

AFGHAN VHS PROGRAM IMPLEMENTATION PLAN : PHASES

PHASE I NOVEMBER, 1991 – MARCH, 1992
Planning and Concept Development

PHASE II APRIL, 1992 – AUGUST, 1992

Initial Field Implementation – – Pilot Stage

- * VHS curriculum development and field testing of 2 modules (Diarrhea – prevention and treatment; Personal Hygiene)
- * Village introduction
- * Initial recruitment of VHSs
- * Mapping
- * Baseline data collection and Survey development
- * System development – supervisory, monitoring, quality assurance, referral, evaluation (conceptual)

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AFGHAN VHS PROGRAM IMPLEMENTATION PLAN : PHASES

PHASE III SEPTEMBER, 1992 – MARCH, 1993

Full Field Implementation

- * Completion of basic VHS training modules and curriculum (including materials)
- * VHS selection and training in initial modules (2–4)
- * Implementation of supervisory system
- * Implementation of monitoring and service output system
- * Implementation of referral system
- * Implementation of ongoing evaluation and quality assurance system
- * Field testing of remaining modules

AFGHAN VHS PROGRAM IMPLEMENTATION PLAN : PHASES

PHASE III CONT.

Ongoing Program Development

- * Development of TOT curriculum and modules
- * Refinement of materials and modules; development of new modules
- * Development of operations research agenda
- * Initial evaluation

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***AFGHAN VHS PROGRAM
IMPLEMENTATION PLAN : PHASES***

PHASE IV

APRIL, 1993 – MARCH, 1994

Ongoing Field Implementation

- * VHS training expanded to remaining modules**
- * Implementation of TOT modules**
- * Program revisions**

***AFGHAN VHS PROGRAM
IMPLEMENTATION PLAN : PHASES***

PHASE V **APRIL, 1994 – JUNE, 1994**

- * Wrap-up and Transition Plans

(If continued, would be expansion to achieve targeted population coverage and new sites)

Goal : To improve the health status of women and children through the implementation of a Volunteer Health Sisters Program

Objectives:

- A) To provide participants with a framework and understanding of Primary Health Care, the Afghanistan Health System, and the relationship of the Volunteer Health Sister Program to the Afghanistan Health System

Goal : To improve the health status of women and children through the implementation of a Volunteer Health Sisters Program

Objectives:

- B) To provide participants with an understanding of why it is important to involve the community as well as how to involve the community in the Volunteer Health Sister Program

Goal : To improve the health status of women and children through the implementation of a Volunteer Health Sisters Program

Objectives:

- C) To clarify why MCH problems must become a priority, and the importance of household centered MCH activities such as performed by the Volunteer Health Sisters

Goal : To improve the health status of women and children through the implementation of a Volunteer Health Sisters Program

Objectives:

- D) To introduce participants to the concept of the Volunteer Health Sisters Program

Goal : To improve the health status of women and children through the implementation of a Volunteer Health Sisters Program

Objectives:

- E) To introduce participants to the steps involved in the implementation of a Volunteer Health Sisters Program

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

<u>MONTH</u>		<u>TASK</u>
APRIL	*	PHC/VHS Workshop for Master Trainers and Trainers – MOH and Areas
	*	VHS Workshop for MOH–MCH Dept and IPH (female MCHO)
	*	Initial VHS curriculum module development

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

MONTH

TASK

APRIL

- * Plans and task assignments for next quarter (inside Afghanistan and in Peshawar) based on VHS Program Manual topics

- * Plans for August Workshop

- * Development of 12–24 month timeline

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

MONTH	TASK
MAY/JUNE	INSIDE AFGHANISTAN
	* Introduction of VHS concept to village and leaders
	* Discussion of village role and responsibilities
	* Introduction of VHS Program to health facility staff
	* Discussion of relationships, roles and tasks at each level of health providers
	* Supervision and lines of authority/referrals

***AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH***

MONTH	TASK
MAY/JUNE	PESHAWAR
	* Discussion of VHS Program relationship to overall MCH and PHC system and implications for other training
	* Roles and responsibilities at each level of the systems & implications for existing job descriptions and task assignments
	* Further refinement of curriculum modules and pilot testing

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***AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH***

MONTH

TASK

JUNE/JULY

INSIDE AFGHANISTAN

- * Initial village mapping and collection of demographic and family information
- * Initial recruitment of VHS
- * Collection of additional information for development of VHS Program

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

MONTH

TASK

JUNE/JULY

PESHAWAR

- * Ongoing development/refinement of modules along with associated field testing
- * Development of supervisory tools and checklists
- * Development of service output monitoring system and associated materials

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***AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH***

MONTH

TASK

JULY/AUGUST INSIDE AFGHANISTAN

- * Mapping cont.

- * Pilot training of initially recruited VHS using
Diarrheal Module (prevention and intervention)
and Personal Hygiene Module

- * Selection of "monitor"

- * Identification of problems to date and potential
solutions

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

MONTH	TASK
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JULY/AUGUST PESHAWAR

- * Development of outline of VHS TOT Curriculum
- * Planning for August Workshop
- * Ongoing development of VHS curriculum and modules, as well as and final field testing

*AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH*

MONTH

TASK

JULY/AUGUST PESHAWAR CONT.

- * Development of quality assurance plan
- * Referral plan
- * Evaluation plan

***AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH***

MONTH

TASK

AUGUST/SEP. INSIDE AFGHANISTAN

* Completion of all tasks initiated to date including: mapping and village information collection; initial recruitment and training of VHS

* Attend 2nd VHS Program Workshop in Peshawar

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***AFGHANISTAN VOLUNTEER HEALTH SISTERS
(VHS) PROGRAM
MANAGEMENT SCIENCES FOR HEALTH***

MONTH

TASK

AUGUST/SEP. PESHAWAR

- * Completion of all tasks initiated to date including: development of additional VHS modules and associated materials; supervisory system and associated checklists/tools; monitoring and service output system; referral system; quality assurance systems; evaluation plan

- * Attend 2nd VHS Program Workshon

RATIONALE FOR VHS PROGRAM

- ** NEED TO SPECIFICALLY TARGET WOMEN FOR PREVENTIVE MCH SERVICES**

- ** WOMEN FROM THE TARGET COMMUNITY ARE THE MOST EFFECTIVE OUTREACH WORKERS AND COMMUNITY MOTIVATORS TO REACH OTHER WOMEN**

- ** NEED TO IMPLEMENT LOW COST, HOUSEHOLD LEVEL INTERVENTIONS AND PREVENTIVE HEALTH PRACTICES**

RATIONALE FOR VHS PROGRAM

- ** NEED FOR LOW COST, COMMUNITY-BASED SOLUTIONS TO ASSURE SUSTAINABILITY OF MCH INTERVENTIONS AND PRACTICES IN POOR COMMUNITIES

- ** RURAL WOMEN ARE HIGHLY MOTIVATED TO IMPROVE HEALTH AND WELL-BEING OF THEIR CHILDREN, AND HENCE, ARE RELATIVELY UNTAPPED RESOURCES WITH HIGH DEVELOPMENT POTENTIAL FOR PREVENTIVE HEALTH EDUCATION

- ** NEED FOR LINKAGE AND REFERRAL BETWEEN COMMUNITY AND MCH/PHC HEALTH PROVIDERS AND FACILITIES

RATIONALE FOR VHS PROGRAM

** IN ORDER TO EFFECT AND MAINTAIN IMPROVEMENT IN HEALTH STATUS OF WOMEN AND CHILDREN, SIMULTANEOUS DEVELOPMENT OF:

1. MCH SYSTEM AT COMMUNITY AND REFERRAL LEVEL IS
2. HOUSEHOLD LEVEL INTERVENTIONS
3. PREVENTIVE HEALTH PRACTICES
CARRIED OUT BY A KNOWLEDGEABLE POPULATION

