

rCHMIS PROPOSED SUPERVISOR WORKFLOWS

Outline To The Presentation

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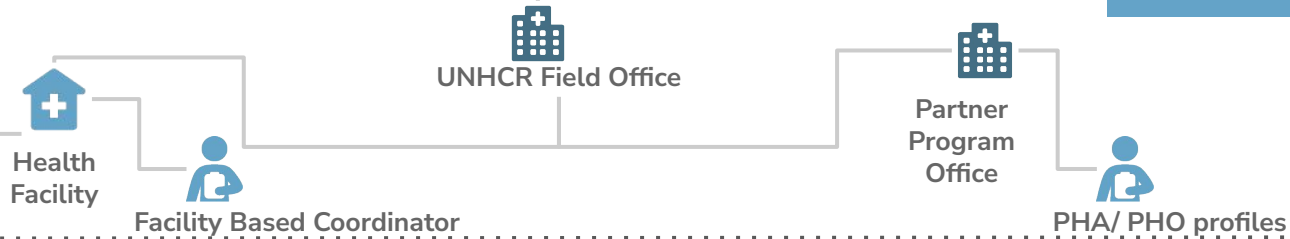
DETAILED SYSTEM HIERARCHY

Administrative Level

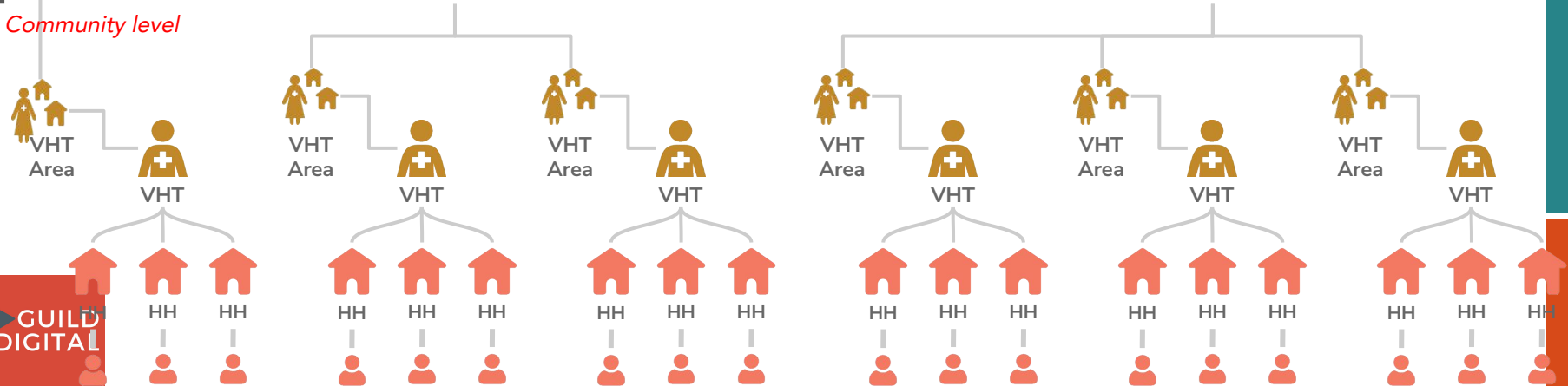


1 PHA: ~40 VHTs
1 VHT: ~85 Households
1 Household: ~6 Members










Supervisory Level



Community level



User Profiles: Hierarchy

Persona	Hierarchy	Device	Permissions
 Program Officer	 Logs in as Admin		Admin users, usually Program Officers, are online-only admin users not associated to a particular level. They have access to all people, places, and records in the app, but since they are online-only users, they cannot view any tasks or targets.
 VHT Supervisors	 Logs in at Health Facility level or Program Office		Users at this level have access to view VHTs, fill out reports about them, approve actions, view tasks and targets related to them. Depending on storage limitations, they may view households; submit reports and review tasks and targets about VHTs.
 VHTs	 Logs in at VHT Area level		Users at this level have offline access to view households and family members, submit reports about them, and view tasks and targets about them.

