

A Decade of Volunteering: Ten-Year Retention of Ugandan Village Health Teams (VHTs)

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Background

- Over 2000 (2012-2014) volunteer Village Health Team (VHT) members were recruited in Bushenyi and Rubirizi Districts.
- VHTs connect health facilities and communities by providing health promotion, referrals, and distributing resources.
- A perceived barrier to VHT program implementation and scale-up is low VHT retention, specifically due to their voluntary status.

Objective

Identify factors affecting VHT retention to better inform future programs and policies.

Methods

A retrospective review of two existing population-based databases consisting of all initial VHTs, who completed 'MamaToto' training workshops.

The analysis included:

- VHT demographics
- Classifying reported exit reasons (related vs. unrelated to the role)
- Visualizing retention over 10 years
- Multivariable logistic regression model

CHW Characteristics & District Coverage

Gender:

70%

Female

30%

Male

Education:

83%

Completed primary education or higher

Mean Age: 38.8 Years

VHTs Retained after 10 Years

After 10 years, 67% (n=1549) of VHTs remained active in their role; 762 VHTs exited.

72%

Female

57%

Male

Retention-Associated Factors



Males are more likely to exit compared to females.



Individuals aged 30-59 at recruitment are less likely to exit compared to those under 25.



Distribution of exited VHTs was similar across community types (rural/urban/mixed).

Results

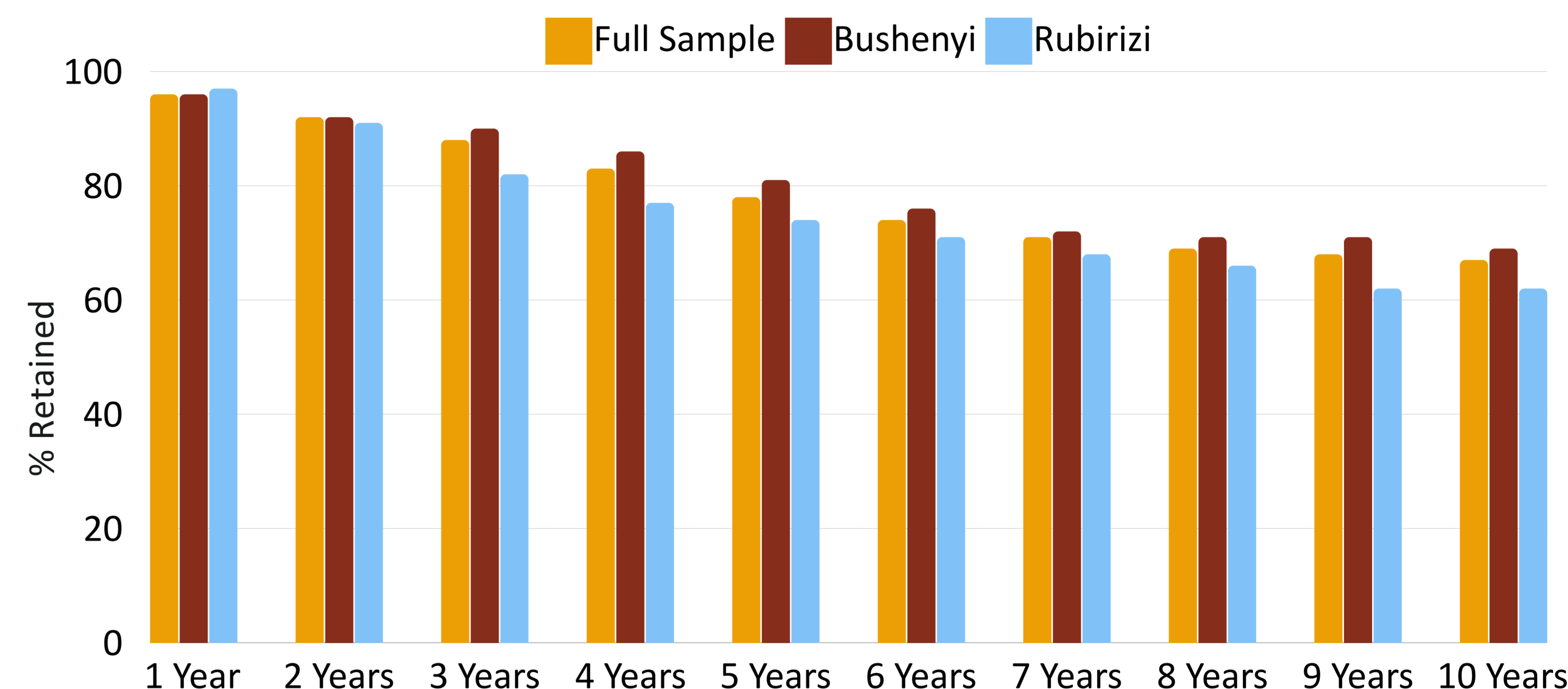


Figure 1. CHW retention at 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 years in Bushenyi and Rubirizi districts, Uganda

Exit Reasons

Role Un-Related (71%)

- Own death (8%)
- Divorce/Separation (9%)
- Family duties/health (2%)
- Move/Relocation (21%)
- New job/Workload Change (20%)
- Poor personal health (9%)
- Retired (2%)

Role Related (25%)

- Community rejected (3%)
- No longer interested (8%)
- Peer/Supervisor rejection (2%)
- Spouse opposed (2%)
- Too busy - personal (8%)
- Too much work/Too difficult (2%)

Other/
Unknown
(4%)

Conclusions

Retention of this volunteer VHT cohort is high compared to the literature. Attrition rates remain consistent a decade after initial training suggesting sustainable VHT programming using volunteers in SW Uganda that can inform other planners and policymakers.

References

Hobbs, A. J., et al. (2021). Five-year retention of Volunteer Community Health Workers in rural Uganda: A population-based retrospective cohort. *Health Policy and Planning*, 37(4), 483–491.