

Village Health Teams: Working with the community for the community

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GREAT

GENDER ROLES, EQUALITY AND TRANSFORMATIONS PROJECT
INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY
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SAVE THE CHILDREN

WHY SRH SERVICE LINKAGES?

- ❑ GREAT focused on changing gender norms and catalyzing demand for services
- ❑ Access to services is critical when generating demand
- ❑ Adolescents in Northern Uganda faced multiple barriers to accessing SRH services

GREAT SERVICE LINKAGES STRATEGY

- Use existing system = more scalable
 - ▣ Mapping of village health teams
 - ▣ Mapping of existing health and social services resources
- Village Health Teams
 - ▣ Existing community health worker, official link between community and facility
 - ▣ Mandate to provide FP counseling (occasionally methods)
 - ▣ Opportunity to increase access to information and services at community level for adolescents through additional training and support
- District Health Centers in intervention areas



WHO ARE VHTS?

- Village Health Teams
- VHTs are volunteer community health workers, part of Uganda's public health system
- Important link between community and health facility
- 60 VHT members per district

VHT ACTIVITIES IN GREAT

- Select VHTs for training. Training provides opportunity for VHTs:
 - ▣ to reflect on their own gender norms to reflect on mandate and role in helping adolescents access SRH services
 - ▣ to receive short technical updates on health timing and spacing of birth and contraceptive methods.
 - ▣ to reinforce referral system, and identify where referrals can be made
- Create opportunities for VHT to participate in CAGs and work with youth platforms/small groups

BARRIERS TO ACCESSING SERVICES

- Community and provider bias and stigma
- Distance/lack of transport/cost of transport
- Limited privacy and confidentiality
- Lack of autonomy to travel alone
- Lack of trained providers with knowledge on AYSRH

FACILITY LEVEL ACTIVITIES

- Rapid facility assessment looking at elements of youth-friendliness
- Based on assessment, improve provider attitudes and skills by:
 - Provider training, focusing on using innovative approaches (e.g., Pathfinder's Pathways to Change game, Toolkit Activity Cards) to address norms and attitudes in addition to SRH services provision skills
 - Technical assistance to health unit in-charge and district health management team



RESULTS

HOW SIGNIFICANT WAS
THE VHT CONTRIBUTION?

VHT EXPOSURE

- **35%** of newly married and parenting adolescents **sought FP services from a VHT** or health-worker in the past six months
- Among those exposed, **42% more male newly married and parenting adolescents reported seeking FP services** than female newly married and parenting adolescents
- Proportion of older adolescents exposed who **consulted with health-workers about contraceptive use** was also higher, although this was not statically significant.

PERCEPTION OF VHTS



- In the qualitative assessment, a small sample of adolescents reported:
 - ▣ More trust/confidence in VHTs
 - ▣ More comfort seeking services from VHT, but some still afraid
 - ▣ VHTs are considered more knowledgeable about SRH than before
- And a small sample of VHTs reported:
 - ▣ Some VHTs were still unwilling to provide contraception and some still hold conservative/inaccurate beliefs about SRH
 - ▣ Some uphold traditional gender norms in their advice and counseling

LESSONS LEARNED

WHAT CAN WE TAKE AWAY
FROM OUR EXPERIENCE?

LESSONS LEARNED

- Working with VHTs and connecting with CAG and other project interventions **enhanced community-facility linkages and support for AYSRH**
- In project design, **VHTs were a scalable and low-cost** intervention option
- However, the project's inability to work more intensively with VHTs, and **inability to work with more VHTs limited effectiveness**
- Furthermore, the project's **scale-up strategy designed after implementation began did not align with the VHT intervention** (i.e., small local partners tasked with scale-up did not have capacity to work with government health system)