

# Uganda: Summary



## Overview of community health system and scale up plan

The community health system in Uganda is strongly interlinked to the overall formal health system. At the national level, formal structures are in place to govern, oversee, and supervise community health work across the country. As Uganda's health system is decentralized, implementation and management of community health services are conducted at the district and lower (health sub-district, sub-county, parish, and village) levels. Each district has a health department, which has the mandate to plan and implement health services in their respective district. Village Health Teams (VHTs) are defined as the health care system level 1 (HC1), however they are not usually recognized as part of the formal Primary Health Care (PHC) system. Other critical community resource persons also exist, including but not limited to Health Educators, Health Assistants; Community Development Officers; disease-specific community health workers (e.g., linkage facilitators; case managers), private nonprofit health services; and other community groups (e.g., local council leaders, parish chiefs, religious leaders, teachers, traditional birth assistants, mother peer groups, girl guides, boy scouts). Political, technical, and administrative functions each play a critical role in a strong community health system.

Communities in Uganda are currently playing a passive role in the community health system. They are on the expectant side, acting solely as consumers, instead of also demanding quality services from health workers and community health workers.

### Priority needs

- 1 Develop a comprehensive, **costed, evidence-based community health strategy** that includes all community health cadres and other system components.
- 2 Strengthen community health **leadership, governance, and multi-sectoral collaboration throughout the entire health system** (national to community level).
- 3 Strengthen and sustain (time and financial) investment in **supervision and motivation** of community health cadres to improve community health outcomes.
- 4 Strengthen and improve the community health supply chain across all levels to increase the availability of **critical quality supplies and commodities** at community level.
- 5 Invest in the **scale up of appropriate technology** for community health implementation and supervision (real time and long-term, care coordination and active monitoring and analytics).
- 6 Invest in the **active engagement of communities** to increase participation, ownership, and their capacity to be agents of their own health starting with the household.