Activity Overview

Visit Objectives



1. To identify key personas involved in supervision in refugee settings.
2. To map out information and data flow between the VHTs and PHAs.
3. To understand the supervision process and activities.
4. To establish a reasonable compromise in the settlements' hierarchies which are presently different on a settlement-to-settlement basis. The host community hierarchy as set by the MoH served as our yardstick.
5. To map out what targets set for VHTs.
6. To understand what supervisors make follow-up on.
7. To map out what specific workflows and indicators that supervisors monitor and report about.

User Personas

Supervisors are persons that train, coach, and support the work of VHTs in the refugee settlement and assist them to meet their monthly targets. Supervisors usually split their time between administrative duties at the local health facility, partner program offices, and accompanying VHTs on their community visits. They are often Public Health Assistants who possess a certificate in Environmental or Public Health.

Summary of Findings

Key User Needs

"I want a digital tool that will allow me to efficiently monitor stock and supplies and verify VHT dispensing rates. I should be able to verify all VHT referrals made to the Health Facility and track defaulters who have missed their scheduled follow-up visits. It would also be useful to be able to track and score VHT performance against predefined goals, so as to ensure medical supplies are distributed efficiently, that all clients are appropriately followed up and receive necessary medical attention, and to be able to provide additional training or support to VHTs as needed." ~ Public Health Assistant

User Story

Supervisor profiles within the settlement hierarchy verify all referrals made by VHTs to the Health Facility and follow-up on the number of referrals made to Health Facility to track defaulters. Public Health Assistants /Officers are often responsible for monitoring medical stock and supplies and will usually record quantities received, distribute stock to VHTs, and ascertain consumption rates against physical quantities. They monitor and score VHT performance against set program targets.

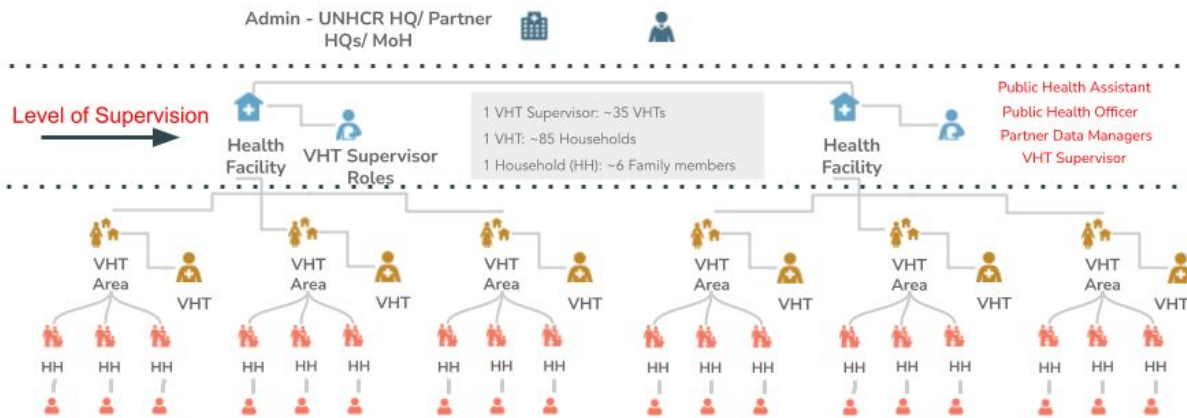
Current Workflow

1. EPI (Expanded Program on Immunisation) - Supervisors report on the number of children vaccinated and track number of defaulters/missed appointments.
2. Reproductive Health - Supervisors map and report on pregnancy registration, referrals, high risk pregnancies, health facility births, ANC coverage, family planning coverage, post natal, SGBV cases and frequency of VHT visits.
3. ICCM - Number of VHT reports submitted in a month, referrals against consultations, number of home visits conducted, children identified as sick for malaria, diarrhoea and pneumonia and recoveries.
4. TB - Number of persons with TB, 100% screening of TB, and number of persons on TB treatment.
5. Nutrition - Number of MUAC screening under 5, MUAC screening of expectant mothers, number of MUAC under red or yellow, and number of referrals under MUAC red or yellow.
6. Death Reporting - Verify report, approve mute requests.
7. Mute and Unmute Requests - Verify mute reports, approve mute and unmute requests.
8. Materials and Stock - Monitor and report on VHT consumption rates, record stock quantities, verify physical quantities against VHT app quantities.