***DEVELOPMENT OF VHS PROGRAM:
ROLE AND RESPONSIBILITIES OF THE VILLAGE***

- ** ASSIST IN RECRUITMENT AND SELECTION OF VHS**

- ** PROVIDE COMMUNITY SUPPORT AND ASSISTANCE TO VHS
BY INFORMING COMMUNITY OF THEIR SERVICES
AND REFERRING OTHER WOMEN TO THEM**

- ** COST OF SUPPLIES AND MEDICATIONS**

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***DEVELOPMENT OF VHS PROGRAM
ROLE AND RESPONSIBILITIES OF THE VILLAGE***

- ** PROMOTE COMMUNITY HEALTH, PREVENTIVE EDUCATION, ESPECIALLY RELATING TO MCH, BY SUPPORTING EVENTS FOR REACHING/TEACHING THE VILLAGE, PARTICULARLY THE MALE MEMBERS**

- ** SUPPORT THE DEVELOPMENT OF PREVENTIVE HEALTH EDUCATION IN THE SCHOOLS**

*DEVELOPMENT OF VHS PROGRAM
ROLE AND RESPONSIBILITIES OF THE VILLAGE*

** TRANSPORT

** SPECIAL INCENTIVES

** ASSIST IN COMMUNITY SURVEYS, BASELINE DATA COLLECTION,
OTHER COMMUNITY HEALTH INFORMATION

RECRUITMENT AND SELECTION OF VHS

** RECRUITMENT METHODS

COMMUNITY ANNOUNCEMENTS (SOCIAL GATHERINGS, MOSQUE, WEDDINGS, LOCAL CELEBRATIONS...)

RELATIVES AND FRIENDS

RECOMMENDATIONS FROM HEALTH FACILITY PROVIDERS

RECOMMENDATIONS FROM RESPECTED VILLAGERS

SELF REFERRAL

COMMUNITY OR NATURAL LEADERS

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RECRUITMENT AND SELECTION OF VHS

** SELECTION METHOD ALTERNATIVES

OPEN TO ALL INTERESTED -- ALLOW FOR NATURAL ATTRITION

ESTABLISH CRITERIA -- OPEN TO ALL WHO MEET CRITERIA AND
ARE INTERESTED, THEN ALLOW FOR NATURAL
ATTRITION

ESTABLISH CRITERIA -- TRIAL PERIOD, THEN SELECT MOST
EFFECTIVE BASED ON OBJECTIVE PROCESS (SET UP
SELECTION COMMITTEE)

RECRUITMENT AND SELECTION OF VHS

** CONSIDERATIONS FOR SELECTION CRITERIA

MINIMAL AGE

MARITAL STATUS

LENGTH OF RESIDENCE IN COMMUNITY

PHYSICAL HEALTH

FAMILY PERMISSION

RECRUITMENT AND SELECTION OF VHS

CONSIDERATIONS FOR SELECTION CRITERIA CONT.

GEOGRAPHY (COVERAGE ISSUE)

INTEREST AND MOTIVATION TO LEARN AND DISSEMINATE
INFORMATION

WILLINGNESS TO VISIT WOMEN OUTSIDE HER OWN HOUSEHOLD
(MOBILITY)

ABILITY AND WILLINGNESS TO ATTEND TRAINING

FEMALE!!

VHS TASKS AND RESPONSIBILITIES

** PREVENTIVE HEALTH EDUCATION

** HEALTH PRODUCT DISTRIBUTION

** REFERRAL

VHS TASKS AND RESPONSIBILITIES

VHS MODULES

1. PERSONAL HYGIENE AND ENVIRONMENTAL SANITATION
2. CONTROL OF DIARRHEAL DISEASES
3. CONTROL OF ACUTE RESPIRATORY INFECTIONS
4. NUTRITION

