Community Health Roadmap

Bridging the SDG gap through accelerated primary health care at community level

Community Health Roadmap

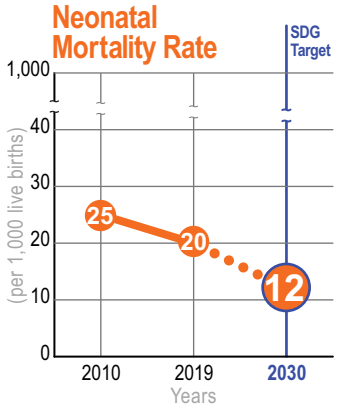
Uganda

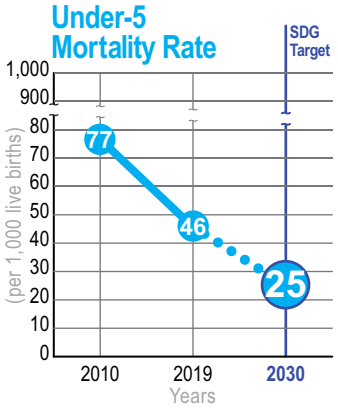
2021 Update

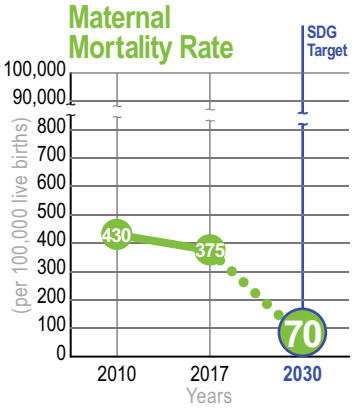
At a Glance: Country indicators

Population (2019):
45,741,000

Total number of active Village Health Team (VHT) members:
141,252
(There are 70,626 villages in Uganda and thereby roughly two VHTs per village. Some villages have up to five VHT but not all are active.)







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Community Health Overview

Uganda remains committed to tenets of health promotion and disease prevention in order to achieve healthy households.

VISION: Uganda's vision of people-centred primary health care (PHC) is central to the country's third National Development Plan (NDPIII), whose key objective is to enhance the population's productivity and social well-being. It envisages a partnership between human resources for health and the communities they serve, and the delivery of appropriate, accessible care and information by community-based providers.

STATUS OF NATIONAL PLAN:
A community engagement strategy was launched by the Technical Inter-Sectoral Committee in October 2020. A community health strategy is in development. In addition, a health promotion handbook is in development.

Urgent Investment Actions

1. Finalize a costed and comprehensive community health strategy.

2. Operationalize the community engagement strategy launched in October 2020 to ensure functional COVID-19 task forces in all villages of Uganda.

3. Advocate and mobilize funds for the community health strategy and track funds to ensure appropriate allocation, release and expenditure.

4. Build capacity for **leadership and governance for the entire community health system** (from national level to community level).

5. Incentivize the community health workforce by promoting **standardized, consistent and timely incentives** that are comparable to their job demands, complexity and number of hours worked.

6. Leverage the tools of information technology to **strengthen communications and information dissemination**, promote service utilization, and empower communities as agents of their own health.

Urgent Investment Actions

7. Increase the availability of critical supplies and commodities at the community level.

8. Strengthen and sustain supervision models of community health worker (CHW) cadres that empower and engage communities to hold the system accountable.

9. Strengthen Social Behavior Change Communication (SBCC) via interpersonal communication and heightened social agency and accountability.

Description of Community Health Structure

Cadres:

Village Health Team members are volunteers. The formal structures include Health Educators, Health Inspectors, Assistant Health Educators, Health Assistants, and Vector Control Officers; and informal structures are VHTs and the proposed Community Health Extension Worker (CHEW) cadre. A pilot to operationalize the CHEW cadre remains under consideration.

Services offered:

VHTs provide integrated community case management (iCCM+) and control of communicable diseases (malaria, TB, HIV, neglected tropical diseases) and malnutrition, as well as provision of maternal and child health services, WASH, health promotion, community health service management.

User fees:

Not common. Meetings and transport allowances are common.

