapted or developed. These include:

- Checklists
- Model supervision plans
- Supervisors register
- Supervision reporting forms (simple information for action and planning)
- Games and scenarios

Documentation

Documentation of all supervisory activity needs to take place Supervisors will need to report a minimum data set for planning and action (including reviewing training modules of VHT where same weaknesses are found in all VHTs supervised)

- Number of VHTs supervised
- Number of VHT having carried out activities during the past month
- % of VHTs reporting completely
- % able to demonstrate basic skills or core competencies
- %of pregnant women or children with danger signs referred

Supervision Models

A number of differing models were discussed for “Strengthening and maintaining or sustaining VHT performance”

An important issue raised was the need for VHT to know their community well and to be respected; this leads to greater acceptability and trust, and often increases use of the VHT. Community mapping by the VHT, and follow up /supervision of this activity was proposed as an important first step to be included in the supervision exercises. EPI, Malaria, Communicable disease programs and Red Cross volunteers do this and tools and training materials could be readily adapted. This exercise is also an opportunity for the VHT and supervisor to inform the community of their roles and responsibilities.

Examples of models discussed

Place	Model
Community level	Supervisor visits VHT on the job in community where he/she works and sees VHT individually or in small groups (problem solving and feedback)
	Supervisor groups VHT in pre designated community
Health Centre	
	Supervision takes place once monthly when VHT attends for review of Register, collection of supplies and lunch money or other incentive
	Groups of VHT supervised once monthly at monthly meeting
	Groups of VHT called to health facility for supervision and peer review
	On job training VHT working closely with health workers on nutritional assessment with MUAC, Giving health talk case management (after completing training), closely supervised on a Rota/roster system
	Refresher sessions to introduce new skills or improve/maintain skills on core competencies(video and cases)
Combination of community and Health Centre	VHT observed in community setting either individually or in small groups to enable peer input, plus sessions at health facility to ensure core competences maintained
	Visit to home of child treated during past week to observe appropriateness of treatment and counselling given and whether the caregiver able to follow. plus sessions in health Centre for core competencies at health facility
Other	Other contacts between VHTs and their supervisors Use of telephones, SMS messages may allow reporting on the availability of equipment and supplies, and information on or discussion of problems such as disease outbreaks.

Preferred Supervision Model

The proposed model merges good practices seen in the field in Uganda.

Prerequisites:

- VHTs are attached to a specific Health Centre
- The Health facility has a list of all VHTs their training, and whether or not they are active or inactive
- VHTs are available to attend the Health centre once per month
- Health Workers know the roles and responsibilities of VHTs and their own role towards the VHT
- Supervisors are familiar with the content of VHT health promotion and other trainings.
- Supervisors need to be trained
- Standard Supervisory tools need to be available
- Supervision reports need to be collated so that solutions can be found to recurrent problems by refresher training etc
- Supervision activities need to be includes in District Plans and funding allocated

How does it work?

Each VHT chooses a day per month and is placed on roster. For example VHT a is available on the 3 rd Thursday of the month, VHTb the 2nd Friday. They attend in small groups of 2 or 3. The available supervisor checks the registers gives feed back and collates data. He or she then gives the VHTs new knowledge or an update e.g. on an outbreak of meningitis and how to refer urgently and fill in register appropriately. The VHTs if available stay and assist in clinic giving health talk, organising queues, registering patients or checking muac . This is another opportunity to supervise and reinforce skills and knowledge. The VHTs collect any supplies and incentive before leaving.

This model was popular with VHTs and health workers carrying it out

This model appears cost effective, feasible and sustainable. When discussed with DMOs not carrying out supervision this model was seen as one they would like to try, however the attitude of health workers positive or negative towards the VHTs was seen as central to the possible success or failure of this model of supervision.

Those health centres with VHTs far away (up to 40 Km) favoured a roster for VHTs attending outreach combined with clustering of groups of VHTs for bimonthly supervisions and use of SMS messages for informing reporting and quantifying needs.

Models for training of supervisors were also discussed. As Health centres are short of staff the most workable model proposed was that the District supervisory. Trainers visit each health centre in turn and give on the job training of health workers in supportive supervision methods and use of tools and supervision registers and summary sheets.

Next steps

Tasks		Outcome and deliverable
Identify key skills and competences tasks to be supervised	Identify key supervision tasks and gain consensus	Key competencies documented Key supervision tasks documented
	Review and Documentation/development of other possible models for implementation	Selection of a group of possible Models

	Develop supportive tools for consensus	Draft supportive tools developed
	Develop consensus on content and methodologies for supervision training	
Develop simple modular supervision training Manual	Develop simple training manual	Draft supervisions training manual developed
	field testing for each section of supervision training manual	Draft training manual finalised
	Field testing of supervision tools and instruments	Training manual and instruments updated
Develop Job aids and materials	Supervisory check list	
	Develop model Supervision register	Draft Supervision Register
	Develop draft Supervision reporting forms	Draft reporting forms
Conduct field test	Develop detailed plan for field test	Field test plan
	Revise materials for field test	Set of materials for field test
	Prepare and conduct field test of training materials in one site	Field test completed
	Review results of field test	Update modules and instruments incorporating findings from field test
	Train Supervisor trainers	Train District Training team
	Train supervisors	

Annexe 1

Planning Supervision –

Supervision is overseeing or watching over an activity or task being done by someone and ensuring that it is performed correctly, while giving support to that person.

