



MANIFEST

ISSUE BRIEF

Issue Brief No 09

February 2016

What a highly effective VHT for maternal and newborn health looks like

KEY MESSAGE

VHTs who have passion and commitment to serve people/community, with knowledge and interest in maternal and newborn health, usually do whatever it takes to reach all mothers and their newborn babies in the village/area of operation



A village health team (VHT) member in Kamuli District takes a couple through a health education session during a home visit (Image Credit: Kakaire Kirunda)

Background

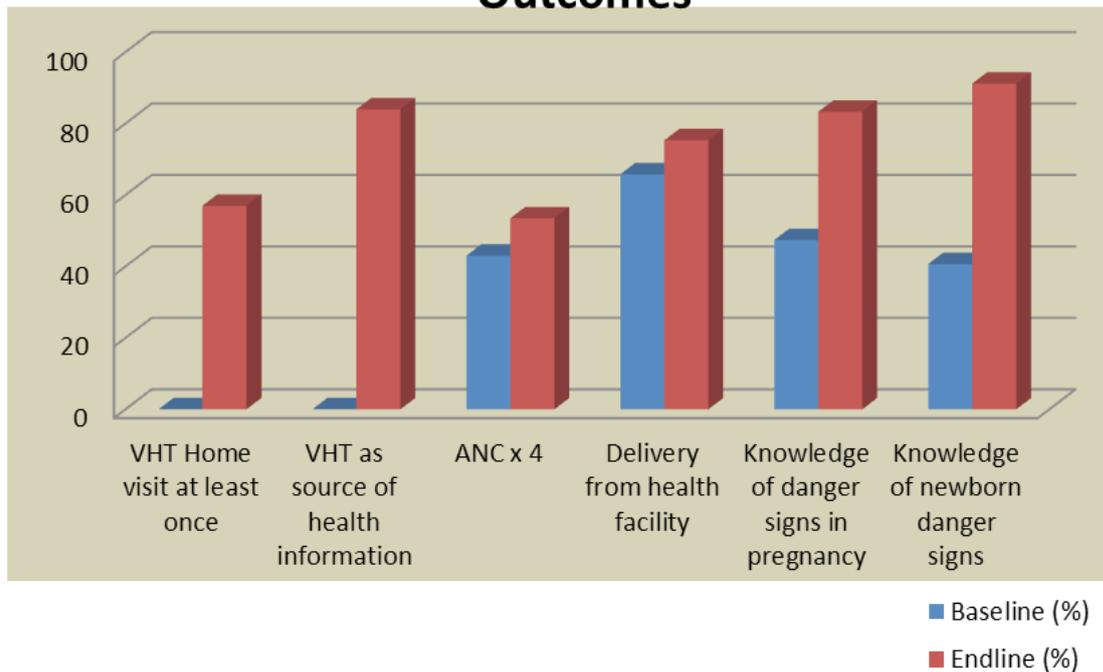
Maternal and newborn complications are among the major disease burdens in Uganda. There has been stagnation of maternal and newborn deaths in the country: Maternal mortality is currently at 438/100,000 live births while neonatal mortality is 27/1000 live births (UDHS, 2010). This is partially due to lack of knowledge of danger signs and importance of health services utilization. In Uganda, only 57% of mothers deliver from health facility and a similar proportion attend antenatal care the recommended four times.

Makerere University School of Public health in collaboration with Ministry of Health and the three districts of Kamuli, Pallisa and Kibuku designed and implemented a four year (2012-2015) maternal and newborn study code named MANIFEST that aimed at improving access to institutionalized deliveries. One of the study components was community mobilization through use of Village Health Teams (VHTs), essentially community health workers. The VHTs were trained for five days and supervised by district level health workers and district health team (DHT) members with support from external trainers following a training of trainers (TOT). The VHTs effectively sensitized communities and improved awareness on birth preparedness, knowledge of danger signs and health facility service utilization (Fig1). This brief therefore highlights the key characteristics of a good performing VHT based on observations of VHT performances over three years of implementation.

