



Innovations at Scale for Community Access and Lasting Effects

Most Significant Change Methodology

inSCALE Project

Uganda

Final Report January – May 2014

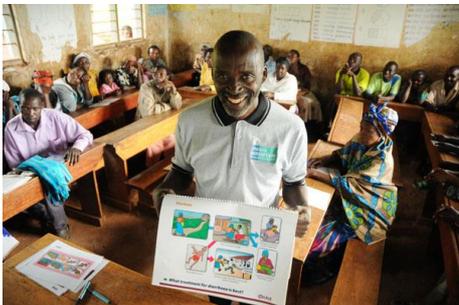


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Acronyms

ANC – Antenatal Care

CDO – Community Development Officer

CUG – Closed User Group

ICCM – Integrated Community Case Management

inSCALE - Innovations at Scale for Community Access and Lasting Effects

LC – Local Council

MSC – Most Significant Change

NAADS – National Agricultural Advisory Services

SACCO – Savings and Credit Co-operative

SC – Significant Change

RDT – Rapid Diagnostic Test

VHC – Village Health Clubs

VHT – Village Health Teams

The inSCALE Project

The overall goal of the inSCALE project is to develop and implement innovations based on research, which will have a positive impact on Village Health Team (VHT) motivation, performance and retention in order to improve the quality and coverage of integrated community case management (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. inSCALE is implementing a randomised control trial; a community intervention is being implemented in 13 sub-counties of mid-western Uganda; a technology based intervention in another 13 sub-counties in the area; and a further 13 sub-counties are control areas receiving no interventions. The Most Significant Change methodology was conducted in the intervention areas only.

inSCALE is implementing the village health clubs which aim to improve child health through a community led forum with the VHTs as the main focus point. Village health club meetings 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 use village networks, personal experience and knowledge, creativity and other community assets to help solve child health problems. Village health team members facilitate the meetings using a learning, planning and action cycle. The clubs are 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 encourages members to plan and carry out the club's activities. They 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.

Under the technology based intervention, VHTs have received a phone with inSCALE software for data submission and a solar charger which can also be used for income generation. The use of mobile phones is intended to increase the status of the VHTs in their communities and allow frequent feedback and support from the VHT supervisors based on submitted data. This provides VHTs with the desired performance-based feedback and promotes connectedness to the health system. It is intended to increase the frequency and quality of contact between supervisor and VHT through the establishment of closed user groups as a result of which VHTs are able to make unlimited, free calls to each other and their supervisors. After submitting their data, VHTs receive relevant feedback messages, thanking them for their work and highlighting its importance in their context. Automated SMS's are sent to supervisors flagging any problems and strengths identified in the data submitted by the VHTs using the provided phones, and alerting supervisors as to which VHTs require targeted supervision.

inSCALE – Most Significant Change Process

What is most significant change (MSC) methodology?

MSC is a form of participatory evaluation. It is participatory because many stakeholders are involved both in deciding the sorts of changes to be recorded and in analysing the data collected. It contributes to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the programme as a whole.

Essentially, the process involves the collection of significant change (SC) stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by 'searching' for project impact. Once changes have been captured, selected groups of people sit down together, read the stories aloud and have in-depth discussions about the value of these reported changes, and which they think is most significant of all. When the technique is implemented successfully, whole teams of people begin to focus their attention on programme impact.

MSC is most useful:

- Where it is not possible to predict in any detail or with any certainty what the outcome will be
- Where outcomes will vary widely across beneficiaries
- Where there may not yet be agreements between stakeholders on what outcomes are the most important
- Where interventions are expected to be highly participatory, including any forms of monitoring and evaluation of the results

inSCALE Project SC Story Collection

63 SC stories were collected from VHTs and VHT supervisors in 4 districts in the Mid-Western region where Malaria Consortium is implementing the inSCALE project. Two interventions, one community engagement approach and one technology supported approach, have been running for 12 months in the area, with the aims to increase VHT motivation, retention and performance. The stories were edited for readability only; content was not changed, and divided in to four domains.

Domains

- DOMAIN 1: Technology Arm – VHTs
- DOMAIN 2: Technology Arm – Supervisors
- DOMAIN 3: Community Arm – VHTs
- DOMAIN 4: Community Arm – Supervisors

Story Selection

Three levels were determined to facilitate the story selection:

- Level 1: Malaria Consortium ICCM staff
- Level 2: District stakeholders
- Level 3: National stakeholders

Level 1 Selection

Level 1 selection took place at Malaria Consortium Uganda offices on 29th April 2015. Four members of staff participated in the process:

- Eleni Capsaskis, Regional Communications Specialist, inSCALE
- Dr. Denis Mubiru, Project Manager ICCM Central, Malaria Consortium
- David Odong Salandini, Western Regional Coordinator, Malaria Consortium
- Leila Noisette, Advocacy Officer, Malaria Consortium

This team ended up selecting six stories from domain 1, two from domain 2, five from domain 3, and three from domain 4. (See list of rejected stories with justifications in Appendix C and stories with selection notes forwarded to Level 2 in Appendix B). As each story was read out loud, the team discussed the story, bringing out the positive aspects and any concerns they might have, based on which the story was 'accepted', 'rejected', or placed in the 'maybe' pile. Where too many stories were 'accepted' in one domain, participants went through the comments notes, discussed again and made a final decision.

Level 2 Selection

The second level team met in Hoima on 13th May 2014 and included the following district stakeholders:

- Godwin Tumusiime, Records Officer, Kyegegwa District
- Mirimo Godfrey, District Health Educator, Buliisa District
- Okumu Morris, Malaria Focal Person, Buliisa District
- Dr. Imam Mutyaba, District Health Officer, Kiryandongo District
- Walther Sekonde, Malaria Focal Person, Kiryandongo District
- Solomon Kwediiha, District Health Educator, Hoima District
- Fred Byaruhanga, District Health Educator, Kyankwanzi District

Out of the 16 stories passed through from the first level, this team selected three stories across each of the two interventions. (See justification on rejected stories in Appendix B and selections and notes of stories forwarded to Level 1 in Appendix A). The selection process was slightly different this time, given that all the stories were 'strong'. Therefore, participants were asked to score each story from 0-10, and based on this overall score, the story was 'accepted', 'rejected' or placed in a 'maybe' pile. For each intervention, more stories were accepted than needed, so participants went back to look at notes and comments and made a final decision on which stories should be passed through to the final level.

Level 3 Selection

The final level team met at the Malaria Consortium Uganda office on 16th May 2014 and included the following national stakeholders:

- Dr. Jane Nabakooza, National Malaria Control Programme, Ministry of Health
- Paul Kaggwa, Assistant Commissioner Health Services, Ministry of Health
- Jackson Ojera, Health Specialist ICCM, UNICEF
- Dr. Godfrey Magumba, Country Director, Malaria Consortium

Participants read all three stories for each of the interventions before deciding on which one should go through. (See Appendix A for justification on rejected stories). At the end of this final stage of the selection process, the national stakeholder team chose the following two stories they thought best represent each of the interventions:

TECHNOLOGY ARM FINAL MSC STORY

STORY 23: Technology Arm VHT, Kitembeka Village, Kiseke Health Centre II

“When I was still with the phone (before it broke) I would do all the transactions on the phone. I would send weekly reports using the inSCALE phone, the RDT (rapid diagnostic test) timer was on the phone, the respiratory timer was on the phone, sending the messages was done through the phone, you would just sit there and do everything using the phone. For example if a patient came I would just get the blood sample from the patient, put it on the RDT (test kit) thereafter continue doing my other work while I wait for the test. When the time was over, the phone would make noise like “*twiiiiii*”, and then I would check the outcome and treat according to what the RDT had shown. For the fast breather, I would keep counting without worrying checking on the timer because it would make noise when it was time up.

“Before we had a timer which looked like a small clock, you would set it and worked the same way as the timer on the inSCALE phone timer. When the time was over it would also make noise and I’d treat the patient if the results were positive and refer when negative. The only difference is that with the inSCALE phones we send weekly data easily and receive messages, which acknowledge us from the Malaria Consortium people at the top directly. They send us messages, which encourage us and these keep our spirits very high. If they sent me a message like “*thank you*” don’t I get encouraged? Eh, I become more encouraged to do the work.

“To me, submission of the data directly has been the most significant change I have seen in the inSCALE phone innovation. Before, we would submit our reports to the parish coordinator and in turn would also submit it to the next level at the health centre so the process of submission was long. It would take like a month because the coordinator would go around the parish collecting the reports, which was not easy because he would find that some reports were not ready. Thereafter would then take the reports to the supervising health facility for submission. We never got any messages acknowledging us that our data had been received. We didn’t know after that how long it took the health facility to submit the reports because we never had any more communication about the reports. We could not tell if they were submitted or not. This time around I send my weekly report and get a prompt response messages like after 1 minute of submitting our data. This makes me very happy and at times I jump with joy over the response. They can say ‘*Mariam Twaha, your data has been entered*’ of course this makes me happy. Yet in the past we didn’t know what happened to our reports because they passed through a lot of process.

“In the community people realised that we had gone a step further in the way we were treating their children. When they saw us using the phone during treatment they would be excited and thought their voices were being recorded and sent directly to the higher up places like Malaria Consortium. The number of people who bring their children for treatment has also increased. People think we have been trained more and we are experts. They also think the drugs which they get from us are more effective because their children get healed with these drugs. This is only partly due to the phones. Why most people bring their children to me is the availability of drugs and their children getting cured after using those drugs. When we had just begun they used to think that the services was for the poor but these days even the well off families ring me on the inSCALE phone (before it broke) when their children fall sick to inquire if the drugs are available.”

Level 1 Feedback

Despite the story coming from a VHT with phone currently not functioning, it was accepted as covered all the aspects, the tone is animated and personal, the opening phase sums up the desired impact very well, is strong on motivation and increased number of children brought for treatment and the appreciation on quality of drugs.

Level 2 Feedback

The story was among the four stories initially accepted from the technology arm as the personal, genuine and enthusiastic account of the VHT's very positive experience, focusing on motivation, improved data submission, increased performance and access to treatment, improved standing in community, strong community buy in resulting in behaviour change. However, as the four stories needed to be narrowed down to two, this one was eventually rejected, but chosen as 'back up' story for the final round.

Level 3 Feedback

Despite the story coming from a VHT whose phone is currently broken, this story was selected as the overall best story to represent the technology intervention, a story of great change from a happy VHT. The story was seen as compelling and personal, and was described to tick all the boxes in the behaviour change process. Motivation was highlighted as one of the main focuses clearly brought out, due to feedback messages and thanks, the thanks keep the VHT going, which is a great sustainability indicator. Ease of work came out clearly, including time saving on reporting, which again is motivating and improving performance. The VHT has experienced improved respect and standing in community which is increasing access to treatment. The only concern from a programme perspective moving this intervention forward is the aspect of a broken phone and what this would mean for sustainability, but this concern did not affect the decision to choose this as the best story of Most Significant Change.

COMMUNITY ARM FINAL MSC STORY

STORY 10: Community Arm VHT, Buliisa Health Centre IV

“Since the VHC (village health club), cases of diarrhoea brought to me for treatment have reduced. Even cases of malaria and pneumonia have also reduced. Malaria has reduced mainly because of the sensitisation by the health club through drama where we show community members the importance of sleeping under mosquito nets. Many community members make children sleep under nets and even adults sleep under nets and that has reduced malaria incidents.

“The other change is today the community sees me as an important person in their lives. People no longer despise my services like they did when I was newly trained. They would refuse to bring their children to me for treatment. Instead they would go to the health facility or go to buy drugs from the drug shops and clinics, but today they run to me whenever a child falls sick even when it is night time. Where they find drugs out of stock, the caregivers request me to take the malaria test for them to know whether it is malaria or not before they come to the health facility.

“In my work, I would feel bad when community members despised my services and yet I had received the training to treat simple malaria in children but the VHC has helped me to get respect from the community members because it is through the club that people have realised how important I am to them. This is most important because when caregivers bring sick children to me I give them advice on how to prevent malaria and diarrhoea and they follow my advice. I don’t only wait to talk to members in meetings or during the drama but wherever I find people together I talk about health issues.

“Now the community has improved hygiene as a result of village health club. Latrine coverage has increased; out of fifty homes in the community, at least thirty have pit latrines and drying racks. Also community members now have clean compounds, bushes around homes are slashed and this has reduced on diseases that were caused by poor hygiene like diarrhoea in children and even malaria. That is the most significant change to me.

“The VHC has also united community members. Here community members are divided politically into the Bero and Umoja groups and the two groups never used to meet but because of the activities of the village health club, members are now united to address health issues that affect them.”

Level 1 Feedback

The story was accepted as it is overall very positive, clearly demonstrating the improved standing of the VHT and resulting improved motivation, how access to treatment has improved and a change in behaviour to caregivers requesting tests before treatment. It was furthermore appreciated that the club has a positive affect on community unity and political tensions.

Level 2 Feedback

The story was chosen as the ‘back up’ story for the final round as it was strong on almost all factors including recognition of VHT, change in perception of role and improved trust all leading to improved motivation. Also reduction in cases leading to more free time for VHT, community ownership and unity leading to sustainability, prevention of malaria linked to reduction in cases, and improved treatment seeking behaviour. What also impressed was the fundamental change in political tensions as this was seen as a significant indicator.

Level 3 Feedback

The story was chosen as the best MSC story as it was seen as the most real and credible story, clearly bringing out all the important aspects of recognition and motivation, improved performance, reduced VHT workload, increase in health promotion and prevention leading to reduction in diseases, change in health seeking behaviour, increased trust in VHT, high level of community participation, and additional behaviour change aspects such as community members demanding tests before treatment.

Most Significant Change Stories Summary

Of the initial 63 stories collected from the field, a number of messages came out clearly – some only in one intervention, and some across both. See summary in table below.

	Messages	Community Arm		Technology Arm	
		Supervisors (7)	VHTs (21)	Supervisors (8)	VHTs (23)
1	Improved VHT mobilisation	1		2	5
2	Improved community mobilisation	3		1	
3	Improved VHT standing and respect	2	8	5	8
4	Improved VHT motivation/activity	2	1	8	4
5	Behaviour change - prevention	7	16		1
6	Behaviour change - early treatment	3	2		1
7	Reduced VHT workload (fewer sick children)	3	14	3	9
8	Increased VHT workload (more children brought for treatment)		4	1	3
9	Reduced supervisor workload	1		5	1
10	Reduction in diseases	5	19	1	1
11	Reduction in childhood mortality	1	2	3	1
12	Community VHT contribution	2	4		
13	Improved communication - between community and VHT	1		1	10
14	Improved communication - VHT-to-VHT and supervisors			8	20
15	Improved community productivity	2	3		
16	Sustainability opportunities	4		1	
17	Community unity/ownership	2	11		
18	Improved/easier VHT reporting			7	17
19	Improved diagnosis of malaria and pneumonia			1	7
20	Solar lamp impact on treatment			2	6

APPENDIX A: Level 2 MSC Selections (6 stories forwarded for Level 3 group)

Technology Arm

STORY 1: Technology Arm VHT, Kibuurwa village, Kyabasengya Health Centre II

“The main change with the phones is that we easily share information in our work as VHTs which makes it easy. Even making reports is now easy, we enter data and send the reports using the phone every week, but before we got the phones, we were disturbed by writing reports every month. Communication with Malaria Consortium office and other offices with Hoima that we work with has also been made easy.

“We also use the respiratory timer on the phone which has made my work easy because the respiratory timer we were given at first were not working well and others like mine got spoilt, but this one on the phone has helped me a lot in my work. It is easier to use because when you set it, you wait for the alarm to go before you stop counting the breath rate, but the old respiratory timer would disturb me to set and I would delay to start counting the breath rate. It was difficult for me to treat children brought with cough suspected to be pneumonia.

“Before I got the phone, caregivers would just come to my place without knowing whether I was there or not but now some caregivers first call me to find out whether I am at home and whether I have the drugs. I inform them of when they will find me at home. Before, when I would be far and caregivers would come and wait, then the children’s conditions were getting worse, but now I give them the time to find me at home and when the child’s condition is not good, the caregiver goes to the other VHT or finds other ways like coming to the health facility or go to a clinic.

“The lamp that I got with the phone helps me to treat patients who come at night. I use it for lighting to find the equipment that I use in testing and treating of patients. The chargers were helping me to charge my phone but the charger and the pins are now spoilt.

“The most significant change to me is getting information fast on the phone relating to treatment of children. We have a coordinator who calls to ask for reports or to give information and this has made work easy because before we would move to find him.

“Community members have benefited from the lamp. When they have functions like funerals or parties, they borrow the lamp from me for lighting at night. I lend it to them but I follow it up to protect it from getting spoilt. When the charger was still functioning some people would bring their phones to me for charging. They were helped not to go far away to charge their phones.

“Many people come for treatment at my place, more than before I got the phone. They call to find out whether I am at home and whether I have drugs. The use of a respiratory timer on the phone also eased work and patients would not delay at my place without getting treatment so that attracted caregivers to bring their children to me.

“The most important change is on the lamp because I would struggle to find money to buy paraffin for the local lanterns when patients were brought at night, but now it is easy because the lamp provides the light when I have to treat at night. I don’t spend on paraffin. The lamp is charged under the sunshine so I don’t incur any costs to maintain it and it also has better lighting than the local lantern.”

Level 1 Feedback

Strong on connectedness with other VHTs, advice from supervisor, ease of reporting, timers, ease of communication with caregivers and lamp for night use resulting in improved access to treatment, and increase in number of children treated as direct result of phone.

Level 2 Feedback

The story was accepted as participants felt it gives a real picture, shows how cost effective and time efficient the intervention can be for both VHTs and community members. It was seen as a good example showing the usefulness of the phone to VHTs in relation to supervisors, parish co-ordinators and community members, how it helps do their work well. The timeliness in reports comes out well, as does the linkage between VHTs and their communities, in that the phone brings them closer and VHTs are seen as more useful. The lamp is seen as both a motivator (increased community standing) and increasing access to treatment.

Level 3 Feedback

The story was seen as overall strong on demonstrating benefits of phone use including improved communication between supervisors, VHTs and community, easier and more accurate data collection and dissemination, limiting wasting time for patients and delayed treatment, and timers improving diagnosis. It was felt that this story was 'classic' in terms of sounds like what the technology arm planned to do, retaining and motivating the VHTs. There were a few concerns with regards to lending out the lamp for community functions, as this is not the intended use. However, it was felt that if this improves relationships and motivates the VHT, then it is ok. Eventually, the story was not selected as simply not as strong as the other two.

STORY 23: Technology Arm VHT, Kitembeka Village, Kiseke Health Centre II

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“Before we had a timer which looked like a small clock, you would set it and worked the same way as the timer on the inSCALE phone timer. When the time was over it would also make noise and I’d treat the patient if the results were positive and refer when negative. The only difference is that with the inSCALE phones we send weekly data easily and receive messages, which acknowledge us from the Malaria Consortium people at the top directly. They send us messages, which encourage us and these keep our spirits very high. If they sent me a message like “*thank you*” don’t I get encouraged? Eh, I become more encouraged to do the work.

“To me, submission of the data directly has been the most significant change I have seen in the inSCALE phone innovation. Before, we would submit our reports to the parish coordinator and in turn would also submit it to the next level at the health centre so the process of submission was long. It would take like a month because the coordinator would go around the parish collecting the reports, which was not easy because he would find that some reports were not ready. Thereafter would then take the reports to the supervising health facility for submission. We never got any messages acknowledging us that our data had been received. We didn’t know after that how long it took the health facility to submit the reports because we never had any more communication about the reports. We could not tell if they were submitted or not. This time around I send my weekly report and get a prompt response messages like after 1 minute of submitting our data. This makes me very happy and at times I jump with joy over the response. They can say ‘*Mariam Twaha, your data has been entered*’ of course this makes me happy. Yet in the past we didn’t know what happened to our reports because they passed through a lot of process.

“In the community people realised that we had gone a step further in the way we were treating their children. When they saw us using the phone during treatment they would be excited and thought their voices were being recorded and sent directly to the higher up places like Malaria Consortium. The number of people who bring their children for treatment has also increased. People think we have been trained more and we are experts. They also think the drugs which they get from us are more effective because their children get healed with these drugs. This is only partly due to the phones. Why most people bring their children to me is the availability of drugs and their children getting cured after using those drugs. When we had just begun they used to think that the services was for the poor but these days even the well off families ring me on the inSCALE phone (before it broke) when their children fall sick to inquire if the drugs are available.”

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Despite the story coming from a VHT with phone currently not functioning, it was accepted as covered all the aspects, the tone is animated and personal, the opening phase sums up the desired impact very well, is strong on motivation and increased number of children brought for treatment and the appreciation on quality of drugs.

Level 2 Feedback

The story was among the four stories initially accepted from the community arm as the personal, genuine and enthusiastic account of the VHT's very positive experience, focusing on motivation, improved data submission, increased performance and access to treatment, improved standing in community, strong community buy in resulting in behaviour change. However, as the four stories needed to be narrowed down to two, this one was eventually rejected, but chosen as 'back up' story for the final round.