VHS TASKS AND RESPONSIBILITIES

VHS MODULES

5. IMMUNIZATION
6. SAFE MOTHERHOOD
7. ACCIDENT/INJURY AND FIRST AID
8. COMMUNITY HEALTH AND SURVEILLANCE

VHS TASKS AND RESPONSIBILITIES

VHS MODULES

5. IMMUNIZATION
6. SAFE MOTHERHOOD
7. ACCIDENT/INJURY AND FIRST AID
8. COMMUNITY HEALTH AND SURVEILLANCE

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VHS TASKS AND RESPONSIBILITIES

VHS MODULES

ADDITIONAL OPTIONS

9. MALARIA
10. LEPROSY
11. MENTAL HEALTH

VOLUNTEER SISTER TRAINING

** TRAINERS

MASTER TRAINERS FROM TRAINING CENTERS (INITIALLY)

TRAINERS FROM LOCAL PHC/MCH FACILITY (INITIALLY)

FMCH OFFICERS FROM PHC/MCH FACILITY (LATER)

FEMALE VHS SUPERVISORS (LATER)

VOLUNTEER SISTER TRAINING

**** BASIC OR INITIAL TRAINING**

**8 CORE MODULES OVER 1-2 YEARS, NO MORE THAN 4
MODULES TAUGHT AT ANY 1 SESSION; SESSIONS AT
LEAST 6 MONTHS APART**

REPEATED/REFRESHER CORE MODULES EVERY 2-3 YEARS

AVG 2-4 MODULE TRAINING SESSION LASTS 2 WEEKS

VOLUNTEER SISTER TRAINING

** INSERVICE TRAINING OR CONTINUING EDUCATION

NEW MODLUES OR MAJOR REVISIONS IN CORE MODULES
THAT EXCEED LIMITS OF REFRESHER COURSE

1 SESSION PER YEAR

AVG NEW MODULE OR INSERVICE SESSION LASTS 1 WEEK

VHS SUPERVISORY SYSTEM

** SUPERVISOR TASKS

MAY PROVIDE MCH SERVICES SIMILAR TO VHS, BUT LIMITED
IN AMOUNT GIVEN OTHER RESPONSIBILITIES

PROVIDES TECHNICAL SUPPORT TO VHS

PROVIDES MORALE-BUILDING AND PSYCHOLOGICAL
SUPPORT

MONITORS VHS QUALITY OF SERVICE AND PERFORMANCE

VHS SUPERVISORY SYSTEM

** SUPERVISOR TASKS CONT.

PROMOTES LINKAGES BETWEEN VHS AND OTHER PROVIDERS

EDITS AND MONITORS VHS SERVICE OUTPUTS

DELIVERS HEALTH PRODUCTS TO VHS

SERVES AS COMMUNITY LIAISON FOR VHS PROGRAM

*SUPERVISION OF VHS
LINES OF AUTHORITY AND RESPONSIBILITIES*

**** SUPERVISOR RECRUITMENT**

TRAINERS FROM LOCAL HEALTH FACILITIES INITIALLY SERVE AS SUPERVISORS UNTIL VHS PROGRAM FOUNDATION ESTABLISHED

RECRUITMENT ALTERNATIVES AFTER FOUNDATION ESTABLISHED

- Trainer's VHS Program assistant (informal position)
- Local dai
- Female MCHO or mid-level practitioner
- Most qualified and dedicated VHS

*SUPERVISION OF VHS
LINES OF AUTHORITY AND RESPONSIBILITIES*

* * MUST ESTABLISH SUPERVISOR CRITERIA AND OBJECTIVE SELECTION PROCESS

* * SUPERVISOR CRITERIA (if selected from among VHSs)
SAME BASIC CRITERIA AS VHS PLUS
DEMONSTRATED ABILITY AS VOLUNTEER AND NATURAL

LEADERSHIP ABILITIES

MINIMUM OF 6 GRADE EDUCATION PREFERRED

12/5

SUPERVISION OF VHS LINES OF AUTHORITY AND RESPONSIBILITIES

- ** IDENTIFICATION OF CANDIDATES
RECOMMENDATIONS FROM TRAINERS OF VOLUNTEERS
RECOMMENDATIONS FROM COMMUNITY
SELF-REFERRALS

