VILLAGE HEALTH TEAMS AND HEALTH PROMOTION IN RURAL COMMUNITIES IN UGANDA: A CASE OF KATINE SUB-COUNTY SOROTI DISTRICT

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DECLARATION

I, Eyoku Patrick, hereby declare that this research dissertation titled, **"Village Health Teams and Health Promotion in Rural Communities in Uganda: A Case of Katine Sub-County Soroti District"** is my original work and has not been submitted to any institution/university of higher learning for any award.

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APPROVAL

I acknowledge and certify that this research dissertation titled, **"Village Health Teams and Health Promotion in Rural Communities in Uganda: A Case of Katine Sub-County Soroti District"** was done by Patrick Eyoku under my supervision and is ready fordefense.

Signed:  Date: 04th /09/2023

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DEDICATION

I dedicate this research to the Almighty God for the wisdom that He has given me to accomplish this level of education; to my parents for their financial provision that enabled me to come this far, and I am indeed grateful for all their support in terms of prayers and blessings upon my studies. I also dedicate this piece of work to the National Association of Social Workers of Uganda (NASWU)), all Health centres in rural communities, VHTs, the Ministry of Health- Uganda, tertiary institutions, parents, and friends.

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May Almighty God bless you All

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TABLE OF CONTENT

LIST OF TABLES

ABBREVIATIONS & ACRONYMS

CBHP	Community Based Health Programme
CCMP	Community Case Management Programme
CHWs	Community Health Workers
DHS	District Health Survey
FGDs	Focus Group Discussion
GHWA	Universal Health Workforce Alliance
HIV/AIDS	Human Immune Virus & Acquired Immune Deficiency Syndrome
HP	Health Promotion
HSSP	Health Sector Strategic Plan
IASSW	International Association of Schools of Social Work
IFSW	International Federation of Social Workers
KI	Key Informants
MoH	Ministry of Health Uganda
PHC	Primary Health Care
PHSW	Public Health Social Work
SACCOs	Savings and Credit Cooperative Organization or Society
SDGs	Sustainable Development Goals
SOPs	Standard Operation Procedures
SRPGS	School of Research and Post Graduate Studies
SWHIM	Social Work in Health Impact Model
TASO	The Aids Support Organization
TZ	Tanzania
UBOS	Uganda Bureau of Statistics

UCU	Uganda Christian University
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNBS	Uganda National Bureau of Standards
UNHS	Uganda National Household Survey
UNICEF	United Nations International Children Emergency Fund
USAID	the United States Agency for International Development
VHTs	Village Health Teams
CHEWP	Community Health Extension Workers Policy
WHO	World Health Organization
NVHTAU	National Village Health Teams Assessment Uganda
SDOH	Social Determinants of Health

ABSTRACT

The study on Village Health Teams and Health Promotion in Rural Communities in Uganda was stimulated by numerous challenges facing the VHTs, delays at the health centres, increasing morbidity and mortality rate due to lack of medicines and late patient arrival at the health centres, and the absence of social work's supporting role in the health promotion at the village level. This study aimed at assessing the effectiveness of VHTs in promoting health in rural communities in Katine sub-County, Soroti District. It had four objectives namely; (i) Establishing people's perception about VHTs' role in health promotion. (ii) Assessing the waysin which VHT services have improved health practices in the community (iii) understanding the challenges faced by the VHTs in health promotion, and (iv) Exploring the supportive role of social work to the VHTs in health promotion.

A purely qualitative research approach was used. An open-ended interview guide and FGDs were used to collect primary data. A total of 25 out of 29 participants participated in the study. The data were cleaned, categorized under themes and sub-themes, and analyzed using Nvivo v.11. The bio-data were analyzed using Stata v.13. The data were presented following the research objects and themes.

The findings revealed that participants were aware of the roles VHTs play in health promotion. The VHTs have also significantly improved health practices. However, cultural impediments still affect health promotions. The VHTs still face myriad of challenges including; limited facilitation, limited training, and disrespect from the community. The supportive roles of social workers can help enhance the performance of VHTs even at the village level, especially considering the community needs and coordinating/collaborating with the government on addressing health-related issues.

The study recommends that there should be an urgent increase in the health sector funding and subsequently, the health centres. Additionally, improved funding, medical supplies, and operational equipment like gumboots, bicycles, gloves, etc. for the VHTs. Enhancement of VHT training so that they can be more competent. Furthermore, set up a health care section at every health centre specifically for the senior citizens because

VHTs struggle to reach them with the services they need. Finally, integration of social workers in HP even at the village level.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

Health promotion (HP) is instrumental in the fight for good health outcomes and well-being. Providing a good ground for increased access to essential health services while reducing healthcare costs for all age groups in communities is imperative, as emphasized by World Health Organization (2009)&Ghwa, (2010). Like other developing countries, Uganda subscribed to this global health demand by establishing Village Health Teams (VHTs), whose services have become increasingly known across the country. Although VHTs are faced with a myriad challenge, their aim is to provide contextually/culturally appropriate health services following HP in communities (Musoke, et al.,2020).

However, this section presents the study background; statement of the problem; purpose of the study; objectives; research questions; study scope; justification of the study; significance of the study; theoretical framework, and definition of key concepts.

1.2 Background of the Study

World over,community-oriented health efforts are unquestionably the best way to experience better health promotion. It is evident that Health Promotion cannot survive without the active involvement of community-based health programs like VHTs (Nattimba et al.,2017).

