



MAKING CONNECTIONS

The Mbale Malaria Control Project strengthens links between communities and health systems to reduce child deaths

malaria
consortium
disease control, better health

When a child falls sick, the first 24 hours are crucial in determining the outcome: recovery, complications or death

Ensuring care is sought within 24 hours is a priority for improving child health and survival in Uganda. In Mbale, Malaria Consortium is supporting the district authorities to tackle some of the major factors preventing children from receiving the right health care on time.

Donor: Comic Relief, UK

Location: Mbale District, Eastern Uganda

Length of project : Four years

Aim: To contribute to the reduction of deaths in children due to malaria and other childhood illnesses through a strengthened health system



Involvement of all stakeholders from the start of the project has ensured a tremendous level of uptake of its activities by communities and political leaders. This is the first step to ensuring sustainable solutions will remain in place when the project ends and that children of Mbale District will still benefit from these activities. The purpose of this booklet is to illustrate the impact of the project through the voices of implementers and beneficiaries.

Malaria is the most common cause of illness and death in children in Mbale District, which suffers one of the highest malaria burdens in the country.

Most care givers in Mbale District do not seek care either quickly nor from outside the formal health system. This lack of connection between the community and the public health services is the result of many factors. Among these are a lack of awareness and understanding of health issues, a lack of trust in public health services, health workers with inadequate skills and knowledge, regular stock outs of medicine supplies, a strong belief in traditional healing methods, a widespread practice of self-medication, and a lack of affordable means of transport.

The Mbale project is using both proven and innovative approaches to tackle these barriers to children receiving appropriate and timely health care. Malaria Consortium is working in close partnership with the Mbale District Authorities and the Ministry of Health at all stages of the design and implementation of activities to ensure sustainability of the interventions.

Integrations at various levels are being combined to achieve greater impact.

In the community



The community selected 2,748 community health workers from among their peers. These **Village Health Team** members (VHTs) have been trained to sensitise the communities about a range of health issues, especially the prevention of common illnesses and care-seeking behaviour. They are now also able to identify severely sick children and quickly refer them to the nearest health facility. This strengthened capability has been implemented according to the Ministry of Health's policy on VHTs, including a comprehensive **Behaviour Change Communication** (BCC) approach combining the use of various channels – radio, information, education, communication (IEC) material, drama groups – to inform and educate community members.



At the health facility

Some 184 health workers have been trained in malaria case management. Skills and behaviour of health workers are also being regularly improved through innovative forums – peer-to-peer review meetings, provider-client discussions, clinical audits and clinical sessions. A triage system has been introduced to identify and prioritise severe cases. The laboratory services have also been strengthened through the training of 70 laboratory technicians in malaria diagnosis and regular support supervision. In addition, buffer stocks of drugs and other health supplies have been established to reduce the stock outs.

Reaching the health facility



More than 400 motorcycle taxi (boda-boda) drivers have been trained to handle the transport of sick children and pregnant women to the local health facility. VHTs give the drivers vouchers, which indicate the amount the health facility will pay them when they deliver the patient.

Overview of the project and the partnership between Malaria Consortium and the district authorities



Agnes Masagwai is a senior nursing officer and member of the District Health Team and is the focal person for the Mbale Malaria Control Project. She tells us more about her role, the impact of the project and the effort still required.

Q How does the partnership between Malaria Consortium and the District Health Team work and what is your role?

“The partnership started in June 2011 and involves all levels, from the District Health Team (DHT) to administration at the district political office. Malaria Consortium provides financial and technical support while the district has responsibility for implementing the project’s activities and ensuring their sustainability. My role is to link the district to the project. I have to be in the loop on everything, so we usually sit with the project’s team to make the plans. I update the District Health Officer on the project’s progress and I inform the project team about the district’s needs.”

Q What are the main interventions implemented by this partnership?

“So far, the project has strengthened the VHT structure, trained health workers in the diagnosis and treatment of malaria to build their capacity in integrated case management. VHT support has also included facilitating the organisation of provider-client forums where health workers have, for the first time, exchanged views with community members. The project has also strengthened the process of support supervision at all levels of health facilities to make sure that best practices are maintained, and provided medical equipment and buffer stocks of medicines.”

