

Introduction: This study was to assess the functionality of Village health team strategy in health service delivery in Serere district in line with the six major roles of VHTs. The main objective of the study is to assess the level of functionality of village health teams approach to health service delivery in Serere district so as to inform policy makers and implementing partners on how to utilize the VHT approach in the district and Uganda as a whole.

Methodology: The methodology used was a cross sectional survey, VHTs from five selected sub counties in Serere district formed the primary data source. A sample of 200 VHTs was used. The target population was the 422 functional VHTs in Serere district. Data was collected using questionnaires for VHTs, Focus group discussions, Key informant interviews and document review. Both qualitative and quantitative data was collected. Quantitative data was analyzed and presented using tables, frequencies and bar graphs while the qualitative data content analysis was done while creating major themes in line with the research objectives.

Results: VHTs are generally functional, 96% of them were involved in linking the village and health unit using both oral and written referrals. However of the received referrals by health units, only 23.7% give feedback to VHTs. 7.5% of VHTs are involved in health unit planning meetings and 46.5% support health unit activities in the community. KII reported lack of supervision of VHTs to carry out this roles. 70% of VHT report on activities but with unclear reporting lines like 63% report to health assistants, 29% to health unit in charge and sub county chiefs. 64% reported attending village meetings on monthly basis, others quarterly and others once a year. 96.5% are involved in helping save lives by referring people needing health service like pregnant women and children for immunization while 98% are involved in community mobilization with 58.5% involved in home visiting.

However VHTs were found to have knowledge gaps, chronically lacking tools, demotivated, inadequately supervised and poorly facilitated to their work. Multiple partners frustrate the use of VHT strategy because of the mode of engagement and training.

Recommendations: I recommend that Serere district and the government of Uganda revises the VHT strategy to ensure some allocation of some facilitation for VHT monthly meetings. All partners to pass through the DHOs office and follow the correct channel in engaging the VHTs, such that the health assistants are also in the know of which VHTs are working for which partner at what time, making it easy to supervise the VHTs for different projects.

Refresher training is urgently needed since some VHTs have since forgotten their roles and have inadequate knowledge on how to handle emerging issues.

Facility trainings in form of the continuous medical education and involving VHTs in any MOH upcoming trainings for health workers could save the burden of information and skills gap.

There is an urgent need to reorient health systems towards mandatory inclusion of VHTs in health planning through policy change.

There is need to strengthen the linkage between the health unit and the community whereby the health facility staff must link every client seen by them to the VHT of that area they come from for continued support.

Planning for supervision of VHTs by having a budget to that effect would be of great help to health service delivery besides having the health assistants produce work plans for VHT supervision with feedback reports availed monthly, deliberate effort to fund the activities needs to be considered both at district and sub county levels.