

# Supporting and motivating Village Health Teams

Catherine Nassiwa is using her role as  
Malaria Focal Person to ensure children are  
receiving quality care

“The community really appreciates the increased accessibility of treatment for malaria, pneumonia and diarrhoea.”

Catherine Nassiwa is a senior nursing officer in Kiboga district, mid-western Uganda and also works as the Malaria Focal Person of the district. In this role she is responsible for coordinating activities in the area such as mobilising the Ministry of Health and development partners, supporting and coordinating health promotion activities and taking an active role in advocacy and behaviour change communication aimed at increasing access to and understanding of malaria prevention and treatment.

Kiboga has had Village Health Team members (VHTs) who have been trained in Integrated Community Case Management since 2010. The Ministry of Health, in partnership with Malaria Consortium in a Canadian International Development Agency funded project, trained two VHTs in each village to diagnose and treat malaria, pneumonia and diarrhoea in their communities. According to Catherine, this has led to a visible decrease in the number of children dying in the villages;

“Equipped VHTs have reduced complications in sick children through providing appropriate and timely treatment,

the workload at the health facilities has gone down, children are healthier and unnecessary deaths have reduced.”

The programme has increased the community’s knowledge as information can be accessed at any time; villagers now know the cause, the symptoms and the treatment for these three main childhood illnesses.

Catherine is as a support supervisor to the VHTs in her district, she meets with them on a monthly or quarterly basis to review their performance, data recording and any problems that may arise. For her, commitment is the most valuable trait in a VHT.



*Catherine Nassiwa has seen first-hand the benefit of the VHT strategy and has faith in its success*

“When I see really committed volunteers, I feel satisfied,” she says.

VHTs provide a key entry into the community for the district staff, supplying previously unavailable information about the health of its members. Records at health facility and district level have improved, strengthening the system and the continuity of care for any patient.

Despite her belief in the VHT strategy, Catherine recognises the challenges and barriers preventing it from scaling-up. Village Health Team members are volunteers, balancing family and existing commitments to attend to the children in their communities. The lack of incentives has its limitations, with VHTs often feeling unappreciated and demotivated as a result. Catherine believes incentives do not have to be monetary to be truly effective; sensitising local leadership to interact with the strategy, support VHTs and mobilise the communities can be hugely effective.

As a supervisor, Catherine knows how important support supervision is to the provision of quality ICCM by motivated community health workers. At the moment, there are limited funds to support regular monthly or quarterly support supervisions, often leaving many VHTs unsupported and disconnected from the formal health system.

The Malaria Consortium inSCALE project aims to address some of the key challenges in scaling up quality ICCM in Uganda and Mozambique. The Bill & Melinda Gates funded project is conducting research on performance, motivation and retention of VHTs through the roll-out and comparison of two innovative methods using mobile technology and community involvement as key features. These innovations are based on extensive research and literature reviews; they are expected to have a positive effect on VHT motivation through increasing community support for the strategy, building stronger links between the formal health system and the VHTs, and providing targeted support supervision.

“Community case management is the favourite part of my job. It has the potential to save a large number of lives.”

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