inSCALE Community Innovation

THE CHALLENGE

Community health workers called, Village Health Team members (VHTs) in Uganda, are playing an important role in reducing the number of children getting sick and dying from treatable and preventable diseases in Ugandan communities. To help achieve this reduction, VHTs need to be properly trained, supported and motivated.

VHT performance and motivation is influenced significantly by the community’s appreciation of their role and responsibilities. Of key importance is their ability to carry out their work as a VHT to a high standard, and also their relationship with their supervisors.

Community involvement and support are important to community health worker motivation

Village health clubs help identify health challenges

Community engagement approaches to improve motivation and performance of CHWs in Uganda

“Being a village health team member, I feel proud because I have the ability 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

Meeting the challenge - inSCALE

The inSCALE project, supported by the Bill & Melinda Gates Foundation, is working to increase coverage of integrated community case management (ICCM) and expand the number of VHTs trained to treat children under five years for diarrhea, pneumonia and malaria.

The goal of the project is to develop innovations based on research which will have a positive impact on VHT motivation, performance and retention in order to improve 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 possible community based innovations in Uganda.

Potential components of these innovations were subsequently identified and consultations with key stakeholders were conducted to provide information on their feasibility and acceptability.

Based on the formative research, the community intervention has taken the form of the village health clubs in Malaria Consortium ICCM implementation districts in Uganda.
Innovation: village health clubs

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, personal experience and knowledge, creativity and other community assets to help solve child health problems.

Village health team members will facilitate the meetings 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 are designed to be fun while focusing on the VHT 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 to be used for. These principles are: open to all; village owned; intended to support VHT work; strength based (using village assets); 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, correspondingly, an increase in the number of children accessing them. In addition, the actions of health club members will help communicate to the community health workers and 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 forums increasing the capacity of both the community health workers and the village inhabitants to address health issues in their communities and ensure children are receiving timely, effective and appropriate treatment.

“The most important thing is dialogue,” says Gerrald Barungi, a health assistant from Budongo sub-county, Masindi, who supports 120 ICCM trained VHTs. “Dialogue will help in identifying any 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,” adds Gerrald. “It is not a top-down programme but it is being generated from within the community. With this approach, we will work together, have collective action, set priorities and plan actions and deadlines together to increase friendship. We are looking forward to being involved.”

Malaria Consortium inSCALE partners:

For more information, visit www.malariaconsortium.org/inscale