Level 3 Feedback

Despite the story coming from a VHT whose phone is currently broken, this story was selected as the overall best story to represent the technology intervention, a story of great change from a happy VHT. The story was seen as compelling and personal, and was described to tick all the boxes in the behaviour change process. Motivation was highlighted as one of the main focuses clearly brought out, due to feedback messages and thanks, the thanks keep the VHT going, which is a great sustainability indicator. Ease of work came out clearly, including time saving on reporting, which again is motivating and improving performance. The VHT has experienced improved respect and standing in community which is increasing access to treatment. The only concern from a programme perspective moving this intervention forward is the aspect of a broken phone and what this would mean for sustainability, but this concern did not affect the decision to choose this as the best story of Most Significant Change.

STORY 8: Technology Arm Supervisor (29 VHTs), Kyatiri Health Centre III

“It has been easy to supervise the VHTs using the phones for communication and even mobilisation is very easy as well as weekly report making. Report making used to be monthly but using the inSCALE innovation it is being carried out on a weekly basis. The reports are now made efficiently and on time unlike the other written reports which used to be collected haphazardly. The VHTs would not pay much attention to the monthly reports they were writing, but now when they make weekly reports, they are careful not to make mistakes because they know they are sending them direct and each of their numbers is known. This has helped them make better monthly reports that they give to the parish coordinators to bring to the health facility.

“I have indeed acquired skills in as far as supervision is concerned. VHTs are in close contact with me and problem solving is very, very easy. When VHTs encounter any problem, they call me and inform me and I advise them on what to do immediately.

“In supervision, before the introduction of those phones, movement used to be difficult and even finding a VHT at home would be difficult, but now scheduling time with VHTs, especially during quarterly supervision, is easy using these phones.

“In the relationship between the supervisor, the VHT and the community, the phones are a uniting factor. It is easy like I mentioned earlier in problem solving where there is a problem between the VHT and the community I can easily solve it after being invited to intervene as far as treatment of children is concerned.

“Particularly, the most important change is mobilisation. Using these phones is simple as long as there is a CUG (closed user group) manual on the phones, unlike formerly when I would fail to meet all of them. Mobilising thirty people was not easy and there would not be a good turn up, but today as long as the phones are working, in one day I can mobilise all the VHTs and get a good turn up.

“There are tremendous changes among the VHTs. Before the introduction of those phones only few VHTs had personal phones. The majority felt happy to get those phones and they added them prestige in the community. In the reporting system some VHTs were lazy to report on a monthly basis but now with the introduction of the phones the VHTs are reporting on a weekly basis and it is easier than reporting on a monthly basis because the workload is not too much.

“Communication using the CUG group is very easy in relationship to duty execution. That is what I can report on the phones.

“Considering the work being voluntary, the most tremendous change is motivation, they were motivated and therefore they work very hard to see that the phones are maintained. The other change I have observed is they used to make a lot of demands for payment but now with that motivation, many of them are happy and carry out work voluntarily as if they are paid. You may think they are really paid when in actual sense they are not.

“To me, the most significant change in the VHTs is unity in terms of meetings and sharing problems at quarterly meetings. They are really one and of late they have formed an association for income generation so that is an indicator of unity. Formerly they used to work aloof, each one was working on their own, some used to fail to produce reports, others

would deceive in terms of reporting but now, they together with me are one, and that is the most important change.

“Formerly communities used not to believe in VHTs as health workers, but with the drugs and other equipment including the phone they use to treat the children the communities have changed because there are no longer deaths among children falling sick.”

Level 1 Feedback

Story was accepted immediately and unanimously as was thought as perfect story, all aspects covered, very clear, no contradictions and everything explained clearly.

Level 2 Feedback

Story was accepted as participants felt ‘all is there’. It is clear on the supervision role and reduction in supervisor’s workload, and how the phones have brought the supervisors and VHTs closer together, on efficient and correct reporting, mobilisation and coordination of VHTs. The phrase “carry out voluntary work as if they were paid” clearly shows the motivation factor. That the VHTs have formed an association is strong on unity and sustainability factors. The story is clear on benefits both for the VHTs and the community as a whole.

Level 3 Feedback

The story was seen as very good with the angle of the supervisor evaluating his VHTs and communities as well as bringing out the personal benefits. Strong elements included reduced workload for supervisor and VHTs especially with regards to mobilisation and reporting, improved relations amongst the VHTs and with their communities, improved prestige and trust in and motivation for VHTs, and the issue of easier supervision of content VHTs (“working as if they were paid”). There were however questions on credibility, especially with regards to last line of “no longer deaths in children falling sick” as this was felt as a sweeping statement. Eventually the story lost out to a VHT story as this was seen as more personal as opposed to this more general view from the top down.

Community Arm

STORY 6: Community Arm VHT, Kibwoona Health Centre II

“I am now known in the village by every community member. Before that (the VHC), few knew what I was doing as a VHT. These days, whenever I pass in the village everyone thanks me for the work I do. Also, the district officials and people at church know me. Whenever I go there I am acknowledged and they attend to me first when I want something to be done for me.

“People from other villages come to me any time even during the night to bring their children to me or send for treatment. Other VHTs send away parents with sick children at night but for me I welcome them. Even when I am in the garden I leave what I leave what I do and come to attend to them.

“Cleanliness has improved in the community and I do not treat many children for diarrhoea. This has reduced my work compared to the past. In the past at least I would treat three to two children in a week in the village having diarrhoea. For example since November last year (interview was end of January) I have not treated any child with diarrhoea. Something else that has improved cleanliness is because the VHC meetings have equipped the members with knowledge to prevent diseases instead of curing them. To me I think knowledge is power that is why they have been grateful for the information.

“When I move around in the village I see homesteads have improved in cleanliness. They have put up latrines, drying racks and are boiling drinking water. Even malaria cases I treat have reduced tremendously and I think it is because they sleep under mosquito nets.

“The most significant change I have seen as a VHT (because of VHC) is reducing the number of cases treated in the village for malaria and diarrhoea. People have been equipped with knowledge to prevent themselves against diseases. Even when their children fall sick they know what to do. My workload is becoming less and I can manage to do my other work.

“Secondly, they identify a health problem in the community, discuss about it and come up with solutions that will help get rid of the problem. Therefore, each one of them keeps reminding each other of what to do as VHC members. They have realised the solutions have to come from them to improve their livelihood.

“Men have appreciated the VHC meetings and what is taught during the gatherings. Another thing is that people have got access to more health information compared to the past. In the past they knew scanty information or little about the diseases which were affecting them in the village. They never sat together to discuss them and get enough information on what to do to prevent diseases. It has been a great innovation and I observe how it has decreased the number of sick children since VHC began.

“Nutrition and cleanliness among children has improved tremendously. Malnutrition was a problem in the village because children were fed on cold food or leftover food because parents would have no time to prepare fresh food for their children. They would say it was time consuming, that time should be used to till their gardens. But these days you find children healthy and clean.

“Lastly, there has been increase in immunisation of children and women attending ANC (antenatal care). Even when there is mass immunisation programmes, every parent

struggles to make sure children are brought be immunised. More women start attending ANC clinic early enough and deliver from health centre to avoid complications.”

Level 1 Feedback

The story was accepted as overall very positive and strong, particularly on community ownership, promoting of VHT and prevention of diseases.

Level 2 Feedback

The story was accepted because participants felt the commitment of this VHT comes out strongly. The story shows a clear reduction in diseases, giving specific example of no diarrhoea cases in more than two months, which is attributed to the health education from VHC leading to preventative behaviour. Points like improvement in other services like ANC and immunisation and increased male involvement were also appreciated, as was behaviour change towards early treatment. The story shows recognition of the VHT from an active community, and the commitment of the VHT through monitoring and supervising agreed actions. Community ownership is also strong as problems are identified within.

Level 3 Feedback

The story was seen as very strong, particularly on issues like recognition of VHTs, improved health in the community, improved response to health programmes beyond the three diseases, appreciation for VHTs, community unity and ownership, health seeking behaviour and prevention, the promotion of the VHT as a catalyst for change. It was however felt that the VHT might be a bit too eager to please and self-praise (comparing himself to other VHTs) and eventually the story was rejected on this ground.

STORY 10: Community Arm VHT, Buliisa Health Centre IV

“Since the VHC, cases of diarrhoea brought to me for treatment have reduced. Even cases of malaria and pneumonia have also reduced. Malaria has reduced mainly because of the sensitisation by the health club through drama where we show community members the importance of sleeping under mosquito nets. Many community members make children sleep under nets and even adults sleep under nets and that has reduced malaria incidents.

“The other change is today the community sees me as an important person in their lives. People no longer despise my services like they did when I was newly trained. They would refuse to bring their children to me for treatment. Instead they would go to the health facility or go to buy drugs from the drug shops and clinics, but today they run to me whenever a child falls sick even when it is night time. Where they find drugs out of stock, the caregivers request me to take the malaria test for them to know whether it is malaria or not before they come to the health facility.

“In my work, I would feel bad when community members despised my services and yet I had received the training to treat simple malaria in children but the VHC has helped me to get respect from the community members because it is through the club that people have realised how important I am to them. This is most important because when caregivers bring sick children to me I give them advice on how to prevent malaria and diarrhoea and they follow my advice. I don’t only wait to talk to members in meetings or during the drama but wherever I find people together I talk about health issues.

“Now the community has improved hygiene as a result of village health club. Latrine coverage has increased; out of fifty homes in the community, at least thirty have pit latrines and drying racks. Also community members now have clean compounds, bushes around homes are slashed and this has reduced on diseases that were caused by poor hygiene like diarrhoea in children and even malaria. That is the most significant change to me.

“The VHC has also united community members. Here community members are divided politically into the Bero and Umoja groups and the two groups never used to meet but because of the activities of the village health club, members are now united to address health issues that affect them.”

Level 1 Feedback

The story was accepted as it is overall very positive, clearly demonstrating the improved standing of the VHT and resulting improved motivation, how access to treatment has improved and a change in behaviour to caregivers requesting tests before treatment. It was furthermore appreciated that the club has a positive affect on community unity and political tensions.

Level 2 Feedback

The story was chosen as the ‘back up’ story for the final round as it was strong on almost all factors including recognition of VHT, change in perception of role and improved trust all leading to improved motivation. Also reduction in cases leading to more free time for VHT, community ownership and unity leading to sustainability, prevention of malaria linked to reduction in cases, and improved treatment seeking behaviour. What also impressed was the fundamental change in political tensions as this was seen as a significant indicator.

Level 3 Feedback

The story was chosen as the best MSC story as it was seen as the most real and credible story, clearly bringing out all the important aspects of recognition and motivation, improved performance, reduced VHT workload, increase in health promotion and prevention leading to reduction in diseases, change in health seeking behaviour, increased trust in VHT, high level of community participation, and additional behaviour change aspects such as community members demanding tests before treatment.

STORY 19: Community Arm VHT, Nyamugura village, Hapuuyo Health Centre III

“Village health clubs have helped me to reduce on my work of treating children because of reduced rates of diseases among children bellow 5 years. People have improved on sanitation and hygiene in their homes and this has prevented many diseases in the households.

“The other change is that village health clubs have increased on community awareness and this benefits me and the community as well. Community members now understand better our roles in the community and this has reduced on the resistance and harshness that the community had towards us thus easing our work.

“The other change is that we are now respected in community. These village health clubs equipped us with more knowledge about disease prevention, not only in young children but also adults. So people often seek my advice and also consult me on various health issues. I am now looked at as “musawo” in the village and this has made my famous.

“The most significant change is the fact that there is reduced diseases among children and this is because of my efforts to improve sanitation and hygiene. When few children fall sick, I get a belief that I am doing my job very well since I am able to prevent diseases and this gives me time to do my personal work.

“The community has greatly improved in sanitation and hygiene. People now have kitchens, proper latrines with a lid to cover the pit/hole, people slash bushes around their houses and they also drain stagnant water. This has helped to prevent many diseases in their households.

“The other change is that the community has been able to create a savings group out of the village health club. This savings group has helped community members to save money that would have been used for treating children. People are really happy with the village health clubs because they have noticed that a lot is improving.

“The community has also learnt more out VHT work. They know that we do so many things, not only treating children. They know that we immunise children, health educate pregnant mothers during ANC clinic and they also see us working with many organisations. This has helped the community to build their trust and confidence in us and thus creating unity among community members.

“The most important change is that people have improved on the sanitation and hygiene in their homes and as a result, diseases have reduced and caregivers can now save the money that they would have used for treating children.”

Level 1 Feedback

The story was accepted as overall strong, short and to the point, bringing out issues of increased awareness, improved understanding of VHT roles and savings initiative.

Level 2 Feedback

The story was accepted as participants felt it was short and to the point, had a consistent flow of messages without contradictions, especially on reduction in diseases, increased awareness of the VHTs role, community participation, increased trust and confidence in the VHTs, preventative behaviour and going beyond the three main diseases to include immunisation and ANC.

Level 3 Feedback

The story was chosen as second best in this final round as seen as nice and rounded covering aspects well including recognition and motivation, community unity, improved relations with the VHT, improved VHT performance, reduction in diseases and workload, improved access to treatment and issues of savings. However, the story eventually lost out as didn't come across as personal as the winning story.

APPENDIX B: Level 1 MSC Selections (16 Stories forwarded for Level 2 Group)

Domain 1 – Technology Arm VHTs

Level 1 Accepted

STORY 1: Technology Arm VHT, Kibuurwa village, Kyabasengya Health Centre II

“The main change with the phones is that we easily share information in our work as VHTs which makes it easy. Even making reports is now easy, we enter data and send the reports using the phone every week, but before we got the phones, we were disturbed by writing reports every month. Communication with Malaria Consortium office and other offices with Hoima that we work with has also been made easy.

“We also use the respiratory timer on the phone which has made my work easy because the respiratory timer we were given at first were not working well and others like mine got spoilt, but this one on the phone has helped me a lot in my work. It is easier to use because when you set it, you wait for the alarm to go before you stop counting the breath rate, but the old respiratory timer would disturb me to set and I would delay to start counting the breath rate. It was difficult for me to treat children brought with cough suspected to be pneumonia.

“Before I got the phone, caregivers would just come to my place without knowing whether I was there or not but now some caregivers first call me to find out whether I am at home and whether I have the drugs. I inform them of when they will find me at home. Before, when I would be far and caregivers would come and wait, then the children’s conditions were getting worse, but now I give them the time to find me at home and when the child’s condition is not good, the caregiver goes to the other VHT or finds other ways like coming to the health facility or go to a clinic.

“The lamp that I got with the phone helps me to treat patients who come at night. I use it for lighting to find the equipment that I use in testing and treating of patients. The chargers were helping me to charge my phone but the charger and the pins are now spoilt.

“The most significant change to me is getting information fast on the phone relating to treatment of children. We have a coordinator who calls to ask for reports or to give information and this has made work easy because before we would move to find him.

“Community members have benefited from the lamp. When they have functions like funerals or parties, they borrow the lamp from me for lighting at night. I lend it to them but I follow it up to protect it from getting spoilt. When the charger was still functioning some people would bring their phones to me for charging. They were helped not to go far away to charge their phones.

“Many people come for treatment at my place, more than before I got the phone. They call to find out whether I am at home and whether I have drugs. The use of a respiratory timer on the phone also eased work and patients would not delay at my place without getting treatment so that attracted caregivers to bring their children to me.

“The most important change is on the lamp because I would struggle to find money to buy paraffin for the local lanterns when patients were brought at night, but now it is easy because the lamp provides the light when I have to treat at night. I don’t spend on paraffin.

The lamp is charged under the sunshine so I don't incur any costs to maintain it and it also has better lighting than the local lantern."

Level 1 Feedback

Strong on connectedness with other VHTs, advice from supervisor, ease of reporting, timers, ease of communication with caregivers and lamp for night use resulting in improved access to treatment, and increase in number of children treated as direct result of phone.

STORY 6: Technology Arm VHT, Buhamba Village, Kiseke Health Centre II

“The changes I have seen are many, like saving time through sending weekly reports, getting immediate feedback, quick reporting of drug stock outs, saving my energy by not travelling to the health facility (four miles away) to pick drugs when they are not there, but now I can first call before coming. When I call and the drugs are there, then when I see a trustworthy person going to the health facility, I can send that person to pick for me the drugs and I do not come at all. Amongst us VHTs we can share information on the patients we have worked on because some patients had a tendency of visiting one VHT and from there they go to another saying that you have received to give them drugs.

“Sending weekly reports is the most important change for me because it was the major reason we were given these phones. Using this phone has helped me a great deal because sometimes I have a lot of work but with this phone I just need to set aside 30 minutes to organise my report and send it and to get the feedback. Also the weekly reports are easier than when you have to report for a whole month. You see, when I have drugs, there are many patients who come and if you wait for the whole month they will be too many and that is why I say it is the most important because it makes my work easier.

“This phone has an RDT timer and when you set it, it rings the bell and that makes the caregiver sure that you know what you are doing and this increases your respect in the community. Also the respiratory timer tells you the truth when you are dealing with fast breathing case and even when you tell the caregivers the results they believe in you because even the phone has shown it and they go back home convinced that you have not lied to the caregiver. To me, this is the most important change. You see, for these patients who come with cough and for you to convince that person that he or she does not have fast breathing is not easy, and many times they go back annoyed. But from the training we got and the use of this phone, they go with one heart that these people were trained and thus they know what they are doing.”

Level 1 Feedback

Strong in reporting and timesaving elements, impact of timers, and importance of trust.

Level 2 Feedback

The story was rejected, despite being clear on reporting elements, stock management, timers resulting in increased confidence in VHTs, and linkage between VHTs. But it was felt it lacked focus on increased access to treatment and the solar lamp and charger, and was therefore not as comprehensive as some other stories.

STORY 11: Technology Arm VHT, Kiryangobe village, Kyabasengya Health Centre II

“I got this phone, the lamp and solar charger in May 2013 and since then, I have been using them to carry out my VHT work. The phone and solar panel are still working but the lamp is no longer working well because whenever I switch it on, it only brings dim light and after a few minutes, it stops working.

“We now submit data electronically and this has eased my work because we get feedback messages that help us to know whether the message has been received or not.

“The other change is that we can call fellow VHTs for free using the inSCALE phone and this has helped us to understand our work better and also stay up-to-date about our work.

“We are now respected and recognised in the community as a result of the inSCALE phone, lamp and solar panel, and people come to our homes so that we help them charge their phones.

“The most important change is the issue of submitting data electronically because it directly impacts on our performance. The feedback messages that we get after submitting data show us that whatever we are doing is acceptable by Malaria Consortium or not. This new technology is very good because we are sure that our reports have been received or not and in case they have not been successfully sent, then the system will tell you to try again later when the network is better.

“The only change that I have observed in the community is that community members now respects us more because of this phone and the solar panel and lamp. They look at us as very important people in the society because we are using new technology to treat their children. In fact, they think we are more important than some degree holders in the community and this has created a good relationship between us and the community and this has motivated us to work better.”

Level 1 Feedback

Story was accepted as it is very strong on motivation and impact on performance, mentions feedback messages and adds a slightly different perspective as other stories.

Level 2 Feedback

The story was seen as catching, very clear on motivation, increase in respect and standing, importance of feedback, and linkage between VHTs. But as it lacked information on supply of drugs, improved access to treatment, and timers, as well as a somewhat negative tone in the beginning, it was rejected.

STORY 13: Technology Arm VHT, Mparangasi village, Mparangasi HCIII

“Before we got the inSCALE phone we used timers which meant we had to sit around and wait for the alarm. It involved setting the timer each time I wanted to use it. With the phone it has been set for me I only have to press where it is and work. For example the RDT timer, I press and continue to do my other work while I wait for the 15 minutes to elapse, then check on the results and see what can be done.

“Reports were always late because they needed to be done manually. This time I submit the data every week because I have to only enter it in the inSCALE phone. It has been programmed to do that. The time I spend entering the data is shorter compared to the time I was writing the report. I don’t have to walk to the health centre every week as I used to do to submit my report, I use the phone to do that. I come once a month to the health centre to submit the report and sometimes the reports are picked by the Parish Coordinator.

“The inSCALE phone has helped me to improve my knowledge and constantly going to check on the community because when I am sending the report they ask how many women are pregnant in the village, how many newborns, how many children have edema, malnourished and have yellow mwaka. If I send a report this week with all that missing, I feel guilty to send the same data the following week if I have not checked in the community. Because of that I have to keep going around my village to know what is happening in order to give the right report.

“The inSCALE phone keeps us tracking the records of the children we treat and the drugs we have used. For example they ask how much yellow or blue coartem I have given and if I followed the right procedure when giving it out. They even ask for the gender of children treated or newborns visited which was not the case as before, I would just submit the total number of children treated or newborn visited without their gender.