The first community health workers (VHTs) were “Farmer Scholars” who did the training in China in the 1930s and were the forerunners of the ‘Barefoot Doctors’, who engaged in HP with the people in rural areas (Perry, 2013). Community health work programs became more visible in the 1960s and 1970s in Latin America, which inspired many low-

incomecountries in the 1980s and was effective. African countries especially, adopted it as a community-based health program (WHO,2013). However, it is believed that the development and implementation of the VHTs (CHWSP) took proper roots between the 1970s & 1980s, following the Alma-Ata declarationto deliver health care based on PHC approach, and as a supplementary system to the established health care system in communities meant to link the communities to primary care facilities (Rifkin,2018).

In Africa, over 738 million people live under critical health needs due to poor HP (WHO, 2020). Despite the recruitment of 2 million African VHTs across the continent, HP has proved to be slow in sub-Saharan Africa, whereby an estimated 60% still lacked access to basic health services in rural communities which has also stalled the achievement of MDGs on health care services on the other hand (WHO, 2012). Yet, VHTs provide contextually appropriate health promotion education, involving interpretation of health services, assisting in navigating health services system, advocating for communities within the health system, and providing social support through information counselling, among other(Turinawe, et al., 2015). This however, can be misconstrued, but the health of a common person living in a remote area would require the active presence of the VHTs and other social science professionals to be a resource for HP hence ensuring well-being.

In East Africa, VHTs are men and women, literate and illiterate. More importantly, VHTs are acknowledged as community local health aides whose primary responsibility is to deal with a variety of health challenges that people are faced with (Sanders, 2007). They offer health services that ensure HP in the quest to realize better health outcomes based on acceptable societal or cultural norms/customs. VHTs operate under the district health system in the region and are given basic health short training (about 1 – 3 months), and

then serve under the supervision of the district health system arranged by the governments for the health sector (Kimbugwe,et al.,2014)). Although coverage is reportedly quite low to solve the problem of poor health, they are organized to operate at the village level whereby a small unit of a local community is said to have a minimum of 1000 people (Musoke, et al.,2020).

with the goal of achieving better health outcomes, the government encouraged local community participation (community health volunteers) majorly in the rural areas to improve health services though with no user fees to acquire basic health services for individuals during then. In 2001, the government to better the health situation in remote areas, which is still the case to date, approved VHT concept.

However, the health situation in Uganda shows that over 75% of the diseases are preventable if people changed and adopted appropriate practices geared toward better health (MoH,2010). This would have been achieved through increased awareness, behavioral change, and acceptance of good health practices to realize sustainable health outcomes and well-being. This VHTs were established by the MoH to empower rural communities to take part in the decisions that matter in their health, mobilize the community for health services, and improve the delivery of health services at the household level. VHTs are community-based structure whose members are selected by the people themselves to promote health and well-being of the people in their respective villages, and the goal was to close the gap of health services in communities (MOH, 2015).

Currently, the coverage of healthcare services in the rural areas is still struggling in the country, for instance, the proportion of doctors to people is 1:22,000 –Uganda Bureau of

Standards (UBOS, 2007). A parish has about 15-20 villages and VHTs (about two members) should be in each of them; a village has a minimum of 1000 adults and still densely populated, all depending on health services at the sub-county level (health center III) because health centers I & II are not functional at the moment in most of the rural communities (UBOS, 2007). In addition, the country experiences high levels of healthcare burden and the leading causes of ill-health include diseases (38.6%), poor sanitation, and hygiene combined with poor healthcare-seeking behavior account for 22.8%, among others (UNHS, 2017). Although the health system has established the structure usable in remote settings such as HCs I - III, a survey report shows that approximately only 23% of people in the rural community attempt to access basic health services from HC III, yet they chronically lack medicines, basic facilities, good sanitation and health workers (Kayiwa, et al.,2020)

In Soroti district, despite the existence of VHTs, their effectiveness is affected by the poor government procedures in managing health situations in underserved populations. However, there are also private drug shops/clinics in the communities with a distance of approximately 3-5 KLMs apart throughout the villages in the sub-county, where people with the capacity can obtain health services for themselves (UNHS, 2017). This has consequently steered people to relying on traditional HP practices such as use of traditional healers, unproductive nutritional habits, to mention a few, have been practiced to date, which has also contributed to poor health condition (MoH, 2018). The sub-county's survey report indicates HP declined by 27% between 2013 and 2017 (DHS report, 2016). Statistics from the same source indicate that 29.5% infections of malaria alone and 31.9% of other health conditions including sanitation challenges, sanitary

related infections, among others, affecting adults and infants undermine positive health outcomes in the area (MoH, 2018). Hence 68% of the district population lives under poor health condition in spite of the VHTs' presence in communities. This is why the study intends to find out whether VHTs have been effective in their service delivery in rural areas in Katine sub-county.

1.3 Statement of the Problem

Realizing sustainable health promotion is far from being achieved in Uganda. Statistics indicate that 29.5% of malaria alone leads to ill-health and 31.9% of other health conditions/morbidities like lifestyle diseases, sanitary-related infections (cholera, typhoid, and dysentery), and maternally related situations increase health threats because of over-reliance on medical treatment alone, instead of preventing them (MOH, 2017). Although the government has placed health centers in communities, many lack good health supplies/facilities such as medicines, equipment, to mention a few; have issues with long distance, and shortage of health workers among others, hence affecting people's interest in accessing the medical services they need. As a result, only 23% of the population attempts to tap curative services from these health centers leaving the rest of the community struggling, despite the presence of VHTs (MOH, 2018).