Supervision:

Policy states that quarterly supportive supervision is provided by the Parish Coordinator, health assistants and clinical staff at the health facility. However, there are challenges with consistency and frequency of supervision.

DHEs (District Health Educator) also have supervisory functions for VHTs and, on rare occasions, Asst. District Health Officers (ADHO) - Environment. Health Inspectors also supervise.

Description of Community Health Structure

Training:

Approximately 70% of VHT members have taken basic training (5-7 days) in 2005. Some have taken refresher training.

Remuneration:

VHTs are volunteers and unsalaried. Amid COVID-19, MInistries of Local Government are paying VHT members serving on the village COVID-19 task force (usually one person per VHT).

Data collection, visualization and use of dashboards:

Both health data and performance data are coordinated through national health data systems (e.g., DHIS2), to inform enhanced decision making by policy makers.

Health system linkages:

The community health system in Uganda is strongly interlinked with the overall, formal health system. VHTs refer to the primary care facilities however follow-through with seeking care based on a referral remains a challenge.

Community engagement:

VHTs engage closely with the community at the household level, working to strengthen community accountability and health promotion activities. The community engagement strategy covers VHT incentivization schemes, multi-sectoral collaboration and the involvement of civil society.

Primary Care Structure at Community Level: Supports service delivery, engagement and accountability

More than 10,000 parishes are being integrated under the new Parish Development Model, starting in fiscal year 2021/2022. Health Centre IIs are being phased out with plan for all HCII to be upgraded to HCIII.

PUBLIC HEALTH SYSTEM

The **parish CHEW coordination committee** CHEW interventions and monitors package implementation in the community

One **Health Centre III** at the sub-county level per 20,000 people

Four **Health Centre IIs**, each at the parish level, employs one nurse, two nursing assistants, and a health assistant — and will employ two CHEWs. Each Health Center II provides care for 5,000 people.

Five **Health Centre Is** at the village level per Health Centre II, employing two to four VHTs each covering 25-30 households.

Each **Health Centre I** engages a **village** of ±1,000 people and helps support community groups.

ALTERNATIVE DELIVERY SYSTEMS

CAN GIVE REFERRALS TO

SUPPORTS

PRIVATE (FOR PROFIT)

Traditional and complementary medicine practitioners, including traditional birth assistants, tend to have no functional relationship with public and private health providers

Individual private health professionals (e.g., doctors, nurses, midwives) and **facilities** (e.g., pharmacies, clinics, drug shops) tend to offer curative, rather than preventative services

PRIVATE (NONPROFIT)

Non-facility-based nonprofits (comprised of hundreds of NGOs) mainly provide preventative health services (e.g., health education, health promotion), and some disease-specific interventions (e.g., HIV, TB)

LAY COMMUNITY

Community leaders (e.g., local council leaders, parish chiefs, religious leaders, teachers, youth groups) **liaisons** (e.g., Community Development Officers) **and organizations** (e.g., mother peer groups, youth groups), conduct health promotion activities, primarily for family care

Primary Health Care Priorities and Progress at Community Level

Service Delivery

Service delivery structure, package and quality of care

Priorities (2021-2022)

- VHTs conduct health promotive, education and disease prevention activities
- Monitoring of essential health service delivery (with support from UNICEF with Dalberg Data Insights, the Rockefeller Foundation, WHO, CDC and USAID)
- Service delivery data integration in the context of COVID-19

Progress (Sept. 2021)

- A learning consortium of partners is examining lessons learned from various initiatives towards developing a care coordination tool for VHTs

Health Workforce

Recruitment and accreditation

Priorities (2021-2022)

- **Identify, train and deploy** front-line workers/community agents to each community (or support the ones in place) with optimal CHW to population ratios
- Develop **certifications and standards of care** for CHWs of different cadres
- Develop **rewards and sanction mechanisms** for CHWs

Training

Priorities (2021-2022)

- **Expand community health activities** (i.e., via the VHTs) to include first aid for referral of acute issues and follow-up of patients under home-based care (i.e., COVID-19)
- Implement **standardized pre-service and in-service training protocols**, curriculum and materials for all CHW cadres
- Capture all trainings in the CHW registry once it is fully operationalized.