“It has become easier for me to refer my patients using my inSCALE phone. I just have to call my supervisor informing him of the referral. Sometimes my supervisor asks me the condition of the child and I explain it on the phone. Instead of referring the child to the nearest health centre, he can advise me to refer to Boma in Hoima immediately.

“Another change is I am able to communicate without any cost to my fellow VHTs and supervisor. This saves me from spending on airtime to communicate. The motivational messages I receive on the inSCALE phone encourage me to continue working even when I don’t expect any payment.

“The most significant change has been sending of weekly reports. Without the reports nothing can be done because planning for the drugs we are to receive depends on the data we submit. If I don’t do it the right way then I will have no work to do and my village will suffer in turn.

“The community has respect for the phone, they think it is the one which treats the children sometimes. When a child is brought and I don’t use the phone (timer) they ask why I have not used it. Even when I misplace the phone it cannot be stolen because they fear it to be tracked. They say ‘these are modern phones they have a number behind them so if it is stolen, you will be got’. Some people in the community refer their friends, neighbours or relatives to me because I use the phone to treat.”

Level 1 Feedback

Story was accepted as covers all aspects, strong on motivational messages, respect and motivation, and liked the expanded role of community health focus.

Level 2 Feedback

Initially placed in the 'maybe' pile due to clear description of use of phone - including data submission, timers, feedback messages, and communication – and motivation and respect for VHTs, improved access to treatment, details of data, community interaction and referrals, it was eventually rejected due to lack of information on solar lamp and chargers.

STORY 16: Technology Arm VHT, Ngangi village, Kyegegwa Health Centre IV

“The inSCALE phone has eased my work. I can now submit weekly reports on time and I get feedback messages that acknowledge whether the messages have been received or not. Unlike before, when I would give the report to the parish coordinator to submit to the supervisor and I wouldn’t get instant feedback showing that the supervisor has received the report or not.

“The other change is that I used to move a long journey (10km) whenever I wanted to know whether drugs have come at the health centre and this was costly but now, I just call my fellow VHT or supervisor and find out whether drugs have come.

“The VHT phone enables me to call fellow VHTs for free and we talk about issues related to VHT work or even personal issues like the progress of agricultural business since most of us are farmers. This has helped us to share experiences and ideas thus improving on our performance and promoting friendship.

“The community has also known much about VHT work through the inSCALE mobile phone. For example, they know that we can diagnose pneumonia using the respiratory timer of the phone and also submit data using the phone. This has made us more popular in community and increased our status in the community.

“The most important change is that we are now able to submit reports electronically and get instant feedback. This helps us to know whether the report has been received or not and it saved us the burden writing on papers and sometimes walking to the VHT parish coordinator to take reports.

“The community now understands the work of VHTs and the phone has helped to built the confidence and trust of the community towards the treatment VHTs give their children. So there is increased number of children being treated and improved sanitation and hygiene thus reduced disease burden.

“The other change is that community members now consult me on many issues related to health and I always give them some small health education and advise them that the best place to get excellent information is the health centre. This has increased on my visibility and status in the community

“The most significant change is that community members now understand VHT work and as a result, there has been improved sanitation and hygiene because people now practice what I advise them to do.”

Level 1 Feedback

Story was accepted due to strong focus on ease of health related communication and the impact on the VHT himself and his standing. Strong comments on how the improved relationships links to improved performance, and how the phone has had positive impact on sanitation and hygiene.

Level 2 Feedback

The story was among four stories initially accepted for the technology arm, due to clear description of use and benefits of phone, improved efficiency and performance, importance of communication, improved standing, confidence and motivation of VHTs, improved access to treatment, and also touched on additional factors such as VHTs being able to discuss

agricultural issues to improve their livelihoods. Eventually, the story was rejected as it doesn't mention the solar lamp and chargers and just not 'quite as good' as the others.

STORY 18: Technology Arm VHT, Kibiira village, Kyegegwa HC IV

“The changes I have seen because of the inSCALE mobile phone intervention is first the sending of reports on time, which leaves me time to do my other domestic work without bothering about delivering the reports to the health centre or coordinator to be submitted. This time I do it directly without passing through the rigorous process we had.

“The timer, especially the RDT, does not stop me from doing my domestic work because I am waiting for the alarm. I set the timer and move with the phone doing other work while the patient is waiting for the results. When the alarm rings, I then go back to the patient and read the RDT results, then I treat or refer.

“The inSCALE phone reduced the frequency of physically reporting to the health centre for any consultation or inquiry. For example, when I want to find out if the drugs are available I just ring and they tell me what is happening. Before, when the drugs got finished I would go there (5 miles away) to find out and sometimes I would bounce and comeback without drugs.

“It has been easy to communicate to me right from the health centre, supervisors, coordinator and fellow VHTs. When there is any opportunity, be it a workshop or training, they just get in touch with me anywhere at any time. In the past I used to miss out on some of those things because I didn’t have a phone.

“This inSCALE phone has also improved my skills. If I want any information I only have to call my fellow VHT or supervisor to have clarifications.

“The sending of the data on the inSCALE phone is the most significant change I have experienced. It is easy to enter the data and send it. It is also easy to track a mistake made in entering data. This has improved my skills each day, because when I make a mistake the feedback message points it out immediately and when I also send the data I get a feedback message which is motivational and this makes me like my work a lot. If you are the one receiving those messages wouldn’t you continue working?

“My inSCALE phone is no longer being charged by the charger, I don’t know what happened. However, when other people bring their phones for charging it works maybe the problem is with my phone.”

Level 1 Feedback

Story was accepted as it was strong on importance of motivational messages, how the phone had improved his skills and shows the motivational factor of freeing up time to carry out personal work.

Level 2 Feedback

The story was rejected despite being strong on reporting elements, time savings, timers, linkage to health centres and supervisors, co-ordination with fellow VHTs, motivation form feedback messages, and improvement in data quality. But as it lacks information on the solar lamp and chargers, and is not so clear on the link to improved access to treatment, the story was rejected.

STORY 23: Technology Arm VHT, Kitembeka Village, Kiseke Health Centre II

“When I was still with the phone (before it broke) I would do all the transactions on the phone. I would send weekly reports using the inSCALE phone, the RDT timer was on the phone, the respiratory timer was on the phone, sending the messages was done through the phone, you would just sit there and do everything using the phone. For example if a patient came I would just get the blood sample from the patient, put it on the RDT (test kit) thereafter continue doing my other work while I wait for the test. When the time was over, the phone would make noise like “*twiiiiii*”, and then I would check the outcome and treat according to what the RDT had shown. For the fast breather, I would keep counting without worrying checking on the timer because it would make noise when it was time up.

“Before we had a timer which looked like a small clock, you would set it and worked the same way as the timer on the inSCALE phone timer. When the time was over it would also make noise and I’d treat the patient if the results were positive and refer when negative. The only difference is that with the inSCALE phones we send weekly data easily and receive messages, which acknowledge us from the Malaria Consortium people at the top directly. They send us messages, which encourage us and these keep our spirits very high. If they sent me a message like “*thank you*” don’t I get encouraged? Eh, I become more encouraged to do the work.

“To me, submission of the data directly has been the most significant change I have seen in the inSCALE phone innovation. Before, we would submit our reports to the parish coordinator and in turn would also submit it to the next level at the health centre so the process of submission was long. It would take like a month because the coordinator would go around the parish collecting the reports, which was not easy because he would find that some reports were not ready. Thereafter would then take the reports to the supervising health facility for submission. We never got any messages acknowledging us that our data had been received. We didn’t know after that how long it took the health facility to submit the reports because we never had any more communication about the reports. We could not tell if they were submitted or not. This time around I send my weekly report and get a prompt response messages like after 1 minute of submitting our data. This makes me very happy and at times I jump with joy over the response. They can say ‘*Mariam Twaha, your data has been entered*’ of course this makes me happy. Yet in the past we didn’t know what happened to our reports because they passed through a lot of process.

“In the community people realised that we had gone a step further in the way we were treating their children. When they saw us using the phone during treatment they would be excited and thought their voices were being recorded and sent directly to the higher up places like Malaria Consortium. The number of people who bring their children for treatment has also increased. People think we have been trained more and we are experts. They also think the drugs which they get from us are more effective because their children get healed with these drugs. This is only partly due to the phones. Why most people bring their children to me is the availability of drugs and their children getting cured after using those drugs. When we had just begun they used to think that the services was for the poor but these days even the well off families ring me on the inSCALE phone (before it broke) when their children fall sick to inquire if the drugs are available.”

Level 1 Feedback

Despite the story coming from a VHT with phone currently not functioning, it was accepted as covered all the aspects, the tone is animated and personal, the opening phase sums up

the desired impact very well, is strong on motivation and increased number of children brought for treatment and the appreciation on quality of drugs.

Domain 2 – Technology Arm Supervisors

STORY 3: Technology Arm Supervisor (32 VHTs), Kigwera Health Centre II

“Firstly since the communication was made easy, it has made the work more easy. For example, if there is the delivery of drugs you just call the VHTs on phone and they pick them, but before we used to move to them to inform them about the delivered drugs or deliver the drugs to them. We would spend a lot of time and it was tiresome.

“And another one, as a supervisor they have made work easier because they get children in the village, take their breath rate using the respiratory timer and RDT timer on the phone and interpret correct results. That has made my work easy because most of the under fives are treated in the village. They just call me when they have referred a patient to follow up. The workload has reduced, not like in the past where some VHT would fail to count breaths of the child or to read the RDT results correctly. Now that there is an alarm on the phone they wait for it to ring before they read the RDT results.

“The other change is in sending the reports on phone. Before the phone they would prepare the reports on paper and submit them in our office which was also tiresome. Now they prepare the reports and send them direct to the ministry. It has eased the work because I would also get tired of counting how many doses were dispensed by each VHT, you can imagine there are 32 VHTs that I supervise and you count the tablet, count the RDT and the gloves but now they come compiled and they send the weekly report, for me I go through the monthly reports to verify.

“I can say there are no negative changes with the inSCALE system. I can say all are positive. As a supervisor those are all the changes, but maybe for myself because I also have a phone system which I use. The charger is used to charge my phone and the light is used for domestic lighting.

“The most important among those is the VHTs using the phone for proper diagnosis of children using the respiratory timer, they get proper result for the children, they read proper results for the RDTs and they give correct treatment because of the inSCALE system they were given. This is reducing on drug wastages because at first the VHTs would waste drugs. You would find that you are giving them 90 doses of ACTs, the next week they are not there. For example amoxicillin, you would find they would give it to children with just minor coughs because of failing to count the breath correctly.

“Also, it has worked as a motivation on the VHTs since they charge peoples phones for a little amount and get an income for the family.

“The phone system has also helped the VHTs save time in managing their clients for example during the first time they would run an RDT and you would find a VHT sits there to wait for thirty minutes without doing other work but these days they set an RDT press the timer on the phone leave it there and go to do other work and wait for the alarm to come and interpret the results.

“The other one is that inSCALE has helped VHTs even save the life of their own children. When their children fall sick, they don’t worry about it because they can treat their children.

“The phones have earned VHTs respect in the community. The community members see those VHTs carrying mobile phones with a government logo as big people, they are called

doctors. People tell them that, *you are big people, you send the reports direct to the ministry*. That has earned them a lot of respect.

“The phones have made their work easy because sometimes they get children with difficult problems and they consult us. They call me and tell me, *I have got a child with ABC signs, what should I do, should I refer?* They call me using those phones for guidance.

“It has also saved some of their outputs. For example they used to buy paraffin or candles in their homes for domestic use but today they use their lamps that were given on the phone system of inSCALE. They have saved their money that was spent on paraffin. They use the lamp to light their houses. It also helps the community because some people bring in their children at night for treatment and the VHT uses that lamp for lighting while treating.

“The most significant change is saving life of children in the whole community because children fall sick at night and the caregivers do not worry about the paraffin they just take them to the VHT and they are treated. At first, VHTs were not facilitated with paraffin so most of them would not treat children at night. When the community members were told to contribute towards buying paraffin, they would start complaining so VHTs stopped working at night. The lamp has helped VHTs work twenty four hours. Every time a caregiver takes a sick child, they are attended to.

“The community members charge their phones from the VHTs at a lower rate than the public way. The VHTs charge phones at 200 or 300 shillings and yet in shops it is at 500 shillings.

“Life of children in the community has been saved. Now community members take their children to the VHTS to test for malaria before getting treatment. Before in the community some members when a child had a fever, they would run to buy drugs from the clinics without testing but now they go to the VHT who runs the RDT test and gives a proper diagnosis. This is the most significant change to me.”

Level 1 Feedback

Story was accepted despite its length as read well and covers all aspects and particularly clear on explaining impact on reporting process and supervision role.

Level 2 Feedback

The story was seen as strong on showing how the phones have improved consultations and advise from supervisor to VHT, how the timers have helped improve proper diagnosis resulting in misuse of medicine, how reporting burden has reduced for supervisors, how his team of VHTs are more motivated, and how the lamp has increased access to treatment. However, it was rejected as the personal impact isn't so clear, the story felt too general, and the supervisor role isn't clarified, nor are the changes to the VHTs.

STORY 8: Technology Arm Supervisor (29 VHTs), Kyatiri Health Centre III

“It has been easy to supervise the VHTs using the phones for communication and even mobilisation is very easy as well as weekly report making. Report making used to be monthly but using the inSCALE innovation it is being carried out on a weekly basis. The reports are now made efficiently and on time unlike the other written reports which used to be collected haphazardly. The VHTs would not pay much attention to the monthly reports they were writing, but now when they make weekly reports, they are careful not to make mistakes because they know they are sending them direct and each of their numbers is known. This has helped them make better monthly reports that they give to the parish coordinators to bring to the health facility.

“I have indeed acquired skills in as far as supervision is concerned. VHTs are in close contact with me and problem solving is very, very easy. When VHTs encounter any problem, they call me and inform me and I advise them on what to do immediately.

“In supervision, before the introduction of those phones, movement used to be difficult and even finding a VHT at home would be difficult, but now scheduling time with VHTs, especially during quarterly supervision, is easy using these phones.

“In the relationship between the supervisor, the VHT and the community, the phones are a uniting factor. It is easy like I mentioned earlier in problem solving where there is a problem between the VHT and the community I can easily solve it after being invited to intervene as far as treatment of children is concerned.

“Particularly, the most important change is mobilisation. Using these phones is simple as long as there is a CUG (closed user group) manual on the phones, unlike formerly when I would fail to meet all of them. Mobilising thirty people was not easy and there would not be a good turn up, but today as long as the phones are working, in one day I can mobilise all the VHTs and get a good turn up.

“There are tremendous changes among the VHTs. Before the introduction of those phones only few VHTs had personal phones. The majority felt happy to get those phones and they added them prestige in the community. In the reporting system some VHTs were lazy to report on a monthly basis but now with the introduction of the phones the VHTs are reporting on a weekly basis and it is easier than reporting on a monthly basis because the workload is not too much.

“Communication using the CUG group is very easy in relationship to duty execution. That is what I can report on the phones.

“Considering the work being voluntary, the most tremendous change is motivation, they were motivated and therefore they work very hard to see that the phones are maintained. The other change I have observed is they used to make a lot of demands for payment but now with that motivation, many of them are happy and carry out work voluntarily as if they are paid. You may think they are really paid when in actual sense they are not.

“To me, the most significant change in the VHTs is unity in terms of meetings and sharing problems at quarterly meetings. They are really one and of late they have formed an association for income generation so that is an indicator of unity. Formerly they used to work aloof, each one was working on their own, some used to fail to produce reports, others

would deceive in terms of reporting but now, they together with me are one, and that is the most important change.

“Formerly communities used not to believe in VHTs as health workers, but with the drugs and other equipment including the phone they use to treat the children the communities have changed because there are no longer deaths among children falling sick.”

Level 1 Feedback

Story was accepted immediately and unanimously as was thought as perfect story, all aspects covered, very clear, no contradictions and everything explained clearly.

Domain 3 – Community Arm VHTs

STORY 1: Community Arm VHT, Kibwona Health Centre II

“Since the VHC I have noticed an increase in my workload. I have to treat children and again come to facilitate the club. Now I am always busy with the two tasks. Community members now know me because my work in the village health club. Before it is caregivers who brought their children for treatment at my place that knew but now most community member know me as a VHT because of the sensitisation on hygiene that I do in their homes. So more caregivers bring their children to me for treatment because they know me as the VHT who treats them.

“The benefit I have seen in the club is in working together. Where a member finds a problem working alone, she invites the group to assist her, especially to do garden work, or where the member cannot construct a pit latrine or kitchen.

“Also through the work of the club, treating sick children has become easy for me because I have had to do it on a daily basis. Sensitisation on how pregnant women should take care of themselves and how mothers should care for children has also become easy because many women are in the club and I always sensitise them about those issues.

“The most important change is that treating has become easy for me because I have familiarised with it but also it is as a result of members’ interest to improve hygiene in the community that has reduced on diseases like diarrhoea. People have been ignorant, for example they would oppose to boiling drinking water, claiming that the nutrients in the water are lost when boiled, so they would take it not boiled. But now there is a change and members are now boiling water and they have maintained their latrines clean and put water to wash hands after use.

“In the community the changes I have seen is that members don’t sit around gossiping on the village. When they have free time, they prepare small gardens around their compounds, they have reared chicken because we sensitised them that their children need to eat eggs, so members struggle to get money to buy chicken and where they fail, they find someone who can give them a chick to keep in their homes. The club has women as majority members and that productivity has helped them have healthier children and family members.

“The other change is families are not affected by hunger because community members are now engaged in farming. Where one member feels she cannot do the farm work alone, she invites other group members to assist her. They have also learnt to save money, which was not the case in the past. Now members hear each other talk about saving so every member saves some money.

“Community members have learnt to eat a balanced diet not like in the past where they would feed on cassava and beans every day. Women now know that when they prepare a meal, they have to put greens, and we have encouraged them to give children fruits - there was a belief that when children eat mangoes and jackfruit they suffer from fever. This has reduced on cases of malnourished children in the community.

“In the community, the most significant change I have seen is that children are no longer falling sick since we started to sensitise about hygiene and members improved on it. Then they would even wake me up in the night to treat sick children suffering from diarrhoea and other hygiene related diseases but that is not common these days. I don’t treat as many

children like it was in the past. Caregivers would bring children at night, in the morning and at all times of the day for treatment, but now I even take a day or two without treating a child that makes me available to facilitate club meetings and do other activities of the club and also some personal work.”

Level 1 Feedback

Story was accepted as very strong on all aspects, including changes in community, explaining less diseases but more patients, change is broader than just the three diseases and includes increased productivity and savings, and time saving and ease of mobilisation for VHT.

Level 2 Feedback

Coming in fourth in community arm stories, the story was almost accepted due to strong focus on VHT standing, promotion of the VHT, improved relationship with community, improved health education, improvement in women’s role, behaviour change towards prevention, increased community unity, production and savings, and benefits of health impacting factors. The story was eventually rejected as not so strong on the VHT himself.

STORY 3: Community Arm VHT, Lucy Bisereko Health Centre II

“The VHC members sometimes contribute transport money to go and pick the drugs from the Health Centre (4km away) which was not the case before. These days they know our importance in the community. Some members, when they harvest their crops they bring us some food in appreciation for the work we are doing. Because of the increased knowledge they get from club meetings, they are aware of the health problems we have discussed and know how to handle the problem. Due to this, it has reduced our workload. Most VHC members are concentrating on prevention. These days the number of children treated at my place has become less. This is the most significant change.

“The changes I have observed are recognition of our work as health workers. Whenever they have any health problem in their homes they first consult us before they continue to the next level. For example when a child falls sick from another disease the people first consult us on what to do before they proceed for further treatment.

“Another thing I have noticed is that people are working together to solve a health issue in their midst instead of folding their hands to wait for someone to do it. Like the case of maintaining water source and draining stagnant water along the roads. That is the most significant change to me, because having control of their health issues have improved their homesteads and the wellbeing of their households. Children don’t fall sick frequently and besides they have gone and tackled other health issues apart from those of the children. For example there was an old man in the village who had no house and the VHC members constructed one for him without charging the man anything. They sat in the club meeting and came up on how they would do it.

“We facilitate those VHC meetings yet we are not facilitated ourselves. Sometimes we buy markers using our own money because the ones you gave us were used up. At times it demoralises us and I think that is why some VHTs have not done their work properly.”

Level 1 Feedback

Though relatively short, the story was accepted as overall very positive and brings out a lot of strong points including community togetherness, sustainability opportunities, community contributions, behaviour change towards prevention and seeking consultation before acting, and it raises important points on what has demoralised some VHTs.

Level 2 Feedback

The story was seen as strong on key things including community ownership and contributions, improved hygiene and preventative behaviour, recognition of and trust in VHT role, and linkage to community. However, the story was rejected as some comments (community will contribute to transport costs, so why not to things like markers?) were seen as slightly negative and contradictory.

