

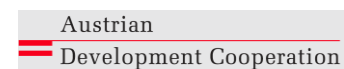


NETWAS Uganda



## Performance Improvement through Learning on Sanitation - PILS

A project funded by



KITGUM DISTRICT LOCAL GOVERNMENT

### HOW THE FUNCTIONALITY OF THE VHTS IMPROVED IN KITGUM DISTRICT

#### Introduction

A Village Health Team (VHT) is a voluntary team of community members at village level, that aim at improving the health status of the community through facilitating processes of mobilisation, empowerment and participation in delivering, managing and improving health services at household level. In light of the decentralisation of the health services in Uganda, the Ministry of Health (MoH) adopted this innovative approach to strengthen the delivery of health services at household level. But, because of their voluntary nature and lack of regular follow up by the Sub-County Health Assistants, VHTs have been dysfunctional in most Districts of Uganda. This case examines how the VHTs were made functional in the Acholi sub region that has been recovering from 20 years of civil war, and specifically in Kitgum District.

#### Background of the initiative

Kitgum District, like the other districts in Northern Uganda, suffered greatly from the effects of the Lord's Resistance Army (LRA insurgency). All structures were destroyed when the people moved into camps. From

mid-2000, most of the communities began to resettle in their villages, facing a number of challenges:

- When people returned to the villages, there were few health facilities and these were mainly run by NGOs
- There was very low sanitation coverage and the hygiene was poor
- High morbidity and mortality rates from preventable diseases like malaria, diarrhoea, hepatitis E and cholera were experienced
- There was insufficient number of health workers in the health sector, especially in the rural areas where the majority of the people lived.

#### Description of the initiative

The VHT strategy was started in early 2000 by the Government of Uganda's Ministry of Health. The process for their establishment and strengthening in Northern Uganda was as follows:

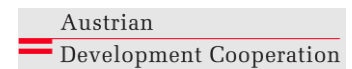
- Advocacy was done at the districts for adoption of the strategy at all levels: Sub-County, parishes and villages
- Trainers were identified and trained to take the program to the Sub-County level
- Potential health staff were identified in each Sub-County, trained and equipped with all the necessary materials. These persons included nurses, midwives, clinical officers, health assistants and health



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inspectors. (This training was done with the support from the International Rescue Committee)

- Sensitisation was carried out at the Sub-County for the local leaders to understand the importance of the VHT strategy. Discussions were held on how the community is expected to support it and how it should be put in place (including selection criteria of VHT members)
- VHTs were selected by the community members. It is important to note that they were mainly transformed from the previous community health workers who were operating within the camps around 2003. Care was taken to balance representation of all villages. VHT member were then trained and also given working guides (this training was supported by the International Rescue Committee, UNICEF and AMREF)
- In 2005, most of the community members had started returning home, so the VHTs were reconstituted per village and again given refresher training. They also spearheaded a home improvement campaign facilitated by UNICEF and the World Health Organisation (WHO)
- UNICEF started facilitating a quarterly meeting of all the VHTs at each Sub-County level to discuss the sanitation situation based on updates of household information, disease

control. The way forward was also discussed

- The facilitation of these meetings by UNICEF has since been scaled down. Last year, only 2 meetings were facilitated, although the Sub-County used other trainings events and meetings organised for VHTs to discuss their progress. It appears, that despite resource constraints, the Health Assistants have realised the benefits of review meetings with VHTs.

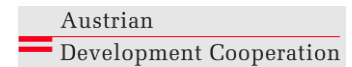
### Major drivers of the process and success

- The MoH conducted a study, developed appropriate VHT training guides and carried out a training of national trainers
- The District local government adopted the strategy, identified staff to be trained as trainers
- Health department staff acquired the necessary knowledge and skills and then passed it on to lower levels
- The International Rescue Committee supported the training of trainers, followed by AMREF and UNICEF that supported the training of VHTs
- Local leaders, mainly LCI, conducted the VHT selection exercise
- UNICEF continues to fund the quarterly meetings for the VHTs, which contributed to increased coordination and learning.



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### Achievements

Health workers in Kitgum district observed the following health improvements, to which they believe the VHT strategy contributed:

- The percentage of latrine coverage has increased considerably from close to 0% in 2006 to 52% by 2012
- Increased antenatal clinic attendance and deliveries in health units
- Community based surveillance has been strengthened
- Increased number of people reporting for HIV testing and counseling
- Increased number of immunised children.
- Improved home-based management of malaria and other respiratory tract infections.

### Resources used

- During the establishment of the structure and the training of the VHTs, money and skilled personnel were required and used
- The VHTs were given bicycles to facilitate their movement in the villages
- For each quarterly meeting, each VHT member is given an allowance of 15,000 UGX for meals and facilitating transport to the meeting.

### Challenges

Apart from Akwang Sub County, other Sub counties heads still don't consider resource allocation for these meetings a priority.

### Lessons learnt

For the village health team strategy to be sustained, there is a need for the following:

- Sub-County leaders need to commit to fund VHT review meetings
- The review meeting motivate and give a sense of direction to the VHTs in the Sub-County
- Communities need to be sensitised on the roles of VHTs to create demand for their services.

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