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**The Contribution of Village Health Teams in Enhancing Health Service Delivery: A Case Study of Kayonza Sub-County in Kayunga District, Central Uganda.**

The major objective of the study was to assess the contribution of Village Health Teams (VHTs) in enhancing health service delivery in Kayonza sub-county, Kayunga district. This was achieved through establishing the functionality of the VHTs in the sub-county, examining the relationship between the VHTs and the health centres and documenting the influence of VHT activities on service delivery in the health centres. According to the MOH (2010), a VHT is a community/village based structure that constitutes a health centre I. However, the available literature indicates that although the VHT strategy is clear on the contribution of VHTs, their actual contribution to service delivery in underserved districts as Kayunga is not documented. This study was carried out in Kayonza sub-county, one of the nine sub-counties in the district. The study employed mixed methods: qualitative methods and quantitative methods of data collection. Focus group discussions (for VHTs), interviews (for local leaders and district health team members), self-administered questionnaires (for health workers) and a record review checklist (for review of health centre records) were used to collect data as indicated. It was observed that Kayonza sub-county has an estimated 95% VHT coverage, an indication that almost all the households in the sub-county had access to a VHT. Majority of the VHTs were knowledgeable about their work and functions, however, there was very low or no reporting and referral by the VHTs to the health centres. The health centres on the other hand were not carrying out their supervisory role for VHTs and were not conducting quarterly meetings as mandated. Only one health centre had conducted all the recommended meetings, one had conducted half and the third none of the expected meetings in the financial year preceding the study. Health workers were generally working well with VHTs and were reported to be delegating non-clinical roles to VHTs like: weighing, sorting files, patient education and recording in cards at the health centres during special clinics such as ANC, immunisation and HIV. VHTs were generally motivated through their recognition by health workers and local leaders when they referred to them as “musawo” (meaning health worker) which gave them a lot of pride. VHTs had improved service delivery in terms of immunisation coverage, health centre deliveries, improved ANC attendance and adherence and treatment outcomes in the HIV and TB clinics. However, the home based treatment of childhood malaria had not been implemented as planned due to lack of supplies. In addition, a significant section of VHTs thought some health workers were deliberately undermining their work by refusing to prioritise patients they referred to the HCs. There was also lack of supplies, logistics and tools for VHTs to use in their work and they reported to have last received them in 2009 after the initial training. Non-Governmental Organisations were found to fill this gap occasionally. The study recommends a revamping and strengthening of the role of health centres in supervising and coordinating VHTs in the sub-counties through budget support and by ensuring they have the supplies, logistics and reporting tools to provide the VHTs, and conduct refresher trainings.

**Key Words: Village Health Teams, Health Service Delivery, Kayunga District**