Q What changes have you observed due to these interventions?

“I have witnessed a transformation of the entire health system. It has become more vibrant than ever before. Sanitation, reproductive health awareness, disease prevention and completion of referrals have improved thanks to the VHTs. The linkages between the community and the health centres have improved, especially due to the transport system, which reduced challenges like the cost of transport or the length of time or dangers of walking long distances to access health care.

“Health facilities are also handling cases more effectively. The stock outs of medicines, especially anti-malarials, have been reduced to zero. The interventions created a good working environment for health workers, it has built their confidence and this is favourable for the patients as well. These interventions, combined with the communication campaign through school choirs and drama groups, have changed the community’s health seeking behaviour.”

Q What challenges still need to be addressed and how can the achieved benefits be sustained?

“The partnership would work better with more involvement of the district during the planning and budgeting phases. We also still need to work with all stakeholders to support the VHTs better: health workers need to build better relationships with them, community members need to put into practice what the VHTs are advising, and the district and local authorities should include them in their planning. An exit mechanism has been formulated to make sure all interventions are sustained.

“The major objective of the partnership was to strengthen the health system and reduce the malaria burden, especially in pregnant women and children under five. We have achieved this, and now, communities, the district authorities and other partners should join hands to ensure sustainability of these interventions.”

IN THE COMMUNITIES:

How VHTs are encouraging behaviour change

The road connecting Mbale town to the villages on top of the hill in Wanale sub-county is steep, shaky and eroded by water and mud streams flowing down to the valley. More than 15,000 people live in this sub-county with extremely limited access to health services. There is only one health facility and people have to walk up to 18km to reach it.

Augustine Mangali, a teacher by profession and who has been active in his community in different ways since 1999, has now been trained as a VHT. *“It has really helped my community,”* he says, *“At least now, every household has got a pit latrine.”*

“We teach community members here in the village how to keep their homes clean,” explains **Fatinah Khainza**, another VHT.

“Whenever there is a health programme, VHTs mobilise the sub-county,” adds **John Khisa**, a health assistant and VHT supervisor. *“They have carried out health education and as a result, mothers are now willing to take their children for immunisation and the number of pregnant women giving birth at the health facility has improved.”*

“We also tell them that if someone is sick, they should come to us to assist them and provide a referral,” says Fatinah, *“and they are doing it. If there is any sickness around, they call me and I refer them to the health unit. Sometimes I escort them myself.”*

“VHTs are now saving lives in the community,” explains John. Community members used to have reservations regarding the services delivered at their public health facility. *“Now, the VHTs are telling the truth when they say the health facility services are up to date, medical personal are there; if you need drugs, they are there.”*

The success of the project relies on broad community ownership and input. *“They listen,”* says Fatinah. *“They know that what we are telling them is sensible.”*

“In the beginning, people who never participated in the training did not fully support the VHT structure, especially health workers,” adds Augustine. *“But eventually, the project arranged meetings and they discussed the value of having VHTs in the community.”* According to one of the community leaders in Wanale sub-county, *“The VHTs have done good work and the community appreciates them very much.”*

Fatinah Khainza, a mother of five children and a VHT, is resting home after a day of home visiting in her village, Bunabubulo, in Wanale sub-county.

To identify cases of sickness, VHTs carry out home visits in their villages. One of these stood out especially, Fatinah tells us, when she discovered four children kept indoors by their mother. *“We found them sleeping under a torn mosquito net used to cover themselves. They had a lot of jiggers (chigoe flea) on their hands, legs and even the stomach. We spoke with the mother and discussed why the jiggers had grossly affected her children and told her to try to remove them.”*

Unfortunately, when they returned to this home after some time, they found the children alone inside the house, naked, without food and without treatment for their swellings. Fatinah, with other VHTs in the village and after consulting the Village Chairperson, handed over the children to their grandmother, whom they informed about the necessity of treating the jiggers. *“She’s now caring for them and taking them to the health centre,”* explains Fatinah.

