



Omni Med & Washington University Center for Social Development

Assessing the Impacts of International Volunteer Service on Community Health in Uganda's Mukono District 2010-2011

Purpose: An experimental study will assess health-related behavioral outcomes among villagers in the Mukono District, as a result of a Village Health Team (VHT) intervention facilitated by the Ugandan Ministry of Health and international volunteers from the United States.

Partners: An international, public-private partnership is behind the program and the study. Collaborators include: Omni Med, a US-based NGO; Center for Social Development at Washington University in St. Louis, US; VOLSET Foundation, a Ugandan NGO in Ntenjeru, Mukono; Mukono Ministry of Health; National Ministry of Health in Kampala; United States Peace Corps; and Uganda Chartered HealthNet at Makerere University.

Background: Since March 2008, Omni Med has partnered with local health officials, the US Peace Corps, and local CBOs to train community health workers (called Village Health Teams or VHTs) in the Mukono District of Uganda, with 250 trained as of June 2010. These teams are comprised of local, elected volunteers from the surrounding villages who are trained to provide primary and preventive health care to underserved populations in the area. Following their intensive week-long training, they conduct home visits, maintain record books, refer patients to local health centers, and maintain their skills and interest through quarterly meetings coordinated by Omni Med, VOLSET, and the Ministry of Health. VHTs cover malaria, HIV/AIDS, pneumonia, and diarrheal illness prevention and treatment, prenatal care, immunization, sanitation, and other public health issues. While many programs utilize international health volunteers, most of the studies to date have focused on the impacts on the volunteers themselves. There is little to no research assessing impacts on host communities; that is the focus of this trial.

Research Design: We will employ a prospective, randomized experimental design in the Ssaayi and Terere Parishes of Mukono. After measuring baseline demographics and health-related behaviors in 650 households in parishes randomized to either treatment or control, we will train VHTs in the treatment parishes only. These VHTs will then bring to their communities the evidence-based, public health interventions cited above, all proven to be the most effective at saving lives in resource poor settings. Six months later, we will survey the households again. We will assess whether or not this service program produces health behavioral changes locally. Then, by using a literature-based tool called a "Lives Saved Impact Calculator," we will convert this household data into an estimate of the number of lives the program has saved locally, and *can* save if it is scaled throughout Uganda and beyond. The study thus measures the impact of an international voluntary service program on the health of rural Africans.

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