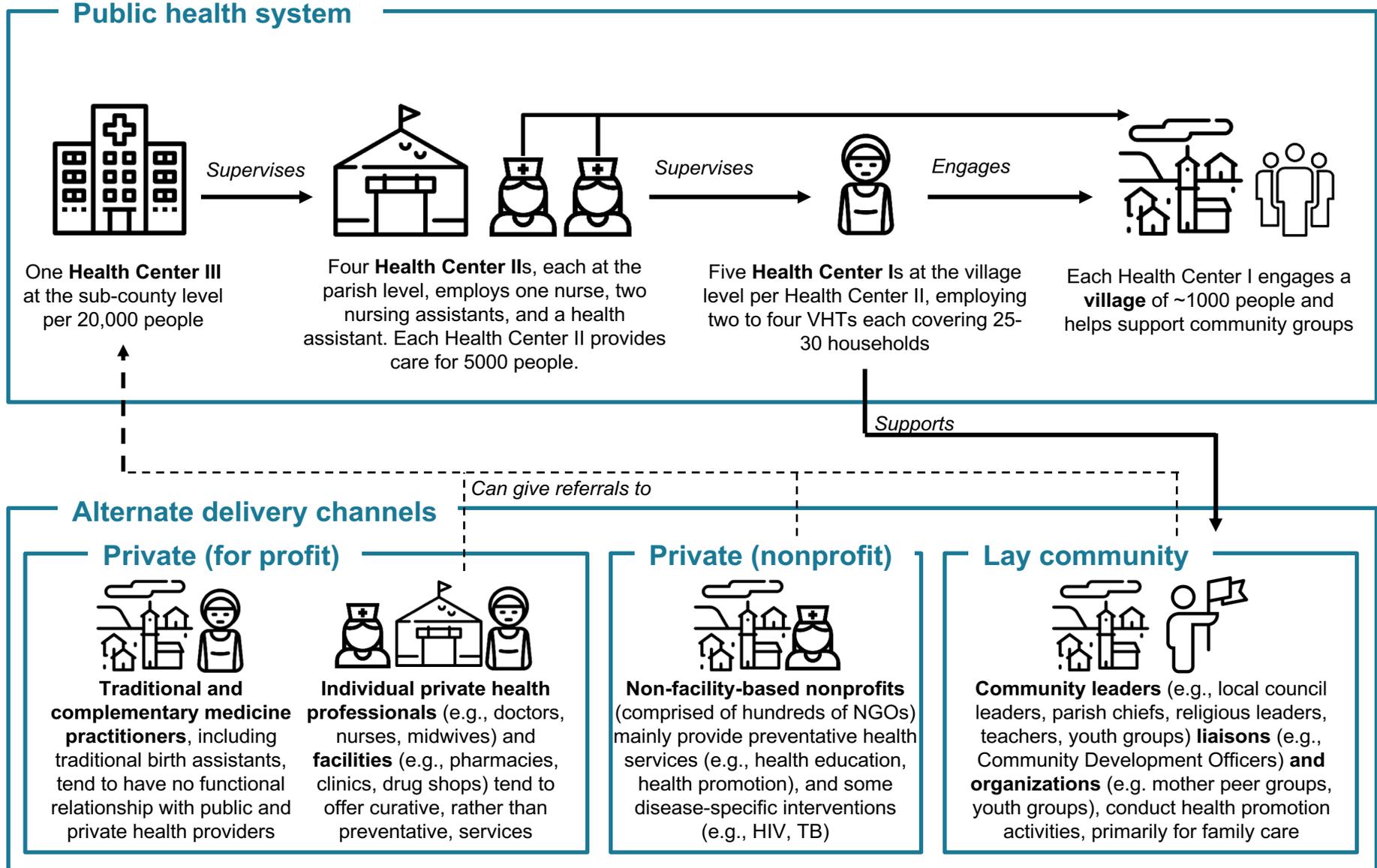
### Main development partners

**Funders**

**Implementing partners / NGOs**

**UN Agencies**

# Uganda: Community health system structure and delivery channels



# Uganda: Overview of community health system



## Country Info

**Population:** 41.5 million      **Region:** Eastern Africa      **Under 5 Mortality:** 64/1k      **Maternal Mortality:** 336/100k

## Key facts

**Cadres and #/cadre:** Uganda currently has ~179,000 volunteer Village Health Teams (VHTs). They are in the process of piloting a Community Health Extension Worker (CHEW) cadre to complement these VHTs,

**Status of national plan:** A national CHEW strategy has been developed, costed and is undergoing the approval process.

**Ministry departments responsible for community health:** Health Promotion, Education and Communication Department; Community Health Department

## Description of community health system by main cadres

System element	VHTs (as evaluated)	CHEWs (as planned in strategy)
<b>Services offered:</b>	Integrated community case management (iCCM+) and control of communicable disease (malaria, TB, HIV, NTDs), MCH services, WASH, health promotion, community health service management	Control of communicable disease (malaria, TB, HIV, NTDs), prevention and control of NCDs, MCH services, WASH, health promotion, community health service management, first aid, disaster management, data management.
<b>User fees:</b>	User fees are not charged.	User fees will not be charged.
<b>Supervision:</b>	To be supervised by CHEWs and the Parish CHEW coordination committee; linkages between cadres still being operationalized	Supervised by Health Center IIs and the Parish CHEW coordination committee.
<b>Training:</b>	~70% of VHTs have undergone basic training (typically spanning 5-7 days). Some, but not consistent, refresher trainings.	CHEW training will take place over six months. Refresher trainings will be conducted every two years
<b>Compensation:</b>	VHTs are volunteers.	CHEWs will be compensated with a monthly stipend.
<b>Data collection:</b>	Both health data and performance data will be coordinated through national data systems (e.g., DHIS) and can be shared with primary care providers.	Both health data and performance data will be coordinated through national data systems (e.g., DHIS2) and can be shared with primary care providers.
<b>Health system linkages:</b>	VHTs can refer to primary care, although there have been some problems with referral uptake	Significant planning and attention devoted to improving HCIII linkages with CH cadres. CHEW cadre designed to improve overall linkage of the CH system to the PHC system
<b>Community engagement:</b>	VHTs engage closely with the community at the household level; working to strengthen community accountability and health promotion activities	Clear vision for strong social mobilization and behavior change through CHEW cadre with an emphasis on community accountability mechanisms