Thanks to the intervention of the VHTs, the whole community has sympathised with these children and provided them with food and clothes. Fatinah continues to monitor the four children closely; they visit the health centre for regular checkups and their health has improved. *“I wanted to help the community. As I am now a VHT, people respect me.”*



Wanale, one of the most remote and hard to reach sub-county in the district



Village health team member, Fatinah Khainza

In Busano sub-county, the impact of the project's interventions, especially the VHT structure and the boda-boda transport system, are well recognised by the local leaders. Nabukwasi Betty, whose role as Senior Assistant Secretary (sub-county chief) is to monitor and supervise government programmes in the sub-county, tells us about these two interventions and expresses her concerns regarding their sustainability.

“The project introduced by Malaria Consortium has done a lot. Before, people used not to come for treatment, but now, the numbers are increasing because of the good services and the availability of drugs. We now hold meetings where the management committee of the health unit and the community can share about health and the management of the health unit.”

The community's change of attitude is greatly due to the work of VHTs. *“The VHTs have really had a big impact on the community and we see great results, for example, on the issue of hygiene – putting up pit latrines and tip-taps, cleaning wells etc. VHTs reach even the schools and check if they are clean and up to standards.”* The gap between the community and the health facility has also been greatly reduced by the referral transport system. Betty acknowledges: *“This was a good initiative that both we the leaders and the community are happy about.”*

The establishment of such a system is not without challenges but everyone is doing their best to address them. *“Two months ago, boda-boda riders were complaining that they were not always paid so I went to talk to the in-charge of the health unit and we discussed the problem. It has now been solved as I don't hear any complaints from the riders anymore.”*

The biggest concern for Betty now is the future and how to ensure these activities would still go on after the end of the project. She is very concerned about the limitations of the local budget to sustain these activities. *“In the sub-county, we can provide refreshments during the VHT meetings, but we can't afford to give them allowances. As for the district, with their tight budget, I don't see how they can handle the other activities.”* Community contributions could fill some of the gaps, especially for the transport system. *“We have decided each house in the community is to contribute 1,000 UGX per year that we put into an account and whenever this is needed, we sit and agree on their use.”* Even now, she is waiting to see if these contributions come through. *“It's just people's mentality to have free things,”* she says laughing.

Betty has hope, however, and acknowledges that the way the project has been rooted in the district will be an asset for its sustainability. *“We have seen projects that come and go and as soon as they finish their activities, they die straight away. These projects were handling their things among themselves without involving us, the leaders. Malaria Consortium has worked closely with us. I thank the project for involving us in so many ways and I know we shall do whatever we can to maintain the activities.”*



VHTs are voluntary workers giving their time and energy to their communities. Nambuya Olivia, a 42 year-old woman who married VHT Ben Makoko, tells us about the impact of her husband's new role in her household and community.

Changes for a healthier life start at home and Olivia's husband has undertaken many things in their house. *"Everything you see here, he has built it, the toilet, the tip-tap to wash our hands, the drying rack for our utensils etc. He also makes sure that the children sleep under a mosquito net. If it is spoilt and the child has no net anymore, he goes and buys one. He doesn't wait for anyone to tell him or do it for him.*

"He has also helped our neighbours and the community to do the same. He keeps on educating all of us on how to keep the house and surroundings clean." Referring to her husband, who is standing at a distance, she explains proudly, *"Even now as you*

see him, he is just back from taking a sick old lady to the health facility. Most pregnant women also come to him for referral and at times ask him to escort them."

Although she understands the voluntary nature of her husband's role, she wishes that some appreciation could be given to him. *"Whenever he starts to work in the garden, somebody comes and reports something that requires his assistance so he stops whatever he has been doing to attend to that person. Maybe the sub-county can plan for something small to motivate them because they spend a lot of time for their community."*

In Beatrice Wolungai's compound, a quick look is enough to understand that her house is a model house used to show community members how to clean and arrange their compound to prevent malaria and other diseases. Beatrice sits in front of the house with her four-month old grandson. Beatrice is the leader of the VHT drama group of Bumasikeye sub-county. We discussed her role as a VHT and the impact of the drama group in her community.