- ** SELECTION PROCESS
INTERVIEW BY SELECTION PANEL

TEST OF SKILLS

CONSIDERATION OF PAST EXPERIENCE

VHS SUPERVISORY SYSTEM

** FIELD TEACHERS

Same skill base and criteria as supervisors, same selection process

May be desirable later in development of system to assist in on-the-job specialized training updates for individual VHSs

VHS SUPERVISORY SYSTEM

** LINES OF AUTHORITY

VHS-----> VHS SUPERVISOR -----> MCHO/PHC MO at
local facility ----->??

Needs to be discussed further!!

RELATIONSHIP OF VHS AND AND MCH/PHC SYSTEMS

** THERE MUST BE A CLEAR UNDERSTANDING OF THE SPECIFIC JOB DESCRIPTION AND ASSOCIATED TASKS OF EACH TYPE OF PROVIDER IN THE MCH AND PHC SYSTEMS, AT ALL LEVELS -- IN ORDER TO PROMOTE COORDINATION AND COOPERATION BETWEEN ALL PROVIDERS, AND TO IMPROVE THE QUALITY AND EFFECTIVENESS OF ALL

RELATIONSHIP OF VHS AND AND MCH/PHC SYSTEMS

- ** THERE MUST BE CLEAR LINES OF AUTHORITY AND SUPERVISION
BETWEEN ALL PROVIDERS AND LEVELS IN THE SYSTEMS

- ** THERE MUST BE AGREED UPON REFERRAL STANDARDS AND
PATTERNS BETWEEN ALL PROVIDERS AND LEVELS IN THE SYSTEMS

RELATIONSHIP OF VHS AND AND MCH/PHC SYSTEMS

- * * THE VILLAGE PEOPLE MUST UNDERSTAND THE DIFFERENT RESPONSIBILITIES AND CAPABILITIES OF EACH PROVIDER IN ORDER TO USE THEM CORRECTLY

- * * THE RELATIONSHIP OF THE VHS TO OTHER TYPES OF PROVIDERS MUST BE CLEAR TO THE VHS HERSELF, TO OTHER PROVIDERS IN THE VILLAGE, AND TO THE VILLAGE PEOPLE

RELATIONSHIP OF VHS AND AND MCH/PHC SYSTEMS

RELATIONSHIP OF VHS AND SPECIFIC PROVIDERS

** DAI

** BHW

** MCHO

** RCHO

** OTHERS ???

VHS NETWORK

- ** VHS IN AREA SURROUNDING PHC/NCH FACILITY (INITIALLY 10) SHOULD MEET TOGETHER MONTHLY (AT LEAST QUARTERLY)

- ** VHS IN AREA SHOULD MEET AT PHC/MCH FACILITY AT LEAST QUARTERLY MEETING SHOULD INCLUDE LOCAL DAIS AND OTHE PHC/MCH PROVIDERS

VHS NETWORK

* * VHS FROM DIFFERENT PHC/NCH FACILITIES IN 1 REGION SHOUL MEET ANNUALLY IF POSSIBLE

* * IN TIME MAY HAVE AN ANNUAL VHS NATIONAL MEETING!!

