

Report on the VHT harmonization meeting held at Imperial Resort Beach hotel on 14th February 2007.

Introduction:

Uganda has adopted the Village Health Team concept as a national policy for sustainable implementation of community based health care initiatives. Although the intention for adopting this concept is to bring health services closer to the people who need them, the Ministry of health has observed duplication of roles and services as well as competition within same communities between development partners. This has big implications on resource utilization and quality of service delivered to the people of Uganda.

It was against this background that the Ministry of Health solicited for support from WHO to organize a harmonization meeting for key stakeholders at national level.

Objectives of the meeting:

This senior managers' meeting had three objectives:

1. To update the stakeholders on the VHT implementation.
2. To build consensus on the operationalisation of the VHT strategy.
3. To develop a mechanism for scaling up the VHT implementation in the districts.

Participating organizations:

The organizations that sent participants to this meeting included:

1. AMREF
2. AFFORD
3. CUAM
4. Family Planning Association of Uganda
5. Malaria Consortium
6. Mighty Mercies Services Partnership
7. Ministry of Health, Uganda
8. MSF
9. MSH-Rwanda Representative
10. Plan Uganda
11. PSI
12. UNICEF
13. WFP
14. WHO

(This list is in by no means representative of the actual participation. These were the ones that I was able to capture.)

Progress against the objectives for the meeting:

A): Update on the VHT implementation:

Three presentations were made in this respect. These highlighted the concept, current districts in which the concept has been introduced, successes and challenges faced and recommendations. MoH reported that they have introduced the concept in one sub-

county within 38 districts. In addition, the project in Support to Health Sector Strategic Plan I (SHSSPI) introduced the concept to 11 districts.

Representatives from Mpigi and Gulu districts made presentations of their own experiences in the actual implementation of the concept. Discussions and sharing on the subject involved WHO-HAC team representative from Pader, Dr. Komakech Innocent and the Mighty Mercies consultant that piloted the concept on behalf of WHO in Mpigi and rolled out the concept in four districts of Northern Uganda, Mrs. Marcella Ochwo.

The interactive discussions were spiced up by a keynote address by Dr. George Bagambisa, the Asst. Commissioner, Planning at the MoH headquarters. He challenged members to base the concept on lessons learnt from previous but similar interventions of the PHC concept. Called for clear plans if this approach is to be sustainable this time.

From the discussions and debates, members agreed on the issues that need to be harmonized. Groups were formed to suggest practical ways of harmonizing each of the issues identified above. These ways were fed back to all members in a plenary session by a reporter from each group for consensus building as outlined below.

B): Consensus on the operationalisation of the VHT strategy:

The table below outlines the issues that members felt were crucial to address for harmonized implementation of the VHT concept.

ISSUES FOR HARMONIZATION	RECOMMENDATIONS	RESPONSIBLE
1. Policy	Policy guidelines to be circulated to all stakeholders.	MoH
2. Training	<ol style="list-style-type: none"> 1. Review existing materials. 2. Compile and approve a National Manual for training 	All partners guided by MoH
3. Materials	<ol style="list-style-type: none"> 1. Develop consensus on necessary materials 2. Translate, print and disseminate as necessary 	All partners
4. Principles	<ol style="list-style-type: none"> 1. Encourage and adhere to a uniform approach. 2. Nation-wide coverage 3. Encourage community participation 4. Contribution to HSSPII and MDGs 	MoH
5. Incentives/Sustainability	<ol style="list-style-type: none"> 1. Develop a Performance-Based Motivation Tool. 2. Encourage record keeping at all levels 3. Support access to IGA 	MoH

	and micro-credit	
6. Funding	<ol style="list-style-type: none"> 1. Develop a clear training/implementation plan that is costed. 2. Establish a common basket to which partners contribute in support of VHT. 	MoH
7. Scaling up	<ol style="list-style-type: none"> 1. Consolidate existing districts to which VHT has been introduced. 2. MoH to authorize scale up based on a clear phasing plan. 	MoH All partners
8. Coordination	<ol style="list-style-type: none"> 1. Conduct joint planning meetings at all levels 2. Set up an ICC for VHT 3. Partners to openly share their plans that are related to VHT. 	All partners MoH
9. Supervision	<ol style="list-style-type: none"> 1. Set up a joint supervision team at National level 2. Conduct integrated supervision similar to the area team concept 3. Train a district team on the integrated supervision package 	MoH
10. Package	To be in line with the Uganda Minimum health care package.	MoH
11. Health indicators	<ol style="list-style-type: none"> 1. To be derived from the approved package. 2. Should have direct contribution and linkage to HSSPII and the MDGs. 	MoH

C): Mechanism for scaling up the VHT implementation:

In order to ensure that there is continued commitment to VHT implementation, the meeting resolved that:

1. A study is carried out on existing community-based programs to derive lessons that would guide planning and subsequent implementation of the VHT concept.
2. Technical assistance be sought to help cost the process, define the VHT package and specify which indicators to be monitored.
3. An Inter-Agency Coordination Committee is set up to guide the coordinated implementation of the concept.

4. Other ministries are brought on board the VHT concept in order to maximize benefit from the concept at community level.
5. Efforts are made to study the current Community Mobilization bill to see how it is linked to the VHT strategy.
6. Ministry of Health integrates the budget for VHT implementation into the MTEF since it is an extension of the health system.
7. A performance related incentive scheme is initiated for motivating the active VHT members.
8. VHT members are linked to micro-finance institutions.

Personal comment:

The meeting was very timely. The issues raised were relevant and the actions suggested are feasible.

WHO has to urgently release the findings of the study that evaluated the Mpigi pilot project on VHT implementation. There is great need for WHO to actively guide the Ministry of Health on the VHT concept and this study has plenty of information that would add value to this process.