Beatrice's husband is now too old to work and her three children and her grandson are living from the sale of yellow bananas and some small money collected here and there. Beatrice used to be a traditional birth attendant before being trained by Malaria Consortium to become a VHT. *"Malaria Consortium and Beatrice Kudonganya, our health assistant, suggested VHTs could create a drama group, so I mobilised some VHTs and a few community members and we now use drama to sensitise people about malaria, home hygiene and health seeking behaviour. Nowadays, we find people have swept their homes, they have rubbish pits, pit latrines, tip-taps and plate stands."*

Addressing misconceptions is an important part of Beatrice's role. *"Some of them thought that when they are using mosquito nets, they can't get malaria and don't need to clean their home. So we had to tell them that clearing mosquito breeding places is important, even if they are using nets."*

"Yes it has really changed people," she continues. *"At first, they didn't show much interest, but as we went around with our drama, they started becoming interested. They loved the drama and they understand the messages."*

Most of them used to give herbs to their children whenever they would fall sick or take them to the witch doctor." The drama group used this habit to create a story and encourage people to go the health facility. "Some of them came to me after the show and confessed that they had not known what to do before watching the drama. Sometimes, I meet with people on their way to hospital with their children and they say 'you always tell us to go to the health centre', so I know that our drama has changed something in them."

Beatrice is very conscious that she committed herself to do all this work voluntarily. However, she wishes that some more could be done to support them as VHTs and the drama group. *"We don't always manage to get food for everyone and when we have to walk long distances in the sun to perform, we need to get food and a first aid kit."* Beatrice is calling to leaders and other organisations, but not her community members, for this help.

"There is nothing I expect from the community except for them to understand the messages we give."

Beatrice Wolungai with her grandson. She uses drama and her model home to promote healthy behaviour in her community



FROM THE VILLAGE TO THE HEALTH FACILITY

the journey to complete VHT's referral

Magombe Siraji is one of the boda-boda drivers selected and trained to transport patients from his village to the nearest health facility, Nasasa health centre II, in Bumbobi sub-county.

Boda-boda driving is Siraji's main source of income. He was approached by the local council chairman and the VHT leader. *"They told me about the whole process of the boda-boda referral transport system and I was ready to serve my people. I was trained in defensive riding by a traffic police officer and then trained on how to carry a pregnant woman as well as a child with a caregiver,"* he explained. *"I usually get a phone call from the VHT and together, we go to the patient's home. The VHT writes a referral slip to the patient and gives me a coupon, which I show on arrival at the health facility to get money for fuel compensation.*

"At times, we don't get our refund on time, so it requires us to come back the next day, which adds cost for us." Despite these challenges, Siraji greatly appreciates the impact of this intervention. *"Before this referral transport system started, people would find it hard to reach the health facility. They could not always afford transport, so they would either walk or resort*

to alternative treatments." According to him, *"It has changed the community's attitude towards seeking better health services."* This is also due to the presence of the VHTs and the better quality of care at the health facility. *"The VHTs are linking the patients to us and to the health units,"* he says. According to patients' feedback, he believes services have improved. *"Since I started transporting patients, I have never heard any patient complaining about health workers or health services."*

Siraji has some suggestions on how to sustain this intervention. *"At times, I tell the patient I transported to pay when they get the money. Also, the community can step in and contribute something. People always contribute to burials and wedding ceremonies, so I believe if we sensitise them, they will contribute. Most people are farmers, we can ask them to give something at the end of each season."*