Scale Diagram/Data Flow

Differing levels of access and permissions are assigned to each persona. A user role is created to provide them with access to the information they need. Offline and online access, storage limitations, and data privacy are taken into account.

Supervision Within The Hierarchy



Key Insights and Findings

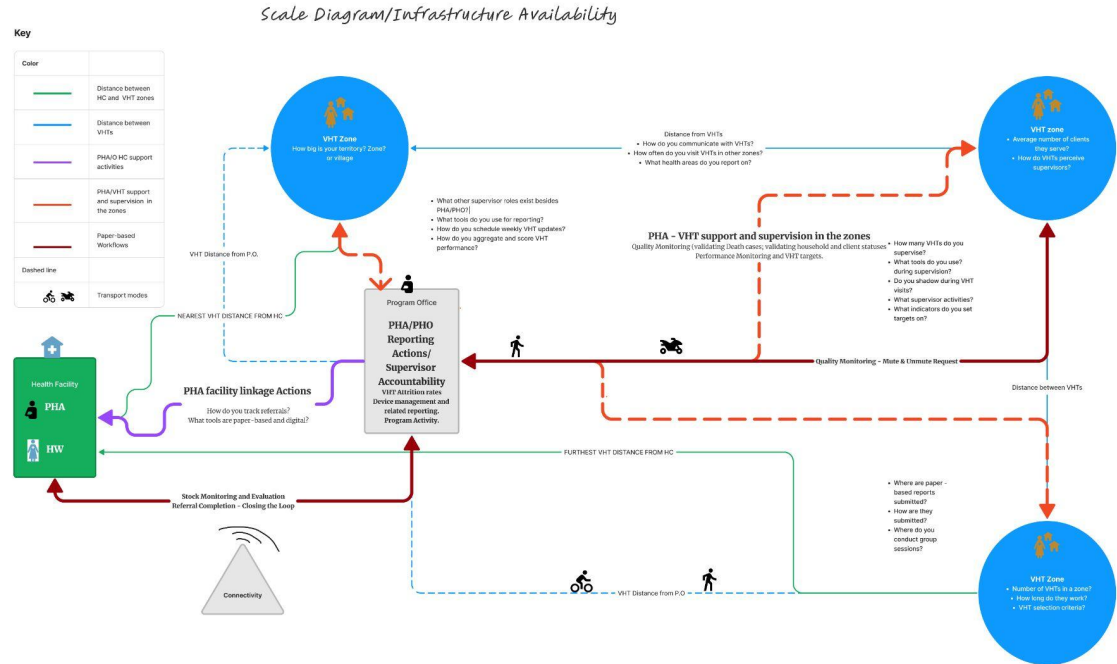
1. Seven different supervisor profiles participated in the FGDs.
2. Eight settlements were represented against the total thirteen refugee settlements. These are Rwamwanja, Kyangwali, Kampala, Bidi Bidi, Adjumani, Palorinya, Rhino Camp, and Kyaka II refugee settlements.
3. Out of the fourteen participants, six were Public Health Officers, two MEALS Officers, two Public Health Assistants, one Health Coordinator, one Senior Community Health Officer, one Community Health Advisor and one Assistant Public Health Officer.
4. All supervisors within the selected eight settlements share common workflows but settlement hierarchies and demography of supervision differ.
5. All supervisors when interviewed on the hierarchy of supervision roles as per the Ministry of Health, all supervisors stated the same.
6. The most common supervisor roles are Public Health Officers and Assistants.



Infrastructure Availability/ System Map

The system map shows the current interaction between supervisors, VHTs, Health Centre and the Program Office.

It highlights current supervisor actions, their constraints to work and the opportunities digital support.



