ASSESSING PERFORMANCE OF VILLAGE HEALTH TEAM (VHT) MEMBERS IN PROMOTING MATERNAL AND NEONATAL HEALTH PROGRAMMES IN SOROTI DISTRICT UGANDA

BY

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JUNE 2015
The dissertation has been submitted with the approval of my supervisors as evidenced by their signature below

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Date  ……………………………
STUDENT’S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other college, institution or university other than Makerere University School of Public Health for academic credit.

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# ACRYNOMS AND ABBREVIATIONS

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<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AMREF</td>
<td>African Medical and Research Foundation</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>BFP</td>
<td>Budget Framework Paper</td>
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<tr>
<td>CHW</td>
<td>Community Health Workers</td>
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<tr>
<td>CI</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>DDP</td>
<td>District Development Plan</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>DHE</td>
<td>District Health Educator</td>
</tr>
<tr>
<td>DVHTFP</td>
<td>District VHT Focal Person</td>
</tr>
<tr>
<td>DHT</td>
<td>District Health Team</td>
</tr>
<tr>
<td>HC</td>
<td>Health Centre</td>
</tr>
<tr>
<td>HSD</td>
<td>Health Sub District</td>
</tr>
<tr>
<td>I.E.C</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide treated Mosquito Nets</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long Lasting Insecticide treated Mosquito Nets</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MNH</td>
<td>Maternal and Neonatal Health</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Neonatal and Child Health</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendants</td>
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<tr>
<td>UDHS</td>
<td>Uganda Demographic Health Survey</td>
</tr>
<tr>
<td>VHTs</td>
<td>Village Health Teams</td>
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<td>WHO</td>
<td>World Health Organization</td>
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OPERATIONAL DEFINITION

Community: A group of people living in a defined geographical area (a village of at least 250 people), interacting with each other and share the same experiences.

Community health workers: These are members of the community who are selected by the community to carry out health activities and are supported by the formal health system but not necessarily part of its organization. They are answerable to communities for their activities and have shorter training than professional health workers.

Household: A group of individuals living within one domicile and who normally share meals together such that in a case of polygamy, one woman and her children constitute a household.

Incentives: These refer to intrinsic or extrinsic factors influencing VHT’s motivation and volunteerism.

Motivation: This is desire to serve and perform effectively as a village health team member on the MNH programme.

Measurement of VHT member Performance: This is a process of rating the core activities or outputs of MNH programme based on the time they were last carried out as well as scoring MNH programme activity indicators. Individual sum of the composite scores for each VHT member are expressed as a percentage of the maximum total score expected and performance is classified as active/good (75% and above) or inactive/poor (below 75%) performance.

Performance of VHT members: Refers to VHT members carrying out the core activities of the MNH programme according to predetermined performance standards stated in the VHT Strategy and Operational Guidelines, with an ultimate goal of reducing maternal and neonatal morbidity and mortality.

Retention: Length of time that a village health team member actively performs appropriate activities as per the VHT operations guidelines.

Village Health Team: This a non-statutory community (village) structure selected by the
people themselves to manage all matters related to health and crosscutting issues. The Village Health Teams are chosen by their own communities to promote health and wellbeing of all village health members (MOH, 2009) and are used interchangeably with CHW in other similar studies.
ABSTRACT

**Background:** Maternal mortality is still unacceptably high in Uganda at 438 per 100,000 live births (UDHS 2011). Uganda adopted the Village Health Teams (VHTs) strategy in 2001 as a bridge in health service delivery between communities and health facilities. This study sought to assess the performance of VHT members in promoting maternal and neonatal health programmes in Soroti district and factors affecting this performance to guide strategies towards strengthening their work. This was prompted by the lack of adequate information regarding VHTs performance in supporting the promotion of maternal and neonatal health programmes in Soroti District under the VHT national strategy.

**Methodology:** This was a cross-sectional study conducted between April and June 2015 among 384 VHT members supporting maternal and neonatal health programmes in Soroti district. Only VHTs who had worked for more than 6 months by the time of the study, supporting maternal and neonatal health programmes were considered to participate in this study. Performance of VHTs was assessed using composite scores based on the nine core MNH activities supported by VHTs as stated in the MoH VHT national strategy. These included: registration of pregnant women in their villages, preparing pregnant women for delivery, encouraging women to attend all the four ANC visits, support deliveries at the HC, support outreach for tetanus immunization for IPT2, home visiting for new born babies, conducting community sensitization meetings on MNH, promoting use of ITN or LLIN and referral of mothers for routine postnatal care. Four focus group discussions and four Key Informant Interviews were conducted and qualitative data was analyzed with thematic content analysis. Performance in this study was classified as good when a VHT member scored 75% and above and poor performance when the score was below 75%. Descriptive and inferential statistics using odds ratios were done to determine association between community and health systems factors with VHTs performance in supporting MNH programmes in Soroti district.
**Results:** Out of the 384 respondents, 243 were males (63.3%). Overall good performance was 11.2% (n= 43, 95% CI = 8.03-14.37%). Factors significantly associated with good performance included; Frequency of supervision (OR = 0.22, 95% CI = 0.07-0.68) and the employment status (being a peasant) (OR = 0.62, 95% CI = 0.62- 2.79).

**Conclusion:** The performance of VHTs was poor, only 1 in every 9 VHTs interviewed, performed optimally as per VHTs MNH core functions.

**Recommendations:** The frequency of support supervision to VHTs needs to be increased so as to improve their performance. During the selection process of VHTs by community members, people who have time to work such as peasants should be highly considered since it was associated with good performance.