However, health promotion can be attained through the use of VHTs and the participation of people in ensuring health education, protection and prevention against health threats (WHO, 2012). In Uganda, VHTs is a program and model of CHWs designed to bridge health gaps in rural areas, which has been in existence for over two decades (community health extension workers policy, 2018). The motivation for establishing VHTs in Uganda in 2001 was to enhance access to essential health care services in rural areas due to the low

numbers of health workers, poor health facilities and inadequate medical supplies in such populations (MoH, 2015). Further, Uganda's MoH trained 180,000 VHTs but only deployed 60,000 which with evidence shows has defeated their effectiveness, resulting in 36% overall decline in HP (UNICEF, 2018). Therefore, it is likely that Uganda's HP majorly focuses on curative measures which only increase healthcare costs to the underprivileged communities as opposed to participatory HP for better health outcomes and well-being.

Despite the government's efforts in ensuring HP in rural areas by installing the VHTs as a stop-gap, the challenges faced by the VHTs such as inadequate material supplies, shortage in their numbers, and financial limitations, among others, are said to be catastrophic to their effectiveness. Soroti is part of the problem areas with a 27% decline in HP between 2013 & 2017 (DHS report, 2017). It is also assumed that the absence of social work's supportive role that would provide a holistic approach and/ or ecological perspective in enhancing VHTs' performance in HP may have affected the timely realization of good health outcomes. Therefore, the knowledge gap between curative measures in health promotion and promotion of good health practices such as prevention, protection and education exist in the underprivileged populations, which the study aims to reduce. It is with this background that a researcher would like to assess the effectiveness of the VHTs in HP in rural areas.

1.4 Purpose of the study

The purpose of this study was to assess the effectiveness of VHTs in promoting health in rural communities in Katine sub-County, Soroti District.

1.5 Objectives

i. To establish people's perception about VHTs' role in health promotion in Katine.

ii. To assess the ways in which VHT services have improved health practices in the community.

iii. To understand the challenges faced by the VHTs in health promotion in the community.

iv. To explore the supportive role of social work to the VHTs in health promotion.

1.6 Research Questions

i. What is the perception of people concerning VHTs' role in health promotion in Katine?

ii. What are the ways in which VHT services have improved health practices in the community?

iii. What are the challenges faced by the VHTs in health promotion in the community?

iv. How can social workers play a role in supporting VHTs in health promotion?

1.7 Scope of the Study

Geographical

The study was carried out in Katine sub-county in Soroti district, which is located in the eastern part of Uganda and about 360KMs away from the capital city, Kampala. There are seven parishes under this sub-county. One or two villages out of the elven villages that were sampled for the study represented each parish. Soroti district was chosen because firstly the health indicators show that it has high rates of malaria infections standing at 53% morbidity, only 65 percent of the deliveries were supervised in 2015, infant mortality rate stands at 53 per 1000 infants, child nutrition status is 25% of the children are stunted ,5% of the children are wasted as a result of poor nutrition (Soroti district statistical abstract ,2019). The fact that all the above is noted and yet there are VHTs in the district caused the researcher to gain interest in conducting the study in Soroti district.

Secondly the researcher found Soroti district to be manageable since the researcher understands the native language which is spoken in the area and therefore can easily conduct the study without having to incur high costs.

Content

The study focused on assessing the effectiveness of the VHTs on health promotion in rural communities. Whereby: effectiveness meant whether VHTs have been able to achieve the results expected of them (improved health outcomes); VHTs are the lay health volunteers recruited by local government and the community to support health promotion in their respective villages, under the care/arrangement of MoH and, rural community (children and adults) refers to remote areas or setting where the population seems to be underserved in terms of health promotion.

Time scope

The study considered the situation of health promotion and its outcome, drawing from survey reports (literature) between 2000 and 2010. This was because the study looked at the pre-VHT HP status in the community before the inception of VHTs as well as the situation of health promotion after the deployment of VHTs. It provided a comprehensive analysis of HP before and after the deployment of VHTS in Katine community. Then, looked at health promotion status between 2010 and 2022 because of the presence of VHTs in rural communities in Uganda and this considered the current situation of HP. Data generation was carried out between December 15, 2021, and January 16th, 2022.

1.8 Justification of the Study

The study was conducted because the health situation of the people in this area has become a great concern as the district health statistics reveal that 29% (malaria alone) infringes on the health of adults and children resulting in a fatality in some cases, and 31.9% of other ill-health conditions like sanitary infections and lifestyle diseases deprive people of enjoying well-being due to poor HP (MoH Uganda, 2018).

According to MoH's survey report shown above, there seems to be increased mortality and morbidity in the country arising from poor health practices and management in rural areas yet these health conditions are preventable. There is also a clear indication that relying on our poor medication alone which serves about only 23% of the community, especially in rural communities cannot yield good results as the only HP method to use (MOH,2018).

The gap between medical care measures acquired at the health centers as a way to promote health and HP through prevention, protection and education through community

participation is alarming, as statics of ill health in the district reveal. This needs to urgently addressed so that even the knowledge gap can be reduced.

VHTs themselves are faced with several challenges for instance, access to essential health services is defeated by poor facilities, shortage of health workers in HCI & HCII, lack of enough equipment for their operation, a limited number of VHTs per village (2 VHT members per 1000 people), almost no financial allowances for their facilitation, among others, stall and forestall their effort for HP. Although there are HCs I & II in communities, they are currently not favorable enough to rescue the health situation as well as improve access to health services for the people.

It is also necessary to carry out this study because social workers' visibility can be introduced and increased in HP, thus enhancing the appreciation of VHTs in the social profession as a viable community resource for HP in communities.

