The inSCALE project, supported by the Bill & Melinda Gates Foundation, is working to increase coverage of integrated community case management (ICCM) and expand the number of community health workers, called VHTs in Uganda, trained to treat children under five years for diarrhoea, pneumonia and malaria.

The goal of the project is to develop innovations based on research which will have a positive impact on VHT motivation, performance and retention in order to improve the quality and coverage of ICCM in Mozambique and Uganda. This will eventually lead to an increase in the number of children receiving the right treatment in their communities or being referred to health facilities.

As a first step in identifying the innovations, findings from a large piece of formative research, literature reviews, stakeholder analyses and other research activities were used to outline possible technology based innovations, different in each country based on the local context.

Potential components of these innovations were subsequently identified and consultations with key stakeholders were conducted to provide information on their feasibility and acceptability.

Based on the formative research, the technology innovation has taken the form of the inSCALE Mobile CHW support system (mHealth) in Malaria Consortium ICCM implementation provinces and districts in Mozambique and Uganda.

Mobile health (mHealth) approaches to improve motivation and performance of CHWs in Uganda

“Being a village health team member, I feel proud because I have the ability to teach my people what to do to improve their health. I feel involved in people’s lives”

Joseph Okello, VHT coordinator, Chai sub-county, Uganda

Meeting the challenge - inSCALE

Training to use the mobile phone support system

THE CHALLENGE

Community health workers called, Village Health Team members (VHTs) in Uganda, are playing an important role in reducing the number of children getting sick and dying from treatable and preventable diseases in Ugandan communities. To help achieve this reduction, VHTs need to be properly trained, supported and motivated.

VHT performance and motivation is influenced significantly by the community’s appreciation of their role and responsibilities. Of key importance is their ability to carry out their work as a VHT to a high standard, and also their relationship with their supervisors.

A mother takes her sick daughter to the local VHT who will provide treatment or refer her to the nearest health facility
Innovation: mobile VHT support system

As part of the project, VHTs will receive a phone with inSCALE software for data submission and a solar charger which can also be used for income generation.

The use of mobile phones is intended to increase the status of the VHTs in their communities and allow frequent feedback and support from the VHT supervisors based on submitted data. This will provide the desired performance-based feedback and promote connectedness to the health system. It will increase the frequency and quality of contact between supervisor and VHT through the establishment of closed user groups as a result of which VHTs will be able to make unlimited, free calls to each other and their supervisors.

After submitting their data, VHTs will receive relevant feedback messages, thanking them for their work and highlighting its importance in their context; these in combination with the more frequent support have the potential to positively influence VHT motivation, performance and retention.

Automated SMS will be sent to supervisors flagging any problems and strengths identified in the data submitted by the VHTs using the provided phones, and alerting supervisors as to which VHTs require targeted supervision. VHT submitted data will be made accessible online to district statisticians for analysis, forecasting and feedback to supervisors as well as for integration with mTRAC the District Health Information Software (DHIS2).

Monthly motivational SMS messages will be sent to VHTs, highlighting guidelines, advice and information which is relevant to VHT work. The messages have been developed based on an analysis of VHT performance data to identify weak areas or topics that need reminder and refresher training; they are designed to impact positively on VHT performance and motivation.

Why mobile phones?

There is a growing body of evidence demonstrating the potential mobile communications have to radically improve healthcare services even in some of the most remote and resource-poor environments.

The inSCALE project is committed to using mobile health (mHealth) approaches where they are found to produce long-lasting results and play a significant part in improving the quality of care and data flow and use.

"It is true that sometimes supervisors cannot afford monthly or quarterly VHT supervisions which are important for motivation," says Catherine Nasswa, Kiboga District Malaria Focal Person who supervises many VHT supervisors and is a strong advocate for the ICCM programme.

“What is needed is an alternative incentive which can fix this.”

The mobile phones will bridge the gap between VHTs and their supervisors allowing for more frequent interaction and efficient and targeted supervision. VHTs will also feel part of a wider community, able to ask for advice and share experiences, as they will be able to freely communicate with their peers.

The inSCALE mobile VHT support system will improve and highlight the connection between the VHTs and the health system as well as acknowledge and encourage VHTs’ work. It will increase the VHTs’ sense of collective identity, value and effectiveness.

The software, developed by inSCALE partners Scyfy, will supply the VHTs with the equipment considered important for the completion of their duties such as the data submission forms and pneumonia respiratory timers. ■

Malaria Consortium inSCALE partners:

A VHT is trained on the inSCALE mobile phone support system and solar lamp

For more information, visit www.malariaconsortium.org/inscale