# Uganda: Priority needs (1/3)



Priority	Details
<b>1. Develop a comprehensive, evidence-based, costed community health strategy that includes all community health cadres and other system components.</b>	<ul style="list-style-type: none"> <li>• Develop an integrated implementation plan that translates consensus, resources, norms and standards into actionable interventions, with set timelines and budget to enable resource mobilization and allocation.</li> <li>• Build consensus on an approach to strengthening community platforms for integrated health service delivery, bringing together key stakeholders from multiple sectors around a unified framework and plan.</li> <li>• Identify gaps in support that would inform strategic actions by MoH, local government, and partners.</li> <li>• Establish a national learning agenda and mechanism for learning and accountability.</li> <li>• Identify, train and deploy frontline workers/ community agents to each community (or support the ones in place) with optimal community health worker to population ratios.</li> <li>• Implement standardized pre-service and in-service training protocols, curriculum and materials for all community health worker cadres.</li> <li>• Mobilize sustainable financing to support VHTs and scale up to 15,000 CHEWs to increase household-level outreach.</li> <li>• Establish a National Community Health Coordination Committee.</li> </ul>
<b>2. Strengthen community health leadership, governance, and multi-sectoral collaboration throughout the entire health system (national to community level).</b>	<ul style="list-style-type: none"> <li>• Establish standards, norms, and practices within the health system and related governance structures that support delivery of quality services at community level.</li> <li>• Identify opportunities and establish mechanisms for public-private partnerships across all levels.</li> <li>• Harmonization of existing strategies and guidelines related to health service delivery at community level.</li> <li>• Build local government management and leadership capacities for planning, financing, accountability, and monitoring community health activities/ programmes.</li> <li>• Facilitate active participation and complementarity of key partners including private sector through government led-multi-sectoral coordination.</li> <li>• Build partnerships for effective implementation in order to foster high-quality services and performance improvements, sustained and effective resource mobilization.</li> <li>• Embed learning throughout local government governance and leadership mechanisms.</li> <li>• Institutionalize the CHW registry across all levels to support selection, training, and retention of CHWs.</li> <li>• Enforce laws that compel, guide and protect the community with regard to health.</li> </ul>

**The government of Uganda will continue to drive community health systems strengthening; needs highlighted here reflect opportunities for partner/donor support of their agenda.**

## Uganda: Priority needs (2/3)



Priority	Details
<b>3. Strengthen and sustain (time and financial) investment in supervision and motivation of community health cadres to improve community health outcomes.</b>	<ul style="list-style-type: none"> <li>• Establish context specific incentives to motivate key actors including managers, supervisors, community health workers, and volunteers.</li> <li>• Build capacities of local management and health facility staff to supervise and monitor integrated delivery of interventions at community level.</li> <li>• Institutionalize CHW supervision with the inclusion of quality audits, coaching and mentorship mechanisms to enhance quality of service delivery at community level.</li> <li>• Strengthen referral and community/ facility linkages.</li> <li>• Empower local government to utilize the CHW registry and lead the supervision, motivation, and performance management of the community health workforce.</li> <li>• Support local government to implement context specific incentive packages, to inform national incentive guidelines through national learning agenda.</li> <li>• Establish mechanisms to feed learning from supervision and motivation from community to national level.</li> </ul>
<b>4. Strengthen and improve the community health supply chain across all levels to increase the availability of critical quality supplies and commodities at community level.</b>	<ul style="list-style-type: none"> <li>• Integrate community health supply chain within the broader national health supply chain system.</li> <li>• Develop and implement clear guidelines on CHW (public and private) medicine and supply packages for preventive and basic curative care.</li> <li>• Develop and implement guidelines for management and storage of CHW medicine and supply stock at all levels.</li> <li>• Improve tracking and timeliness of ordering, delivery, administration, and supply of medicines and supplies across all levels.</li> <li>• Establish clear roles and responsibilities across the supply chain and orient stakeholders.</li> <li>• Train CHW supervisors in quality drug management, stocking, and reporting and monitor adherence.</li> <li>• Monitor safe quality distribution/ issuing of medicine by CHWs across all levels.</li> </ul>

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## Uganda: Priority needs (3/3)