1.9 Significance of the Study

The findings of this study can increase the interest of stakeholders in identifying and using the healthcare services supported by the VHTs in their respective communities as a way of enhancing HP to realize well-being through good social functioning.

The findings can inform the government policy analysts on how to re-strategize and improve the VHT model for better health outcomes in rural communities.

The findings can serve as a reference for future researchers in their quest to further and strengthen the usability of the VHTs in remote settings.

The study can prompt the inclusion of social workers in the planning and implementation of community-based healthcare programs and services.

The study's findings will increase knowledge of health practices thus, good health outcomes. In addition, it will be used as a model for HP nationally and internationally.

1.10 Theoretical Framework

Given the fact that social work plays a key role in HP aimed at achieving wellbeing (Dean, 2019), there are two perspectives of developed theoretical framework suitable for this study. They are distinct yet interrelated in ameliorating HP and the well-being of communities.

Social work in health impact model

Social work in health impact model was recently developed with a view of engaging social workers in enhancing health promotion in families and communities. This social work education model "depicts public health social work as a multilevel practice that links clinical intervention to prevention, systems, and social determinants of health (SDOH) to more broadly maximize health impact and address social injustices," (Ross, et al.,2020). This model is vigorous in engaging emerging social workers in bettering HP in communities, especially in rural areas (Ross, et al., 2021). It "shows an inverse relationship that exists between the intensity or severity of the identified problem and the subsequent intervention for the issue and the overall population impact" (Ross et al., 2020). Although the model was applied to health impact on child maltreatment, it uses its four tiers to challenge health issues affecting people in communities. These include:

Clinical intervention: a social work perspective -an exploratory and collaborative tier that can comprehensively address severe health problems that exist in the community; *prevention and health promotion*: at this level, focus is on strategies that incorporate

universal and targeted prevention efforts as well as HP initiatives; *influencing systems within the current context:* this tier is characterized by typical social work interventions focusing on policy advocacy and collaboration with a multidisciplinary action for program development in dealing with health issues in communities; and *addressing social determinants of health*: this tier focuses on distributing and optimizing reliable resources to address health issues in the community (like poverty) at all levels (Ross et al., 2021).

Public health social work is inclusive of underserved populations and extends to other levels of interventions, like working with the VHTs (a local health system) in enhancing HP in rural areas using the appropriate approaches that can affect the performance of VHTs in HP.

An Intervention-based model: merely formal and informal health education theories and frameworks may not support a health promotion program in a community to the expected degree (Reitz, et al., 2018). One reason is that most of them do not hold the current theoretical, conceptual values and norms for HP for instance, environmental, cultural, social, political, and economic yet these aspects have influence on HP (Reitz, et al., 2018). This sometimes explains why HP programs in communities are not as effective as would have been, because it is implemented based on a particular health promotion theory or model that may not motivate effectiveness. Nonclinical health workers (VHTs) need a basic and appropriate theoretical model to increase their productivity in service provision to rural communities based on the current values and norms (culture) of HP.

Andrew Tannahill developed the intervention-based model for HP in 1980 premised on the view that community participation depends on its values and norms, which is crucial in

HP practices. Tannahill defines HP as *"sustainable fostering of positive health and prevention of ill-health through policies, strategies, and activities in the overlapping action areas of: (1) social, economic, physical, environmental, and cultural factors; (2) equity and diversity; (3) education and learning; (4) services, amenities, and products; and (5) community-led and community-based activity" (Tannahill, 2008).* The author also emphasizes three spheres as useful and strategic for HP: health education, health prevention and health protection as a way of realizing better health outcomes. Whereby, health education represents a focus on changing (improving) knowledge, attitude, beliefs, and behavior in a manner that enhances HP.

Additionally, health prevention and education are concerned with minimizing risk factors and the consequences of diseases by employing measures that help avoid them. The health protection sphere focuses on the legal controls and policies, accompanied by voluntary actions and practices influential to HP and bring about well-being (Tannahill, 2008). Thus, this model would help improve the supervision of nonclinical health promoters in communities like VHTs based on the crucial elements cited above for improved HP. For instance, the linkages between the three spheres have the potential of modifying people's knowledge, beliefs and attitudes; reducing disease infection rates by avoiding practices that would otherwise stay/increase the risk of ill-health; and finally, public health policies that address HP issues through the use of the local health system/workforce (VHT) services.

Given the two theoretical models for health promotion above, the study sought to use both because of the different approaches that they hold yet with a common goal of practically enhancing HP in the communities. Further, the social work approach

complements the public health model thus, necessitating the researcher to employ both methods to underpin the study because they are interrelated in a number of ways as seen above. Additionally, social workers have the knowledge base and skills grounded in the person-in-environment and ecological perspectives for social care and enhancing well-being even through HP in communities as maintained by (Ross, et al.,2021).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a discussion of the role of VHTs in health promotion (HP) in rural communities based on analysis from diverse contextual backgrounds from different authors. It thematically discusses the people's perception about Village Health Teams (VHTs); utilization of VHT services; the challenges faced by the VHT, and the possibility of social workers improving the effectiveness of VHTs for better health outcomes in remote areas.

The study has used American Psychological Association (APA) 7th edition for both intext-citation and referencing format.