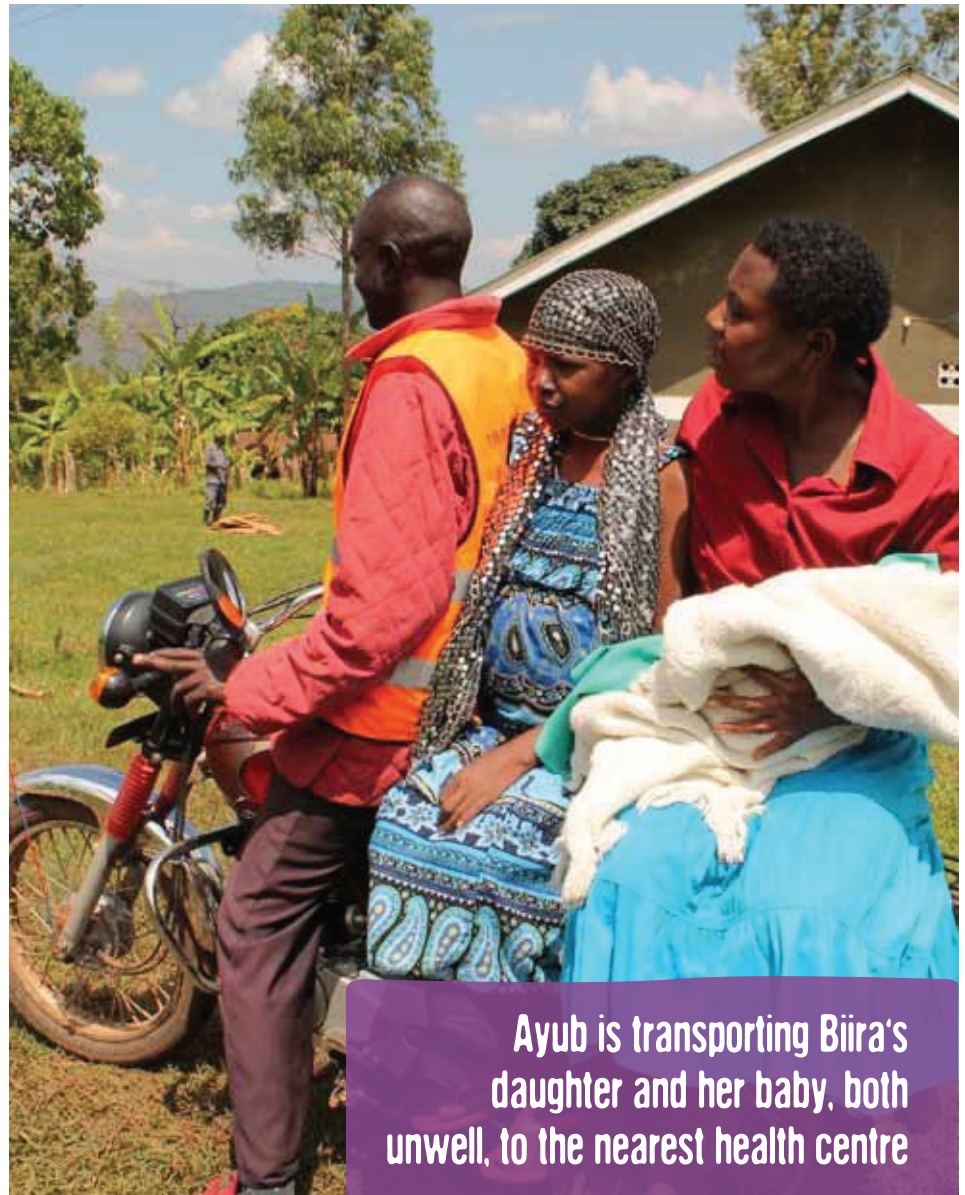
Biira is accompanying her daughter with her newborn baby to Butumbo health centre by the boda-boda driver Ayub after being referred by the VHT. They are both seeking health care after complications during birth at home.

“When my daughter was in labour, a few days ago, I ran to the VHT, she called the boda-boda rider who brought us here,” says Biira.

Ayub adds, “Today, the VHT called me again because the young mother had a swollen stomach and the baby was also not well. The mother could not sit alone on the motorcycle. According to my training, I can transport someone else to support the patient, so I carried them together with Biira.”