Priority	Details
<p><b>5. Invest in the scale up of appropriate technology for community health implementation and supervision (real time and long-term, care coordination and active monitoring and analytics).</b></p>	<ul style="list-style-type: none"> <li>• Develop and operationalize national standards and criteria and interoperability for community health management information systems.</li> <li>• Promote and support the use of data for decision making and learning at all levels.</li> <li>• Institutionalize the use of predictive analytics for disease surveillance and/ or burden incidence and identification of vulnerable and at risk families.</li> <li>• Harmonize data management processes including integration of community level data into the national health management information system.</li> <li>• Create and/or strengthen data feedback loops (including beneficiary feedback) for CHWs and communities.</li> <li>• Ensure technology supports adherence to national policies and protocols across the continuum of care.</li> </ul>
<p><b>6. Invest in the active engagement of communities to increase participation, ownership, and their capacity to be agents of their own health starting with the household.</b></p>	<ul style="list-style-type: none"> <li>• Establish bottom-up mutual social accountability mechanisms supported by real-time monitoring for action</li> <li>• Improve communication and information dissemination to promote service demand, utilization, and feedback on quality of services.</li> <li>• Empower communities to prevent and manage priority preventable diseases, such as HIV&amp;AIDS, TB, Malaria, Ebola, and practice positive healthy behaviors to prevent NCDs and improve reproductive, maternal, newborn, adolescent, and child health.</li> <li>• Build capacity of communities to map, engage, and empower local community resources (including community resource persons or agents) and networks to prioritize and implement local solutions to community health challenges.</li> <li>• Identify and implement local solutions to financial, social and geographical barriers hindering access to services (e.g. through community insurance, social transfers, etc.).</li> <li>• Promote key family practices, timely care-seeking, community-led total sanitation, water safety, hand-washing with soap, growth monitoring, infant and young child feeding, school enrolment and attendance and positive parenting practices.</li> <li>• Facilitate learning across communities (village to village, district to district) to promote and scale up best practices in community health.</li> </ul>

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# Uganda: Landscape of main funders and implementers



		Funders	Implementing partners/NGOs	UN Agencies
National levers	Finance	The Global Fund To Fight AIDS, Tuberculosis and Malaria THE ROCKEFELLER FOUNDATION THE WORLD BANK IBRD • IDA   WORLD BANK GROUP GLOBAL FINANCING FACILITY	Living Goods Financing Alliance for Health	unicef
	System design and policies	USAID FROM THE AMERICAN PEOPLE THE ROCKEFELLER FOUNDATION	msh Living Goods brac IntraHealth Because Health Workers Save Lives Pathfinder INTERNATIONAL	UNFPA World Health Organization unicef
	System management and leadership	USAID FROM THE AMERICAN PEOPLE KOICA Korea International Cooperation Agency Global Affairs Canada	msh brac 1,++++,++++ One Million Community Health Workers Campaign IntraHealth Because Health Workers Save Lives Pathfinder INTERNATIONAL Living Goods jhpiego	World Health Organization unicef
	Health products		Living Goods World Vision malaria consortium brac	UNFPA unicef
	Political prioritization			unicef World Health Organization
Program delivery	The Global Fund To Fight AIDS, Tuberculosis and Malaria Gavi The Vaccine Alliance Department for International Development KOICA Korea International Cooperation Agency Sida the ELMA foundation BILL & MELINDA GATES foundation Johnson & Johnson CIFE CHILDREN'S INVESTMENT FUND FOUNDATION	Living Goods malaria consortium Pathfinder INTERNATIONAL brac World Vision URC JSI pace CLINTON HEALTH ACCESS INITIATIVE jhpiego		

The government of Uganda engages across all of these levers and program delivery; this mapping portrays support provided by partners

# Uganda: Integration opportunities



## Existing coordination mechanisms

- Health Development Partners Group
- Technical Working Groups (e.g., Health promotion, e-Health, health information systems and Public Health)
- Strong government administrative, technical, and political structures down to village level
- District Health Cluster Working Groups

### Type of integration

### Ongoing efforts

### Opportunities going forward

#### Integration of community health with the broader health system

- Support the **development and implementation of a comprehensive, costed community health strategy**, building on CHEW strategy and other key components
- Support ongoing work to **integrate data systems** to feed information from the community level into the national HMIS/DHIS2 system

- **Integrate community health supply chains** into the national health system's forecasting procurement and distribution platform

#### Integration across programs, partners, and disease areas in community health systems

- Continue stakeholder dialogues around **CHW implementation guidelines** through multi sectoral coordination and collaboration to avoid the creation of parallel/overlapping services

- **Create a broader CH working group/** governance structure – National Community Health Coordination Committee
- **Conduct a mapping** of the different cadres/partners in the CH system, leveraging existing CHW registries, as a first step towards harmonizing training, performance management, incentives, etc. across actors, and resource mapping to **increase transparency** of donor funding to CH
- **Develop a mechanism for CSO harmonization**, that engages the Health Cluster Working Groups

#### Integration across sectors and agencies

- **Continue conversations with other government agencies** to help rationalize and unify the health service (e.g., Ministry of Education, Ministry of Gender, Labor, and Social Development)

- **Engage with the private sector** (e.g., drug shops, clinics) to better integrate them into the CH system and improve regulatory oversight