The inSCALE project is working to increase coverage of integrated community case management (ICCM) and increase the number of VHTs trained to treat children under 5 years for diarrhoea, pneumonia and malaria.

The goal of the project is to develop innovations based on research which will have a positive impact on community health worker motivation, performance and retention in order to increase the quality and coverage of ICCM in Uganda. This will eventually lead to an increase in the number of children receiving the right treatment in their communities or being referred to health facilities.

As a first step in identifying the innovations, findings from a large piece of formative research, literature reviews, stakeholder analyses and other research activities were used to outline two possible innovations: A technology arm and a community engagement arm. Potential components of these two arms were subsequently identified and consultations with key stakeholders were conducted to provide information on the feasibility and acceptability of these.

In order to achieve this, VHTs need to be properly trained, supported and motivated.

THE CHALLENGE

VHT performance and motivation are influenced by appreciation of the VHT role and responsibilities by their communities. Despite the national VHT strategy being one of community ownership, VHTs often feel misunderstood and unappreciated by their communities.

“Being a Village Health Team member, I feel proud because I have the access to teach my people what to do to improve their health. I feel involved in people’s lives”

Joseph Okello, VHT coordinator, Chai sub-county, Uganda
Innovation: Village Health Clubs

Based on the analysis of the formative research findings and stakeholder consultation, the community engagement arm has taken the form of Village Health Clubs across the Malaria Consortium ICCM implementation areas in mid-western Uganda.

The village health clubs aim to improve child health through a community-led forum with the VHTs as the main focus point. Village health club meetings will provide a forum where VHTs and community members who are part of the club can work together to identify child health and VHT challenges. They will use village networks, knowledge, creativity and other assets.

Village Health Team members will facilitate using a learning, planning and action cycle. Health club members will rank child health challenges faced by their community using picture cards and decide which one to focus on for each of the cycles. They will discuss solutions, which include supporting VHT services, and take actions to meet these challenges.

The clubs will be open to all members of the village and designed to be fun while focusing on the community health worker as the main village health asset. The VHT facilitator will encourage members to plan and carry out the club’s activities. They will also promote group decision-making and ownership and through this process gain tangible results. Solutions to village health challenges developed by village members are a key focus of the village health club approach.

Village Health Clubs are based on five guiding principles which will inspire community members to pull together and act, and encourage members and community leaders to use the clubs for the purpose they are intended. These principles are: to improve child health and reduce the number of children dying from preventable and treatable diseases, clubs are open to all, village owned, intended to support CHW work, strength based, and fun and focused.

Why Village Health Clubs?

Village Health Clubs will increase the community’s understanding of what VHTs can and cannot do and their potential to improve child health in the village. In doing so village health clubs will improve the status and standing of VHTs as key village health assets, increasing their motivation and quality of service provision. This increased understanding could mean that a greater demand for VHT services and the number of children accessing them may increase. In addition the actions of health club members will communicate to the community health workers and other village members that their work is important, of value and appreciated.

The training of VHTs to facilitate the health clubs will reinforce and add to skills acquired during ICCM training and may also improve quality of care.

Village health clubs will hopefully become valued village forums increasing community health worker and village capacity to address health issues in their communities and ensure children are receiving timely, effective and appropriate treatment.

“The most important thing is dialogue, it will help in identifying the problem and what actions the village will take. The clubs will bring the community health workers and the village closer. The community will see itself as being involved in the planning of the VHT activities and the sense of ownership will be strengthened. It is not a top-down programme but it is being generated from within the community.” Says Gerald Barungi, a health assistant from Budongo sub-county, Masindi, who supports 120 ICCM trained community health workers.

“With this approach, will work together, have collective action, set priorities and plan actions and deadlines together to increase friendship. We are looking forward to being involved”