

Abstract

Introduction and Objective: This study was undertaken to assess Village Health Teams Job performance in Pader district.

Methodology: The study design was cross sectional and utilized both quantitative and qualitative approach. 250 VHTs were selected by stratified random sampling techniques in 10 sub-counties.

Purposive sampling procedure was used to select the other respondents that included; the fifty (50) clients that received services from the VHTs and twenty two (22) VHTs supervisors. Data was collected using two sets of questionnaires, a key informant interview guide and an observational checklist.

Findings: 94% of the VHTs were elected by the community and 78.8% of them were trained but 34.4% had not attended refresher training. The correlation coefficient = 0.809 indicates the very high relationship between client's satisfaction and VHTs job performance, with P-value = 0.000 < 0.05 indicating that VHTs job performance was significant. Gaps identified are risk identification in pregnancy, support to pregnant mother, provision of family planning, condom distribution and ANC services. The key variables that were significantly related to VHTs job performance that needs addressing were: incentives, supervision, recruitment with gender considerations, refresher trainings and regular drug supply and managerial capacity of government health systems.

Conclusion: VHTs job performances in the delivery of health services in the community was below the expectation despite positive client satisfaction on VHT services, gender consideration, lack of logistics supplies, no refresher trainings and no incentives were major challenges affecting VHT job performance in Pader district that needs critical support.

Recommendations: The ministry of health should recruit more VHTs, train and deploy them into public service with clear terms and conditions of service, regular refresher training, supervision and meetings must be observed, partners working with VHTs should avail resources such as kits, monitoring and evaluation tools, government should increase budget allocation towards VHT program.

Future research work: There is need to carry out similar studies in other districts with VHT programs to determine the specific requirements necessary for the modification of VHT policy guidelines and the use of informal health care providers, traditional healers, traditional birth attendants as VHTs instead of selected community members should be explored.

Keywords: VHT; Health system; Job performance; Policy; Community; Satisfaction; Client.