Progress (Sept. 2021)

- Village-level COVID-19 task forces have been activated to coordinate COVID-19 screening and home-based care in the community. They will assume this role for all other diseases and epidemics.
- The CHW registry is in pilot phase towards its eventual scale-up across the country

Health Workforce *(continued)*

Supervision

Priorities (2021-2022)

- Strengthen and sustain investment in **supervision and motivation** of CHW cadres to improve community health outcomes
- Develop **supervisory structures** at national, regional and community levels to effectively implement community health programmes; leverage new technology, scale up best practices and harmonize supervision systems across partners
- **Institutionalize CHW supervision** with the inclusion of quality audits, coaching and mentorship mechanisms to enhance the quality of service delivery at community level
- Empower local government to utilize the CHW registry and lead the supervision, motivation, and performance management of the community health workforce

Remuneration/reward and advancement

Priorities (2021-2022)

- Improve and **standardize the provision of incentives** to VHTs, both monetary and non-monetary (e.g., t-shirts, gumboots)

Progress (Sept. 2021)

- There is opportunity to build on experiences from PEPFAR, in which implementing partners have standardized pay for CHWs supporting HIV/AIDS service delivery, and in the context of COVID-19, in which the government released funding for CHWs to facilitate COVID-19 service delivery over a 3-month period

Health Information Systems

Data reporting and information systems

Priorities (2021-2022)

- **Invest in the scale-up of appropriate technology** for community health implementation and supervision
- Support **improved data-driven decision-making** and data collection at the subnational level
- Promote **documentation and knowledge management** for community health priority implementation efforts
- **Institutionalize the use of predictive analytics** for disease surveillance and/or burden incidence and for identifying families who are vulnerable and at risk
- Harmonize data management processes, including broader integration of community level data into the national health management information system (HMIS)
- Create and/or strengthen **data feedback loops** (including beneficiary feedback) for CHWs and communities
- Ensure **technology supports adherence** to national policies and protocols across the continuum of care

Progress (Sept. 2021)

- Community health information system (CHIS) integration model developed in 2019; implementation is pending
- Within CHIS, the SMS-based FamilyConnect tool is used by CHWs to register pregnant women and women of reproductive age and to disseminate COVID-19 messages, and for bottleneck analysis and strategy design
- 20 key tracer indicators from DHIS2 leveraged with visualizations to enhance support for data use (i.e., tracking of service utilization across areas of COVID-19, HIV, immunization, maternal and child health)

Supply Chain Management

Supply chain management (including commodities)

Priorities (2021-2022)

- Strengthen quantification and supply planning for critical commodities used at community level
- Strengthen and improve the supply chain efficiency across all levels to increase the availability of critical health supplies and commodities at community level
- Monitor and report on availability of developed critical list of standard supplies and commodities at community level
- Strengthen supply chain transparency, oversight and management of CHW cadres
- Expand supply chain digitization at community level through use of innovative technologies linked to health facility electronic logistics management information systems and the MoH pharmaceutical information portal to ensure commodity traceability to the community level
- Develop and implement guidelines for management and storage of CHW medicine and supply stock at all levels
- Improve tracking and timeliness of ordering, reporting, and supply of medicines and supplies across all levels
- Establish clear roles and responsibilities across the supply chain and orient stakeholders

Priorities (2021-2022)

- Train CHW supervisors in quality medicines management, stocking and reporting, and adherence monitoring
- Enhance monitoring of safety and quality of medicine issued by CHWs

Progress (Sept. 2021)

- Developed and institutionalized supply chain tools for coordination, planning, tracking and accountability of health commodities at community level
- The tools are now part of the HMIS and being digitized

Supply Chain Management *(continued)*

Health products

Priorities (2021-2022)

- Simplify, integrate and promote interoperability among digital tools and innovations to facilitate the work of CHWs

Progress (Sept. 2021)

- Community health programmes using digital health include supply chain management and health care provider training

Finance

Finance

Priorities (2021-2022)