Current Supervision Workflow

Current Supervision Actions

1. Quality Management - Spot checks of VHT compliance to the tool, verify data collected by the VHTs, receive feedback and complaints from VHTs, data validation.
2. VHT performance monitoring - Aggregate and score VHT performance, shadowing, share performance feedback, track reporting rates.
3. Referral follow-up - Follow-up on cases and defaulters, provide feedback to medical officer, coordinate facility with community activities
4. Reporting - Receive VHT reports, enter, analyze and summarise VHT reports, approval and reporting on community deaths and births.
5. Stock monitoring - Drug distribution
6. Training/coaching - Capacity building for VHTs
7. Sensitization - Community sensitization activities, monitoring community health interventions, investigations and response to emergencies at HH level, health education.
8. Scheduling- Weekly VHT updates and group sessions

Supervision Personas

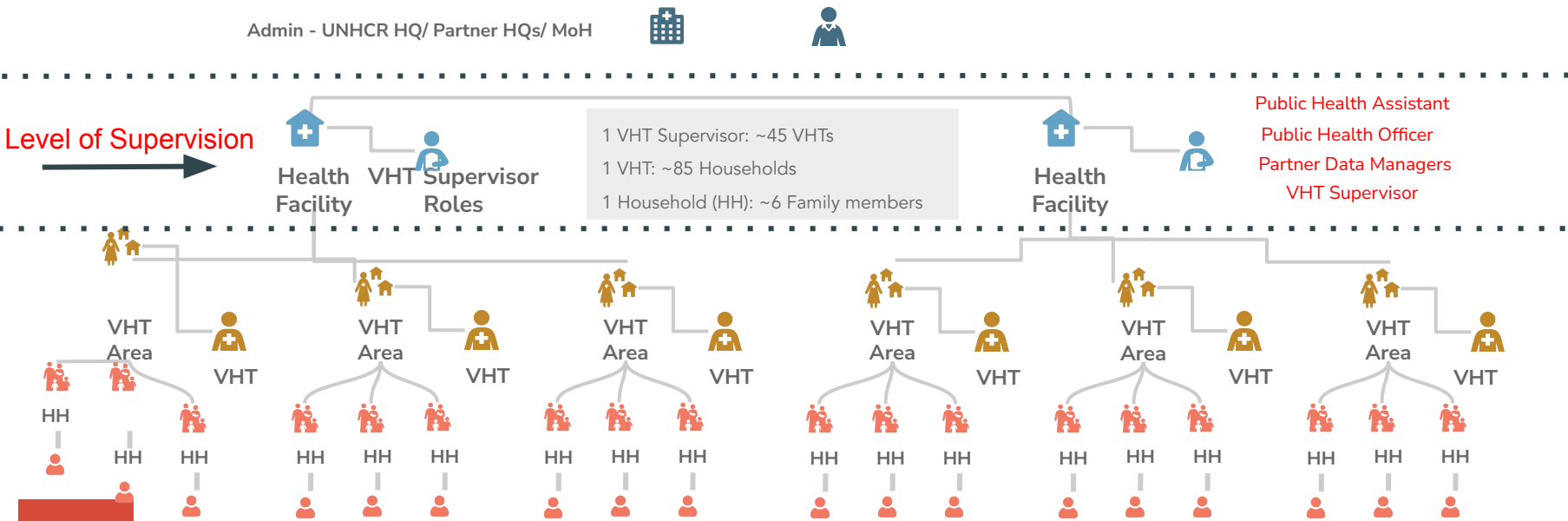
Potential Users of the System

1. Public Health Assistants: PHAs are the persons that train and support VHTs and help them meet their monthly goals.
2. Public Health Officer: PHOs provide oversight of activities in the region they are assigned. While they may have interactions with end users, they primarily provide the link between field operations and the head office. They supervise health assistants in implementation of community health activities and monitoring of ongoing activities in the community.
3. Partner &/or UNHCR Data Manager - They are responsible for collating and reporting on community and health system data. Their work often involves following up with supervisors and nurses to verify data and retrieve missing information, oversight of the programs, quality assurance, training and offering leadership and resource mobilisation and allocation.
4. Health Coordinator: This role is responsible for designing health projects and overseeing implementation.
5. Senior Community Health Officer: This profile supervises all activities of all health assistants, coordinates with the district on project implementation and adherence to Ministry of Health guidelines, disease surveillance, community sensitization, design health delivery systems, and conduct community wellness programs.

