Presentation Overview

INTERNSHIP CONTEXT
- PUBLIC HEALTH IN UGANDA
- OBJECTIVES
- IMPORTANT COURSEWORK
- VIDEO

INTERNSHIP ACTIVITIES
- METHODS
- ADDITIONAL PROJECTS

REFLECTIONS
- INSIGHTS
Five Level System, Level One – Village Health Teams (VHTs)

VHTs – Volunteer Community Health Workers

Four individual VHTs make up one team

VHTs had on average four days of training in 2010

Role – Community education and recording vital statistics

Engeye Health Center offers monthly supplemental trainings
Internship Objectives

1. The student intern will conduct and complete an Exploratory Evaluation of the Engeye VHT training program by the end of the internship.

2. The student intern will conduct at least five key informant interviews and two focus groups in the first month of the internship.

3. The student intern will conduct at least two public health based trainings with the Engeye COs by the end of the internship.

4. The student will assist staff in daily tasks of completing Ministry of Health clinic reports through out the duration of the internship.
Important Coursework

- Community Based Public Health
- Introduction to Global Health
- Program Development in Health Promotion
- Program Evaluation
Activities

Exploratory Evaluation of Engeye’s VHT Training Program

Exploratory Evaluation Process For Engeye Health Clinic*

- Involve end users of evaluation! (Engeye!Staff)!
- Determine scope of the project!
- Review program documents: VHT training notes and manuals!
- Consult stakeholders: Interviews with ICOs, Engeye!Staff and VHTs!
- Agreement on program goals and objectives?!
  - Yes?
  - Create program logic model and outline theories used!
  - Agreement on logic model?!
  - Yes?
- Document exploratory evaluation report, share with Engeye!Staff and SPH!
  - No?
- Determine program reality: Interview ICOs and Engeye!Staff on the program reality, observe VHT trainings!
Activities

Program Observations

Interviews and Focus Groups

Map/Legend:

1 Engeye Road

1 VHT Member

1 Level One

1 Level Two

1 Level Three
Activities

Staff Trainings

Program Planning

Program Evaluation
Engeye VHT Training Program Logic Model

**Program Goal:** Through monthly VHT training meetings conducted at EHC, VHTs will gain knowledge on vital health topics that they will disseminate to their villages to foster healthy practices, and create a connection between the clinic and the community to increase overall health.

**Inputs**
- Time
- Parish VHTs
- Engeye staff
- Engeye funding
- Engeye clinic space
- Cell phones
- VHT documentation
- Resources for health information
- Paper, pens, computer and printer
- Incentives

**Initial Activities**
- Establish relationship with local VHTs and VHT Leader
- Decide on appropriate incentives for meetings
- Contact local VHTs to plan best date and time for meetings, invite VHTs
- Conduct meeting and gather feedback from VHTs
- Maintain contact with VHTs and build relationships
- Plan date and time for future meetings, communicate plan to VHTs
- Decide future meeting topics and gather information for trainings
- Create pre/post tests
- Obtain needed materials and incentives for each meeting
- Print out any materials

**Activities**

**Outputs**
- Relationship between Engeye staff and VHTs
- Incentives
- Date and time for meetings
- Training meetings and VHT feedback
- Building trust between VHTs and clinic
- Plans for future meetings
- Training topics
- Training materials

**Outcomes**
- Short Term
  - By July 2017, 80% of VHTs will answer the majority of post-test questions correctly at each training meeting.
- Intermediate
  - By July 2020 community surveys will show that the majority of adults in the 7 villages can correctly identify the signs and symptoms of the ten most common diseases seen at the clinic.
- Long Term
  - By July 2025, cases of malaria among EHC patients from the 7 parish villages will reduce by 50% from the EHC 2016 data.

**Impacts**
- By January 2030, VHTs in this Parish will be able to correctly articulate the causes, signs and symptoms, and proper methods of prevention for all communicable diseases.
- By January 2030, 90% of people in the parish will understand how to prevent the main communicable diseases seen in the communities.
- By January 2030, the case rates of the top ten preventable diseases seen at the clinic will reduce by 25% from EHC 2016 data.

**Assumptions**
- The training material will be properly contextualized to the priority population and communicated in a way that the VHTs understand
- The incentives will provide appropriate motivation for attendance
- VHTs will be motivated to use and share information they are learning with the community

**External Factors**
- Changes MOH recommendations for medical care practices
- Bad weather may impact meetings
- VHT health and ability to attend meetings
Additional Projects

- Engeye Public Health Goals and Objectives
- Daily Tallys and Reports
- EMR Diagnosis Trends
- Malaria Weekly Data
- Henry’s Project
Reflections
Helpful Tips

- Internship Timeline
- Daily Activities Log
- Weekly Reflections
- Weekly set time to communicate with mentor and supervisor
Thank you for listening!