“Ayub always sits with us until the health worker takes over,” says Biira, *“and sometimes, he even takes us back home.”*

“Previously, when a woman was in labour, they used to carry her and they were very slow. Now, when there is an emergency, they just call me and action is being taken immediately,” says Ayub, boda-boda rider



Ayub is transporting Biira's daughter and her baby, both unwell, to the nearest health centre

AT THE HEALTH FACILITY: Improved quality of care

There is still no power in Bufumbo health centre IV. Despite the presence of a laboratory, using a microscope is not possible on cloudy days when there is not enough light to read the slides. Freedah Nagudi, a laboratory technician, has seen significant changes since the introduction of the Mbale Malaria Control Project.

“At least there is no clinical diagnosis anymore.” Thanks to the use of malaria rapid diagnostic tests (RDTs), laboratory technicians can provide a diagnosis at all times. In addition to being trained in malaria diagnosis, quarterly meetings and regular support supervision have also been introduced. *“These meetings motivate health workers and laboratory technicians,”* explains Freedah. *“Now, we meet and share ideas, we can discuss with senior staff and discover what worked and what didn’t. We also receive mentoring on site and this has greatly improved our knowledge on malaria diagnosis.”*

In addition, a system of quality assurance has been put in place to ensure that microscopy slides are being read properly. Every week, slides are being collected and taken to Mbale Regional Referral Hospital for a second reading. *“As we work, I am now really conscious that after me, others are going to analyse the slides. I know I have to work well and constantly improve.”*

The triage system also facilitated Freedah’s work. *“Previously, we used to just follow the line, first come first served, and we couldn’t work on emergencies,”* she recalls.

For a health facility with a catchment area of 3,000 people and health workers seeing around 60 patients a day, prioritising patients according to the severity of their symptoms has changed the way cases are handled and patients are received. *“Now you pick the red card first because you know the person is more ill than others. When you explain to other patients, they understand that it is a serious case, so nobody complains.”*

“All these changes have brought more satisfaction to the job” said Freedah with a smile. *“What I learned is now in me. It is not because the project has ended that I stop there!”*

Patients waiting for test results
outside the laboratory in Bufumbo
Health Centre IV



Daniel Okello, an enrolled nurse in charge of a health centre II, reads the rapid diagnostic test result of his latest patient



“Together with Malaria Consortium, we have equipped our laboratories with microscopes and our health units with weighing scales, RDTs and other medical supplies. We have also trained health workers and laboratory technicians. It brings joy to my heart and it has been a boost to all staff across the health system. In fact, last time I felt unwell, I decided to go to the public health facility to check the quality of the services. They diagnosed me using an RDT, gave me the right medicine and I got better. The health-seeking behaviours of our community have greatly improved. People used to think that they would not find drugs or skilled health workers at the health facility, so they would not seek medical care. Perceptions and attitudes have changed thanks to Malaria Consortium.”

Charles Otim, District Chief Administrative Officer

Herbert Namugi, an enrolled nurse, has been working in Muruba health centre II for more than two years and speaks with fervour about the changes brought about by the project's interventions.

Herbert chose this profession “*out of passion*” and he is thankful for the training he received in malaria case management. “*Initially we were using fever as a diagnosis for malaria. Now, fever is a symptom and we send the patient for an RDT test. The training has given me more confidence and I now handle patients from an informed point of view.*”

Training alone does not have a long-term impact on health worker’ practices. It is with this in mind that the project has re-established and strengthened the district’s support supervision process. “*This is an island where the district hardly used to come. Now, a team comes and checks the unit. We are kept updated and senior personnel are here to advise us. We receive mentorship and it has improved the way we communicate with and handle patients,*” explains Herbert. “*It has actually made us better medical practitioners.*”

“*The project also supports the organisation of client provider forums, enabling patients to provide feedbacks on our services. We also communicate our expectations. For example, patients used to send kids to the unit without anyone to accompany them. Thanks to these forums we no longer receive children alone at the unit.*”

Herbert is confident that interventions can be sustained after the end of the project. “*I would encourage the district and the government to take over the responsibility of the support supervision.*”

The Mbale Regional Referral Hospital is the highest level of health facility in the district and is where the most severe cases are referred. Senior health workers coordinate their work at the hospital with training and supervision responsibilities over lower level health facilities. Patrick Bwonyo, a senior laboratory technician in charge of the micro-biology department, Dr. Ntezi, a clinical officer and a trainer and Sister Muzei, a senior nursing officer in charge of the pediatric ward, share their views on the project.