Roles of VHTs included:

- Registration of all household members including the pregnant , newly delivered mothers and their newborn babies.
- Community sensitization through two home visits during pregnancy and two home visits in the first week after delivery with the first visit within the first 48 hours. In addition VHTs facilitated quarterly community dialogues meetings in their respective villages.
- Mothers were counseled on importance of antenatal care attendance and delivery from health facilities, preparation for birth through savings, prevention of illnesses, care for the newborn baby.
- VHTs also counseled mothers on identification of dangers signs in the mother and the newborn baby, and facilitated referral where danger signs existed.

Fig 1: Key Baseline vs. Endline MANIFEST Outcomes



Characteristics of a highly effective VHT to look out for during VHT selection

- **Level of education:** VHTs with post primary level of education were found to perform better than those who never reached secondary level. Such VHTs could read some English and given that not all materials are usually translated in to local language.
- **Respectable character:** VHTs who were selected through village meetings on the basis of being respectable in the community are usually better performers compared to those who are handpicked by local council leadership.
- **Permanent residence:** Highly effective VHTs are usually permanent residents with no chance of leaving the village/area.
- **Volunteerism spirit:** A VHT who joins the project with prior information on volunteerism or previously worked as a volunteer e.g. for an hour or two a day will most probably continue with work.
- **Financial stability:** VHTs with some form of stable or relatively fair income will most like continue with the programme and likely to perform well. However, the source of income should not require the VHT to be engaged most of the day like shop keeping or travel away from the village like fishermen.
- **Transport means:** Having personal means of transport like a bicycle or motor cycle eases the VHT work and enables the VHT to reach remote areas as well as attend meetings.

Characteristics of a performing VHT to look out for during implementation

- **Prepares before Home visit:** VHTs who prepare on what materials to go with and what counseling cards to use prior to the home visits perform well. Such VHTs would also carry along their materials during support supervision meetings and would seek clarification accordingly
- VHTs that develop a working relationship with the supervisors/health workers and health assistants tend to perform better. They are usually more knowledgeable and submit timely reports. Such VHTs find time to come and even support some work like registration at the health facility under the guidance of health workers. However, caution should be taken to ensure that health workers do not take advantage of such VHTs to absentee themselves from their duties.
- **Updating the register:** Highly effective VHTs usually conduct quarterly rounds of household visits and update their registers. This enables them to identify pregnant women early (in first trimester) and conduct the first home visits in the first four months of pregnancy.
- **Passion:** VHTs who are passionate to serve people particularly women with more commitment and interest in maternal and newborn health usually do whatever it takes to reach all mothers in the village.

About MANIFEST

MANIFEST was a 4 year study (2012-2015) involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. The study was funded by Comic Relief with technical assistance from the Future Health Systems Research Consortium. We used a participatory action research approach, in which the different stakeholders worked as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design had three major components, with district health teams leading on their implementation. The components included:

- Community Mobilization and sensitization
- Savings and Transport
- Health Systems Strengthening

Credits

Author/s: Dr Gertrude Namazzi, Mr. Kakaire Ayub Kirunda, Mr. Moses Tetui

Study Team Leader: : Dr. Elizabeth Ekirapa-Kiracho

Contact: ekky@musph.ac.ug



Knowledge Translation Network Africa
SUPPORTING TRANSLATION OF HEALTH SYSTEMS
EVIDENCE INTO POLICY & ACTION ACROSS
SUB-SAHARAN AFRICA



Makerere University School of Public Health
MakSPH Building, New Mulago Hospital Complex
Tel: +256414 543872 Email: ekky@musph.ac.ug

This brief was produced as part of the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study's communications and advocacy strategic activities. Special thanks to our stakeholders, among others the UK charity Comic Relief for the financial support. Thanks also go to the Knowledge Translation Network Africa and the Future Health Systems Research Consortium which is funded by the UK Department for International Development, for the technical assistance.