2.2 General Information of HP and VHTS

Health Promotion and the Context of VHTS

Initially, HP was not seen as a concept that would be carried out well by the VHTs in Uganda (Musinguzi, et al, 2017). People in rural areas viewed VHTs as those recruited to execute other people's instructions relating to health services. Their ability to link people to the formal health care system was affected by the perception of some of the stakeholders, so that the community rendered them powerless and did not pay much attention to their efforts in HP in rural areas (Kimbugwe et al., 2014). This was the first nature of the challenges they encountered up on deployment, especially after they started on essential health care services with the underserved communities in Uganda (Kimbugwe et al., 2014). However, in Kenya (Uganda's neighboring country to the East), VHTs are community health workers that comprise men and women who are respected and trusted

by the community; they are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures (World Vision, 2015).

According to WHO, health promotion is the process of enabling people to increase control over and improve their health (WHO,2009). So, HP is an overarching discipline covering a wide array of health issues and approaches that the underserved communities need to appreciate to realize an evolving positive healthy life experience. Moreover, the health information in Uganda shows that over 75% of diseases are preventable if people appropriately apply behavior congruent to HP guidelines promoted by the VHTs for better health (MoH ,2010). Additionally, if the concept of prevention and education was prevailing in rural communities, health care cost and ill-health would drop significantly. Therefore, this gap needs to be reduced urgently so that VHTs' role can be appreciated by the underserved populations.

The concept of HP has been around for over 50 years especially in developing countries under the then PHC, using community members (VHTs/CHWs) to render certain basic healthcare services to their respective/native communities (Rifkin, 2016). The purpose of HP in this context is to address people's healthcare needs by bridging the gap that exists between the un-served households and the formal health system. In this sense, VHTs would be the first contact of the health system as health center one (HC I), which would improve people's physical, mental and social well-being rather than focus on curing of diseases (WHO, 2012). The approach of HP includes health education (improving knowledge, attitudes, beliefs and behavior), prevention of diseases (minimizing risk factors), and health protection (legal controls, policies and voluntary actions for HP).

Other methods of HP involve treatment, rehabilitation and palliative care for the people in rural areas (MOH,2005).

However, VHTs begun more to manifest in Uganda in 2001, following the WHO, Geneva declaration in 1978 on CHWs and HP with the view of being a stop gap to the prevailing health challenges in rural areas (MOH,2015).Their primary goal being, to effectively confront the difficulties that infringe on people's access of essential health care services by linking them to health care centers, providing first-line medication to emergency situations, making referrals, conducting health literacy drives, advocating for the voiceless and including nutritional care for the people, among others, to bring about positive health outcomes and well-being. (Trause et al., 2014) maintain that other objectives for the VHTs include community participation and involvement in health, promoting positive healthy behaviors and practices, promote healthcare-seeking behavior, foster coordinated and integrated services at community level and provide community-based health information system. This has consequently led to growth of VHTs as the community-based healthcare program to support HP in rural areas under the support of the state health system (Parasad, et al., 2008). Thus, HP and the understanding of VHT model in communities, especially in developing nations is not new as maintained by Rosenthal (2011). Although, VHTs are existent and are accepted by the underserved populations, their effectiveness remains a big concern thus, necessitating this study to be executed in rural areas.

The Health System, PHC and VHTs

According to ministry of health (MoH) Uganda, Village Health Teams serve under the umbrella of Primary Health Care (PHC) (supplementary of the district health system) (WHO,2017) The ministry manages and supervises the health activities at the national, regional and district levels. At the district level, the health sub-district (HSD) is made up of all health centers and Village Health Teams. While VHTs are regarded as health center one (HC 1) in rural communities, health centers such as II - IV are the formal health facilities for referral cases by the VHTs (WHO,17). Therefore, the most promotional role of the VHTs is to act as the link between the community and the formal health services in many aspects of health and wellbeing (Sanders, 2007). This essentially should call for health protection, meaning government and rural community leaders coming up with strategies for sustainable HP that involves the local participation.

The Experience of VHT Model

Health Promotion with time, stalled its effectiveness in Sub-Saharan Africa, especially in various rural communities due to several factors, for instance, loss of participation by community members, limited financial support, unclear structures to support the model, limited number of personnel, lack of enough facilities, among others, as is the case with East Africa, Ethiopia, South Sudan, and Central African Republic (WHO, 2017). For example, Kenya practices HP in its remote communities and has a general population of approximately 45M, 75% of which lives in the rural areas which makes it quite difficult to realize the effectiveness of VHTs in promoting health in communities (MoH Kenya, 2017).

Uganda as Kenya's counterpart with paraprofessionals has also faced a number of major setbacks that are linked to the lack of incentives due to a weak health system. The health sector still receives less than 15% of the annual health care budget (according to Abuja declaration) for instance, 9.6% up to recent is still being allotted to the health sector, which is insufficient to cause effectiveness of VHTs in HP (World Health Organization & Alliance for Health Policy and Systems Research, 2017). Additionally, VHTs still receive shorter training than needed for their effective service delivery thereby limiting their level of skills for operation (MOH, 2010). This is not consistent to the training of similar level paraprofessionals in other countries like Ghana, Nigeria and South Africa where they are given about six months period of training or longer for effective HP compared to their counterpart, Uganda(Musinguzi et al., 2017). Although the VHT concept can be a significant means to achieve universal HP in rural areas, extensive community involvement and the government's motivation of volunteers is needed for maximum benefit.

An exploratory qualitative study in two districts in Zimbabwe revealed that VHTs are faced with many challenges, for instance, inadequate financial support, and lack of other resources were noted and had implications on VHTs' effectiveness in service delivery (Gore, et al.,2015). This finding is consistent with the challenges faced by the VHTs in other African countries like Uganda, Kenya, and Tanzania.