STORY 6: Community Arm VHT, Kibwoona Health Centre II

“I am now known in the village by every community member. Before that (the VHC), few knew what I was doing as a VHT. These days, whenever I pass in the village everyone thanks me for the work I do. Also, the district officials and people at church know me. Whenever I go there I am acknowledged and they attend to me first when I want something to be done for me.

“People from other villages come to me any time even during the night to bring their children to me or send for treatment. Other VHTs send away parents with sick children at night but for me I welcome them. Even when I am in the garden I leave what I leave what I do and come to attend to them.

“Cleanliness has improved in the community and I do not treat many children for diarrhoea. This has reduced my work compared to the past. In the past at least I would treat three to two children in a week in the village having diarrhoea. For example since November last year (interview was end of January) I have not treated any child with diarrhoea. Something else that has improved cleanliness is because the VHC meetings have equipped the members with knowledge to prevent diseases instead of curing them. To me I think knowledge is power that is why they have been grateful for the information.

“When I move around in the village I see homesteads have improved in cleanliness. They have put up latrines, drying racks and are boiling drinking water. Even malaria cases I treat have reduced tremendously and I think it is because they sleep under mosquito nets.

“The most significant change I have seen as a VHT (because of VHC) is reducing the number of cases treated in the village for malaria and diarrhoea. People have been equipped with knowledge to prevent themselves against diseases. Even when their children fall sick they know what to do. My workload is becoming less and I can manage to do my other work.

“Secondly, they identify a health problem in the community, discuss about it and come up with solutions that will help get rid of the problem. Therefore, each one of them keeps reminding each other of what to do as VHC members. They have realised the solutions have to come from them to improve their livelihood.

“Men have appreciated the VHC meetings and what is taught during the gatherings. Another thing is that people have got access to more health information compared to the past. In the past they knew scanty information or little about the diseases which were affecting them in the village. They never sat together to discuss them and get enough information on what to do to prevent diseases. It has been a great innovation and I observe how it has decreased the number of sick children since VHC began.

“Nutrition and cleanliness among children has improved tremendously. Malnutrition was a problem in the village because children were fed on cold food or leftover food because parents would have no time to prepare fresh food for their children. They would say it was time consuming, that time should be used to till their gardens. But these days you find children healthy and clean.

“Lastly, there has been increase in immunisation of children and women attending ANC. Even when there is mass immunisation programmes, every parent struggles to make sure children are brought be immunised. More women start attending ANC clinic early enough and deliver from health centre to avoid complications.”

Level 1 Feedback

The story was accepted as overall very positive and strong, particularly on community ownership, promoting of VHT and prevention of diseases.

STORY 10: Community Arm VHT, Buliisa Health Centre IV

“Since the VHC, cases of diarrhoea brought to me for treatment have reduced. Even cases of malaria and pneumonia have also reduced. Malaria has reduced mainly because of the sensitisation by the health club through drama where we show community members the importance of sleeping under mosquito nets. Many community members make children sleep under nets and even adults sleep under nets and that has reduced malaria incidents.

“The other change is today the community sees me as an important person in their lives. People no longer despise my services like they did when I was newly trained. They would refuse to bring their children to me for treatment. Instead they would go to the health facility or go to buy drugs from the drug shops and clinics, but today they run to me whenever a child falls sick even when it is night time. Where they find drugs out of stock, the caregivers request me to take the malaria test for them to know whether it is malaria or not before they come to the health facility.

“In my work, I would feel bad when community members despised my services and yet I had received the training to treat simple malaria in children but the VHC has helped me to get respect from the community members because it is through the club that people have realised how important I am to them. This is most important because when caregivers bring sick children to me I give them advice on how to prevent malaria and diarrhoea and they follow my advice. I don’t only wait to talk to members in meetings or during the drama but wherever I find people together I talk about health issues.

“Now the community has improved hygiene as a result of village health club. Latrine coverage has increased; out of fifty homes in the community, at least thirty have pit latrines and drying racks. Also community members now have clean compounds, bushes around homes are slashed and this has reduced on diseases that were caused by poor hygiene like diarrhoea in children and even malaria. That is the most significant change to me.

“The VHC has also united community members. Here community members are divided politically into the Bero and Umoja groups and the two groups never used to meet but because of the activities of the village health club, members are now united to address health issues that affect them.”

Level 1 Feedback

The story was accepted as it is overall very positive, clearly demonstrating the improved standing of the VHT and resulting improved motivation, how access to treatment has improved and a change in behaviour to caregivers requesting tests before treatment. It was furthermore appreciated that the club has a positive affect on community unity and political tensions.

STORY 11: Community Arm VHT, Kizongi village, Buliisa Health Centre IV

“Sine the VHC the number of children has increased who are brought to my place for treatment. People have been sensitised the importance of VHTs through the VHC. Before people thought we didn’t know what we were doing and they used to shy away from us. I remember there was a time one woman in the village who was my neighbour brought me her sick child. I checked that child for malaria and found no malaria. Because she was not satisfied with what I had told her, she went to a nearby clinic and was given malarial drugs to give the child. Instead of the child improving its situation worsened and eventually the child died even when it was on malaria drugs. Later after the child had died, she saw that the children I was treating were becoming fine and those I referred to the health centre also became fine. She came and apologised to me and even joined the VHC. She is presently one of the most active members in the club and preaches to everyone the importance of seeking treatment at my place.

“Another change has been improvement on sanitation. In most homes I no longer see rubbish disposed carelessly. They collect it and burn it in the rubbish pit. This has reduced the number of diarrhoea cases brought for treatment. This somehow has reduced my workload presently compared to when I had started treating children in the village.

“Lastly, because we are working as a group people have appreciated the work I do. Sometimes they come and help me in my personal work. For example the VHC members at times have helped me till my gardens and there is a time when they cut grass for roofing my house and roofed it yet this was not possible before. They thought I was supposed to do the work because that is what I had chosen to do. The VHC members also constructed a latrine for me. This shows how the community has really appreciated my work and the respect they have for me on doing a good job.

“The most significant change I have seen as regarding my work is the increased number of children I treat in the community. After treating some children and they got fine more parents kept bringing more to my place to treat them. This was because the VHC had done a lot of sensitising about the importance of a VHT in the community. Even when the children are sick from other diseases still the parents first come to me for consultation before they take them to the health centre.

“People are preventing themselves from malaria by sleeping under nets. These days when I am passing through the village I see homes are cleared of bushes around them. They also drain water around their home to avoid mosquitoes breeding in that stagnant water. Diarrhoea has reduced among the children in the village. I no longer treat many children suffering from diarrhoea this because people wash their hands with soap when they come from the latrines. Even when you check these people’s latrines you find when they are clean. “Another change I have observed is that children are given their dose of drugs to completion which was not the case before VHC was formed. Because of this, adherence to drugs is high and children who fall sick have decreased. This is the most significant change in the community to me.

“Community members respect me and I am also respected at the health centre. Because they know I can treat the children in the community. The referral I make to the health centre is respected too. When I refer a child to the health centre that child is attended to immediately. The health centre keeps giving me more information to improve my skills.

“The most significant change I have observed in the community is the adherence of drugs to child illnesses. This is because the number of children falling sick has decreased a lot, which means I am doing a good job in the community.”

Level 1 Feedback

The story was accepted as overall very strong and covers all aspects, including improved respect and trust resulting in more children brought for treatment, behaviour change towards prevention and drug adherence, and a concrete example to demonstrate this behaviour change.

Level 2 Feedback

The story was seen as overall strong with good points on increased access to treatment, improved recognition, confidence and trust in VHT leading to motivation, health seeking behaviour change, improved support and feedback from health facilities to VHT leading to improved skills, strong on referrals and quality of diagnosis and care, net use up leading to reduction in malaria as result of drama, and strong community support evident in contributions to VHT's personal work. Also, the real example of extreme behaviour change in one mother was appreciated. However, due to contradictions in increase/reduction in cases, the story was rejected.

STORY 19: Community Arm VHT, Nyamugura village, Hapuuyo Health Centre III

“Village health clubs have helped me to reduce on my work of treating children because of reduced rates of diseases among children bellow 5 years. People have improved on sanitation and hygiene in their homes and this has prevented many diseases in the households.

“The other change is that village health clubs have increased on community awareness and this benefits me and the community as well. Community members now understand better our roles in the community and this has reduced on the resistance and harshness that the community had towards us thus easing our work.

“The other change is that we are now respected in community. These village health clubs equipped us with more knowledge about disease prevention, not only in young children but also adults. So people often seek my advice and also consult me on various health issues. I am now looked at as “musawo” in the village and this has made my famous.

“The most significant change is the fact that there is reduced diseases among children and this is because of my efforts to improve sanitation and hygiene. When few children fall sick, I get a belief that I am doing my job very well since I am able to prevent diseases and this gives me time to do my personal work.

“The community has greatly improved in sanitation and hygiene. People now have kitchens, proper latrines with a lid to cover the pit/hole, people slash bushes around their houses and they also drain stagnant water. This has helped to prevent many diseases in their households.

“The other change is that the community has been able to create a savings group out of the village health club. This savings group has helped community members to save money that would have been used for treating children. People are really happy with the village health clubs because they have noticed that a lot is improving.

“The community has also learnt more out VHT work. They know that we do so many things, not only treating children. They know that we immunise children, health educate pregnant mothers during ANC clinic and they also see us working with many organisations. This has helped the community to build their trust and confidence in us and thus creating unity among community members.

“The most important change is that people have improved on the sanitation and hygiene in their homes and as a result, diseases have reduced and caregivers can now save the money that they would have used for treating children.”

Level 1 Feedback

The story was accepted as overall strong, short and to the point, bringing out issues of increased awareness, improved understanding of VHT roles and savings initiative.

Domain 4 – Community Arm Supervisors

STORY 3: Community Arm Supervisor (102), Buhimba Health Centre III

“Sanitation and hygiene have greatly improved after the VHCs, because initially we used to find some people are lacking latrines, kitchens and their houses were not ventilated and all these would cause poor health. However now people know the importance of having proper hygiene and sanitation thus reducing on diseases.

“The other change is that there has been a reduction of patient’s influx at the health centre and this has reduced on the workload of health workers at the health centre.

“Another change is that people in the community are now aware of different diseases, how they are spread and their prevention measures. This has eased my work because I don’t have to always be moving in the community, health educating people because the village health clubs are doing this through the VHTs.

“Village health clubs have also eased my work in the sense that whenever I am unable to reach, the community can share their problems with the VHT and the VHT will pass on the information to me.

“Village Health Clubs have also increased my interaction with people. For example I am able to talk to the community, VHTs and to other stakeholders like people from Malaria Consortium.

“The most significant change is improved sanitation and hygiene because health problems always arise from improper sanitation and hygiene. When people improve on the ways they live at home and promote cleanliness, then they will not have many diseases. For example when we teach people about the importance of having a ventilated house, they will learn that children will not inhale smoke resulting from the use of our local kerosene lamp, thus preventing pneumonia. VHTs have also moved to people’s homes to monitor sanitation and hygiene and they give an impressive report about their respective villages and this has reduced many diseases in their communities.

“I have observed that some VHTs who were not active have improved. The clubs have actually helped VHTs to learn to express themselves and also learn to manage groups of people. VHTs can now explain to people their roles and responsibilities more confidently and freely to community members who had high expectations from them (VHTs).

“Some people have learnt to appreciate VHTs as a result of the good work that they are doing. For example in some villages, community members have contributed some small money to enable the VHT to easily access the health centre when drugs have come.

“To me, the most significant change for the VHTs is that it is very important for the community to exactly know the roles and responsibilities of VHTs and that is the only way they will be appreciated and this in turn eases their work. For example, if the community understands that VHTs are volunteers, they can agree on the time that they take their children for treatment so that this gives the VHT time to also carry out his/her personal work because he has to provide for his family.

“Community members are now able to save some money that would have been used for treating children and this money has been invested in farming or any other ventures, thus increasing household income. People now have time to spend in productive activities, unlike before when most of the time would be spent in hospitals treating family members. Whenever health is good, then life is simpler and economic activities move on.

“The community is also free now to express their problems faced. Before the introduction of village health clubs, people didn’t have anyone they could share with their communal problems since stakeholders wouldn’t easily reach each household to establish the different health challenges they face but with the introduction of club meetings, people can share experiences and problems freely and they find solutions to these problems.

“Improved household income is the most significant change resulting from improvement in sanitation and hygiene hence reduced diseases and expenditure on diseases. Improved household income is the most significant change because it is the source of everything in a home. Without money, it is not easy to sustain a home because children will need to go to school, they will need food, clothing, medical care and other basic necessities, all of which require money.”

Level 1 Feedback

The story was accepted as it is strong on motivation, appreciation of VHTs’ roles, reduction in diseases and the link to VHCs is there.

Level 2 Feedback

Initially placed in the ‘maybe’ pile as strong on improved interaction between VHT and community and health workers, improved hygiene and sanitation, community contributions, reduction in diseases, and community empowerment i.e. savings and increased productivity. Also, the VHT role is clarified and clear indicator of increased confidence as result of clubs, and the club used as a platform to go beyond the three diseases. However, as the story is quite long and doesn’t flow that well, it was eventually rejected.

STORY 5: Community Arm VHT Supervisor (176 VHTs), Buhimba & Kizirafumbi Sub-counties

“Formation of Village Health Clubs (VHC) has encouraged meetings at the village level and people are meeting to identify and solve their problems at grassroots level, and make plans to implement what has been agreed upon and review their implementation plans. This has improved sanitation, encouraged pregnant women to go for check up and know where they can access services.

“The VHCs have reduced the time and money I used to plan for these sensitisations in the villages. I used to do it alone but now we are a group. In the past it would take me some time to mobilise the community to participate in all those activities, but these days mobilisation has been easy for me even when it is not health related activities such as NAADS or water activities.

“The VHC approach has made it participatory, a partnership with me and the community. For example we identify the diseases like diarrhoea, which is affecting them or attacking their children, so that they know how they can prevent it and where they can get the treatment from. The VHCs clarify the role of the VHTs, what drugs they have and what diseases they treat. In the past some community members when their children would fall sick they would get local herbs and treat them and children would end up dying. Now they have learnt the danger signs and seek treatment. The VHCs have reduced the mortality in children.

“Another change I have observed is most people are practicing prevention instead of treatment. An example is they sleep under mosquito nets because through the clubs have been told the importance of nets, unlike in the past when they used the nets for other activities because the nets were distributed hurriedly without sensitising them.

“Maybe another change I see is, there is increased number of community attendance in these meeting. In the past the attendance of meetings was low but now everyone comes for these meetings even when they are not VHC members, though some community members have adamantly refused to join these clubs.

“Some of the groups have gone a step further and registered as CBOs (community based organisations) at the Sub County or formed credit and savings schemes to help uplift members from poverty. As groups they are benefiting from other government programmes apart from health, and I can link them to other NGOs (non-governmental organisations), which all means more income for their groups.

“Before the VHC formation the VHTs were not very active in sensitising about health matters to the community and were not doing their job very well. Community members did not know what they were doing and some people in the community were despising them, saying they were not educated. But now when the VHTs are called upon, they respond and are like the key opener to their communities. The VHTs have changed their attitude towards volunteerism. At first, when the programme had just begun, they expected to be paid and did not understand the programme well. The VHCs have augmented them to appreciate the spirit of voluntary work because they are respected for what they do for the communities and they are known in the village when it comes to health issues. These days, they do home visits frequently, which has resulted in improved sanitation and cleanliness. People respect the VHTs and the work they are doing to treat their children. They say those are the people who treat our children they are called dakitari (doctors) in the village. Even when you are

walking around and you tell them to show you where they stay they will say “eeeh our doctors” and take you to their places.

“Demand for drugs at the VHTs is high these days. This trend is also realised at the health centres, you meet parents taking their children for treatment at the health centre which was not the case before. They don’t have to wait for the children to be seriously sick, when they realise something is wrong with their children, immediately go to the VHTs place to seek treatment. When referred by the VHT, the referral is honoured immediately.

“In the past the LCs (local councils) thought the VHTs were taking over their roles in the villages until they were sensitised about what each of them was supposed to do. This was a really big conflict at first but it has been resolved and they have realised the roles of each other. They now work hand in hand and the LC1s encourage the VHTs in their work.

“Another change is people in the communities are working together to solve each other problem. If any member gets a problem, they come together as a club and give help to their member. I have also realised there is increase in use of family planning methods. Before, the women never went for ANC and were delivered by TBAs (traditional birth attendants) yet were producing a lot of children, which is reducing these days. They have embraced use of family planning methods to space and reduce on the number of children, and this has been possible through VHCs.”

Level 1 Feedback

The story was accepted as it shows a strong link to the VHCs on easing supervision work, community buy in, sustainability issues and behavioural change. It should be noted that the story was only accepted with 2 out of 4 votes as some questioned the credibility of the story; is it too good to be true?

Level 2 Feedback

As in level 1, participants had issues with the credibility of the story, as it was again seen as ‘too good to be true’, too exaggerated with no proof to support statements of significant changes. Participants found that the claim made of family planning leading to reduction in children as a result of the club was simply not realistic given the time period. The story was therefore rejected.

STORY 7: Community Arm Supervisor (70), Hapuuyo Health Centre III

“So far 50 VHTs are active in VHCs. I would like to thank Malaria Consortium for the initiative because hygiene in the communities has improved as the sanitation improve, the rate of being sick has reduced and in most cases medical treatment has taken a blot of resources especially money. The other thing the Village Health Club has done is in three villages, those people started a saving culture, they saw it as a way of sustaining their club and that in a way has increased on the economic standing of the people.

“The other way the Village health clubs have reduced on stress in people, when they come together, they joke and laugh and those who come with domestic problems, they go back relived and happy.

“It has reduced on the workload of government workers like CDOs (community development officers) and health because there is improved hygiene.

“Members were using a lot of money on medical expense and in most cases many mothers would come to report to get my intervention to tell their husbands to pay the medical bill or to take the child to hospital. Now such cases of child neglect on medical expenses have reduced.

“Then it was also hard for me because whenever I would visit schools in the past, I would find many children infested with jiggers, they were extremely dirty and they had dirty nails but because of the Village Health Clubs such children have reduced.

“The establishment of the Village Health Clubs has enabled my office and other offices to be recognised and known in the community, for example when we go for monitoring and find club members in meetings, I introduce myself as a CDO, they are able to know me and come to me for assistance. Also when I go for those meetings I integrate other things like children, women’s rights and adult learning so there are changes there because I carryout different activities at the same time.

“To me, the most significant change is the reduction of my workload.

“At first VHTs were looked at as people only trained to distribute drugs to the children but nowadays they see them as facilitators and agents of change. They also see them as agents of development.

“The confidence of VHTs has change, they can address the public and they can go to any office for whatever reason without fear. As they facilitate Village Health Clubs, VHTs become used in addressing the community and have gained communication skills. As they facilitate the VHCs on hygiene and sanitation, they also bring in other ideas of savings and credit.

“The improved communication skills is the most significant change because if they are not sure of the message they are packaging for their community or if they don’t prepare and think through the message they are to deliver to the members, they may give annoying information that can lead to the failing of the club. Even with confidence, they can now lobby for the club.

“In the community there is improvement in sanitation and people’s standards of living because they have reduced rate of being sick. It is easy now to talk about sanitation in the villages. In the past when we went for sensitisation, community members did not have a

problem defecating in the bushes or open places and they did not know that it would cause diseases but now they know the consequences of having good sanitation and hygiene.

“In the past community members had a lot of superstition, they believed in bewitching but now they know the causes of diseases because of the sensitisation done in the clubs. There was a year one village lost twelve children and they were pointing at someone that maybe she is the one bewitching them, but when we went there we were able to know that it could have been dysentery or typhoid causing the death of those children.

“The most significant change I have seen in the community is improved sanitation and hygiene because it reduces on the rate of sickness and the money spent on treatment is put on development projects. Even when sanitation improves the family gains respect and children go to school more regularly and the adults do their work if they are sick they cannot work. When they are healthy, they are able to work on a daily basis and improve on their incomes.”

Level 1 Feedback

The story was accepted as it has a strong link from the VHCs to local government, it's strong on motivation and skills of VHTs, and also integrates other areas than immediate health related ones, demonstrating that the VHCs work as a platform for the local government to implement various programmes.

Level 2 Feedback

Participants felt the story painted 'too rosy a picture', though the proper examples lends some credibility. It shows strong links to improvements as a result of the VHT, and external resources leading to sustainability factor was appreciated, but the overall feeling was that many of the changes described couldn't be attributed to just the clubs and the story was therefore rejected.

APPENDIX C: Level 1 Rejected MSC Stories

STORY 2: Technology Arm VHT, Bweyale village, Wekomire Health Centre III

“With the phones, I get information in time. Sending the weekly reports is easier for me compared in the past when I had to write the report manually and wait for the coordinator to collect it from my home.