At the Mbale Regional Referral Hospital, health workers have been involved in training health workers and laboratory technicians at lower level facilities and as Dr. Ntezi observes, *“Training other people also makes you better. We also provide support supervision, visiting health centres with a team to find out how they are doing, how they are keeping records and how they are handling cases. Sometimes, we find opportunities to hold classroom sessions to demonstrate best practice.”*

Patrick Bwonyo has also interacted with staff at lower level facilities and witnessed the impact of the project’s interventions. *“Malaria diagnostics and that of other diseases have greatly improved. Before the project, health workers would treat clinically, because of the shortage of laboratory supplies. The process of diagnosing patients has now become faster and more efficient.”*

“We have seen significant changes,” says Dr. Ntezi. *“When I go to a level IV health centre, I find people energised, critically identifying cases and referring the ones they need to refer.”*

Patrick says, *“Health workers are now more motivated and this is evident when we look at the reduction of health worker absenteeism.”*

Dr. Ntezi is convinced that *“interventions like support supervision and continuous sharing between health workers are simple interventions and that no amount of money can buy.”* However, according to Sister Muzei, *“We shall maintain the quality of our work but this will come with efforts on the remuneration from the district and the Ministry.”*



Patrick Bwonyo orients new laboratory assistants

“Before, I used to rely a lot on muzula [local herbs], which were understood to cure malaria very fast. But the VHT came and told me about the dangers of using local herbs. He also told me how important it was to take my grandchildren for a laboratory diagnosis first. Since that time, I have always sought professional advice from the health facility. The services there have improved a lot. When I used to take my own children to the health facility, services were slow and you would thank God if you could get medicine there. Now, the medicines are there, the health workers are quick and when you come with a referral slip from the VHT, they attend to you very fast. I can now spend two hours there instead of eight. The health workers are also friendlier. With free transport helping us cover the long distance to the health facility, when our children get sick, this is now the cheapest and best option for us. I see all other community members doing the same.”

Kakai Samali, caregiver, Bungokho Mutoto sub-county

THE DISTRICT PERSPECTIVE

Dr. John Baptist Waniaye, District Health Officer, observes how the project has benefitted the health system and how to sustain these benefits.

Q Please tell us briefly about your position and the partnership with Malaria Consortium.

"I have been working as the District Health Officer in Mbale District for the past four years. My role is to coordinate the efficient delivery of health services. It involves the supervision of human resources for health and the development of health service delivery plans to address the needs of the population. It also involves the effective management of diseases and outbreaks, ensuring that all health facilities are operational and developing procurement plans for the health units.

In the district, we realised that malaria could be an entry point to solve many problems within the health system. We wrote to Malaria Consortium Uganda to appeal for assistance and, thanks to funding from Comic Relief, the partnership started. Malaria Consortium provides the finances and technical support to guide implementation of the project. Our role is to provide staff and facilities; our district health team and the project team work together on planning, implementation and evaluation. So far, the partnership has been working smoothly."

Q The project has been implemented for close to three years. What impact do you see on health service delivery and more broadly on health in the district?

"The health-seeking behaviours of our communities have improved a lot and this is due to a vibrant VHT structure. Patients who reach health facilities are now able to get medicines, thanks to the improved use of medicines and reduced wastage of anti-malarials. Health workers feel more confident because they are able to diagnose accurately and offer proper treatment based on an accurate diagnosis. Most health workers used to skip duty a lot when I joined this office. They lacked moral because the system, by that time, could not address their needs. Having enough drugs to give to the patients and the right tools for them to do their work has greatly motivated the health workers. Now these unprofessional practices are gradually reducing, which is a big achievement for us. As a result, and as shown by a study conducted by one of our partners, in the past two years, the satisfaction with health services has greatly improved."



The project team poses with the Mbale District authorities at the project's launch

Q What are the key interventions to sustain in order to sustain these benefits? How do you think they can be sustained and what other challenges are you still facing?