- Mobilize sustainable financing for the community health strategy using tools like the iCCM investment case
- Mobilize resources to support the broader community health programme (including staff, commodities)
- Consider and test innovative financing mechanisms (e.g., performance-based financing)
- Promote the development of the proposed social insurance programme

Leadership and Governance

System design and policies

Priorities (2021-2022)

- Develop a **comprehensive, costed community health strategy** that includes all CHW cadres and other system components
- Identify gaps in support that would inform strategic actions by MoH, local government, and partners
- Support the development of an **enterprise architecture to integrate different health information systems**
- Conduct catchment mapping to improve planning for the CHW workforce
- Improve community health integration with **multi-sectoral issues** (e.g., housing, social support, school health) and strengthen implementation of health promotive policies
- Develop guidelines for **urban** community health
- Establish a national CHW learning agenda and mechanism for learning and accountability
- Establish a National Community Health Coordination Committee
- Operationalize the community health worker registry (CHWR)
- Ensure social and behaviour change communication

Progress (Sept. 2021)

- USAID through its Uganda Health Systems Strengthening Activity is supporting the MoH to develop a national community health strategy that includes costing
- The Community Engagement Strategy, as part of the government COVID-19 response, was launched in September 2020 with focus on multi-sectoral integration
- USAID UHSS is currently supporting MoH to revise an Integrated Community Health Promotion Handbook for use by CHWs

Leadership and Governance *(continued)*

System management and leadership

Priorities (2021-2022)

- Strengthen community health **leadership, governance and multi-sectoral collaboration at all levels throughout the entire health system**
- Develop and implement an **integrated performance management system** for CHWs (across cadres) and their supervisors, harmonizing across data systems and building on best practices
- Build **capacity for leadership and governance** for the entire community health workforce
- Embed learning throughout local governance and leadership mechanisms
- Institutionalize the CHW registry across all levels to support selection, training, and retention of CHWs
- Enforce laws that compel, guide and protect the community with regard to health
- Leverage technology for supervision support

Progress (Sept. 2021)

- The community health worker registry is in pilot phase towards its eventual scale-up across Uganda; a subset of districts have been integrated

Leadership and Governance *(continued)*

Political priorities

Priorities (2021-2022)

- Strengthen **collaboration across government agencies**, civil society, religious leaders, community leaders and other partners towards a One Health approach
- Building capacity of local leadership/governance systems to respond to disease outbreaks and maintaining desired health behaviors.

Community Engagement

Community engagement

Priorities (2021-2022)

- Invest in the active engagement of communities to increase participation, ownership and capacity to be agents of their own health
- Strengthen and sustain **supervision** models of CHW cadres that empower communities, and develop effective models for **community engagement to ensure accountability**
- Leverage information technology tools (including through the private sector) to **strengthen communications and information dissemination**, promote service utilization and empower communities as agents of their own health
- Empower communities to improve their **rapid health responses** for the management of outbreaks and resilience to outbreaks (e.g., COVID-19, Ebola, cholera, typhoid)
- Facilitate learning across communities (village to village, district to district) to promote and scale up best practices in community health
- Ensure social and behaviour change communication
- Develop guidelines for urban community health and SBCC interventions in urban areas and for the urban poor.

Progress (Sept. 2021)

- Several actions under the new community engagement strategy are being implemented, building on the COVID-19 response
- In addition, the MoH – with support from USAID UHSS, USAID SBCA and other partners – contextualized and adopted a COVID-19 HBC guide that was initially developed by Health Policy Plus for use in Uganda.

Roadmap Implementation: Costs and resource gap

Costs of integrated community case management (iCCM), 2021-2026: US$218 million

Resource gap: US$160 million

The community health strategy will include an analysis of the costs of implementation; both activities are under development. A costing analysis of iCCM was conducted in 2021 for the five-year period (2021-2026). Total budget for iCCM is US$218,073,133 of which US$57,885,502 is funded. As of September 2021, there is a funding gap of US$160,187,631 for the five-year period.

