

# Assessing Community Health Worker Team Performance in Bushenyi District, Uganda:

*Evidence for Strengthening Supportive Supervision and Health Centre Linkages*

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# Ugandan Context



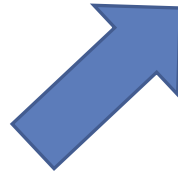
## Challenge

- Severe health worker shortages
- Low access to health info/services
- Poor maternal/newborn indicators



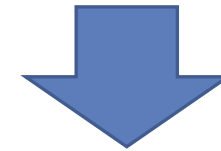
## Response

CHWs and taskshifting



## Evidence

CHWs can ↑ MNCH outcomes



## Gap

- What operational factors affect CHW performance?
- Lack of tools to assess CHW system and team performance

# Research Questions

1:

What are CHW perceptions on how different elements of the CHW system are working?

Are the necessary structures and support functions in place?



2:

What system components affect higher or lower performance of CHW teams?



# Intervention context

- Led by HCU with District implementation
- **2700 CHWs; teams of 20-30 CHWs**
- Coverage: 858 villages



350,000 people



40,000 expectant women



50,000 U5s

## CHW Program Structure

National Village Health Team policy and guidelines	Selection:	in and by communities
	Training:	5 days
	Roles:	<ul style="list-style-type: none"> <li>• MNCH health promotion tasks: health talks, health visits, early assessment &amp; referral</li> <li>• collect vital statistics</li> <li>• community development initiatives</li> </ul>
	Supervision:	local HW; meet VHTs every 1-3 months
	Incentives:	unpaid, T-shirts, training manuals, training allowances, preferential clinic treatment

# Methods

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## Step 1: Developed a CHW system framework

- Based on the literature and HCU field experience
- 7 components



# Methods (Con't)

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## Step 2: Sampled CHW teams by perceived performance level

- Field staff pre-ranked CHW teams by perceived performance (25 high/28 med/11 low)
- Stratified, random sampling of CHW teams by field-based ranking

## Step 3: Conducted focus groups with CHW teams

- Semi-structured questions
- Perspectives on 7 system components

## Step 4: Rating and Content analysis

- Ratings assigned per component per FGD using analyst-designed rating scale (1-to-4)
- Thematic analysis

# Results

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## Focus group composition

- 8 FGDs
  - ~10 participants per group; 80% female
  - 50% high/med teams; 50% low performing teams

## Overall findings

- Project field team ratings of CHW performance reinforced by qualitative assessment tool
- Higher overall ratings (cumulative total across components) for high/med CHW teams vs low performing teams
- Components with large variance in ratings suggest associated with performance outcomes

# Results – Component ratings by CHW team

Rating	Component	Interpretation
Lowest ratings	o management and supervision o relationship with other health workers	↑ Performance-related
Largest variance in ratings		
Smallest variance in ratings	o appropriate selection o training o community embeddedness	↓ Performance-related



# Thematic analysis: components with high variance

## FGD issues identified:

- absentee supervisors (HC level 4)
- referral system challenges
- lack of engagement/
- respect by health workers

*Apart from the trainer, we do not have any relationship with the other health workers. They do not have time for us and even do not care to listen to our stories as they do not concern them.*



# Further consideration – Components with low variance

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## LEAST SENSITIVE TO VARIANCE

- o appropriate selection
- o training
- o community embeddedness

## CONSIDERATIONS

- community embeddedness
  - disaggregated analysis of relationship with local leaders
- peer support
  - role of peer leadership within teams
- consistent implementation
  - impact on components with high and low variance

# Conclusions

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<p>① CHW team performance strongly correlated with:</p> <ul style="list-style-type: none"><li>• management/supervision</li><li>• health worker relationships</li></ul>	<p>→ need to carefully consider supervisory structure and HW orientation</p>
<p>② Process- and systems-oriented CHW performance tools are key</p>	<p>→ Need to understand functioning of structures and relationships - beyond outcomes/ impact</p>

# Thank you

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