“The VHT structure is what I perceive as the most important intervention to sustain. VHT’s are involved in all our community programmes, such as immunisation, sanitation awareness and reproductive health. Since the structure is organised and vibrant, it is paving the way for all current partners and others to use this structure. However, the boda-boda referral transport system, the support supervision of health workers and the client provider forum are also key interventions that cannot be lost from the system. All of these components are interlinked and if you isolate one, it may impact upon the others.

“The district takes these interventions very seriously and we are planning and budgeting for some of these activities. We are also thinking about how to organise our planning at sub-county and village levels. We feel that the community should contribute to maintain some of the activities.

“Sustainability also implies that people maintain learned behaviours and continue adopting them. VHT drama groups and the school choir will continue their community sensitisation and support supervision shall be used to maintain health worker best practice.

“Of course we are still facing challenges, like the lack of accommodation for health workers, the absence of proper laboratories in some health facilities and the need for more support for all our VHTs. This calls for more effort and support because Malaria Consortium cannot solve everything and district resources are limited. We are looking at increasing our partnerships. We believe that through coordination and networking with other service providers, we will be able to sustain the current achievements in the health sector.”

Q What is your opinion on this project as District Health Officer and as a member of the Mbale community?

“I think this is a great project which has touched the needs of our people and has satisfied many of our needs. As District Health Officer, I feel very proud to be associated with this project because it has been able to make me fulfil some of my mandates and assignments. There is a sense of accomplishment and even if I were to leave this office today, I would be proud of what I have left behind. I used to receive so many phone calls from villages telling me there is no medicine here and there. Now, I don’t receive calls anymore. As a villager from this place, I feel really happy that we can go to a health facility, be diagnosed and receive drugs.”

The district leadership, involved from the onset of the project's design, is very committed to the success of the interventions and has provided constant support to the project. We discussed with Bernard Mujasi, Chairperson of the Local Council of Mbale District for the past thirteen years, and Charles Otim, the District Chief Administrative Officer, the challenges faced by the district team in sustaining these interventions.

Despite the enthusiasm, the two leaders are concerned by the impending end of the project. "We have a lot to do," says Mr. Otim when asked about how these interventions can be sustained.

It is clear to both that the VHT structure is a core intervention that needs to be sustained. A budget has been developed and submitted to the central government for approval. The Director General of Health Services in the Ministry of Health has been approached by several districts to help secure the budgets. However, they are concerned about the limited resources available at district level, which may not be sufficient to sustain the VHT structure, as well as other interventions like the boda-boda referral transport system or regular support supervision. "We have requested that Malaria Consortium and the donor, Comic Relief, extend the programme [until May 2015 instead of May 2014] to enable us to develop capacities to ensure these interventions are not shut down."

They are also approaching other implementing partners who could take over some of the activities and sub-counties – who receive directly 25 percent of the budget allocated to the district – are also being sensitised to participate in financing these interventions. Emphasis is being placed on the importance of community participation. As Mr. Otim describes, "In Busiu sub-county, the biggest community saving group has pledged to recognise and support VHTs by providing interest-free loans

and has also expressed its commitment to use part of the accumulated profits to support the referral transport system."

Mr. Mujasi intends to encourage these initiatives when holding meetings in the community. The leaders are confident that the partnership with Malaria Consortium will have a lasting impact on the district and that improvements in health service delivery will lead to a healthier and more productive population and will help to reduce poverty, what Mr. Otim calls "a ripple effect."



from left to right: Dr. Godfrey Magumba, Malaria Consortium Country Director, Mr. Bernard Mujasi, Chairperson Mbale Local Government, and Mr Otim, Chief Administrative Officer

VHTs perform a drama to educate the community: a sick child and her mother are referred to the health facility by a VHT



Malaria Consortium 2014

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Malaria Consortium is one of the world's leading non-profit organisations specialising in the comprehensive control of malaria and other communicable diseases – particularly those affecting children.

Established in 2003, Malaria Consortium works in Africa and Asia with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services for disease control.

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disease control, better health

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