“Further to that I am able to talk to my superiors like the VHT coordinator and the supervisor easily without loading any airtime on the phone. Sometimes I ring Godwin (supervisor?) and inform him that I am referring a child or a mother if she wants to deliver. When the patient referred doesn’t have transport and then the hospital is able to send the ambulance to collect the patient from the village.

“The inSCALE phone has made mobilisation easier for me, rather than walking around the village trying to pass information to the people. For example when I am told to pass information for a meeting to my fellow VHTs I don’t have to walk there but just ring them and inform them of the meeting.

“Another thing, I never had a phone before so when I got an inSCALE phone it was my first handset. On top of that I learnt to send messages and receive them. So when I wanted to consult any of my colleagues about my work I would just ring or send a message.

“At first some of us were not known much and the work we were doing. These days I have more experience and wide range of people to consult to improve my work. For example we used to send monthly report and when we got the phone we are sending a weekly report that shows how experienced we are in our work.

“The most significant change I have experienced in my work due to the inSCALE phone intervention has been the sending of the weekly reports. I think those who gave us these phones wanted to see if it was possible to send these reports and find out if what we were doing was right.

“Referring patients to the health centre is easy compared to the past. When I want to refer any patient I don’t have to go with them but ring and inform the health workers at the health centre of the patient being referred. That is the most significant change to me.

“I am respected in the community and its leaders for treating children. Because they see me sending weekly data and when I refer them they are attended to very fast at the health centre. Another thing when I get any new information they want me to pass on to people that I have received on my inSCALE phone I do it immediately.”

Level 1 Feedback

Initially in the ‘maybe’ pile, an overall good story, especially on referral, but didn’t feel as strong as others, and VHTs didn’t come across that appreciative.

STORY 3: Technology Arm VHT, Nyamuhanami village, Kyegegwa Health Centre IV

“The change I have seen is that before the phones it was not easy to review and balance the books after working for a month. But now I can easily tell since I have to report on a weekly basis using my phone.

“With this inSCALE phone I can use my respiratory timer which was not the case before.

“The other change is about getting information in a timely manner, like our coordinator Godwin can call me any time when there is some information he wants to share with me.

“According to my work as a VHT, the most important is having the respiratory timer because I can now easily tell the level of breathing. At first we were given the respiratory timers, which we had to set and count manually and as we counted we could sometimes count more and in the process I could end up giving the drugs where it was not necessary.

“For me I can say that I can now call the health worker at the health facility to let them know that I have referred a patient. This way I also remind the health workers to ask the caregivers to give them the referral form so that the caregiver can bring back the part he or she is supposed to bring back to me for record keeping. This has changed because in the past we could just refer and the caregivers do not take the referral letter and thus could not bring back anything for us to record.

“The other change is that with this inSCALE phone, I called the health officials to come to my community and teach the people about sanitation. When they came from here at the health centre, they taught people about latrine construction, drying racks, construction and usage of rubbish pits and many community members responded well. So when we talk to people they respect us and do what we have asked them to do.

“For me calling at the health facility where am going to refer my patient and he or she gets treated that is the most important for me. The reason is that people trusted me and selected me to help them, so I be doing my work especially when the child is convulsing, I get so much concerned, call the health worker to show the caregiver that am caring for the life of the sick child.”

Level 1 Feedback

Initially in the maybe pile, an overall good story, but not as strong as others, and the comment on “ended up giving drugs where it was not necessary” wasn’t seen as ideal to pass on.

STORY 4: Technology Arm VHT, Kiburwa village, Kyabasengya Health Centre II

“One of the changes is the weekly sending of reports and this changed me sending monthly where I could walk long distance (2km) to go and submit the report to the supervisor.

“The phone came with a solar charger and this has changed the way I spend money on charging. I use the same charger to charge to charge my own phone and thus save on what I could have paid to have it charged.

“Another change that has come with the phone is that I can refer to another VHT if I do not have the drugs. I just call instead of wasting a lot of time going there physically to take the patient. When I call I am sure that he or she is there and thus can attend to the patient and thus I tell them ‘you go, my colleague is waiting for you’.

“This phone has changed the way I relate with other VHTs because I did not know many of them before, but now I know so many VHTs, even those who are far away. We talk not only

about VHT related work but also about other things like the changes in prices of agricultural goods and others.

“Another change that came with this phone is the fact that caregivers with phones can now call me first before they come home. When am not around I can give advice and this can save the child.

“The final change is that the money I use on this inSCALE line is not mine but rather from Malaria Consortium.

“To me, the most significant change is communicating with fellow VHTs. Like when there are no drugs we communicate amongst ourselves and we keep ourselves updated, and when it comes we share the information. This helps me even when I am not around I can send someone to pick for me the drugs. Before the phones it was very hard to communicate with others yet it is very important.

“I think the change I have seen in the community is that before the phone it was hard to refer a caregiver to the fellow VHT and he or she go when you are sure that he or she will find the VHT at home. But now with the phone I can call and confirm that the VHT is there so go you will him or her there. And the caregivers can now call me but before I got this phone they used not to do so and in some cases they could come when am not around and bounce. This is the most important change in the community.”

Level 1 Feedback

It was felt the VHT appreciated the phone for the wrong reasons, such as non work related communication with other VHTs, not appreciating that these calls still incur costs to the project, saving money himself on charging, and giving advice on patients on the phone not seen as ideal either.

STORY 5: Technology Arm VHT, Karongo Health Centre III

“The first change from the phone is that work has been made easy in a way that in the past, in case there was a meeting, they had to send somebody to your home informing you of a certain meeting but right now, it is a matter of calling you on the phone and you get informed.

“Also in the past, we used to get challenged in finding out whether drugs are readily available at the health facility but right now, you call the in-charge and you get informed or even calling or inquiring from your fellow VHTs and that is when you decide to go to the health facility to get drugs. All those are advantages of the inSCALE phones.

“Another change I have observed is that even the community members call me on this inSCALE phone to find out whether drugs are available, and in case the drugs are there, I tell them to bring the children, in case I am not at home, I tell them to wait patiently and I attend to them later. This helps on my work for example somebody can call you informing you that a child needs attention and you react first to that.

“To me, the most significant change has been the issue of finding out the availability of drugs at the health facility. This is because there was a time I walked up to the health facility (4 miles away) and was told that the drugs are not yet there. I was so demoralised because I was told to go back home without drugs. So to me that is the most significant change

because you can be able to find out whether drugs are available or not rather than wasting your time and energy going to the facility, which hinders you from doing your private work.

“Now what I can say is that for us who joined the VHT training late, we did not receive original respiratory timers so in case a child was brought with complains of cough, we would just treat without using the timers. But ever since we got these InSCALE phones, that is when the doctor told us that we were committing a very big mistake by treating children without using respiratory timers, and they informed us that we can use our phones, they have timers. So to me what has really changed is that in case a child is brought with complaints of cough, I make sure I treat accordingly using the timer, by counting the number of breaths the child is having. The introduction of the timers is the most significant change to me, because before I would just treat them, but right now I first test using the timer to really prove that it is pneumonia.”

Level 1 Feedback

Rejected due to comments like telling patients to wait patiently until he is back and treating in the past without timers and proper diagnosis.

STORY 7: Technology Arm VHT, Kigwera Health Centre III

“One of the changes I have observed in my work is that the phone has made sending of reports easier. In the past we used to delay in submitting these reports because we were supposed to write on paper and take them to our coordinators, but right now it is easy, as soon as you send the report, you also receive a message confirming having got it.

“Then another change has been the ability to communicate with my other fellow VHTs, for instance in case I want their help or any form of advice, I talk to them and they advise me accordingly. In case I do not have any drugs with me, I call them and they can bring it to me but in the past, one had to first move to that particular VHT to seek for their help but right now it is easy, it is a matter of calling them and they come.

“To me, the issue of timely report sending is the most significant change I have observed because it is a matter of sending the report and it is sent but in the past you would walk long distances.

“The changes are there, initially you would treat a child and later make follow up by going to the caregivers home but right now, in case you treat a child, it is a matter of getting the caregiver’s number and call them in case you want to make follow ups and find out the condition of the child. I think this is the most significant change. This is because we also have our private lines that we put in the phones. Like for my case, normally my legs swell each time I walk long distances, so that is why I decided to ask for their numbers for follow up purposes but in case I get time, I go to their homes.

“Still in the community, these phones have helped them to find out whether I am available at home or not. This is because initially they used to come to my home and find I am not there, but at least now they just call me, which I think is very helpful.”

Level 1 Feedback

Initially in the ‘maybe’ pile, story is strong on advice from fellow VHTs, but overall not as strong as other stories.

STORY 8: Technology Arm VHT, Hanga village, Kilanyi Health Centre II

“First, with the phones, I have got a chance to talk to people who are far from me and to be thanked by them. Second, we were given solar chargers and lamps but what is hurting is we were given weak lamps because mine got spoilt.

“People call us government workers; we are called doctors and nurses in the community. The phones have earned us respect. Also when the lamp was still functioning, it had reduced my expenditure on paraffin.

“To add on that, this phone helps us where we have a very sick patient that you cannot treat. I call the nurses at the health facility to inform them of the patient I have referred and they attend to that patient urgently. This has reduced transport costs on us where we used to accompany the patient to the health facility. But my request now is if possible, all health workers at the health facility should be given phones (inSCALE lines) because the supervisor who was given the phone that I would call for free left the health facility. Calling nurses at the health facility means you use your own money to load airtime.

“Caregivers also call me to find out whether I have drugs and they bring their children to me for treatment before their condition worsens. This has reduced on cases of severe malaria where children were brought convulsing like it was when we had started treating.

“We have acquired knowledge of sending reports on phone, which is more like using a computer and this has eased our work.

“Sometimes caregivers bring diseases I was not trained to treat because they know me as a VHT so I also call the nurses at the health facility to guide me on what I should do for such a child.

“To me, the most significant change is calling health facility staff when I refer a patient and when I want to find out whether there are drugs. This is important because when there are drugs, I come to pick them and when drugs have not been delivered, I stay home and wait, not like in the past where you would come here and find no drugs. That has helped reduce transport costs.

“In the community, phones have reduced on movements by caregivers; they first call me to find out whether I have drugs in stock before they can bring their sick children. When I have the drugs, I tell them to bring the sick children and when the drugs are out of stock, I refer them to another VHT after calling and confirming that that VHT I am referring them to has drugs. This is the most significant change to me because it helps them not to waste time.

“When the solar lamp was still functioning, caregivers would bring their children at anytime for treatment sometimes even at one in the morning because they knew I had the lamp for lighting.”

Level 1 Feedback

This story was almost accepted, as it brings out all the aspects from motivation and respects, referrals and follow ups, but ended up rejected as brought out project weakness of supervisors leaving with their phones, leaving the VHT without free communication to the new supervisor.

STORY 9: Technology Arm VHT, Nyakafunjo village, Kyabasengya Health Centre II

“A big change is getting to know each other as VHTs, which was not the case before we received these phones.

“Now it is easy to get information from the health facility about the availability of such and such a drug which was not the case as it was hard for the supervisor to call each VHT but now it is very easy.

“Our coordinators and supervisor can easily share information and new knowledge they have learnt from seminars and workshops because they can make those free calls to all the other VHTs.

“It is also now easy and cheap to send the weekly reports compared to the former monthly reports. That is the one that I like so much or see as the most important for me, because it is like me and the organisation we are always in touch and as soon as the report is sent, the officials get to know who has submitted that report. That is very important.

“The most important change for the community is for it to access treatment any time of the day whether it’s night or day. This is very important as timely treatment leads to saving lives and reducing death in my community.”

Level 1 Feedback

Initially in the high end of the ‘maybe’ pile as covers all aspects, didn’t have any controversial elements, but ended up as rejected as it needed a bit more of explanations and details to read like a story.

STORY 10: Technology Arm VHT, Kyabasengya Health Centre III

“We are able to send reports immediately using the phone, that is one of the changes I have observed. In the past, sending these reports was not done on time but at least now, these reports are being sent on time. Another change is that once I learnt that sending a report is easier, it made me happy because of reduced time spent on sending these reports.

“Actually with these phones, you can make simple calculations for example finding out the number of treated children, and in that way it can help in your work, but in the past it was a challenge counting the number of children in your head, at times you would be having a number of issues to solve, but now these weekly reports are easier to compute.

“Right now, another change is communicating freely with each other as VHT without involving costs. This is the most significant change, calling each other and the supervisors free of charge and in this way we give each other advice as VHTs, you see we also have our own concerns we share with each other. In the past it was not like that, we used not to have any phones or even the airtime was not available on our phones, so you would buy airtime.

“The biggest change I have observed in the community as a result of the phone intervention is that the community has been able to access our services as VHTs on time. When their children are sick, they try to communicate to us, especially when they need our services, for example calling us on our second line and they are assisted. Somebody can also beep you on your phone several times and in this way you can know that indeed some body demands being attended to.”

Level 1 Feedback

Though nothing was wrong with the story, it was rejected as not as strong as the others.

STORY 12: Technology Arm VHT, Kigawa village, Kisabagwa Health Centre II

“Before, I would suffer writing reports on paper but after the phone was given to me I started to send weekly reports and that made me happy.

“The second change was having communication with the in-charge and supervisors at the health facility. When they were coming to my place for supervision, they would first call me to establish whether I will be at home and that made it easy for me and for them because I would know what time they were coming and plan well so that they don’t miss finding me home. But the supervisors were also helped not to waste fuel and not find me at home. When they would not find me at home, I would miss their advice on how to do my work.

“The third change is when we had trainings here at the health facility of at the sub county, the supervisor would call me and tell me to inform all the other VHTs in place and that was good for my work as a VHT.

“The lamp also brought about change. Before I got the lamp I would not treat at night, caregivers who brought children at after seven in the evening were told to go back and return the following day because I would not give their children drugs without testing and knowing what disease was affecting the child, but now I treat at whatever time of the night. I would treat diarrhoea and fast breathing but malaria I would not without testing.

“The most significant change is sending weekly reports on the phone. Because that is the work we were sent to do and that is how we show our bosses that we are working.

“The changes in the community, before I got a phone some community members would go to far health centre because they thought I did not have drugs, but now with a phone, they first call me and find out whether I have drugs before they come to the health facility. Some would even incur transport when I have drugs at my place but because they did not know they come to the health facility.”

Level 1 Feedback

Initially in the higher end of ‘maybe’ pile as brought out several good aspects, especially that patients can call beforehand to check availability of drugs rather than going straight to health centre, but was rejected due to confusing statements with regards to sending away all (or some?) patients after 7pm.

STORY 14: Technology Arm VHT, Ndandamire village, Kigwera Health Centre II

“Previously we used to send monthly reports but after receiving the phone now we send weekly. Also, today when the caregiver brings a patient I do not waste my time looking for the respiratory and RDT timer as long as my phone is on.

“I have also learnt a lot because then I did not know how to send a report using a phone but now I can do it.

“In addition, I have got many friends even those whom I did not know, like I can call a VHT from Kiryandongo or Kibaale and I get to know what is happening there.

“When my charger was still functioning, I could charge my phone for free yet previously it was not easy and I had to pay for charging. The light in the house I also got which enables me to work even in the night.

“Also getting a phone was a change in my work because I did not have one before I was given this inSCALE phone and I used to go to my friends and relatives asking them to give me their phones so as to be able to communicate with others. The light and having a phone to communicate are the most important changes to me.

“In the village people are happy because I got a phone. For example when I have gone to do health sensitisation they are now able to call me in case a parent brings a sick child at home.”

Level 1 Feedback

Story rejected due to lack of details and it felt a bit too focused on the VHT himself.

STORY 15: Technology Arm VHT, Kyatiri Health Centre III

“Before we received these phones, we were not sending weekly reports but right now, it can be done.

“Secondly, right now we can do respiratory timers using the phones and it has made my work easier to time using the phone because it makes an alarm as soon as it is one minute. In the past we would count more or less because we would count using your head, but now this timer is designed by the computer, if it is one minute, it will show you on the phone. You can even test 2 patients at the same time. One timer would be testing one patient and another patient would be tested by the timer on the phone.

“Also, we use the phones giving each other advice as VHTs. In case one is stuck, you can be able to call your colleague to find out how they are faring.

“The most significant change is the issue of sending reports because in the past, before receiving these phones, it was a challenge to send these reports, we could even take 1 month without sending the reports, but these days we send our reports weekly, which in the end benefits Malaria Consortium because they can be able to know which area is lacking drugs unlike in the past, they used to bring these drugs any how after like a month.

“According to me, the most significant change in the community is that there is an improvement in that these caretakers no longer spend a lot of time when they have come to receive treatment, especially during testing. In the past, it would take about 15 minutes to test a patient but right now, you can even test two patients at a go therefore making people not to take long waiting to be tested.”

Level 1 Feedback

Story rejected due to comments on testing two patients at the same time, and the changes didn't seem very significant.

STORY 17: Technology Arm VHT, Butooke village, Kyegegwa Health Centre IV

“The inSCALE mobile phone has simplified our work. We are able to send weekly reports easily and it takes us very little time to do this, unlike before when we would write on papers and submit to our VHT parish coordinators, who in turn make summaries and submit to the supervisor. Now things are swift because we submit directly to Malaria Consortium and they send us feedback messages acknowledging that the report has either been sent or it is still pending or that message sending has failed and we keep on trying until it is sent.

“The other change is that the inSCALE mobile phone has enabled me to communicate to fellow VHTs and the supervisor free of charge. We can easily get information about availability of drugs at the health centre and also talk about other issues related to our work.

“The phone has also enabled me to use two lines because it is a dual phone. I can put my personal line and communicate to my people. Sometimes when we don’t have airtime on line 1 (inSCALE line) and I can put some money on line two and I use it to communicate to VHTs. This means that if line 1 is not working, at least line 2 will be working.

“The most important change is that we are able to send weekly reports using the inSCALE phone and this has eased our work. We can quickly know that the report has been delivered or not.

“The community can call me before coming for treatment so that they find me home. The community can easily call me at any time seeking for advice about any disease and this helps them to make a right decision. For example they can call me about the signs and symptoms that children have and I advise them accordingly.

“The community has recognised and appreciated our work as a result of the inSCALE phone. They now know that we are important people in the community because we are using new technology to do our work.

“The community has benefited from the inSCALE phone because we charge for them their phones using the inSCALE solar charger and this has increased on our connection and cooperation in the community.

“The most significant change is when community members call me before bringing the child for treatment, it is good because they will find when I have prepared to treat the child. I will be able to give the child all the attention and also health educate the caregiver about methods of preventing diseases among children. This has improved on sanitation and hygiene.”

Level 1 Feedback

Initially placed in the high end of ‘maybe’ pile as it is strong on health education and clearly explains the two phone lines, it was eventually rejected due concerns about plausibility with regards to how much admiration the phone has brought the VHT.

STORY 19: Technology Arm VHT, Kyegegwa Health Centre IV

“With the phone, now I call the supervisor at the health facility and inquire whether drugs have been delivered. I call the supervisor at any time I want to inquire. I don’t have to spend money to come to the health facility (12km away) to check whether the drugs have been delivered.

“Also I call fellow VHTs to consult them when I meet a challenge in my work and this has eased my work.

“I do not spend money to charge my phone and to buy paraffin because I have a lamp that I use to treat children brought to me at night.

“The most important change is the lamp because I was disturbed a lot to get paraffin to treat patients even when I had paraffin and used a lantern to treat the child, I would remain complaining about paraffin because the work we do as VHTs is not paid.”

Level 1 Feedback

Story was rejected as too brief and lack of important details.

STORY 20: Technology Arm VHT, Bujubuli Health Centre III

“Ever since we received these phones, the first change is that it has reduced on the burden of sending reports. Secondly it has also helped in saving time one would have used to send reports, here you only send by phone, unlike in the past where we were supposed to take them to the health facility (2 miles away), which involved moving some distances, so we have even saved on transport costs.

“The most significant change has been improvement in report sending. In the past, we used to take our reports to the health facility and they would at times misplace them but right now with the inSCALE mobile phone intervention, the moment you send your report, you immediately get a feedback as to whether the report has been received or not. In case they have not yet received your report, they would alert you to resend, which was not the case before. In past we would take the reports and we would not have any idea what happened next.

“The most significant change I have observed in the community is that in the past, we used to suffer a lot especially in giving treatment to children at night. But right now, with these solar lamps and the phone, treatment has been made easy. For example in case the child’s condition has failed to improve, I just use my VHT phone to communicate to the health facility and referring this caretaker with the referral letter and they are attended to immediately. To me I think that is how the community has benefited.”

Level 1 Feedback

Story was rejected as it focused more on the community level impact as opposed to VHT himself.

STORY 21: Technology Arm VHT, Kitembeka Village, Kiseke Health Centre II

“Since I got the phone everything I do in my work has become easy. Like when I receive a patient and I have drug or RDT stock out, I call my colleague to find out whether he/she has drugs or even call a VHT in a neighbouring village and then send the patient to the VHT with drugs for treatment. My colleagues also call me when they do not have drugs to find out if I have drugs and refer the patient to me for treatment. I would even call VHTs from other sub counties and I would be helped in my (personal?) needs and in case the VHT was not available on the day I intended to visit them, I would change the program.