Figure 1.
iCCM Costs, by Input
USD '000

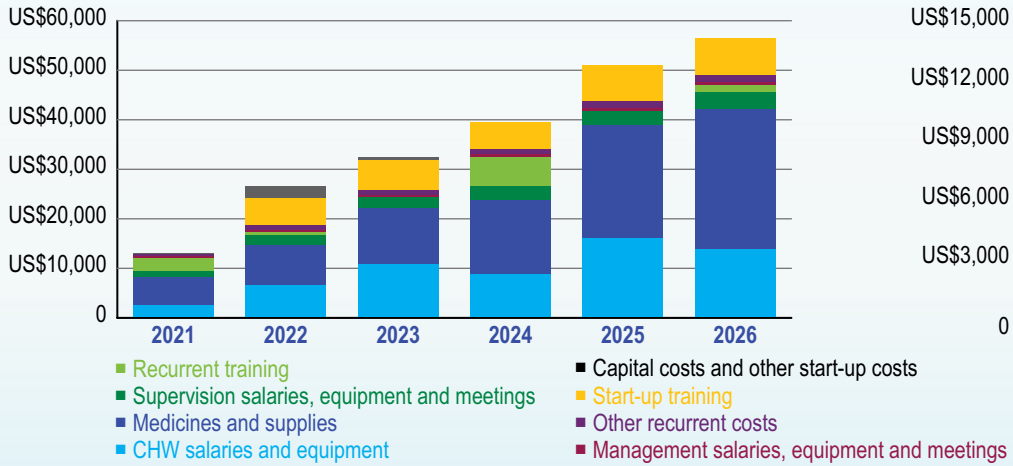


Figure 2.
Funding Commitments for iCCM, by input
USD '000

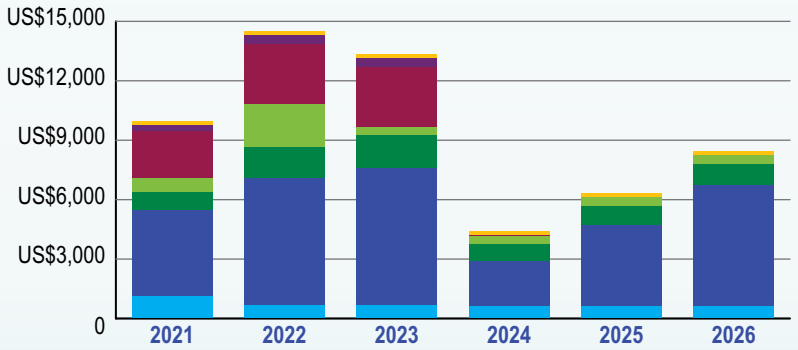
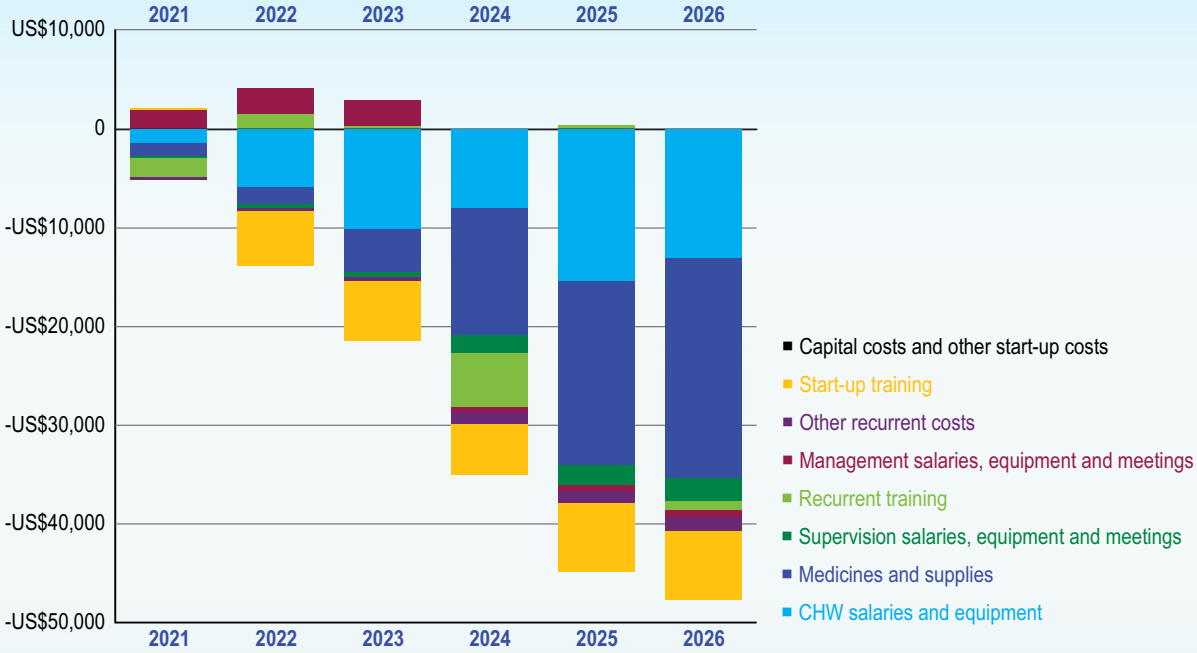


