Ernest Masereka, a voluntary community health worker from Rutoke village, understands the benefits of open dialogue. He first introduced his community to the idea of forming a village health club in December 2017. Village health clubs provide forums where community members can disseminate important messages and address issues, such as sanitation, health, and savings. Collectively, members of the club come up with action plans and provide local solutions for the challenges their community faces.

Club members, Ernest suggested, could also contribute 1,000 Ugandan shillings (approximately US $0.25) every month for the community to use to address health issues when needed. The community welcomed this idea and in January 2018 a village health club was formed. Members then began contributing to what they referred to as the ‘ambulance fund’.

Since 2016, USAID’s Malaria Action Program for Districts has worked with key influencers (a person or group that has the ability to influence the behavior or opinions of others) like Ernest to reduce the malaria burden in Uganda. The role of a key influencer is to sensitise their communities on the dangers of malaria, the importance of seeking early treatment within 24 hours of symptoms, and using preventive practices. This is done through monthly home visits and, when they exist, through community dialogues via the village health club. In September 2017, the USAID project, implemented in partnership by Malaria Consortium, identified and trained 32 key influencers in malaria prevention, treatment and interpersonal communication. Each attendee was asked to then establish a village health club.

Thanks to Ernest’s encouragement, his community’s village health club is succeeding. When one village health club member Bagonza’s son got sick in May 2018, his son was taken to a nearby health center where he was diagnosed with malaria and received treatment. However, his condition became worse after a week and he was referred to St Paul’s hospital 10 kilometers away from his home in Kasese town. Bagonza did not have enough money for treatment, so he spoke with the chairman, treasurer and secretary of the village health club in his village and managed to borrow 40,000 Ugandan shillings (approximately US $11). With this money, Bagonza took his son to the hospital and bought food and other items for his family. This was officially communicated to the village health club members at the next meeting.
and a repayment schedule was established for Bagonza to replenish the “Ambulance fund.”

“My child is very well now and is back at school,” said Bagonza. “Recently, the government gave us nets and we now sleep under a mosquito net. I also know even more nets are being distributed at the facilities to pregnant mothers. We are lucky that our village was chosen for this project.”

The Malaria Action Program for Districts plans to increase the number of key influencers in the Kasese district from four to 10 to extend its reach in promoting behavior change and reduce the malaria burden in the district. Since key influencers and community members are accountable for the success of village health clubs, this will ensure the sustainability of the program’s impact even after it ends.

Malaria remains a persistent problem in Uganda as the country’s leading cause of death, particularly in children under the age of five. This program is just one way that USAID and UKAID are working together to reduce malaria deaths to near zero by 2020.