“I also use the inSCALE phone for my personal needs, like when I need to meet someone I first call them to find out if the person will be available before I go to their home, so you save the money you would have spent in transport and not found them. I also communicate to people in case of sickness, to inform others about a sick person; all those are personal needs that would be solved using that phone so it has assisted but now there is no money to make the calls.

“The other change is when am going to begin treating a patient I set a respiratory timer on the phone that I use to count fast breathing. It is easier to use than the old timer because children know phones and cannot touch it like they used to touch the old respiratory timer and disturb my work.

“To me, the most important change is when you do not have drugs and the child is brought to you, the child can die at your place but now the phone is important because you call a fellow VHT and they tell you that they have the drugs and you refer the caregiver to that VHT to get treatment for the sick child.

“There are changes now, first we used to write reports and send them but now we use the phone to send reports and after sending them we receive messages to inform us that the reports have been sent. Then we would write the reports and wait for the coordinator to pick them.

“When a caregiver comes to my home and I am not available, that person calls me and I inform them where I am and whether I will be able to come and attend to them. If I am far, I tell them not to wait for me but to go to the other VHT for treatment, so they are helped in that they do not have to sit and wait for me in case am far. That could result into the child convulsing and dying. The phones have helped because I refer them to my colleague and get treatment in time. That is the most important change to me.

“The use of the respiratory timer on the phone has made people trust our work because they say that we are now expert that we are even using the phone to treat, some even call them computers. That is exciting to them.”

Level 1 Feedback

The story was rejected as it felt a bit too personal and some statements a bit too dramatic, and comments on referral seen as a bit confusing.

STORY 22: Technology Arm VHT, Buhamba Village, Kiseke Health Centre II

“There have been many changes since we started using the inSCALE mobile phone. Before the phone, we would spend a long time preparing written reports and this would take a lot of time but now we can easily send weekly reports without having to write so much and this has eased our work.

“The other change is that since I am a VHT coordinator, I was tasked with the responsibility of ensuring that people submit data that is correct to the supervisor and this meant moving from one VHT to another but now, people submit weekly reports on time since it is less tiresome than writing the report. The other change is that we can call our fellow VHTs in case we want to find out anything about our work or when we want to inform each other about any trainings or seminars.

“We also used to take a long time to make breath counts using the first respiratory timer, but with the phone we take less time because the phone directs you on what to do exactly thus giving us better and accurate counts.

“I also use this phone to call the supervisor at the health centre to find out whether drugs have been brought so that I come to pick them or even inform the supervisor if I realise that there is a rare condition in the community that can be dangerous. For example, if there are any suspicions of diarrhoea or cholera outbreaks.

“The most important change is the quick and easy submitting of weekly reports. Before the introduction of this system, haa..., things were really hard for me as a VHT coordinator. I used to move around the whole parish to collect VHT reports and make summaries of the report and then submit them to the supervisor but now, every VHT submits their work directly to the Central Data Receiver and then a feedback message is sent back to acknowledge that the report has been received. Also, the VHT who has submitted the report will quickly know that the report has been received or not, depending on the feedback message. In fact you can even know whether you have submitted the right report or not because in most cases, the feedback message tells you whether the report is correct or some information is missing. This has really eased our work in weekly submission of reports.

“The community has also benefited a lot from the inSCALE phone because they always call me before bringing their children for treatment. In fact sometimes they can call me to find out whether there are drugs in stock so that they bring their children or in case they want any health advice. This phone is known by many community members.

“The other change is that it has eased on follow up of patients on both my side and on the side of community. When I treat the child, I am supposed to make a follow up regarding the child’s illness at least a day after treatment. But with the presence of the phone, the caretakers of the children usually call me as soon as they realise any improvements or if the child has worsened.

“The most important change on the side of community is that people in the community can call me any time to ask about any health issue without having to walk from their homes to my home. When their children are sick, they always call me first before they come so that they don’t retreat back without being treated and of course this also helps me to do my personal work without any worries that a caretaker might go to my home in my absence.”

Level 1 Feedback

Story was originally accepted as strong on the parish coordinator role element, good comments on the timers and community benefits, but was eventually rejected as it could confuse to mean that coordinators no longer have to collect monthly reports.

STORY 1: Technology Arm, Supervisor (16 VHTs), Kiseke Health Centre II

“The VHTs are no longer bringing their weekly reports to us, they are submitting them directly, I am not sure whether to the ministry of health or not, but they send them using their phones. This has helped because some of these VHTs have become more active in sending these reports, initially they used to be lazy but now they are a bit more active in making and sending of reports.

“Another thing I have observed is that it has made VHTs to send reports immediately, something which was not always done in the past. And with phone report sending, in case somebody has forgotten to send a report, they are reminded immediately to send them, which used not to be the case in the past.

“Another change I have observed is that in case the VHTs are out of drugs, they just call you on your phone instead of you first riding your bicycle up to the village to find out this information, they just inform you by phone about that.

“These days the VHTs feel proud of these phones because they have got options of the second line where they can use another sim card.

“For me the most significant change is the issue of sending reports timely because initially it was a burden giving us these reports, then giving them to the coordinators, so it was somehow impossible to receive these reports on time because some of these villages are even far from each other, so to me that is the most significant change.

“Those VHTs who had earlier wanted to give up ended up working harder. Each time I would interact with the community, they would tell me that their VHTs are always complaining saying that they are not motivated to continue with VHT work, but ever since they received these phones, somehow they are motivated. I think that is the biggest change.

“The VHTs now know each other better because of the phone calls they make to each other, they communicate regularly and even in case of any information, they are called by the coordinators.

“The community is proud that the VHTs are doing a good work because each time they go to seek treatment and the sickness becomes more severe, these VHTs try to call others or seek assistance from the health facility and this is what makes the community members happy because of the help they receive, and faster. Maybe even the community gets an opportunity to have their phones charged but the only challenge is that at times, the chargers get faulty.”

Level 1 Feedback

Despite strong comments on motivation on VHTs and easing of supervision work, the story was rejected as it didn't read very differently from a VHT perspective story, and the complaints about the VHT felt quite negative.

STORY 2: Technology Arm Supervisor (96 VHTs, 70 with phones), Kyegegwa Health Centre IV

“For me as a supervisor I can see that most of the workload has reduced as a result of the inSCALE phone intervention, because before this programme these VHTs used to give me a hard time, especially looking for them to submit reports. But now it has been simplified. Maybe the only challenging time is when their reports fail to be send, but still I encourage them to be patient and keep on sending. But generally ever since InSCALE phone intervention, I can say most of my workload reduced in terms of looking for their reports. Now, they just report directly, but previously it necessitated us to go up to the village level to pick the reports, it had to involve the coordinators, which was challenging.

“Maybe another change I have observed is that when I want to mobilise them, whether for inSCALE or any other meeting, it becomes easy for me to call them, so that is another change I have observed. Because the VHTs have these phones, they may belong to inSCALE programme, but still they may be very important in helping to do other kinds of work.

“Then when it comes to passing out of information it becomes easy, for example in case there is an outbreak, because every week I do carry out weekly surveillance reports. During this activity, in case I find out that in a certain village there is an outbreak of measles, it can be easy for me to communicate with these VHTs about this outbreak, so I can say it has simplified communication for us to inform them to be always be alert.

“To me as the VHT supervisor in this district, the most significant change is that it has made reporting easy. I tell you before the phone intervention, it was indeed a challenge to collect reports from these VHTs. But now, the good thing with the inSCALE phone intervention, if these VHTs do not send their reports, they are reminded on their phones and we are relieved of that pressure to call them. We used to go to their homes reminding them to send their reports, which is not the case now.

“For the VHTs, the phone intervention was one of their greatest motivation, though it is one of their tools in their work, but when we gave them the phones, it motivated them a lot, even those who were not active became more active. It generally reactivated those who were demoralised to work. You see some of them were tired of their work, but when we called them for training and gave them these phones, we found out that those who were not active became active again.

“Even communication amongst these VHTs has improved, for example during the referral process, even if they do not have referral notes, they can refer. It has eased communication, for example VHT A, can call VHT B saying they do not have drugs, then VHT B can act accordingly. Then also, when it comes to the issue of communicating with me as a supervisor, these VHTs can call informing me that they have referred a certain patient to the health facility and that helps me to know and the patient can be attended to easily.

“Previously they used to fill in referral forms and were given to care takers of these children who would immediately come to the health facility and yet no health worker at the health facility is aware that there is a patient with a referral letter and at times these patients would even spend about an 1 hour in the queue without anybody attending to them, but with these inSCALE phone, that communication gap was reduced.

“To me, the most significant change has been those VHTs who became motivated after they had been demotivated. They were not active, for example when we called these VHTs to come for training, we found that those who were not active had become more active so to them, I can say that is the most significant change. It was indeed a motivation for them, this is further evidenced by the chairmen and other people who always contact us finding out as to when we are training the next round of VHTs. So even those who are outside the VHT system have got the urge to join VHT work because of the phones these VHTs received. Because at first before the inSCALE phone system were introduced, there was nobody to asking us about any trainings for VHTs but once they saw the phones, they also began putting us on pressure to train them.

“The community itself is appreciating because they got a chance of charging their phones freely, others their phones are charged at low costs so they are appreciating the services of VHTs outside treatment.

“Another change has been easier communication with the VHTs. When the inSCALE phone intervention began, we met the community and gave them VHT numbers, so even if a VHT is in the garden, the community members can call them saying ‘my child is now sick and I am now coming to you to receive treatment’ and this has eased communication amongst community members.

“Easing communication between the VHT and the community is the most significant because these members call these VHTs easily. For example, they can call a certain VHT and they are told that they are not in their village so they look for other avenues. So I can say it has really eased communication. In the past before inSCALE phone intervention, in case a parent goes to VHT A and does not find that VHT at home, they are forced to move to may be VHT B who may be at an extreme end or at a distance but with the phone communication, a parent may first decide to call the VHT finding out about his or her availability before going there. The good thing their phones are always on because of the power source unless they are only challenged by poor network only.”

Level 1 Feedback

The story was initially accepted as it covers all aspects, good on referral, communications and VHT motivation, but was eventually rejected as the monthly report issue not clear and quite long.

STORY 4: Technology Arm Supervisor (34 VHTs), Kilanyi Health Centre II

“Communication has been made easy with the phones in the sense that when somebody is referring a patient, he or she first calls so that I know there is a patient coming, and in case that patient does not come, I can feedback to the VHT that *‘such a patient did not reach the health facility as earlier communicated’*. So in such a way, it eases work and simplifies the communication system, unlike where one would write referral forms to us and yet for us health worker, we would not yet be aware that there is somebody coming to seek our help. And it has eased work in the sense that all the work is sent on phone. Though there is some small paper work involved, it is not as much as before so information reaches its destination in time.

“In fact, the phones have acted as a motivation to these VHTs, they are happy about it. It has motivated them in the sense that the phone has got 2 lines, one for the official VHT work and another line being private like for instance for those who did not have phones before

now have one and can communicate with relatives, besides talking on the closed user groups. To me, that makes my work much simpler because these VHTs are already motivated.

“It has even simplified my work as a supervisor because before, at times they would just come to collect drugs but now they first communicate before they come and this has helped me to inform them about drugs. And for us supervisors, it has improved on the monitoring system whereby if somebody maybe has not done the paper work well, even the phone itself can report that person for you to correct. Because we receive a message that maybe such a person’s report has got some errors or has not yet sent their report, so that is when I can come in as a supervisor to help. So it has actually made monitoring easy.

“Even some other problems have been solved easier. For example, before these phones were introduced, these VHTs would take time to get information until they meet me, but right now it is a matter of calling me and finding out any information they need or challenges they face which are solved for example in case they are out of drugs, they call their coordinator who later informs me. In fact these phones have really done some good impact on my side as a VHT supervisor, so what is important is supply of drugs frequently, then my work load also reduces.

That also brings me to another change of saving life, this is really important because of the improved communication services. This is the most significant change I have observed. With this phone system, you find that a patient goes to the VHT and in case there are no drugs, the VHT then calls another fellow VHT and therefore communication is done. In the past, if somebody came to you and there were no drugs, you would refer the person to another VHT but not yet very sure whether the other VHT has got drugs or not and would not be sure that the VHT is there, so saving time and life because life is very important, once you lose it, it is gone forever.

“I would say the VHTs are very grateful to know how to use phones because some of them did not know before, but now they can send reports using phones. Another change I have observed among these VHTs is that it has simplified their work. For example, before they would write their reports on papers and submit and also remain with a copy but these days as they enter the information in the phone, if there is any mistake done, you are corrected there and then because information cannot be sent when there are errors, it cannot be sent, and in case it is sent, it tells you that there is something which is not right, which is good. It has also improved on their skills of work. As one is being corrected by the phone, the next time they are sending data, they become more keen hence improve their skills.

“And another change I have seen is that really they are happy about their phones, unlike before they used to travel long distances to bring reports to the coordinators. You see sometimes I also interview them and they tell me that indeed these phones have motivated them, and that is when they feel that we are with them.

“To me it has eased work, communication is easy these days because as a VHT refers a person to another fellow VHT, they would have already known through phone interaction that somebody does not have drugs. This is the most significant change to me. In the past, it was so difficult because a client was always sent up to the health facility because these VHTs were not always sure whether their fellow VHTs were having drugs at that moment because they used not to have proper communication channels. This was serious especially during rainy seasons, you could not tell whether a given VHT was at home. It has improved on data

management since it is sent through the phone and therefore simplifying the work of the coordinators and the supervisors who do not need to travel long distances.

“The community is helped so much because they appreciate the services of the VHT especially in case they are referred to a certain VHT and are attended to. Also the community has also benefited in the sense that when a VHT has a phone, communication is made easier but in the past, even these VHTs had to borrow phones from relatives of a patient in order to communicate to another VHT to help this patient. Even the community really feels great especially in case a patient is going to be referred to the health facility, I at times talk to them on phone to find out the condition of the child before they come to the health facility, this makes them very happy, they feel they have been loved. I think that is the most significant change for community members, being able to call the health workers without incurring costs and hence saving lives.”

Level 1 Feedback

Story was rejected as focused too much on community and referral to other VHTs.

STORY 5: Technology Arm Supervisor (24 VHTs), Kibaire Health Centre

“The changes since the phones are many, like it has been made easier to communicate amongst the VHTs and us, their supervisors.

“The reporting system is now okay after the inSCALE phone intervention as VHTs are reporting weekly instead of monthly as it was before the introduction of the phone.

“As a VHT supervisor I also got a free phone, which was a change because ever since I started at the health facility I had never been given a free thing like this. This phone came with another advantage of being connected to a closed user group and thus I can communicate for free, which is different from other phones.

“The phone I got came with a solar charger and because of that things have changed in my home as I can charge my phone any time I want and at home. I also got a solar lamp, which has improved my light at home.

“Another change is that now the VHTs can call me and tell me about a referral they have made so that when I am at the health facility I am expecting such a patient to come. This was not the case before the inSCALE phone intervention.

“The VHTs also take advantage of being on a closed user group and call me for advice in case they face a challenge when they are treating. When I give this advice it improves on the quality of treatment that the VHTs give to the community members.

“Also as a VHT supervisor, I can easily get a report regarding stock outs because the VHTs can call and let me know whether they have the drugs or not. Also through their reporting I am monitoring to see who still has the drugs and who is having no drugs. This way I call the VHT I see that he or she has no drugs and replenish their stocks.

“I can also say another change is that this idea of reporting weekly by the VHTs forces the VHTs to work hard and attend to the patients in their villages. This in a way has reduced the mortality of under-five and this has greatly reduced the workload at the healthy facility.

“I would take the change from reporting monthly to weekly for the VHTs as the most significant change for me. The reason is that it motivates the VHTs to work hard and this reduces the child mortality rate.

“The first change I have seen among the VHTs is that change from reporting monthly to weekly. This was a very good change for the VHTs for they now report incrementally.

“The other change is that now the VHT take stock of their stock on a weekly basis when they are submitting the electronic report. This helps in planning for replenishing in advance.

“Majority of the VHTs used to complain that they do not have light and therefore cannot work at night and where they also worked they complained that it was costly on their part as they had to buy paraffin. With the inSCALE mobile phone intervention all that has changed as the VHTs were given solar lamps to provide them with light. Some of the VHTs used their solar chargers to charge other people’s phone and thus could earn small amounts of money. Among the VHTs, the most significant change I have seen is the reporting system, because now the reports are there on time unlike in the previous days when VHTs would delay in handing in their hard copies. Sometimes the time the report it would take from one stage to another would cause a lot of delays and sometimes that affected planning at the supervising facility.

“One of the changes in the community is that people are now getting treatment services nearer than ever before since the intervention has made it easy for the VHTs to be with stock most of the time. This is the most important change because it is helping in saving lives. Also because of near treatment children no longer experience convulsions as they are treated as soon as they are seen or suspected to be having malaria or any other complication.

“There are also reduced numbers of patients coming from the community to the health facility. This shows that children, especially those under the age of five, are treated from the community, which is a positive change.”

Level 1 Feedback

Initially placed in the ‘maybe’ pile as an overall good story, it was rejected as confusing statements on reporting.

STORY 6: Technology Arm Supervisor (34 VHTs), Buliisa Health Centre IV (formerly Kigwera Health Centre II)

“The use of the inSCALE phone eased my supervision work because VHTs would call anytime to ask any questions or advice regarding treatment of children, follow ups on treated children and to also ask whether drugs have come. I was saved the burden to moving to every VHT for supervision.

“The other change is that I can use the inSCALE phone for my personal line as well. The inSCALE line is using MTN network while my personal line is on Airtel network. This means that in case someone calls of either of the lines and she fails to reach me, then she can call on the alternative line. This has eased communication for my supervision role and also communication to my family and friends who may not necessarily be VHTs.

“The most significant change is that I am able to communicate to the VHTs free of charge and they can also call me anytime to inquire about anything. This has eased my work very much since I don’t have to move to the field every time and it has also improved on my relationship with VHTs.

“The VHTs now consult with each other on different issues related to their work. They freely talk about their roles and responsibilities without worrying about the cost/expenditure. In fact they even remind each other about deadlines of report submission and I realised that this improved on their performance. For example, in case a VHT wasn’t sure about the procedure of a certain treatment, she/he tries to use the Sick Child Job Aide but still fails, she would call another VHT for advice or consultation.

“The other change is that VHTs submit weekly reports using the inSCALE mobile phone unlike before when they were submitting written reports. This has eased their work very much because the procedure of using a phone is shorter and there is instant feedback message acknowledging that the report has been received or not. VHTs now feel more useful in the communities they live and this has motivated them to work harder knowing that better things are yet to come their way. They are very optimistic.

“The inSCALE phone was given out with a lamp and solar panel and these have changed VHT work because they feel motivated to work hard. They are now respected in the community and looked at as village doctors who can be approached any time to seek for advice.

“The most significant change among the VHTs is that they are now able to submit weekly reports on time and when they submit, they get messages acknowledging and thanking them that the message has been received. This motivates them to work better.

“The community uses the VHT phone to call us supervisors free of charge in case they want to seek any medical advice. The other change for the communities is that when the VHTs got a solar panel and charger, community members started charging their phones using these solar panels at a fair fee and this created a good relationship between the VHTs and the community. I think this is the most significant change for the community, because of the improved relationship, and because of improving the status of the VHT in the community.”

Level 1 Feedback

Story was rejected as contains several contradictions and it was felt the narrative made it sound as if the VHTs can now just sit back and wait for a phone call, and misleading comments on the reporting process.

STORY 7: Technology Arm Supervisor (20 VHTs), Migamba Health Centre II

“In my work as a supervisor, the communication between me and the VHTs has been increased and mobilising the community for health services like immunisation has improved. Although there are some challenges, it has improved compared to when there were no phones.

“The VHTs are more motivated to do their work and even the drop-out of these VHTs has also lowered. Previously they used to drop out and stop working but now it is not the case. As a supervisor when the VHTs do not drop out the community benefits a lot. Also, my services go down to the community.

“The trust the communities have towards the VHTs and the health centre has increased. That one I have seen through the attendance of OPD has reduced. And again, the under-fives coming to the health centre also has reduced and that means the community has trust in their VHTs, so their children are taken to the VHTs rather than bringing them to the health centre.

“The most important change is the trust the community has in VHTs, because once that one is there people takes those children to the VHTs and they assess and refer those cases they cannot manage. Before the phones, the number of parents that would take their children to the VHTs were few. So the community members would always come to the health centre even when you would tell them that the VHTs have drugs they would say ‘no, we are not trusting them’ and they were not aware that the VHTs can do some work. After the phones came, and they had some other things like timers, both respiratory and RDT timer, now the parents see that the VHT really has the knowledge since he/she is using the phone to time and do what other common phones do not do, and this builds trust.