VHS SUPERVISORS WOULD HAVE A SIMILAR NETWORK AND METTING SCHEDULE TO PROMOTE SHARING AND COOPERATION

DATA COLLECTION METHODS

** IMPORTANT METHODOLOGICAL ISSUES

SAME DATA MUST BE COLLECTED AT ALL SITES

INTERVIEWERS MUST BE TAUGHT HOW TO COMPLETE FORMS

FORMS MUST BE FULLY COMPLETED EACH TIME

FORMS MUST BE LEGIBLE

EACH FORM MUST HAVE IDENTIFICATION OF INTERVIEWER,
SITE, AND DATE FORM WAS COMPLETED

**** *IMPORTANT METHODOLOGICAL ISSUES CONT.***

INTERVIEWER MUST BE TRAINED

THE INTERVIEWER MUST WRITE DOWN THE ANSWER
ACCURATELY

IDEALLY, THE INTERVIEWER WILL BE SOMEONE WHO IS NOT
INVOLVED WITH HEALTH SERVICES



STEPS FOR INVOLVING THE COMMUNITY MAPPING AND DATA COLLECTION

1. Discuss sources of existing information -- does a map already exist ?
2. Pick your mapping team -- teacher, leader, bhw, others
3. If no map exists, you will have to make one. If your village is very large (over 250 families, you will only have to map the part of the village that is closest to the clinic and who are served by the clinic).

STEPS FOR INVOLVING THE COMMUNITY MAPPING AND DATA COLLECTION

4. The first step is to determine the borders of the village or part of the village
5. Try and use natural geographic borders whenever possible
6. Divide the village into sections

*STEPS FOR INVOLVING THE COMMUNITY
MAPPING AND DATA COLLECTION*

7. You will all need to use the same symbols for indicating key structures or landmarks. Decide symbols

8. Distance -- discuss the best measure to use for distance

9. Key features to mark on map

*STEPS FOR INVOLVING THE COMMUNITY
MAPPING AND DATA COLLECTION*

10. Keeping in mind the overall objective of the VHS is to reach women and small children, you may wish to note those households with children under 5 years or with pregnant mothers
11. Definition of house (structure) versus household
12. Data collection

SERVICE OUTPUTS, MONITORING, AND QUALITY OF CARE

**** DEVELOPMENT OF TOOL TO MONITOR SERVICE OUTPUT IN MEANINGFUL UNITS SUCH AS:**

**INDIVIDUALS GIVEN HEALTH EDUCATION
PRODUCTS DISTRIBUTED
INDIVIDUALS REFERRED**

PER REGULAR UNIT OF TIME, AND POTENTIALLY BY TYPE OF SERVICE (MODULE)

SERVICE OUTPUTS, MONITORING, AND QUALITY OF CARE

**** COLLECTION OF DATA AT REGULAR INTERVALS WOULD ALSO ASSURE MINIMAL BUT ONGOING SUPERVISORY CONTACTS**

**** QUALITY OF SERVICE CAN BE ASSURED THROUGH SEVERAL MECHANISMS:**

CHECKS ON VHS KNOWLEDGE

OBSERVATIONS OF VHS OR ROLE PLAYING/SIMULATIONS

INTERVIEWS WITH VILLAGE RECIPIENTS OF HER SERVICES

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DEVELOPMENT OF A MONITOR THE VHS

1. SYMBOLS INSTEAD OF WORDS—EASY
VHS USE
2. SIMPLE FORMAT
3. MINIMAL TIME
4. INEXPENSIVE FORMAT
5. EASY TO TEACH EASY TO LEARN

MONITORING OUTPUTS, TARGETS AND INDICATORS

1. PER INTERVENTION AREA (MODULE), ESTABLISH OUTPUTS, TARGETS AND INDICATORS
2. REGULAR COLLECTION OF DATA AND REPORTING
3. COLLATION OF DATA AND QUARTERLY REPORTS/FEEDBACK
4. TREND ANALYSIS/ANNUAL SUMMARIES
5. LINKAGE OF DATA WITH VHS DATA BASE

USE OF MONITORING DATA

1. FEEDBACK TO INDIVIDUAL VHS
2. SUPPLY PLANNING
3. SERVICE: POPULATION RATIO ESTIMATE PLANNING
4. SYSTEM PLANNING
5. PART OF IMPACT EVALUATION

QUALITY ASSURANCE SYSTEM

The means to determine that service or care (preventive or curative) provided through individuals (or projects) is consistently within an acceptable range of predetermined standards of care and that such standards are maintained over time

What is the danger of no QA system ?