Proposed Supervision Workflow

Supervisor Hierarchy

Differing levels of access and permissions are assigned to each persona. A user role is created to provide them with access to the information they need. Offline and online access, storage limitations, and data privacy are taken into account. Supervisors are usually attached to a Health Facility or Partner programme office in the settlements. Each supervisor is responsible for a specific no. of VHTs.



Categories of Supervisor Actions

Reporting Actions / Supervisor Accountability	<ul style="list-style-type: none">• VHT Attrition rates• Device management and related reporting.• Program Activity Metrics.
VHT Support and Supervision	<ul style="list-style-type: none">• Quality Monitoring (validating Death cases; validating household and client statuses)• Performance Monitoring and VHT targets.•
Facility Linkage Actions	<ul style="list-style-type: none">• Medicines and Supplies distribution.• Supporting client referrals and Closing the loop.

Stock Monitoring

Stock Monitoring: A supervisor dispenses medical supplies to VHTs who receive and record the various quantities within their App.

Supervisor Actions



Supervisor records stock count into App upon receiving from the Health Facility. This happens at the beginning of the cycle / month.

Supervisor assigns stock quantities according to VHT consumption rates.

Supervisor compares and verifies physical quantities against VHT app recorded quantities against consumption rates.



MVP



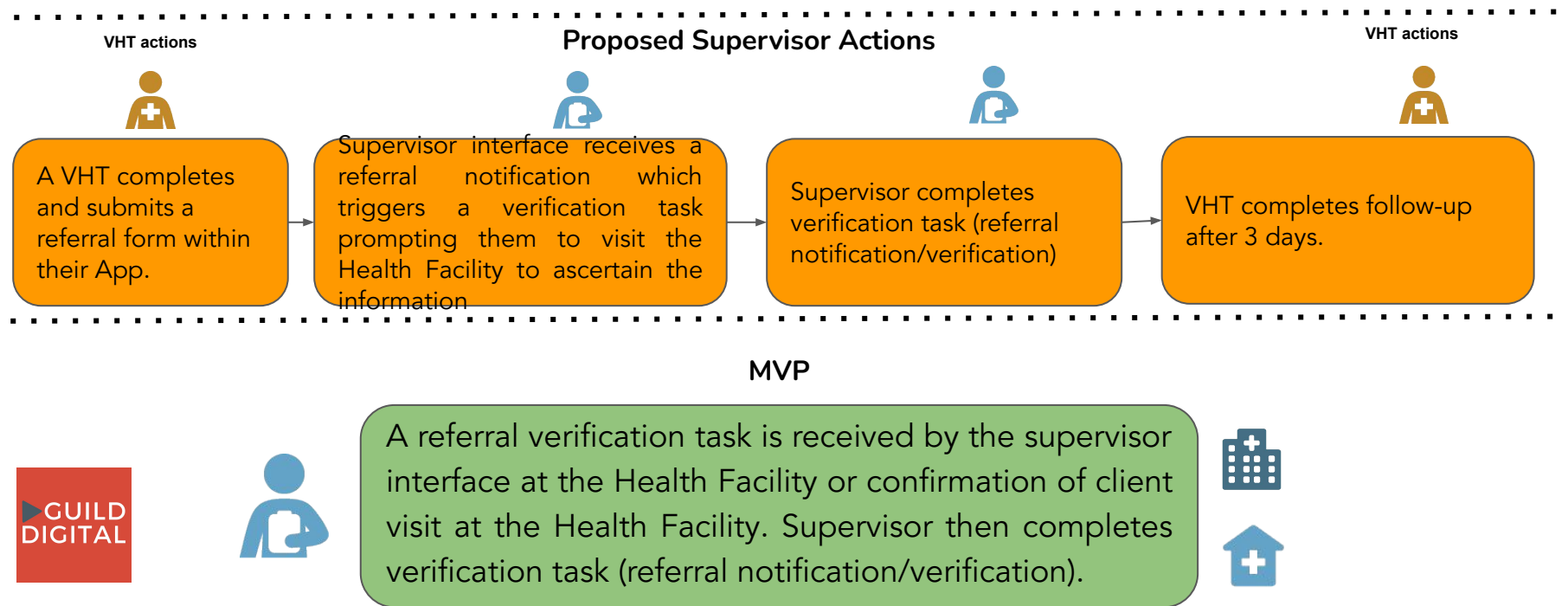
Supervisor records new stocks into App before distribution to VHTs. The supervisor should receive stock alerts and trigger supervisor stock out tasks when VHTs' stock levels are below a defined threshold.