“For the VHTs, the changes I have seen, most of them when they were given the phones, when they went back home they were very happy and promised to work better. I would also see that when the VHT phone got a problem he would come to the health centre to report it immediately.

“Since they have been communicating to each other on a closed user group, they are happy because they do not load their own money. They greet each every morning asking how is the work in the VHTs’ villages and that at least has created some kind of connection.

“Another change I would say for their supervisor, like when I would not get to them they would try to call and ask what is going on at the health facility.

“Also sending the data report it has increased reporting, although there are still some challenges with some of the VHT phones, I think those were technical problems. To them sending by phone is better than delivering the report in hard copy.

“The most important change I see for the VHTs is the one of sending reports. When sending the report it gives you an idea of how the VHT is working in his or her community. This helps in planning what they are using, the drugs they need, how many they have treated and when you are going to supervise them you are in the know of who has run out of stock and you take some for him or her.

“In the community where the VHTs work, it is easy for them to go to the nearest VHT rather than previously where the community member would go to the VHT and find that they don’t have the drugs or their timers are not working. With the phones now the community members can go to the VHT when they are sure that he or she will attend to them, and because of the phone it has even made it easier because of the functions that the phone came with mostly the RDT timer and the Respiratory timer.

“The families where the VHT comes from they are happy because they have seen their son or daughter being given a phone yet others did not have. A good number of the VHTs had phones but when they got the inSCALE phone they gave away theirs. So that to the community it was a benefit. That is the most significant to me.”

Level 1 Feedback

Story was initially accepted all aspects are covered, the supervisor comes across as very engaged, strong on VHT motivation and trust built in communities, but lost out to Story 8 in final selection.

STORY 2: Community Arm VHT, Lucy Bisereko Health Centre II

“When we started work as VHTs, before the VHC was formed, children would fall sick frequently. There are children I would treat every month but since we started the VHC, I take months without treating those children. Cases of diarrhoea have reduced like in the past month, yes, I have had a drug stock out but I have also not received any sick child to refer to the health facility. The VHC has even helped us VHTs and reduced on our workload.

“I am now even consulted by expectant mothers. There are women who become pregnant but do not want to seek antenatal care at the health facility so when such women come to me, I counsel them and ask them to come to the health facility and many have followed my advice and delivered from health facilities.

“Because of this health club, I am respected as a doctor in the village even more than those who are qualified as health workers. Wherever we go for functions, we are received among the important guests.

“When we sensitise people now, they understand faster than they used to before we had a VHC. In the past I would explain to caregivers for long hours before they would understand what I am talking about, but now I take a little time to explain issues to caregivers because some even know what they are supposed to do.

“The most important change to me is that children are not falling sick frequently because their caregivers are more understanding when we talk to them about health issues and they have improved hygiene in their homes. That is most important because it has reduced the death rate in the village. We are now burying adults in the villages and not children. Before, malaria and diarrheal diseases were killing children a lot. It is not that every month a child would die but in three or four months we would bury a child due to malaria, diarrhoea and pneumonia, but now it is rare to bury a child due to those diseases, they have reduced because of the club. I feel happy about that. Many people come to thank me that the club has done well at reducing diseases and death of children in the community.

“People have increased understanding of health issues in the community. In the past we had a challenge of grandparents who were responsible for children. When I would talk to them on how to prevent malaria and diarrhoea, they would tell me what I am telling them to do is difficult, but now they thank me and tell me the information I give them is important and that their grand children are not falling sick due to malaria.

“There is improved hygiene in the community. Many members of the community now have pit latrines and take care of their homes.”

Level 1 Feedback

Initially placed in the ‘maybe’ pile due to good focus on health promotion and behaviour change, the story wasn’t as strong as other accepted.

STORY 4: Community Arm VHT, Biiso Health Centre III

“There is a big change after the village health clubs, because before that people used to disturb us so much as many people would fall sick time and again. This mainly resulted from the lack of proper sanitation at home. However, after the meetings where we told people to work on their homes, and this has greatly reduced and has given me some time to do other things. Sanitation has improved in my village. I also used to walk in bush to reach people’s homes but today the paths are cleared and they are clean.

“To me, the most significant one is the reduction in the number of children falling sick. You see when the children get sick it used to make me very busy all the time. Attending to this one, referring the other, it was too much. Parents could even get you from the garden, yet you are working for nothing as a volunteer. Those days I could attend to ten cases, but today I can see like three cases of sick children. Now I have more time, I can dig and I have started going to the landing site to work as a tax collector.

“What has changed in my community is that there were not so many pit latrines as they are today. Things of sanitation has improved at household level and the fact that we work together as a team.”

Level 1 Feedback

Story was rejected as not very broad and felt a bit too focused on VHT’s personal feelings as opposed to broader community.

STORY 5: Community Arm VHT, Buliisa Health Centre

“Since the Village Health Clubs, I have seen some homes improve in cleanliness. They sweep their compounds, have put up latrines and boil their drinking water. Before, maybe 30 homes had latrines; now it’s about 50, and new people are constructing so that they don’t feel left out. People no longer litter rubbish in their compounds as they used to do. When I look around the village everyone has tried to gather rubbish and burn it. I think cleanliness around homes has been the most significant change in the community due to the VHC. When I walk around the village I observe the surroundings slashed compared to the past when this was not done. Overgrown bushes around homes were a common sight before VHC formation and that is no longer seen, so it seems to me that is the biggest change I have observed in the village. In the morning you find most people sweeping their compounds before they go to their gardens.

“Our village is 13 miles from Buliisa Health Centre – it takes about 30 minutes on a boda boda or three hours walking. Now, more people come to my home to bring their children for treatment. The children are no longer falling sick as they used to.

“There is behavioural change towards prevention instead of treatment. Before the VHC formation, when my colleague and I told them to protect themselves from sickness they would just look at us without concern. I think because the VHC is their own, they make their own plans and decisions, so they implement at their own will. I am there to only facilitate and give them information, which will help them to come to the right decision. “

Level 1 Feedback

Initially placed in ‘maybe’ pile as strong on prevention and community ownership, the story was rejected as not that relevant to project objectives.

STORY 7: Community Arm VHT, Kyabaswa village, Pakanyi Health Centre III

“Since the VHC there has been reduced cases of malaria and diarrhoea because of improved sanitation and hygiene and this has in turn reduced on my work. I can now spend a whole week with any cases of malaria and diarrhoea, unlike before when malaria was very common.

“The other change is that I have learnt a lot from using the flipbook. The pictures in the flipbook are very direct and the steps that we follow during meetings have also enlightened me about prevention of diseases. As a result my family no longer falls sick and this has reduced on my own expenditure on health.

“I am able to interact with the community and come up with collective actions that aim at improving the health of community members.

“The most significant change is that people have improved on their individual hygiene and sanitation and this had reduced on the number of children who fall sick. This means that I don’t have to sit at home and wait for caregivers to bring their children for treatment. I can also do my personal work and only without interruptions of treating children. People know to slash around their compounds, they use mosquito nets and they boil drinking water, they have constructed kitchens, latrines and use water after using the latrine.

“The other change is that community members now understand the importance of collective responsibility regarding health issues in the community and this has prevented diseases and also improved on people’s relationships in the community. To me, that is the most significant change; that community members can now work together for a common cause especially when it comes to issues related to health. The community has now known that health issues can effectively create an impact when managed at a community level. This will not only prevent diseases but will also create friendship in the community. For example, club members helped to construct a latrine for the old woman, which clearly shows that people are now aware that in order to protect their families from diseases, they also need to promote hygiene in their neighbourhood.”

Level 1 Feedback

Overall a good story, it was rejected as didn’t feel as strong as the others accepted, and a bit too much from the VHT’s personal perspective with little enthusiasm.

STORY 8: Community Arm VHT, Buliisa Health Centre IV

“To me the workload has really reduced since the VHC because initially children used to suffer from different diseases like malaria, diarrhea, but ever since we formed the village health club, people have gained more knowledge. Previously, you would find that maybe I would even use 20 doses of coartem blue within a week, but at least now I can even spend a month with the same doses. Now for example diarrhea has really reduced.

“I have created more friendships within my community, each time people see me, they try to consult me on a few issues on health and at times this friendship helps me to report cases of sickness because before I know it, I hear people telling me about somebody who is sick so for me as a VHT, that is when I know and later decide how I can help that particular individual.

“Also, for us within our group, we have got some savings we put aside and in case somebody is sick, that is when we come to help using some of this money.

“The most significant change has been the reduction of the work load, children are no longer frequently falling sick, diseases have reduced tremendously but previously, I was always busy 24 hours. I can now even spend more than 2 days without a child being brought to me to seek treatment, to me that is the most significant change I have observed.

“The community has gained knowledge at home on how to prevent diseases such as cholera and malaria, they know the importance of having nets. To me, this is the most significant change. Ever since the village health club started, people have really concentrated on cleaning their homes, and as a result, they have reduced on the time they would have used to go to seek treatment, all is happening because of the knowledge they have gained. In the past, people used not to slash their compounds but now they do it, for those who did not have latrines ended up having them because of the knowledge gained, so to tell you this, indeed knowledge is really important.

“People have also begun to do their own work as a community. Some people borrow money from our group, which becomes startup capital for the person to do their work.”

Level 1 Feedback

Initially placed in the ‘maybe’ pile as it is strong on prevention leading to reduction in cases, savings issue and connected community, it was eventually rejected as not as strong as other stories.

STORY 9: Community Arm VHT, Buliisa Health Centre IV

“There hasn’t been much change in my work since only a few club meetings have been held so far and the turn up has not been good. Maybe what I can say is that for those who have been attending the club meetings, diseases such as malaria have tremendously reduced. These caretakers would bring their children more frequently for treatment, but now they can spend a whole month without bringing their children to me. This has reduced on my workload. That is the most significant change to me because I can do my private work without worrying about patients. Since the introduction of VHC, people have learnt ways of preventing diseases like malaria and this has reduced on the number of children who fall sick.

“People in the community respect me more because they have realised that I can sensitise the community using reading materials such as charts and flipbooks. I also feel that I have gained a lot of knowledge in community health and how to prevent and manage diseases at the community level.

“One of the changes that I have witnessed on the side of community is general improvement in sanitation and hygiene at individual and community level. People now have toilets, kitchen, and drain dirty and stagnant water near their homes and this has improved on the rate of diseases.

“People have also known the importance of taking their children for treatment once they realise that their children have developed signs of any illness. Village health club meetings have enlightened people more about the importance of seeking early treatment once they

realise that the child is not feeling well. So this has reduced on severe cases of malaria thus saving children from death.

“Caretakers have also improved on the diet of children. Initially, they used to give children cold food in the morning as well as feeding children on the same type of food but during the club meetings, we shared information about the best ways of caring for our children and nutrition was one of the topics that we talked about. Children generally look healthier and stronger.

“The most significant change to me is improvement in sanitation and hygiene because almost everything in health rotates around it. When people started having well-constructed toilets, kitchen, cleared bushes around their houses, drained stagnant water and generally kept their homes clean, there was a tremendous reduction in rates of diseases. For example, diseases such as diarrhoea are no longer common because of improved sanitation and hygiene.”

Level 1 Feedback

Though the story brings out a lot of positive aspects, it was rejected due to the opening sentence of little change and few meetings.

STORY 12: Community Arm VHT, Kikuube Health Centre IV

“The VHC has made my work somehow simpler because in the past you would tell people to come for meetings and they would refuse to come but right now in case we invite them, they come faster. For example in the past, some of these caretakers would always delay to bring their children to seek treatment from the health workers, but right now we sensitised them by saying ‘you should bring your children the moment you realise that they are suffering from fever to the nearest health facility or go to the VHT because your child may die if not attended to.’

“Another change is that in the past, things were not moving on smoothly in the community, they were not cooperative but now I can tell you that these VHC meetings have increased on my friendship with the community. People used to wonder whether I would be able to deliver my work, some of them would ask ‘Can she be able to treat us really, has she got enough trainings?’ But ever since they realised that we are trained people in our work as VHTs because of these VHC meetings, I always see them consulting me regularly on my work. So within the community I am a role model, they see my compound is clean, I have a latrine.

“To me, the most significant change has been the issue of creating friendship among community members. This is because in case you create friendship among the community members, you can be able to attract other members to join the Village Health Club so that they can also benefit and change our community by having good hygiene, which was not the case in the past. People were not cooperative simply because we had not yet sensitised them fully about VHC, but right now they are aware that in case they attend, they gain more knowledge of health related issues.

“The first change I see in the community is that members have been sensitised on their roles, they have gained knowledge and have known the causes of diseases within our homes. Secondly, people in the community have been sensitised about the importance of working together as a group, we have a proverb in runyoro language which says ‘it takes a

combined effort to break a bone', meaning that if you come together as individuals, you can do something quickly.

"Another change is that there is an improvement in the standards of people in the community, especially in terms of hygiene and sanitation. They have got latrines, drying racks, they are also sleeping under mosquito nets.

"The most significant change in the community has been seeking early treatment from qualified health personnel, unlike in the past where they would always delay. This was simply because when they joined these Village Health Clubs, they were sensitised that it is important to take a sick child to a health worker so that they can test first and find out the exact cause of a particular sickness. In the past, they would go to private clinics and self-medicate, but now as soon as a child is sick, they immediately bring that child to the health facility, you even see men bringing these children to seek treatment, so to me that is the most significant change, it was not the case before."

Level 1 Feedback

Though the story brings out several strong aspects such as improved VHT standing, unity in community and behavior change towards prevention and early treatment, the story doesn't bring out these changes as clearly and strongly as other stories.

STORY 13: Community Arm VHT, Kigabu village, Mukabara Health Centre III

"In the first meetings we talked about the importance of the club and how we shall work together to prevent diseases like malaria, diarrhoea, pneumonia. People really like the village health club and they come in big numbers.

"The club has reduced on our work because diseases have reduced among young children. These days people have latrines, there is improved sanitation and hygiene and children generally look healthier. In fact I can even spend a week without treating any children, unlike before the introduction of village health clubs when I would treat more than ten children in a week.

"Village health clubs have also improved on our relationship with people in the community. People know understand perfectly what VHTs do and what we cannot do. In fact when we refer their children to the health centre, caregivers no longer complain like they used to when they had not yet understood the work of VHTs.

"There has been a reduction in severe malaria and that has also motivated us because we feel that we are doing a good service in the community since we are able to avert situations. "Village health clubs have also improved on our knowledge and skills related to management and prevention of diseases. For example I now know that proper feeding of children can prevent them from falling sick since their immune system will be strong enough to fight against diseases.

"The most important change is that is diseases have reduced, especially malaria, and this has reduced on our work because we no longer get children falling sick frequently. Right now I can even do my personal work because I have the time unlike before.

“In the community, there is improved sanitation and hygiene because people know the importance of having latrines, kitchens and they also keep their surroundings clean so that they prevent any infections related to improper disposal habits.

“The other change is that people know sleep under mosquito nets and they drink boiled water and this has reduced on severe malaria and also diarrhoea. Generally, children look healthier because of proper feeding and hygiene and this is a result of the knowledge people get from the village health clubs.

“The other change is that parents no longer spend a lot of money on treatment of children because there is reduced incidence of diseases. Because of improved hygiene and sanitation. That is the most significant change in the community to me.”

Level 1 Feedback

Though the story was seen as overall good, especially the point of clarification of what the VHT cannot do, it was felt it wasn't put as well as other stories and was therefore rejected.

STORY 14: Community Arm VHT, Kibwona Health Centre II

“When I sensitise the people about cleanliness in their homes such as slashing their homes, sleeping under mosquito nets this decreases malaria in the community. This helps me to do my personal work and have rest because I will not be treating children all the time and I feel happy that my people in the community are also fine, not suffering from malaria.

“When the community has latrines the human waste is disposed off properly, and this decreases diarrheal diseases in both children and adults. Homes have put up kitchens in their homes to avoid children suffering from pneumonia.

“Because of the VHC the community, LC1 Chairman and I have worked together in harmony to solve some health problems through prevention. For example, the source of water is cleaned regularly by VHC members to always have clean water. Coincidentally this has sharply reduced the number of children suffering from diarrhoea. The number of children brought to my place for treatment is becoming fewer. This shows people now are practicing prevention because it is better than cure.

“The most significant change to me has been cleanliness in most homes because this has reduced my workload. Through the VHC the community identified their own problems and looked for solutions to those problems.

“Coverage of latrines has increased compared to the past but mostly among the VHC members. Non-members are not bothered to even copy from those people. When you go to the members' homes, latrines have been put up, rubbish pits have been opened up or new ones made to avoid littering rubbish in their homes. When I walk around the village I observe people close their windows and door early to stop mosquitoes entering their home. You even observe nets hanged around their beds. I attribute this to VHC because people were sensitised on identifying their problems and knowing how they can prevent it or if not so on how to seek for treatment in time than waiting when things are bad.”

Level 1 Feedback

The story was rejected as felt a bit negative with comments on how non-members are not interested, and it seems the club is very much VHT driven with low community ownership.

STORY 15: Community Arm VHT, Kibwona Health Centre III

“Many people have always been coming for drugs, especially for diarrhoea, but after the village health club meetings, I can take like a whole month without getting a single patient. I used to get many patients but now they are few. Like now I get only 10-15 yet before the other time, I could get 30-40 patients in a month.

“Sensitising people about health and the reduction of the diseases in my community especially diarrhoea is the most significant change. Now people use their time to do development projects instead of spending time caring for the sick children. Like for example, women who have to dig, when the child is sick the woman cannot dig and once the children are all safe, the money used to buy drugs can be used to buy sugar and other things.

“Community members after attending the first meeting and talking about issues of health, when people went back home they started clearing bushes around their homes, constructing pit latrines and because we have a problem of termites in our village, people started requesting for slabs so that the ants don’t eat the logs used as a foundation.

“Another change was that we started collecting emergency funds, which can be used in case of an accident like a child falling from a tree. That money also can be used to facilitate me to go and pick the drugs from the health facility (four miles away), helping elderly people who have no help and cannot afford to take good care of themselves. It was agreed that in every village health club meeting every member should come with 200 shillings and for the first three months members brought that much. Thereafter, it was changed to 500 shillings and this is to start this year 2014. I am sure that when we start meeting, community members will start coming with it.

“We even elected the chairperson, treasurer, secretary and a mobiliser for our village health club. All these were elected to help in the running of our village health club meetings. The mobiliser helps in mobilising the community members to always come for the meetings.

“There are some community members who are now becoming more responsible, especially the men. Women started asking from their husband to change and support them and as we discuss now the men have started supporting their women with family needs. Like when the woman is cooking food, the man can be taking the goats for tethering.

“Another change is that men have slowly started coming back to places of worship which was not the case before the village health club. When the men start coming to places of worship it signifies good relationships in homes.

“What I see as the most important change is that of family members working together for development. For me I see that if you are not together as a family there is nothing that you can do and it succeeds. Even the children suffer, when there is no togetherness it is even easy for the man to acquire HIV/AIDS and kill the whole family. Before the village health clubs there was limited cooperation between most married couples.”

Level 1 Feedback

Though the story brings out many positive aspects such as sustainability, male involvement, structured club, and community unity, it was felt the impact from the club could be a bit exaggerated, and it was questioned whether the club could truly have such an immediate and huge impact.

STORY 16: Community Arm VHT, Kizinamadara village, Hapuyo Health Centre III

“The club members’ contribution helps us with transport to collect drugs from the health centre, which is about 8-9km away. This has helped us to continually do our job well because of the availability of drugs. These days we have not got drugs and it is discouraging the VHC I fear they may soon stop contributing money to collect drugs from the health centre.

“Another change I have noticed in my work due to VHC is working as a team to reduce childhood sicknesses in the village. I used to treat and give drugs to the without informing the parents what could be the probable cause so the relationship was all about a treat-and-go arrangement. The rest was not of their concern. We had no close relationship with each other.

“There has also been a change in the number of children I treat, it has decreased. In the past they always called me from the garden to come and treat the children. These days that pressure has reduced because of the VHC. I would not be able to do my personal work to completion without a child being brought for treatment.

“Formation of the VHC increased my knowledge about community members. I now know all of them in the village including the neighbouring villages because some of them are members in our VHC and I issued them with cards. They told me don’t want to join clubs in their village because they don’t have a good working relationship with their VHTs or LC1s.

“The most significant change has been the contribution of transport money to collect the drugs from the health centre. I say this because when I have drugs at my place, I reduce the number of children falling sick in the community, and this has decreased their expenditure on treatment. They also practice preventative measures these days. The club brought the community and the VHT together and we worked as a block to solve health issues in the community. VHC members are allowed to talk freely and express their concerns without fear.”

Level 1 Feedback

Though the story brings out some positive change aspects such as community contribution and unity and a reduction in cases, there are some negative comments on the VHT previously treating without educating and negative statements on other VHTs and their clubs, and was therefore rejected.