- Expected impact on health status may be diminished or lost
- Lack of impact may lead to spurious interpretations that the intervention is intrinsically faulty

COMPONENTS OF QA SYSTEM

- OUTPUTS
- ACTIVITIES
- KNOWLEDGE

COMPONENTS OF QA SYSTEM

OUTPUTS : **QUANTITATIVE OUTPUTS**

CROSS – SECTIONAL SURVEYS

SENTINAL INFO

SUPPLIES + LOGISTICS

ACTIVITIES: **FIELD OBSERVATIONS**

SUPERVISORY TASKS

KNOWLEDGE : **TRAINING**

COMMUNICATIONS

*QUALITY OF SERVICE (QUALITY ASSURANCE):
SYSTEM COMPONENTS*

- ** WELL-DEFINED JOB DESCRIPTIONS
- ** SUPERVISION
- ** TRAINING
- ** REGULAR EVALUATIONS OF PERFORMANCE AND FEEDBACK
- ** ONGOING FEEDBACK AND MUTUAL PROBLEM-SOLVING

QUALITY OF SERVICE CONT.

- ** OUTPUT MONITORING

- ** ESTABLISHMENT OF TARGETS, INDICATORS AND REGULAR ASSESSMENTS OF PROGRESS -- FEEDBACK

- ** ANNUAL INTERNAL EVALUATIONS OF PROGRAM PROGRESS

IMPORTANCE OF IMPACT EVALUATION

TO MEASURE CHANGE OVER TIME IN KNOWLEDGE, BEHAVIORS OR PRACTICES ASSOCIATED WITH HEALTH STATUS OF WOMEN OR CHILDREN, AS WELL AS TO MEASURE CHANGE IN THE HEALTH STATUS OF WOMEN OR CHILDREN IN SELECTED AREAS -- AS THE RESULT OF THE VHS PROGRAM ACTIVITIES IN 8 INTERVENTION/ PREVENTION AREAS



PROGRAM IMPACT EVALUATION

** WHY DO IT ??

ASSURE PROGRAM ACTIVITIES ARE HAVING EFFECT
ORIGINALLY EFFECTS DESIGNED

IF NOT, EXAMINE POTENTIAL REASONS FOR
FAILURE

IF FIND UNEXPECTED NEW RESULTS, EXAMINE
WHICH ACTIVITIES CONTRIBUTED MOST TO THEM

DECIDE IF PROGRAM SHOULD BE CONTINUED OR
EXPANDED

PROGRAM IMPACT EVALUATION CONT.

- ** FAILURE TO EVALUATE PROGRAM IMPACT MAY RESULT IN :
- POOR USE OF STAFF AND HEALTH BUDGET
- HUMAN TOLL – POTENTIAL LOSS OF LIFE OR PRODUCTIVITY
- CONTINUITY OF INEFFECTIVE ACTIVITIES
- EMPLOYEE JOB DISSATISFACTION

PROGRAM IMPACT EVALUATION CONT.

**

DESIGNING AN EVALUATION INSTRUMENT

DECIDE DESIRED IMPACT OR EFFECT/OUTCOME

DECIDE HOW TO MEASURE IMPACT AFTER DEFINED PERIOD

DECIDE INTERVENTIONS MOST LIKELY TO CAUSE THAT EFFE

PROGRAM IMPACT EVALUATION CONT.

**** DESIGNING AN EVALUATION CONT.**

DECIDE ACTIVITIES AND ASSOCIATED TASKS TO IMPLEMENT INTERVENTIONS

DECIDE HOW TO MONITOR ACTIVITIES

DECIDE DESIRABLE OUTPUTS PER TIME PERIOD (TARGETS)

DECIDE HOW TO MEASURE AND MONITOR TARGETS

PROGRAM IMPACT EVALUATION CONT.

