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Developing countries have 25% of the global disease burden but only 1.3% of the health care professionals. While donor research focuses on important diagnostic and treatment advances, efforts to build local community-focused research capacity have been limited. Training and support for community based research is needed to address, with evidence, context-specific local problems that can lead to improved health outcomes – a must if Africa is to achieve the Millennium Goals of decreasing maternal mortality rates as well as those of children under five years of age. East Africa has bright young university health faculty who know the local health problems and understand the context but lack research skills and resources to address them.

The Canadian Paediatric Society is concerned about child health globally. MicroResearch (MR), sponsored in part by the Canadian Paediatric Society, provides capacity building in community-based research through training, small grants and coaching from Canadian research experts who support eager interdisciplinary MR teams, at five sites in East Africa, with their local maternal/child health questions. All projects are aimed at improving health outcomes. The present MR brief report summarizes the findings from one MR project that determined the knowledge, attitudes and behaviours of village health team members toward their village health care responsibilities. The full project report can be found at www.microresearch.ca.

Noni E MacDonald, Robert Bortolussi, Jerome Kabakyenga, *Paediatrics & Child Health*

Healthy Child Uganda survey of knowledge, attitude and behaviour of village health team members toward their health care responsibilities in southwest Uganda

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The village health team (VHT) program was started in 2001 by the Ministry of Health in Uganda and later supported by Healthy Child Uganda (HCU) (www.healthychilduganda.org), a collaboration between a Ugandan and several Canadian universities and the Canadian Paediatric Society, with a goal of improving maternal child health in southwest Uganda. VHT members are volunteers with brief, VHT-specific training who work together to promote healthy practices in sanitation, immunization and good nutrition in the community and at the household level, as well as appropriate use of District Health Centres. The aim of the present study was to determine the knowledge, attitudes and behaviours of VHT members toward their village health care responsibilities comparing HCU-supported versus Ugandan government (UG)-supported VHTs.

METHODS

The present work was a cross-sectional, language and culturally appropriate, quantitative and qualitative study carried out in two health subdistricts in southwest Uganda; one supported by HCU, the other by the UG. Based on a planned sample size of 23,648 villagers, villages were randomly selected from 123 eligible villages in the two health subdistricts, each village having an average of five VHT members. The respondents answered questions about sociodemographic factors, knowledge, attitudes and behaviours. In addition, six focus group discussions were held and recorded, each having nine VHT participants. Informed consent was obtained and the study was approved by Mbarara University of Science and Technology (Mbarara, Uganda).

RESULTS

The questionnaire completion rate was 85% (200 of 236 eligible; 110 HCU, 90 UG supported), 69% were women, the mean age was 38 years (range 24 to 69 years), >90% had at least grade 5 education, 90% were married and 86% were subsistence farmers. Knowledge of danger signs in sick children and in pregnant women was rated as poor in 67% of UG and 32% of HCU VHTs (P<0.002). Many (66%) believed knowledge gaps hindered their performance, but this was more common among HCU-supported VHTs (HCU 74% versus UG 57% [P<0.02]). Of these, 14% wanted more information on HIV/AIDS, 19% on immunization, 11% on record keeping and 7% on family planning. No association was found between knowledge gaps and time spent as VHT members (P=0.213), level of education (P=0.212), marital status (P=0.137) and age (P=0.084). Overall, 57% said the VHT workload was too much, with 45% spending at least 4 h to 6 h a week on this work. Both groups highly rated nonmonetary incentives as motivating factors for VHT work including bicycles, bags, t-shirts and books. Both groups emphasized that seeing the health benefits at community, family and individual levels were motivating factors for being a VHT.

CONCLUSION

The lower knowledge gap on danger signs among the HCU supported VHT and their greater insight into where gaps hindered performance suggests that while both VHT groups need further training, the government program needs more. The overall knowledge gaps and concerns about workload and incentives need to be addressed if the community health benefits are to be sustained.

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