STORY 17: Community Arm VHT, Hapuuyo Health Centre III

“I have been encouraging the community members to be healthy, working hard to ensure that my community lives healthy and as a result of that many caregivers have been coming for my services including those who did not know about them, and they get to know through the village health club meetings.

“The increase in the number of caregivers coming for the services is the most important change. After the village health club meetings, many caregivers first seek my advice about their children’s illness even before going to the clinic or health facility. Actually most caregivers say they have to first come to me for first aid before doing anything when they have a sick child.

“Community members are now more concerned about their household hygiene and this is manifested through slashing of bushes around their homes and constructing of pit latrines. There has also been cleaning of water sources so that the water used in homes is clean.

“Other community members have become so much interested in my work to the extent that when now there are not drugs they all complain that the government does not care about them and others request that the ages be increased to at least eight instead of the current five.

“In the community, the most significant change to me is the caregivers who bring their children to me for treatment. These caregivers really feel bad when I do not have the drugs and see that me not having the drugs they are going to suffer a lot going to the health centre, which is very far (6 miles away).”

Level 1 Feedback

The story has some good points such as increased number of patients and improved hygiene and sanitation, but it is not very broad and doesn't explain the changes very clearly and was therefore rejected.

STORY 18: Community Arm VHT, Maga village, Hapuuyo Health Centre III

“One of the changes from the VHC is that the life of the child (fewer deaths), because once we met in the village health club meeting, we taught the parents to keep healthy in their homes, to sleep under mosquito nets, because during that meeting the community members noted that it was malaria which is the big problem facing the community. This affected both the children and the household income. Then we discussed about how to prevent it and I taught them about how to slash bushes around their homes, destroying empty containers as well as sleeping under the mosquito nets and ensuring that they use boiled water. Those things have changed a lot in my village, the children no longer fall sick so often.

“People have got development because when the children would fall sick so often and they start vomiting and experiencing diarrhoea, this would make the parents not do their work. But now they can bring them to me and I assist them and in case I do not have the drugs, I make for them the referral letter and they proceed to the health facility. So people no longer spend a lot on treatment, when they make the money they use it for development.

“This has helped me because it reduced on the numbers of children I would attend to in a week. Another thing that has changed is that now I can do my work because when the numbers are few I get time to do my work. You see sometimes a child would come when he or she is very sick and hot and you start by sponging the child, sometimes I had to share the little sugar I had for my children with the sick child so as to get something for the child to drink, sometimes the child gets diarrhoea and I have to use my soap to help the mother bathe the child and as you know the village standards sometimes you could also be having very small like that.

“Again in the past people would knock on your door in the night and I had to use my kerosene but all that has changed as there are few patients who come to me for treatment. Malaria Consortium has not given us things, which we needed to use. They promised us that they will give us cards to give to all the community members who turned up for the meetings but those cards up to now they have never been brought and that is why some of

us got discouraged. You see every time you called for the village health club meeting you were to give those cards to families that had attended after being stamped by the chairperson LC. When those cards were not there people started refusing to come for the meetings. We had told them that every time they come we shall be stamping on their cards. So those who did not get the stamps saw no relevance of coming because we had told them that a family that attends all the twelve meetings will be given a reward. So those who did not get the card the first time, second time they could not come for other meetings since we had not yet got the cards.

“The most important change is the reduction in malaria fever because after the meeting in my village we have not lost a child to malaria. Before the meetings the parents were always roaming in the village with their children suffering from malaria, we used to spend a lot of time attending to sick patients and even when I tried as much as possible to educate those caregivers who brought the children they were few in number but in the meeting we met as a community and we talked all which has led to a reduction on malaria cases.

“In the community I have seen changes like development and sanitation because when we had a village health club meeting people got excited and constructed drying racks, pit latrines, rubbish pits and this increased sanitation in homes, slashing of bushes, feeding children good food with a balanced diet instead of feeding them on only dry cassava like that. Others also constructed rubbish pits. To me, the most important one is improvement in sanitation because that leads to development in a home and also prevents diseases in homes and thus a family doesn't keep spending money on drugs. Prior to the meeting some people did not have kitchens or pit latrines but after the meeting people tried to do what we had agreed upon and we told them that there are people who are going to come and check on what we had agreed upon. There were even those who were sleeping with animals, especially pigs, and they stopped.”

Level 1 Feedback

Though the story brings out several positive aspects, the comments on members stopping to attend due to lack of membership cards hints at low community buy in. The story doesn't add much new nor is it very emotive and was therefore rejected.

STORY 20: Community Arm VHT, Hapuuyo Health Centre II

“First, since the VHC, community members are more understanding today. Second, the workload I had as a VHT before the VHC started has reduced, reason being then I would move to every household sensitising people, but now we gather together for the meeting and talk, and by the time we leave every member will be knowing what to do and go do it in their homes. We also bring our thoughts together and agree on what should be done, not like in the past where I would meet individuals and got different thoughts that were difficult to put together. Community members also enjoy the club and when we take long without a meeting they keep asking me when we are going to meet again.

“Before the VHC, members would fall sick without knowing the cause of the diseases. They would assume that eating mangoes and ripe bananas was the cause of malaria but now community members know what causes malaria. In the past community members would suffer from diarrhoea without knowing its cause, but through the meetings they now know that when you do not have a pit latrine, you family members will suffer from diarrhoea, they have known the importance of having a drying rack. They also know they are supposed to

slash the bush around their homes, clear stagnant water next to their homes that act as breeding places for mosquitoes that cause malaria.

“In the past I used to receive many patients but now the number has reduced. Also when we agree on actions to be taken, I find that members have taken that action on inspection.

“Also in the past we never had meetings in the village, but because of the VHC we now meet and talk about other problems that are affecting our village. The other thing is in the past latrine coverage was a problem but now people know that lack of pit latrine is a cause of diseases on the village and many members have constructed pit latrine. Also caregivers were reluctant to have children immunised but now many caregivers bring their children for immunisation.

“From when we started we have been talking about the diseases affecting the community. In the first meeting, we formed the VHC, in the second meeting we identified diseases that were affecting us in the village, we identified malaria, diarrhoea and others. In the following meetings we have been talking about the different diseases and how they can be treated and prevented. We have many problems we talk about but we have so far dealt with the three diseases in the meetings we have so far held.

“Community members have also made a suggestion that we should not only sit in meeting to talk about health issues but that we should turn the written information into plays and songs that will be used to sensitise other members not in the club and to also move to other villages where the VHCs are not active, but it has not yet been implemented.

“The other change is work has been eased because I do not move a lot. In the past I would walk a lot in the whole village and sometimes I would fail to get to all households. I have a lot of work as a VHT and yet I am not paid, I would spend a lot of time moving at the expense of my work that pays me but now people come together and I facilitate at once. The work that I would do in a month is done in one day when all people come to the meeting. Not all community members come but those who come I encourage them to go back and talk to others about joining the club and sometimes I also go to meet members who are not in the club.

“What is most significant change is now I sensitise members together, not like before where I would move from house to house. I only go to those who have not joined and even the club members help me to sensitise them. When we agree on actions to take, there is a committee that is selected to ensure that those actions are taken and they bring the report to me so I am no longer working alone and this has reduced my workload.

“Hygiene in the community has improved. Before the VHC community members did not have pit latrines but many now have pit latrines, some would not slash or even sweep their compounds but now they slash bushes around their homes and sweep the compounds because of the sensitisation in the VHC.

“Community members also come to VHC meeting and talk about issues affecting them. I easily get to know the problems affecting community members unlike in the past where I had to find out such issues from people. Where the problem can be solved at community level we solve it and where it requires to be forwarded to the health centre I do. Community members had also failed to boil drinking water but now many are boiling their drinking water.

“Before the club community members were working alone as individuals but now we share our thoughts, draw a work plan together and members leave meetings knowing when they start take the actions agreed upon and put in an effort to ensure that what was agreed upon is done.

“In the past people did not like to attend meetings but with the VHC where everybody has a chance to air their views, many have interest in VHC meetings and come willingly.

“The most significant change I have seen in the community is that members have learnt to discuss issues that affect them and they work together. Now when there is a problem in the village, there is collective effort in solving that problem, not like in the past where actions were taken individually. With collective effort, an issue is handled in a specific time that has been agreed upon. When a road is bushy and has holes members come together to work on it. But even where actions are supposed to be taken individually in people’s home, the work plan is drawn collectively.

“It is also significant because as community members we do not have the same understanding. There are things that we do not know, and we learn from each other because of the different thoughts and experience that we have. It is not that me as the VHT I know everything.”

Level 1 Feedback

Though the story brings out many positive aspects, in particular clarifying how group learning is more efficient than individual learning, and shows high community buy in and unity and increased awareness leading to prevention of diseases, the story is a bit long, doesn’t read as well and not as strong as others that were accepted.

STORY 21: Community Arm VHT, Hapuyo Health Centre III

“Well, one of the changes I have noticed since VHC is that community members have become more active after sharing with them information on health issues. They also got more involved, for example when you call them to attend these meetings, they do so.

“It has helped us on the issue of reducing sickness and improving sanitation. This is because we sensitised the community on ways of maintaining good hygienic practices in their homes by clearing all the bushes neighboring their homes, boiling water for drinking, covering all open holes. We were doing this in steps though we have not yet completed all of them. This is because we shared with the community what we have learnt from these trainings and passed on this information to them.

“The most significant change that I have observed is that diseases such as malaria have reduced because in the past children used to fall sick regularly but right now I can even spend 3 weeks without receiving a caretaker bringing a child with malaria. This is because of the sensitisation they received through these village health clubs, especially on issues of sanitation at home, clearing all the bushes near their homes. It is only cough that seems to have remained as a challenge.

“One of the changes is that ever since we began organising these VHC meetings, people began to thank and appreciate the role these clubs are playing, especially on health related issues saying that now their children are no longer falling sick.

“The improvement in hygiene, that is the most important change because in the past, some of these community members had no latrines, they were staying in bushy compounds but with the sensitisation, they have kept on learning and have improved on their hygiene though there are some who have not yet adapted but we have kept on sensitising them.”

Level 1 Feedback

The story was rejected as not very broad nor clear, only bringing out a few aspects like reduction in diseases and improved hygiene and sanitation.

STORY 1: Community Arm Supervisor (16 VHTs), Buliisa Health Centre IV

“One of the changes is that the VHC has reduced on the burden of attending to everybody in the community because by the time I arrive at a given village, the VHT would have attended to some of the community members and to me this is very important because these VHTs stay within these same communities, therefore they simplify on my work because that is where everybody first goes to them to get treatment.

“Normally in case I am to go to a particular village, I normally use these VHTs within these same communities where there are VHC to act as my guides, for example in case I want to solve a particular problem, it is them who help me on this and it has improved on my work as their VHT supervisor.

“On the other hand, they have changed a lot in their community, they are seen as the first ‘doctors’, they are the grassroots for health workers in their village. It is like when you have somebody who is sick within your community, it is only you the household members who know about it first, before other people get to know about it, and that is what exactly these VHTs are doing within the community.

“So when we formed these VHC, their main aim was to fight diseases as a group, not as individuals, and people continued to be sensitised and in that way, reduce infection because of the sensitisation they received and in this way, people would become aware that indeed malaria kills, so because of this sensitisation, people have got this information.

“With the VHTs themselves, they have managed to form VHCs themselves from where they have managed to sensitise the community using them, passing on information so it is the VHTs who have done that.

“Through these VHTs, there is home improvement, and as I talk now, people are now active in whatever they tell them to do, this is because they share with them, handle them well and this has somehow improved on their work as VHTs.

“The most significant change I think is the VHTs have managed to create awareness in the community because now everybody knows that malaria is a serious disease, in case you do not handle it well, a person can die and this has forced them to always take their children to the VHTs in time. For example they have intensified on the use of nets, they have also tried to reduce on mosquito breeding places.

“One of the changes I have observed in the community is that in case a child is sick, they immediately take them to VHTs in their villages to seek treatment and these community members are aware that these VHTs are offering treatment. The second change is that because of continuous sensitisation, the community has noticed the value of sleeping in

mosquito nets unlike before, they thought it was useless. You see here in Buliisa, it is a very hot, especially at night, and that was one of the reasons why these nets were not being used but at the moment. If you go to their homes now, they are now sleeping in mosquito nets and they use them like they have been told by the VHTs.

“Another change is that the community has now realised that in case a child is sick with malaria, it is always important to seek treatment immediately from the nearest person who happens to be the VHT or a health facility. In case the sickness is serious, the VHT then refers the caregiver. So they have known the treatment dosages according to years, they are aware.

“In the community, the most significant change I see is the issue of sleeping in mosquito nets because at the moment, majority of the community members are sleeping under mosquito nets as a result of these Village Health Clubs. They have now realised that in case they do not sleep in mosquito nets, they may suffer from malaria and can die. They have seen how they have missed doing their personal work because of suffering from malaria.”

Level 1 Feedback

The story was rejected as it's not very concise, doesn't read that well and doesn't have a strong link to the VHCs themselves, but more focus on the actual VHTs.

STORY 2: Community Arm VHT Supervisor (49 VHTs), Hapuyo HC III

“Sanitation has improved in the village in terms of latrine coverage, every (VHC member) household now has a latrine because the VHCs taught them the value of it. This has seen reduction in water related diseases. In the past, people would use the bush or everywhere. Mobilisation of health related services has improved. When one passes information through the Village Health Club (VHC), it becomes easier and reaches down to the people.

“There has been behavioural change towards managing their health issues in the community, which has reduced the number of children falling sick. Pneumonia has reduced because people are keeping their homes clean. People sweep their homes clean. Before, when the homes were not swept, the dust was breathed in by the children and they suffered from pneumonia. Another thing VHTs were taught is how to identify pneumonia from cough. They were told that if a child is suffering from pneumonia they should treat, and if it's a cough they refer.

“Homes have improved tremendously because of the latrines, and they clear bushes around their homes, they have provided bathrooms and separate places for animals. People have adopted hand washing behaviour, using tip taps, washing their hands with soap after visiting the latrine and before eating food. This has been possible through the VHC.

“People no longer wait for the child to stay without treatment if it falls sick. They immediately report to the VHT and because of this the number of children brought for treatment at the health centre has reduced and the work load has reduced for the VHTs too. During the training we emphasised that the change should begin with them so that they become the role models in the village. We told them that the impact should begin with them. Sanitation has improved in their (VHTs) homes as role models. They have latrines, drying racks, bathrooms, slash around their compounds, so when they are sensitising the community, they use themselves as examples. Another thing this (prevention) has saved time for the VHTs to do their other work. In the past they never had time, they were always

called away, even when in their gardens, to come and treat the children, which is not the case these days.

“Another effect has been one person managing to supervise one large area. This is because the VHC members are doing most of the work by following what they agree on in their clubs. For instance, the VHTs are doing the facilitation and sensitisation during the meetings, which would have been done alone in the past. As a supervisor, then I was alone but this time we are many and work as a team. The team includes supervisors, VHTs and the community members and my work is reducing tremendously because of team work.

“The VHTs are our (health centre) linkage to the community. Because they are in the community it has been easier for us to use them for mobilisation when we have outreaches or health days. For example, during immunisation days in the community we use them to mobilise mothers through the VHC members. The community can also pass information to us through the VHTs. Another thing, when a VHT refers a child to the health centre, it is attended to immediately and this gives credibility to their services. Apart from referral, we have managed to get information affecting the community through the VHTs because of the VHC meetings. For example if there is problem with a water source which needs rehabilitation they inform me, and I in turn inform the Sub County who responds to the issue.

“The most significant change that I have observed in the VHTs I supervise has been the linkage between us and the community. Mobilisation has been so easy compared to the past when it would really take us time.

“Behavioural change towards health issues is the most significant change I have observed in the community most especially latrine coverage because it is the core indicator of sanitation. People understand their role towards sanitation, which has brought improved sanitation which in turn has brought reduction in diarrheal diseases in children.”

Level 1 Feedback

This story was initially placed on the ‘maybe’ pile as it has a good link to the VHCs and how that impacts supervision of the VHTs, but was eventually rejected as not very strong in relation to project objectives and direct impact.

STORY 4: Community Arm Supervisor (36 VHTs), Pakanyi Health Centre III

“First and foremost my workload has reduced because VHTs have formed clubs in the community and discussed health problems facing such communities, they have come up with solutions on how to overcome those problems and all that have led to the reduction on the number of patients in Miirya sub-county that come to the health facility. Because of few patients coming to the health facility, now we have drugs most of the time. The VHTs are reporting fewer numbers of the sick children they have attended to. This too has reduced their workload.

“Latrine coverage has gone high in most communities, because before these village health clubs people did not know the usefulness of having and using a pit latrine.

“Also the community members are very happy and have owned the program. As a result of that they have put in place byelaws like if one is found to be without a latrine they can force him to dig one.

“I think as a result of these village health clubs, the people are now aware of the causes of diseases and thus they can prevent them.

“To me, the most significant change is the reduction in the workload. In the past before the introduction of the village health clubs, people would be so many at the health facility and I could not get any time to attend to any other business. But now I feel relaxed and thus I can do other work like in antenatal, family planning, ART clinic. I can go there simply because I do not have a high number of patients to attend to at the same time or in the same day.

“I supervise twelve VHTs that have formed village health clubs and they are functional. These VHTs have formed a SACCO (savings and credit co-operative) known as the VHT SACCO and all the members are VHTs who have VHCs and their aim of forming this SACCO is to benefit from the government programme of NAADS as VHTs.

“But there are complaints among some of the VHTs that the work is too much. They were originally meant to treat children, but now they have an added work of facilitating village health clubs. They say that the workload is too much. Also a good number of VHTs who have formed these VHC they are demotivated because they say that their colleagues in Kyakamese, they have mobile phones and for them they do not have.

“To me, the most significant change in the VHTs is them having a SACCO (Savings and Credit Co-operative Organisation) because as VHTs they are volunteers but if they can benefit from the NAADS programme they will be very happy and thus continue liking and doing their VHT work. This SACCO was registered last year and they are anticipating to benefit from this financial year budget. They are being supported by one of their supervisors who is also a CDO at the sub-county.

“ Since the clubs were formed, some communities reorganised themselves and cleared bushes around their boreholes and others repaired community roads. People are happy and appreciated the clubs because it has brought them together and because of that they like it so much. Community members coming together to do community work is the most significant for me, because after the introduction of VHCs, the VHT and the community members became one and identified the problems affecting their community. It was through such meetings, for example, that they came to realise that their water sources were bushy and they decided to agree on a date to go and clean it.”

Level 1 Feedback

The story was rejected, despite some strong points on reduction in diseased and forming SACCOs, but doesn't have a very strong link to the impact of VHCs.

STORY 6: Community Arm Supervisor (38 VHTs), Kibwona Health Centre II

“In some areas, village health clubs are going on very well, the clubs are organised and the community has even started collecting money to facilitate VHTs to do their work. These communities work as a group to solve community problems.

“The community has tried to implement whatever they are told during village health club meetings. For example they have constructed permanent latrines and this has reduced on cases on diarrhoea and other diseases related to poor hygiene. As a health assistant, it is my role to ensure that the community improves on sanitation and hygiene for better health and I have been able to achieve this through village health clubs.

“The other change is that I have realised is that village health clubs have totally demonstrated that prevention is better than cure because of the health education that people get through club meetings. For example pregnant women used not to attend ANC but now they attend. Malaria has greatly reduced and this reduces on the influx of patients at the health centre.

“Village health clubs have greatly reduced my workload both at the health centre and during supervision because VHTs and community members are working together as a team and this has given good results.

“The most significant change is that village health clubs have reduced my workload because the VHTs were doing the most important part of prevention which has in turn reduced on the number of people coming to the health centre.

“The number of children treated by the VHTs has reduced because of improved sanitation and hygiene. This has reduced on VHT work and also reduced on drug stock out. Mothers have realised that all the diseases that VHTs are treating can easily be prevented.

“The other change is that VHTs can do their personal work without having to worry about treating children because they can even spend a whole week without treating any child.

“VHTs have also developed the idea of starting up a group of VHTs in the whole sub-county so that they get funding from the sub-county offices that can enable facilitate their work better. However, this has not yet been implemented.

“The most important change for the VHTs is that malaria and diarrhoea has reduced in the community and this has in turn reduced on the VHT workload. Community members now know how to prevent malaria and diarrhoea using the knowledge they acquire from the village health clubs.

“The community members can also concentrate on doing productive work instead of caring for sick children all the time and moving to the VHT home and health centre seeking for treatment.

“The other change is that sanitation and hygiene has greatly improved and people are now aware of the importance of cleaning their homes and encouraging their neighbours to be promote hygiene. For example, there are people who would sleep with the goats and hens because they fear thieves to steal them at night, but this has stopped because people are now aware that diseases easily spread through direct constant with animals and poultry.”

Level 1 Feedback

The story was rejected as it focuses more on the impact of the interviewees role as a health assistant than a supervisor, though it has strong points on positive impact of VHCs such as support of VHTs, behaviour change, and reduced workload at health centres.