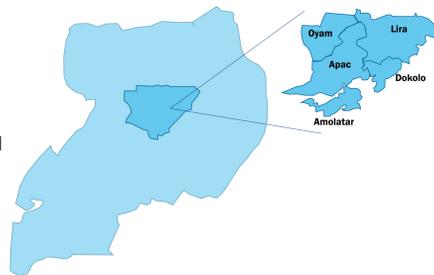


# Examining Positive Health Effects Due to Female Village Health Teams in the Malaria Communities Project in Northern Uganda

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## Project Context

- The Malaria Communities Project (MCP) is a three-year project (2009–2012), funded by PMI/USAID Washington, implemented by Medical Teams International (MTI) in Northern Uganda (Dokolo, Alebtong, Otuke and Lira districts).
- MTI, a Christian NGO with headquarters in Portland, Oregon, has worked in Uganda since 2004 focusing on:
  - Health services delivery (primary health care, malaria, HIV/AIDS, maternal/child health, rehabilitation of health facilities, refugee health care and nodding syndrome)
  - Community hygiene, water and sanitation
- Northern Uganda bore the brunt of the 22-year Lord Resistance Army (LRA) insurgency, with more than 90% of the region's population displaced and 1.7–2 million people forced to live in internally displaced persons camps (IDPs) until 2009, when a majority returned home.
- Northern Uganda remains the poorest region in Uganda with evident deterioration of social services due to this insurgency despite some reconstruction and development efforts by the Uganda Government and development partners.



## Project Objectives

- The project targeted 159,895 children under five and 39,578 pregnant women as primary beneficiaries.
- Key objectives:
  - Increase the percentage of children under five and pregnant women sleeping under an ITN each night
  - Increase the percentage of pregnant women accessing two or more dosages of IPT
  - Increase the percentage of children under five with suspected malaria accessing treatment with ACTs within 24 hours of onset of symptoms

## Project Strategies

- Most innovative strategy was the Female Village Health Teams (FVHTs):
  - 611 Female VHTs were given additional training on Goal-Oriented Antenatal Care and deployed in 31 ANC facilities to support IPT administration as DOT, give health talks and mobilize pregnant mothers from the community to attend ANC
- Other strategies:
  - Effective engagement and supervision of VHTs
  - Establishment and support to malaria coordination structures (district malaria steering groups [DMSG] and VHT parish quarterly meetings [VHT-PQRM])
  - Support to community health information system (CHIS)
  - SBC interventions through drama and radio shows

## Implementation Details

- Two community drama teams trained to conduct dramas, presenting key messages on malaria prevention and treatment. These messages were also presented on radio talk shows monthly.
- DMSG committees comprising technical and political leaders and other partners were established in each district; they met quarterly to review progress and challenges in malaria services provision in their respective districts.
- VHT-PQRMs brought together VHTs, health facility staff and parish leaders in respective parishes to review the performance of VHTs and solutions to their challenges.

## Implementation Details (continued)

- Effective engagement and supervision of VHTs:
  - 2,182 VHTs including 611 Female VHTs were trained and supported in conducting monthly home visits in their communities, referring sick children and pregnant mothers to health facilities and supporting community meetings. They were supervised continually by project and district staff.
- Support to CHIS:
  - Registers and referral forms were provided to the VHTs to capture community data and feed into the MOH-Health Management Information System (HMIS).



## Results

PMI Indicators	Baseline Values December 2009	Endline Values August 2012
Percentage of households of children aged 0–59 months or pregnant women that contain at least one long-lasting insecticide-treated net (LLIN)	61.5% (57.2–65.7)	80.9% (76.6–84.6)
Percentage of children aged 0–59 months who slept under a LLIN the previous night	57.3% (51.5–63.0)	75.0% (69.7–79.8)
Percentage of pregnant women who slept under a LLIN the previous night	49.5% (43.9–55.2)	67.6% (60.1–74.5)
Percentage of mothers of children age 0–59 months who received 2 or more doses of IPTp (SP Fansidar) during their pregnancy with their youngest child	25.3% (20.5–30.7)	80.0% (75.0–84.4)
Percentage of children 0–59 months with a febrile episode during the last 2 weeks who were treated with ACT/Coartem within 24 hours after the fever began	18.1% (13.2–24.0)	64.9% (57.5–71.7)

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## Acknowledgments

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- MCHIP
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- MOH Uganda
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- Technical services MTI H/Q
- MTI Uganda country leadership
- MCP field staff



## Project's Contribution—Value Added

- The Female VHT strategy draws on women's strong commitment to the health of their children, friends and family members. The FVHTs act as a focal point of the first contact, thus improving the experience for women seeking care at health facilities by creating a welcoming environment, reducing waiting time and easing midwives' workload in antenatal care (ANC) clinics.
- Male involvement in women's and children's health has improved, with many men now accompanying their wives for ANC. Men are being effectively engaged in health talks, which is helping them realize the value of attending ANC, and in turn encouraging other men to be engaged.
- This strategy has empowered the return communities to actively participate in improving their own health and promoting healthy practices.

## Looking to the Future

- The district health teams in the MCP implementation areas have expressed strong interest in and commitments to continuing the use of female VHTs and MSGs.
- MTI continues to recommend to the Uganda MoH the use of Female VHTs and the national expansion to similar programs and the malaria in pregnancy sector working group. The MoH has noted the Female VHT strategy and expressed willingness to have it scaled up to related projects in the future.