People's Viewpoint of the VHTs

The roles executed by the VHTs in communities are in tandem with the MoH's preset guidelines. For example, recruitment procedure, training and eventually deployment are usually followed critically. More so, the communities are involved in the process from

start to the end. For instance, a study revealed that 64% of the community members acknowledged the efforts of VHTs in HP in their respective villages in Amuru, Gulu and Pader districts in Northern Uganda (Kimbugwe, et al., 2014). The survey indicated that VHTs engaged in a number of activities with the villages. These included but not limited to home visiting (door to door individual visits) to deliver health education and promotion, with special emphasis put on sanitation and delivering medication to the sick, among others, was acknowledged by the people, which is consistent with the findings of Wilford et al in South Africa (Wilford, et al., 2018).

Additionally, the same study showed that VHTs also carried out social mobilization of people for health-related issues like supplying vitamin A supplements and immunization activities (Wanduru,et al.,2016).They participated in the management of common ill-health conditions such as malaria, cholera, and distributing medicines to treat neglected tropical diseases (Wanduru, et al.,2016). Further still, the paraprofessionals helped enact government laws on maintenance of environmental health for instance, sanitation and hygiene (Kimbugwe et al., 2014). Therefore, it is a clear sign that VHTs have gained the community's trust which exists, but not well motivated to perform more effectively because the report indicates they served for a period of five years and most of them resigned or deserted the volunteer work due to service-related difficulties they encountered. Therefore, the communities recognize and promote healthy practices, especially those initiated by the VHTs which resonates with the finding of global health workforce in developing countries (Ghwa, 2010).

2.3 People's Perception of VHTs' Role in HP

Oxford advanced dictionary defines awareness as, "knowing something; knowing that something exists and is important". Hence, people are always aware of something that is of importance to them. According to (Gafoor, 2012), awareness is defined as "knowing and being conscious; cognizant, informed, and alert." It is the capacity to recognize, experience, and be aware of happenings, things, or sensory patterns. The element that both definitions have in common is being aware of what is problematic with people both inside and outside of oneself.

Accordingly, people have general knowledge about VHTs in communities. Soroti district health survey report of 2017 shows that people in villages are aware of the VHTs role in HP, but just being aware does not mean that they have been able to utilize the healthcare services provided by the VHTs to such an extent that impacts HP (MoH, 2017). Worldwide, VHTs are described as lay persons to mean those who live and work closely with the local community as they provide basic healthcare services to the people including health education among others (Rifkin, 2016). The degree of awareness is the concern. Thus, this study intended to seek from the participants in consideration of various aspects of VHT services geared to improving health outcomes.

General Knowledge

According to a study by (Ghwa, 2010), people in sub-Saharan Africa recognize that health crises in rural areas require a type of community health worker (VHTs) aimed at improved health outcomes. The same was emphasized by the millennium development goals on health as a global concern, in the context of rural communities (MDGs Africa, 2008). VHTs significantly improve the health status of the underserved populations (places with low

numbers of health professionals); a case of Uganda, Ethiopia & Mozambique revealed the findings from the Evidence-based intervention (Ghwa,2010). Although there is an existence of local knowledge about the VHT model in as far as HP is concerned in rural communities, this finding too is silent about the extent of awareness and the impact it has on HP in such areas, yet better knowledge of VHTs can have a positive impact on HP.

Roles and Responsibilities

In gender studies, roles are the expected behaviors between men and women in their daily responsibilities as assigned by the society, while responsibilities are the things one should be aware of and bring to accomplishment (Blackstone, 2017; Manuscript 2010) and (Coleman, 2013), define roles and responsibilities in community health programs as "a set of work responsibilities that create performance limits where no legal definition exists". Meaning, the roles and responsibilities of VHTs (men & women) in the perspective of health promotion exist and people have some idea about it. Knowledge about the VHT model is one thing, but understanding their roles and responsibilities is another (Trause, et al., 2014). This study attempted to understand how knowledge about VHTs, roles and responsibilities influence health promotion in communities.

Furthermore, according to (WHO, 2012), in their interview with the local people in rural communities, VHTs are the local members of the communities they serve; they are answerable to the communities for their activities such as linking people to health care resources, administering minor medication like fast aid among others; sensitizing people on basic hygiene and sanitation practices, nutritional education in communities, to mention a few, are people's description of VHTs in connection with HP

(WHO,2017).Although this survey report indicates that the rural communities in sub-Saharan Africa are aware of the VHTs and their activities, there is limited documentation and or literature in Uganda showing that the VHTs play their roles and responsibilities to such an extent that people are fully aware of their HP efforts. Therefore, this study seeks to find out whether it is the same case in Soroti.

2.4 VHTs' Services and Promotion of Healthy Practices

A study conducted in Central Uganda under Community Case Management Program (CCMP) using a cross-sectional study on malaria, pneumonia and diarrhea, indicated that one in five VHTs is able to influence good performance in inculcating healthy practices (James et al., 2014). A UNICEF report, (2018), shows that VHT services in rural Uganda have led to an increased demand for health services from the government by the citizens who have been made aware by the VHTs. While another study in Eastern Uganda showed an appreciation of VHTs' effort in improving health practices among individuals and families (focusing on newborn care) from the rural communities (Okuga, et al.,2015). Their primary care services are still not affecting the majority populations, meaning promoting healthy practices in rural Uganda is far from being achieved to a considerable degree. The above position is in tandem with (Abalo, 2021) who notes that despite the role of VHTs in rural Uganda, the hygiene and sanitation levels are still very low. This is supported by a WHO report, which notes that Uganda is a country with a high burden of diseases, and also has a high disparity in health status across the country (WHO, 2018). This brings to question of whether or not people know how to tap essential health services form the VHTs.

