

Community Health Workers as a Vehicle for Expanding Access to Self-Care Services: Experiences from a village health team (VHT) pilot in Kampala.

AUTHORS

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BACKGROUND

The Uganda MOH approved the use of self-injectable DMPA-SC in March 2020; however, uptake of the method has been slow, mainly due to supply chain challenges and not enough trained providers to support women to use it. Delivering Innovation in Self Care (DISC) was launched in 2020 by Population Services International in Uganda to support awareness and uptake of DMPA-SC SI. This study explores the potential of VHTs to offer DMPA SC SI in addition to facility-based health providers as a form of task sharing, increasing access and uptake of contraceptives sustainably.

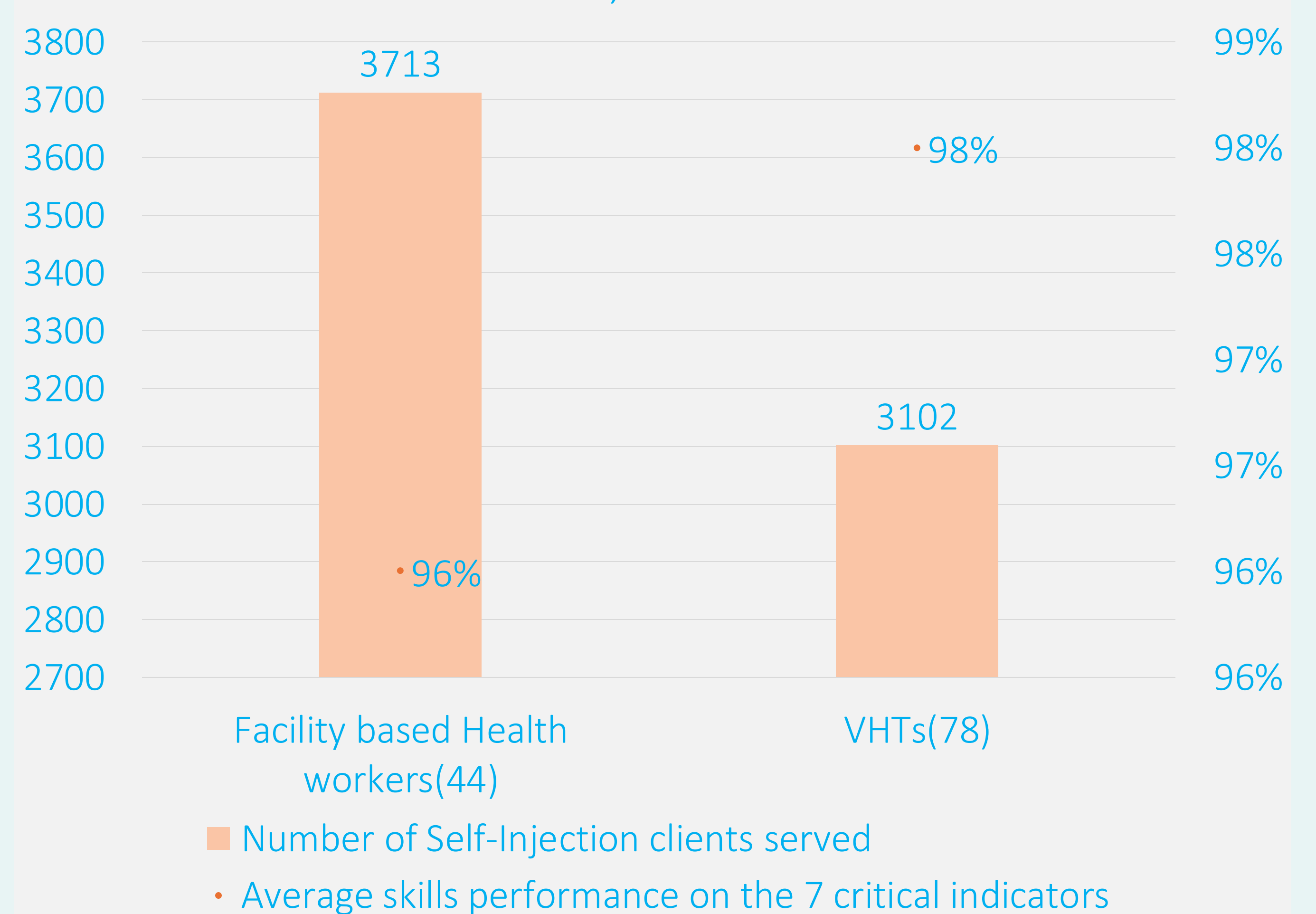
METHODS

Kampala health officials selected 44 facility-based health providers and 78 VHT workers who received training on DMPA SC SI and empathy-based counseling in the last 2 quarters of 2022. Subsequently, all trainees received support supervision quarterly to ensure adherence to quality standards. Routine monitoring of data on DMPA-SC (PA/SI) service provision was recorded and obtained from the facility and VHT health registers for comparison purposes. An assessment tool with 7 critical indicators were developed and applied to compare the competence of the providers and VHTs to offer DMPA SC SI.

RESULTS

DISC observed high performance in both cadres (average scores were 96% for facility-based providers and 98% for VHT). However, facility-based providers had double the ratio of SI clients to provider (3713 clients per 44 providers, or 84 per provider), as compared to VHTs (3102 clients per 78 VHTs, or 40 per VHT). This is unsurprising considering the mobile nature of VHTs' work.

Average per percentage performance in skills and Number of self-injection clients served by providers and VHTs, and the aver



CONCLUSION

Service provision through VHTs presents a unique opportunity to diversify DMPA-SC SI service provision channels and reduce pressure on facility-based providers without sacrificing the quality of care. Further evidence on client preference and acceptability of care through the CHW cadre is required.