

Village health teams decry poor working conditions

Situation. They say they lack basic equipment such as raincoats and umbrellas.

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MASAKA. On a cold Monday evening, Ms Aisha Namukasa's five-year-old daughter developed a high temperature and began convulsing.

Ms Namukasa, a resident of Kako Village, Kalagala Parish, Mukungwe Sub-county in Masaka District took her child to a nearby Health Centre III, but the health worker directed her to seek medical assistance from a member of Village Health Team (VHT), claiming that she was tired.

The health worker also accused Ms Namukasa of delaying to bring her sick child to the health centre.

Given the child's condition, Ms Namukasa could not risk going back home but instead followed the instruction and visited a VHT member, Ms Florence Nabulya.

Ms Namukasa says Ms Nabulya attended to the sick child and carried out a malaria test which came out negative.

The child was offered medication to help contain the convulsion and luckily enough the condition improved.

According to Ms Aisha Nakaliisa, a VHT member in Nyendo, a Masaka Town suburb, some health workers have made it a habit to refer patients to them even when they can be easily managed at health centre level.

"We are overstretched, many of us handle more than 200 households and most health workers send patients to us yet they don't want to give us drugs," she says.

Although VHTs have been applauded for their commendable work in performing their tasks as Ms Nakaliisa says, they continue to face enormous challenges.



Offering services. Ms Agnes Nakalika, a VHT member, attends to children in Kasana village, Masaka District recently. PHOTO BY MOSES MUWULYA

health centre IIs and IIIs are very far from communities," Mr Wamala says.

"This is one reason why they (VHTs) should be facilitated with drugs as well as financial support," he adds.

The March 2015 National Village Health Team Assessment Report compiled by the Ministry of Health, recommended that government comes up with a clear commitment to adequately finance and institutionalise the VHT strategy as well as ensuring regular payments of the members for sustainability of the programme.

The assessment was carried out to ascertain the number, coverage and functionality of VHTs in the country.

The report indicated that VHTs receive non-monetary forms of motivation such as "verbal recognition and appreciation in media during public events".

"If we were not patriotic, we couldn't be offering these services. Sometimes I think about quitting, but I later ask myself if I leave, who will then assist our people."

MS AISHA NAKALIISA, NYENDO VHT MEMBER

"This resulted into demotivation among some VHTs causing attrition," the assessment report reads in part.

According to the report, out of the estimated 179,175 village health team members from 112 districts, one-third (30 per cent) did not have basic training, which according to the assessment implied that they are not technically VHT members as per the VHTs operational guidelines.

Training

Ms Maria Namuddu, a resident of Lavule Village, Mukungwe Sub-county, says the VHTs need to be fully trained because they are the first health contact persons in rural areas.

Masaka District Health Officer, Dr Stuart Musisi, says the government has gradually been reducing VHT funding since its inception, leaving the implementing partners to fund most their activities.

"As a district, we have different levels of capacity to coordinate, train, and supervise VHT activities, but we have been hampered by lack of funds," Dr Musisi noted.

Due to lack of motivation and facilitation, many enrolled VHT members have quit in the recent months, she said.

According to the Assessment Report, in 2015 Masaka had 1,400 VHTs, with 1,378. Currently there are only 700 VHTs in the area.

Dr Musisi notes that the VHTs that are still working in villages are at times supported by non-governmental organisations such as Uganda Cares, Masaka Diocesan Development Organisation (MADDO), Protecting Families Against HIV/AIDS (PREFA), and Uganda Red Cross among others.

700

THE NUMBER OF VILLAGE HEALTH TEAMS IN MASAKA DISTRICT

Ms Nakaliisa says despite not earning any salary, they work under deplorable conditions and whenever it rains, they find it hard to assist residents because they do not have umbrellas and raincoats.

"If we were not patriotic, we couldn't be offering these services. Sometimes I think about quitting, but I later ask myself, if I leave, who will then assist our people," Ms Nakaliisa says.

According to VHT Strategy and Operational Guidelines, the VHTs are supposed to carry out mobilisation of communities to access health interventions such as immunisation, distribution of mosquito nets, fistula services, HIV/AIDS counseling, and malaria testing services, not to treat patients.

Ms Beatrice Nambetta, the officer in-charge of Kasana Health Centre III, confirmed that there were cases of patients being referred to VHTs but she has addressed the matter.

"It is true some nurses used to do that but ever since I was posted here, I have been trying to address that

problem" she says.

On lack of basic drugs, Ms Nambetta says drugs are given to VHTs coordinators, though they sometime run short of anti-malarial drugs.

Ms Agnes Nakalika, a VHT member in Kasana Village, Masaka Municipality, explains that many other members, just like her, are pondering abandoning their voluntary contribution to the community.

"Many parents knock at our doors in the wee hours of the night crying for help. We usually assist them since we have some knowledge on first aid and how to care for some patients with minor illnesses," Ms Nakalika says.

She adds: "But sometimes, they (patients) find us with no drugs especially those for children below the age of five."

Mr Patrick Kasujja, the VHT Coordinator in Samaliya and Kalagala parishes in Masaka District, says they once received bicycles and since they were of poor quality many got worn out in a short period.

Mr Emmanuel Wamala, a resident of Kasaka Village in Bukakata Sub-county, reveals that the challenges faced by VHTs consequently affect

residents in communities where health facilities are distant. "We are the immediate beneficiaries but sometimes these people (VHTs) decry lack of motivation yet they offer services especially in areas where

THE VHT STRATEGY

The Village Health Team (VHT) strategy was adopted in 2001 as a bridge in health service delivery between community and health facilities. Early last year, the Ministry of Health launched a community health workers' registry programme which will avail online data about VHTs and keep track records of their activities and performance. Although government had earlier planned to replace VHTs who promote positive health seeking behaviours at the grassroots with more trained community health extension workers, it has since dropped the plans.