Most recent lived experiences from rural South Africa revealed that the VHTs are beneficial in HP through its various activities (Seutloali, et al.,2018). The exploratory survey indicated that the VHTs' involvement in health promotion lowered the level of disease burden by linking patients to healthcare centers, focusing on disease prevention, improving campaigns on healthcare activities, to mention a few, increased the participation level of community members in promoting health (Sharma, et al.,2019).This is consistent to what is happening in Uganda, attempts to promote healthy living by the VHTs have been made in various rural areas but their effectiveness is still poor in the districts. Besides, no scholarly documentation of their efficiency in rural communities is available in the district. In spite of the VHTs' services in such areas, poor HP is still realized in some rural regions of Africa. For instance, a qualitative study report on HIV prevention in 2011 in Zimbabwe showed that practical HP with the help of VHTs yielded positive results (40% HIV infection decline among men) compared to their counterpart, Uganda with less than 30% of the same disease management in communities in that very year (Ciantia, 2015).

Community Response to Hygiene Education Practices

According to WHO, hygiene education refers to "effective and sustainable programs for the surveillance of various health actions/activities that require the active support of local communities" for HP (WHO, 2012). In the report from GHWA, the utilization of VHT actions on services has helped reduce hygiene-related ill-health challenges such as decreased spread and illness of TB and cholera in rural communities, especially in developing countries as a result of personal hygiene education services (Ghwa, 2010). Despite this achievement in some African nations, developing countries like Uganda,

Zimbabwe and Sierra Leon are still grappling with HP services to realize better health outcomes (WHO, 2012). Uganda's VHT services on hygiene education has not yet produced an average performance level in this aspect (Ghwa, 2010).

Community Response to Sanitation Practices

A survey by WHO in Sub-Saharan Africa has shown that VHTs coordinated with local communities to ensure households access safe drinking water and improved sanitation using appropriate and effective technology garnered a good level of response from the rural areas (WHO, 2016). However, a survey report in South Africa indicated that there was poor response by several community members, especially those living with chronic illness like HIV, diabetes, cancer, among others, who were helped by the VHTs. They practically fetched water from their neighbors and the nearby surrounding to support the patients with safe drinking water and also requested able individuals to help improve their household sanitation and hygiene condition (Mulopo& Akintola, 2016). The VHTs had to unnecessarily engage into the responsibility of getting water for the people, which affected their time for other roles. There was failure in response for this case.

The Role of VHT Services on Healthcare-Seeking Behavior

Since behavior affects health outcomes, the question examines how the positive and negative healthcare-seeking behaviors influence HP. (Pushpalata & Chandrika, 2017), assert that improving HP is not only challenging to medical personnel, but also social scientists. Many factors like sex, age, type of illness, access to services, and perceived quality of the same, among others, influence healthcare-seeking behavior.

Accordingly, healthcare-seeking behavior refers to a sequence of remedial actions that each individual undertakes to rectify perceived ill health (Pushpalata & Chandrika, 2017). Thus, different age groups like children (below 18yrs), young adults (18–35rs), adults (36-65yrs), and late adulthood (66yrs above) possess varying healthcare-seeking behaviors which impact on HP (Atwine & Hjelm, 2016).

Although many diseases and other health conditions are shared by both men and women, there are also unique health challenges that affect women separately from men (Tsuey et al., 2019). For instance, the way women seek healthcare services for antenatal care, breast cancer, and cervical cancer is quite different from that of men who seek healthcare provision for prostate cancer (Ismail et al., 2019). So far, there are no reports from the current studies in Uganda indicating whether VHTs serve their communities from this perspective. Thus, the study intends to find out from the participants and VHTs. Additionally, the use of health services is influenced by the behaviors of people and has been confirmed by the social science researchers as retained by (Mackian et al., 2004). The negative and positive healthcare-seeking behaviors are the basis for the kind of healthcare services one chooses (Tsuey et al., 2019). Therefore, the study explored that VHTs actually grapple with this concept as they pursue HP services in rural communities.

A study on improving newborn care practices through home visits by the VHTs in Malawi, Uganda, Nepal and Bangladesh indicated a statistically significant response of mothers to selected home base care for their newborns (Sitrin et al., 2015). Home visits by VHTs play a significant role in the improving promotion of health practices to mothers with their newborns in rural areas. A report from a study in Uganda revealed that home visits by

VHTs support and educate pregnant mothers and families with young children to enhance good health practices in families in remote communities (Robinson & Brenner, 2015).

A qualitative survey in Wakiso district in 2014 discovered that healthcare-seeking behavior in a community is determined by how they use healthcare services provided (Musoke, 2014). For example, the cost of health services and facilities available influence their decision on whether to utilize health services or not, for instance, the distance to health centres, the cost of ambulance services, road conditions, consultation with VHTs, and stock of medicines, among others, determine positive or negative healthcare-seeking behavior of people in remote settings (Musoke,et al.,2014). A similar study demystifying VHTs' effectiveness in influencing healthcare-seeking behavior, focusing on chronic illness in Kenya indicated little effort is made to check their thinking about HP (Rachlis, et al., 2016). This analysis implies that people make choices based on what they have known, touched, available, and affordable as they seek health services in communities. There are no clear reports that VHT services are impacting healthcare-seeking behavior with this impression.