It is a method to help VHTs provide a better service to their communities and builds their skills and knowledge and to assess and improve the quality of VHT implementations

The difference between monitoring and supervision is that monitoring is concerned with aspects of implementation that can be counted, whereas supervision deals primarily with the performance.

What, how and when to supervise and who conducts supervision

Supervision is crucial for maintaining correct performance and motivation of VHTs.

What to supervise?

It is important to prioritize and focus on those activities and tasks that are the most important for VHT and the health of the communities they serve. The tasks or items that need to be supervised are likely change over time. When deciding what to supervise, consider the following questions

What to supervise?

- ✓ **What are the KEY CORE tasks of a VHT that should be checked against standards?**
- ✓ **What tasks and activities are the most difficult or challenging for the VHT?**
- ✓ **What tasks and activities are new to the VHT?**

How to supervise VHTs?

There are several methods of supervising.

How to supervise

Observation of practice. This is the only way supervisors can see what the VHT is actually doing and at the same time appreciate the environment in which he/she lives .e.g. giving a health talk, or carrying out a home visit. However this can not be carried out frequently as supervisors have work commitments at the health facility. On days when the VHT attends the HC with their monthly records this can be an opportunity to observe talks, measuring MUAC. And to assess knowledge and skills

Talking with VHTs: This helps assess knowledge. It also allows supervisors to understand how VHTs see their activities, their difficulties and what they see as possible solutions.

Review of records. This is a quick way to review activities of since the last supervision visit. Record review is only useful for activities for which records are kept. The information obtained may be incomplete or wrong if the records are not well kept.

4. Community discussion with key informants about how they see activities of the. VHTs

Use a combination of some of these methods

When to supervise?

When developing a schedule for VHT supervision visits, supervisors should take into account a number of factors to help prioritize when visits are done, such as:

- Results of previous supervisory visits
- VHTs identified as having problems should be visited more regularly, to give them support and guidance to make improvements
- Newly trained VHTs need more frequent follow-up.
- Availability of supervisors

Supervision can only take place when supervisors are available and able to devote sufficient time. If a supervisor is rushed, he or she may have limited time to assess all areas and to give feedback and solve problems.

- Availability of VHTs

VHTs are volunteers Supervision should be planned when VHTs are available.

The season will influence the number and types of cases of diarrhoea, ARI or malaria that will be seen. Seasons will also influence the accessibility of many VHTs; during wet seasons, roads may be impassable. .

- Availability of resources

Lack of finances for supervision is often a problem and it affects the regularity and frequency of visits and will eventually affect the quality of care provided by the VHT.

Strategies for effective use of resources include:

- Supervising VHTs once per month when they come to the HC or assist with Outreach.
- Using every opportunity to make visits meeting VHTs when they come to the HC for other reasons or if the Health worker goes to the community for other reasons and discussing problems, and things well done.

A supervisor should ensure that all VHTs have the necessary supports they need in order to implement a quality VHT implementation and accomplish activities. Those supports include:

- adequate supplies of essential equipment, supplies, materials
- resources for regular supervision
- a functional system for distributing essential materials and supplies
- an adequate budget for routine activities
- clear guidelines on routine activities and any reporting requirements.

Principles of supportive supervision of VHTs

Supportive supervision should:

- **Use guidelines and standards.**
- **Reward good practices and positive behaviours and help solve the negative.**
- **Give solid concrete and immediate follow-up.**
- **Motivate VHTs to perform better.**
- **Be flexible.**
- **Teach by example.**
- **Give recognition to well performing VHTs**

Preparing for a VHT supervisory visit

- Before a supervisory visit of a VHT, a supervisor should prepare to enable him or her to be thorough and helpful.
- Review past performance of the VHTs
- Collect appropriate checklists and reporting forms to use during the supervision, and the report from the previous visit.
- Collect supplies, equipment, and/or materials that the VHT needs.
- Know dates of any refresher trainings,, plans (immunization days campaigns, outreach activities), or changes
- Collect materials to take they will be prepared for problem solving, such as training materials, IEC or counselling cards.
- Giving feedback during a supervisory visit
- Feedback means communicating to VHTs your impressions of their task performance. The specific topics covered during feedback depend on the positive and negative findings. It is important to give comments in a supportive way that will make the feedback effective. Comments should be:
- Task-related. Talk about what has been seen during the visit. Comment on the tasks that were observed or problems that were noted.

- Immediate. Give feedback during the visit, after the observation of how the VHT performs tasks, or after reviewing registers or medicines and supplies.
- Motivating. Always start with the positive findings, and then move on to what needs improvement.
- Action-oriented. Focus on improvements that VHTs can make through their own efforts.
- Constructive. For each item that needs improvement, discuss with the VHTs how improvements could be made and offer support, such as on the job training.
- Problem- solving discussions
- For each problem, try to identify the likely cause or causes. Does the VHT lack the necessary skill or knowledge to carry out the task?
- Does the VHT know how to do it but not want to do it? (Do they lack motivation to do it, cultural or social attitudes) Are there obstacles preventing them from doing the task correctly, such as a lack of time, lack of authority, lack of money, lack of medicines or supplies, or geographic location?
- Poor quality or ineffective VHT training: This needs addressing by refresher training, review of the training materials and quality control of the training course.