Omni Med: Community Empowerment in Health, Uganda
An Overview of a Community Health Worker Training Program (6/10)

I. Background and Rationale

This program began within the Brookings Institution's International Volunteering and Service Initiative. Since March 2008, Omni Med has partnered with local health officials, the US Peace Corps, Volunteers for Prosperity, and local & transnational NGOs to train community health workers, (called village health teams—VHTs) in the Mukono District of Uganda. These teams are comprised of local volunteers from the surrounding villages, who, once trained, provide valuable primary health care to the underserved population in the area. By fall 2010, we will have trained 400-450 VHTs. We are also conducting a randomized, prospective trial to measure the program's impact on the health of local villagers. We know the program works—the Ugandan government ran the same program model in Mpigi District from 2004-2007, with dramatic improvements in local health. Our program improves upon that model by improving the initial trainings, by sending our volunteers door-to-door with newly trained VHTs to reinforce their training, and by helping them reach every local household by distributing laminated sheets with the 12 most important preventive measures, translated into Luganda.

We train the VHTs to implement preventive and curative strategies such as:

1. Malaria prevention and treatment through bed net usage and prompt treatment and referral
2. Prevention, screening, and referral for HIV/ AIDS
3. Promotion of sexual and reproductive health, with reduced birthrates, and reduced sexually transmitted diseases
4. Better prenatal care and safer deliveries
5. Increased rates of immunization
6. Clean water initiatives, basic sanitation, use of oral rehydration solutions (ORS) and hand-washing, leading to decreased incidence of and morbidity from diarrheal illness
7. Recognition of and referral for mental illness, domestic violence, and many other primary health issues

Mortality and morbidity rates in Uganda are among the world's highest, with a life expectancy of only 52.72 years—the 4th lowest in the world. Easily preventable diseases such as malaria, HIV, diarrhea, acute respiratory infections, and malnutrition ravage the population under five years old, resulting in an infant mortality rate that is the 33rd highest in the world. Across the country, only 42.7% of Ugandan parishes (townships) have access to a health facility. A large percentage of Uganda's rural population is effectively isolated from any sort of health care whatsoever. Yet a large body of research has shown that the interventions that save the most lives are inexpensive to implement and are applied at the household level. These are the interventions emphasized in this program model.

In an ongoing attempt to remedy this situation, the Ugandan Ministry of Health (MOH), created a program in 2004 called Village Health Teams (VHTs). Using WHO and Global Fund funding, the MOH trained VHTs throughout the Mpigi district as a pilot program. This locally-based "horizontal" model was found to be very effective; during this period, the MOH reported a

decreasing number of malaria cases and anemia levels among children under five years of age, increasing immunization rates, increasing antenatal care attendance, and increasing institutional deliveries across the district. Unfortunately, funding dried up in 2007, and the program failed as VHTs slowly lost motivation and incentive. Omni Med's model revives the original government-based VHT program and rests on many of the same local structures. Our program does not seek to create a VHT base anew, but rather inject the infectious enthusiasm of well-prepared international volunteers into a locally-developed program.

II. Program Design and Implementation

Our program consists of the following components: a recurring week-long VHT training course (with 25-30 VHTs trained per course) taught by local trainers and our volunteers, follow-up home visits by VHTs accompanied by our volunteers, and a focus on strengthening ties to local health facilities. Each volunteer conducts one full course and completes as many home visits as possible during their stay, with over 800 completed thus far. The home visits ensure the transfer of knowledge to those who will benefit most, and allows us to monitor the program's efficacy.

We feel strongly that the most effective volunteers are those that are properly screened, well prepared, and given a specific set of tasks to complete during their stay. Accordingly, before departure our volunteers complete a comprehensive on-line training course that provides: an orientation to the VHT Program and Mukono; full clinical preparation to train VHTs; an overview of health and safety issues; and a broad-based understanding of global health inequality. This approach ensures well prepared volunteers who will base their actions on principles of social justice, not charity.

We are simultaneously developing and implementing a prospective clinical trial to measure the program's impact by comparing baseline health indices before and after VHT training and follow up home visits. This is missing in the larger service realm and much needed. Data collection begins during summer 2010.

III. Overall Goals and Long-Term Vision

Because our program partners with a locally-based, effective initiative, we believe that our model is scalable and could cover the entire district, other districts in Uganda, and other countries in East Africa and beyond. The Edward M. Kennedy Serve America Act infused $6 billion into the service movement within the United States. We are working with others at the Brookings Institution and the Building Bridges Coalition (http://buildingbridgescoalition.ning.com) to develop a global corollary, in which volunteers' time and energy translates directly into measurable differences through impact-oriented programs. Additionally, by prospectively measuring the impact made by volunteers, we will be able to fill a current, glaring void in the service sector.

If interested, please contact: Edward O'Neil Jr., M.D. (ejoneil@omnimed.org),
Omni Med (www.omnimed.org) 617-332-9614; (www.omnimed.org)
81 Wyman St. #1, Waban, Ma 02468