Supervisor assigns stock quantities to VHTs within his app according to VHTs' consumption rates.



Referral Completion- Closing the loop

Referral Completion: A referral happens when a VHT recommends a client to the Health Facility for specialised treatment of a particular ailment.



Quality Monitoring - Death Report

Death Report: Supervisors can support the quality of VHT reporting by sharing some of the responsibility in case completion actions performed at the community. For example, verifying a death report.

Proposed Supervisor Actions



Upon the discovery of a deceased client, a VHT completes and submits a death report within VHT app.



Supervisor then receives a death alert which triggers a death verification task.



Supervisor visits case site to verify and complete the task.



Upon supervisor verification, the client's profile moves to the deceased section under the household



MVP

A supervisor verifies VHT actions by verifying reports and actions performed by VHTs are a true reflection of client and case facts.



Quality Monitoring - Mute Request

Mute Request: Similar to the death report, supervisors can support the quality of VHT reporting by sharing some of the responsibility in verifying household movement and relocation i.e) verifying a mute request.

Proposed Supervisor Actions



Upon the discovery of a household or client that has relocated, a VHT completes and submits a mute request form within their app.



Supervisor then receives a mute alert which triggers a mute verification task on the supervisor's interface



Supervisor visits case site to verify and complete the verification form.



Once supervisor confirms mute client's profile is moved to the mute section under the household

MVP

A supervisor verifies VHT actions by verifying reports and actions performed by VHTs are a true reflection of client and case facts.



Performance Monitoring: Individual or Group Sessions

VHT sessions: VHTs can manage unique VHT gatherings by using the messaging platform and initiating tasks for the VHTs.

Data Flow

VHT Level Data

1. Household Records and Patient historical data
2. Doorstep careactions (Assessments, Referrals, pre-referral treatments, stock dissemination)
3. Household environmental assessments

Supervisor Actions & Approvals

1. Quality Management
2. VHT performance monitoring
3. Referral follow-up
4. Reporting
5. Stock monitoring
6. Training/coaching
7. Sensitization
8. Scheduling

Dashboards

1. Key Population Indicators
2. Supervisor and VHT performance
3. Water & Sanitary Hygiene
4. Sexual and Reproductive Health
5. Child Health & Nutrition
6. Materials and Stock
7. Periodic Reports (097B and custom partner reports)

DHIS2

1. Aggregated patient based statistical data
2. Health Information Management Activities

Next Steps

Quarter II Objectives

Guild Digital will use the next quarter to review reference workflow documentation and literature; documenting workflow design; validate workflow; and configuration of workflow. The defining stage will include a collective design sprint through ideation and brainstorming with settlement supervisor profiles to better define supervisor needs and requirements.



THANK YOU

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Key Participants Who Were Interviewed During The Visit

One-on-One Interviews

1. Monitoring Evaluation And Learning (MEALs Officer) - MTI, Palorinya Refugee Settlement.
2. Public Health Assistant - MTI, Palorinya Refugee Settlement.
3. Senior Community Health Officer - IRC, Rhino "Camp" Refugee Settlement.
4. Public Health Assistant - IRC, Bidi Bidi Refugee Settlement.
5. Public Health Coordinator - IRC, Kampala.
6. Public Health Officer - MTI, Palorinya Refugee Settlement.
7. Assistant Public Health Officer - UNHCR, Kyaka II Refugee Settlement

Focus Group Discussion

1. Community Health Advisor - MTI, Kampala.
2. Public Health Officer - MTI, Kyangwali.
3. Public Health Officer - MTI, Rwamwanja.
4. Public Health Officer - MTI, Adjumani.
5. Monitoring Evaluation And Learning (MEALs Officer) - MTI, Kampala.
6. Public Health Officer - MTI, Palorinya.
7. Public Health Officer - MTI.