

Assessing the quality of SMC delivery by village health teams in Uganda

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Introduction

In 2021, the seasonal malaria chemoprevention (SMC) campaign in northeastern Uganda targeted over 88,000 children 3–59 months. Qualified health workers supervised trained semi-literate village health teams (VHTs) to deliver five cycles of SMC. We assessed the quality of implementation based on 10 components of a quality standards framework that Malaria Consortium developed for continuous performance improvement of its SMC programme.

Methods

- We carried out a convergent, parallel mixed-methods study in October 2021. District supervisors and health workers filled in two standardised checklists (29 and 17 ‘yes/no’ questions, respectively) to assess the quality of implementing five SMC cycles.
- District supervisors conducted 226 observations of health workers who, in turn, conducted 1,868 observations of VHTs. This included the review of checklists, supervision reports and SMC distribution meeting notes.
- We distributed a structured end-of-round quality assessment tool containing 69 indicators to the Ministry of Health, district and facility-level supervisors, and SMC implementers.

Results

- A total of 13/17 indicators (76.5 percent) of VHTs’ performance had an overall score above the 85 percent cut score. Four indicators scored below the cut score.
- A total of 25/29 indicators (86 percent) of health workers’ performance had scores equal to, or above, the 98 percent cut score. Four indicators scored below the cut score.
- Overall, 62/69 (90 percent) of end-of-round quality indicators were satisfactory (Table 1). These had scores rating above the 2.5 cut score.
- We identified enumeration of children, malaria commodities storage, determination of age eligibility, and translation of SMC training tools as areas for improvement (Table 2).
- The active engagement of stakeholders through training, supervision and political buy-in was critical for high-quality implementation of SMC. This included supervisors at district level providing mentorship to health facilities and VHTs; health workers conducting one-on-one mentoring for VHTs and on-the-job training during medicine distribution within communities; and political leaders and local community leaders sensitising the public for SMC to improve its acceptance and adherence to SMC medicines.

Conclusion

SMC delivery by VHTs was more than satisfactory and of high quality. Active engagement of stakeholders was critical to achieving quality SMC delivery and performance.

With sufficient training and stakeholder engagement, village health teams in Uganda can deliver high-quality SMC



Supplementary visuals

Table 1: Summary ratings/scores of indicators of the SMC components’ quality standards

No.	SMC component	Number of indicators with mean scores within the range categories			Total number of indicators
		score<2	score 2–2.5	score<2.5	
1	Planning and enumeration	0	1	6	7
2	Procurement	0	2	6	8
3	Community engagement	0	0	9	9
4	Training	1	1	8	10
5	SPAQ* administration	0	1	8	9
6	Case management and pharmacovigilance	0	1	6	7
7	Supervision	0	0	9	9
8	Monitoring, evaluation and learning	0	0	9	9
9	Safeguarding	0	0	1	1
	Total	1	6	62	69

*Sulfadoxine-pyrimethamine plus amodiaquine

Table 2: Quality indicators flagged for improvement in the next SMC round

SMC component	SMC quality indicators	Mean score	No. of assessors
Planning and enumeration	The enumeration of targeted children was accurate for each targeted age group	2.5	19
Procurement and supply chain management	SPAQ and SMC storage areas were inspected regularly to ensure security, cleanliness and low humidity	2.5	20
	The temperature, humidity and conditions of storage facilities were monitored and recorded	2.4	20
Training	SMC training tools were translated as needed, pre-tested and produced prior to the first Training of Trainers	2.3	19
	Distributors who did not pass SMC training assessments were not approved to deliver SMC	1.8	19
SPAQ administration	SPAQ was administered only to eligible children 3–59 months	2.5	19
Case management and pharmacovigilance	The SMC referral form was completed by distributors and health facility workers for each referral	2.5	19

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