Village Health Team Members’ Functionality and Adherence to Community-Based Surveillance Guidelines in Kasese, Uganda

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Operational definitions

- VHT Member – Community member chosen to conduct CBS
- VHT Functionality - Recruitment, availability, Training status, Supervision, recording VHT data
- Adherence to CBS guidelines - VHT detects alerts, records, Reports, Refers, home visits and health education
VHTs play key role in Integrated Disease Surveillance and Response (IDSR)

Ministry of Health

District

Health facility

Village Health Teams (VHTs)

Community

Community Based Disease Surveillance (CBS)
Kasese has a poorly functioning Community-Based Surveillance (CBS) system

- Established CBS system of VHTs
  - Delayed or absent detection and reporting of Public Health alerts/events at community level
- Most are detected at health facility level
- VHTs expected to play key role in CBS
  - enable early detection and response to priority diseases/events at community level
Objectives

- Assess the functionality of VHTs in Kasese
- Estimate the ability of VHTs to adhere to Community Based Surveillance guidelines
- Identify factors associated with VHT adherence to Community Based Surveillance guidelines
Data collected from 203 VHTs in Kasese

- multi-stage cluster randomized sampling
- Quantitative data collected from VHTs
- Proportions of VHT functionality
- VHT adherence to CBS guidelines measured
- Association between VHT adherence to CBS guidelines and several factors measured
## Measurement of VHT adherence to CBS guidelines

<table>
<thead>
<tr>
<th>Components of Adherence</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good knowledge of Community Case Definitions</td>
<td>No</td>
</tr>
<tr>
<td>Reports unusual health events</td>
<td>No</td>
</tr>
<tr>
<td>Refers patients immediately</td>
<td>No</td>
</tr>
<tr>
<td>Provides health education</td>
<td>Yes</td>
</tr>
<tr>
<td>Keeps record of the home visits</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>1/5</th>
</tr>
</thead>
<tbody>
<tr>
<td>% VHT adherence to CBS guidelines</td>
<td>20%</td>
</tr>
</tbody>
</table>

<80% = Poor VHT adherence to CBS guidelines
≥80% = Good VHT adherence to CBS guidelines
### Demographic characteristics of VHTs (N=203)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>20 - &lt;39</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>40 - &lt;59</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>60+</td>
<td>2.5</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
<td>53</td>
</tr>
<tr>
<td>Education</td>
<td>&gt; primary school</td>
<td>65</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>93</td>
</tr>
</tbody>
</table>
Functionality of VHTs in Kasese is generally good

Key components of VHT functionality:

- Currently working: 99%
- Received refresher training: 96%
- Owns mobile phone: 94%
- Received initial training: 84%
- Supervised during work: 73%
- Recruited in village meeting: 59%

Target: 80%
VHTs know Community Case Definitions of common diseases

Selected IDSR priority diseases

- Cholera: 97%
- A.W. Diarrhea: 96%
- Measles: 94%
- Polio: 94%
- Neonatal tetanus: 87%
- Ebola: 84%
- Rabies: 53%
- M. Meningitis: 31%
- Guinea worm: 22%

Target: 80%
VHTs don’t adhere to Community Based Surveillance guidelines

Adherence to key VHT CBS guidelines

- Offers Health education to families of the sick: 100%
- Keeps record of home visits: 77%
- Has referred patients in last 3 months: 67%
- Reports unusual health events: 63%
- Possesses adequate knowledge of CCD: 56%

Target: 80%
3 factors significantly associated with VHT adherence to CBS guidelines

<table>
<thead>
<tr>
<th>Variable</th>
<th>VHT Adherence to CBS Guidelines</th>
<th>Adj. OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td>Highest education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>&gt; Primary School</td>
<td>46</td>
<td>85</td>
</tr>
<tr>
<td>Owns VHT Register</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Yes</td>
<td>70</td>
<td>111</td>
</tr>
<tr>
<td>Supervised during work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td>Yes</td>
<td>52</td>
<td>97</td>
</tr>
</tbody>
</table>
Limitation

- Some data was self reported – some VHTs may not have been truthful
  - Where possible onsite verification was done e.g. ownership of VHT book, mobile phone, bicycle etc
Conclusions

- VHT are generally functional
- VHTs are not adequately adhering to MoH guidelines for Community Based Surveillance
- Poor adherence to Community Based Surveillance guidelines associated with
  - Not owning a VHT register
  - Inadequate VHT support supervision
Recommendations to support VHTs and improve CBS in Uganda

- Proper recruitment
- Adequate and continuous training
- Sustained support supervision of CHWs
Acknowledgements

- US CDC
- MoH-Division of Health Information
- Kasese DHO and DHT Members
- PHFP Mentors
VHTs and Community-based disease surveillance

Pictures from the field
Components of VHT functionality

- Human Resource management
  - Recruitment
  - VHT Role
  - Performance evaluation
  - Advancement opportunities

- Capacity building
  - Training
  - Supervision

- Support
  - Equipment and supplies
  - Incentives
  - Community Involvement

- Linkages
  - Referral
  - Information management
  - Linkage to Health system
  - Country ownership

VHTs and Community-based disease surveillance