**** THERE SHOULD BE A DIRECT LINK BETWEEN ACTIVITIES —
OUTPUTS — INDICATORS — OUTCOME**

EXAMPLE:

ACTIVITY = VHS TEACHES MOTHER CORRECT USE OF ORS

**OUTPUTS = # OF MOTHERS TAUGHT BY VHS PER MONTH
= # OF PACKETS OF ORS DISTRIBUTED PER MONTH**

**INDICATORS = ORS TREATMENT RATE
= % MOTHERS WITH ORS KNOWLEDGE**

OUTCOME = DECREASE IN DEATHS FROM WATERY DIARRHEA

VHS PROGRAM EVALUATION

TRAINING-KNOWLEDGE

1. PRE AND POST TESTING OF INDIVIDUAL VHS AT TIME OF TRAINING
2. POST TESTING OF VHS AT LATER INTERVAL (6 MONTHS AFTER CONCLUSION OF TRAINING)
3. OBSERVATIONS OF TRAINING (CHECKLIST)
4. VHS EVALUATIONS OF TRAINING (PER SESSION)

VHS PROGRAM EVALUATION

SERVICE-PRACTICE

1. MONITORING INFORMATION REGARDING QUANTITY OF OUTPUT
2. FIELD OBSERVATIONS OF VHS
3. INTERVIEWS OF VILLAGE RECIPIENTS FOR THEIR PERCEPTION, BUT ALSO THEIR KNOWLEDGE AND PRACTICES (BASED ON VHS TEACHINGS)
4. INTERMITTENT SURVEYS OF COMMUNITY TO COMPARE CHANGES OVER TIME (MORE STRUCTURED FORMAT)

IN ORDER TO MONITOR AND MEASURE MANY INDICATORS, DEVELOPMENT OF VHS DATA BASE RECOMMENDED EARLY ON -- WITH PERSONAL TRAITS, TRAINING, AND LATER SERVICE OUTPUTS

VHS PROGRAM EVALUATION

SERVICE-PRACTICE

1. MONITORING INFORMATION REGARDING QUANTITY OF OUTPUT
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VHS PROGRAM LOGISTICS AND SUPPLIES

VHS SUPPLY KIT (INITIALLY)

ORS PACKETS (3 PER EPISODE INITIALLY UNTIL
ALGORITHM REFINED)

CDD POSTER

CONTAINER

MARKER OR TAPE

CDD FLIP CHART

EPI POSTER

SHOULD DEVELOP LIST FOR EACH MODULE OR INTERVENTION
STRATEGY

***AFGHANISTAN VOLUNTEER HEALTH SISTERS (VHS)
MSH-AFGHAN HEALTH SECTOR SUPPORT PROJECT
PROGRAM MANUAL***

- 1 RATIONALE/JUSTIFICATION
2. ROLE AND RESPONSIBILITY OF VILLAGE
3. RECRUITMENT AND SELECTION OF (VHS)
4. VOLUNTEER TASKS AND RESPONSIBILITIES

Afghan VHS Program Manual Cont.

9. SERVICE OUTPUTS, MONITORING AND QUALITY OF CARE
10. LOGISTICS AND SUPPLIES
11. EVALUATION AND IMPACT
12. SUSTAINABILITY

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***AFGHANISTAN VOLUNTEER HEALTH SISTERS (VHS)
MSH-AFGHAN HEALTH SECTOR SUPPORT PROJECT
PROGRAM MANUAL***

5. TRAINING OF VOLUNTEERS
6. SUPERVISION
7. RELATIONSHIP OF VHS AND MCH/PHC SYSTEMS
8. VHS NETWORK

Afghan VHS Program Manual Cont.

13. MANPOWER ESTIMATES AND PROJECTIONS FOR POPULATION COVERAGE
14. BUDGETS AND FINANCIAL MONITORING
15. HEALTH MANAGEMENT INFORMATION SYSTEMS
16. OPERATIONS RESEARCH

Afghan VHS Program Manual Cont.

17. SYSTEM PLANNING

18. TIMELINES

19. DEVELOPMENTAL STEPS AND ASSOCIATED TASK ASSIGNMEN

20 MOVING INSIDE

Afghan VHS Program Manual Cont.

21. STAFFING AND RESOURCE INDEX

22. REFERENCE DOCUMENTS