Figure 3.
Funding Gaps for iCCM, by input
USD '000



Development Partners and Coordinating Mechanisms

Funders:

Bill and Melinda Gates Foundation
Children's Investment Fund Foundation
FCDO
ELMA
Gavi
Global Affairs Canada
Global Financing Facility
The Global Fund
Johnson & Johnson
KOICA (Korea International Cooperation Agency)
Pfizer
Sida
USAID
The World Bank
JICA
CDC
PMI
PATH

Development Partners and Coordinating Mechanisms

Implementing Partners:

African Center for Global Health and Social Transformation (ACEST)

Baylor Uganda

BRAC

Clinton Health Access Initiative

DataKind

Financing Alliance for Health

Healthy Entrepreneurs

IntraHealth International

JHPIEGO

John Snow, Inc. (JSI)

Last Mile Health

Living Goods

Malaria Consortium

Management Science for Health (MSH)

Medic

Medical Teams International

One Million Community Health Workers Campaign

Pathfinder International

Save the Children

The AIDS Support Organization (TASO)

Uganda Red Cross Society (URC)

United Nations Capital Development Fund (UNCDF)

United Nations Population Fund (UNFPA)

UNICEF

USAID: Uganda Health Systems Strengthening Activity

USAID: Social Behaviour Change Activity

USAID: Supply Chain Strengthening Activity

World Health Organization

World Vision

Development Partners and Coordinating Mechanisms

Coordinating Mechanisms:

- Strong government administrative structures down to village levels
- Health Development Partners Group
- Technical working groups, i.e., health, health information innovation research and evaluation (HIIRE)
- Government COVID-19 response (i.e., Community Engagement, Pillar and Risk Communication and Community Engagement Pillar) and Community Engagement Strategy Committee (subcommittee of the Technical Inter-sectoral Committee)

Acronyms and Sources Used

Acronyms:

CHEW	community health extension worker
CHIS	community health information system
CHW	community health worker
DHIS2	District Health Information System, version 2
iCCM	integrated community case management
HMIS	health management information system
MoH	Ministry of Health
PEPFAR	(U.S.) President's Emergency Plan for AIDS Relief
PHC	primary health care
SMS	short message service
VHT	village health team
WASH	water, sanitation and hygiene

Sources:

Original country roadmap at www.communityhealthroadmap.org and subsequent versions.

Mortality: United Nations Inter-Agency Group for Child Mortality Estimation. Accessed through childmortality.org.

Population: United Nations Population Division, World Population Prospects: 2019 revision. Accessed through World Bank, https://data.worldbank.org/indicator/SP.POP.TOTL?locations=UG.

GOU Parish Development Model: https://kyokwijuka.com/wp-content/uploads/2021/06/Parish-Model-Implementation-Strategy-MoLG.pdf

Community engagement strategy: https://www.redcrossug.org/images/forms/NATIONAL-COVID-19-COMMUNITY-ENGAGEMENT-STRATEGY-300920-V3.pdf