Nevertheless, Uganda's health policy designed for the protection of health rights prevails amidst attempts put in place to promote health to realize wellbeing. The World Health Organization (WHO, 2012) provides guidelines for the protection of health rights for all persons regardless of age, race, culture, and social status, among others. Additionally, Uganda's constitution protects the right to health within other Articles of the bill of rights. It includes provisions against discrimination and the spread of infectious diseases and a right to a clean and healthy environment, which is an underlying determinant of health (Health Sector Development Plan, 2020). The health policies depicting the rights to health

and life, and the implemented health structures from health centres 1-4 are in place to ensure health protection, which is in tandem with the activities of VHTs and the populations they serve as they practice healthy living in the community.

Positive Healthcare-Seeking Behavior

On one hand, the desire to respond to healthcare services at an affordable cost exists, but there is no documentation indicating that the VHTs are exploring this in some developing countries, especially Uganda (Seutloali et al., 2018). The indicators for positive healthcare-seeking behavior such as people's response to VHT requested meetings, campaign drives, use of traditional healers, agitation for better nutrition, and consultation for health services, among others, are still low but exist in many villages (Rosenthal et al., 2011). Therefore, the study explored and described the positive healthcare-seeking behaviours that the communities likely show and how they impact on health promotion community.

Negative Healthcare-Seeking Behaviour

On another hand, a study by (Mohajer & Singh, 2018) revealed that negative healthcare-seeking behavior is rooted in cultural beliefs. However, the VHTs in Ethiopia have ignored many of these unacceptable socio-cultural beliefs and practices such as putting the ash on babies' umbilical-cord and using unregistered traditional healers, among others, are a sign of poor perception of proper and recommended HP even in the matter of babies (Mohajer & Singh, 2018). These practices are also commonly witnessed in Uganda, thus over-reliance on socio-cultural practices for HP is a barrier to positive healthcare-seeking behaviour in rural settings (Sharma et al., 2019). This is likely one of the reasons that

VHTs are struggling with effectiveness in Uganda. Such culturally diverse perceptions and behaviors defeat the role of VHTs in ensuring cost-effective and appropriate healthcare services. Therefore, the study assessed and explored these aspects.

2.5 The Challenges Faced by the VHTs in Health Promotion

Shortage of VHT numbers in communities

Although the VHTs and health promotion are well-positioned to increase an enabling environment for realizing good health outcomes, they are marred with myriad challenges that stifle their burden for discharge. For instance, WHO revealed a report from their meeting held in Ethiopia in 2012, which had representatives from six African countries including East Africa indicated an estimated shortage of 4.3M more community health workers needed to reach the millennium development goals (WHO, 2012). In addition,

(World Vision, 2015), showed that three-fourths of Kenya's population (75 per cent) lives in rural areas and the same country is said to be "a global health workforce crisis country", which makes living in the rural areas quite difficult for Kenyans. This is due to the alarming shortage of VHT workers (World Vision, 2015) and the delivery of their services was below average -it defeated their effectiveness in delivering health services to the target population.

Despite the important roles played by the village health workers in rural communities, there is a global shortage in many areas, especially in developing countries. For instance, Zimbabwe's evaluation report on the performance of VHTs was not impressive per se because of the challenges they face amidst service delivery such as chronic limited number of VHTs, lack of enough allowances, inadequate and inconsistent distribution of

supplies, and heavy workload since one VHT member serves about eight villages in Mutoko district (Gore et al., 2015). This recent qualitative study assessing the performance of VHTs in Zimbabwe is indicative of the lower level of their effectiveness as far as HP is concerned because of the aforementioned challenges.

Work overload, shortage of medical and non-medical supplies and equipment.

A study in Northern Uganda covering Amuru, Pader, and Gulu districts revealed that some of the major setbacks faced by VHTs included among others, work overload, transport problems, poor motivation, lack of equipment for day-to-day activities, lack of interpersonal relationships, inadequate skills coupled with no refresher training harmfully affected their performance (Kimbugwe et al., 2014). The shortage in supply of drugs in health centers and hospital settings. This situation sometimes affects VHTs as they try to mobilize people to receive medicines from the said health centers (VHTs) get disappointed to find out that there are no prescribed drugs at the health centers and hospitals, and yet in most cases, people walk a long distance to reach the health centers (Zakumumpa etal,2019). Furthermore, MoH's policy states that each village is supposed to hold about 8 VHT members but in many cases, these districts hardly had 2 members per village and this is detrimental to HP and the realization of well-being in these communities (Kimbugwe et al., 2014).

Limited financial support, poor referral systems, insufficient training and poor attitude in community

The third global forum on community health work programs (VHTs), especially on human resources for health concluded that VHTs and other community health front liners play a unique role in HP in remote settings in low and middle-income countries (WHO, 2017). However, poor health infrastructures, insufficient training, poor referral systems, low financial resource, and a shortage in several VHTs (WHO, 2017) have affected their efforts in achieving good health outcomes and accelerating MDGs. A number of these structural challenges defeat their effectiveness in service delivery amidst the urgent need for health promotion in developing nations like Uganda. For example, the government's failure to construct more health centres, and dispensaries close to deprived communities and to increase on the community health workforce like VHTs remains a big issue.

Furthermore, despite the efforts of the VHTs in HP in a bid to reduce morbidity and mortality in Uganda, a study in two districts revealed that they are still confronted by lack of respect from the community, especially among health workers (poor attitude) at the local health centers and some members in the community (Mays et al., 2017). The same survey indicated that 30 per cent of the VHTs were not willing to continue in the position and consequently, would continually affect the overall performance or effectiveness of the VHTs in the area. A study by Turinawe (2015), affirms that the lack of respect for VHTs by the stakeholders in the communities indeed negatively affects their service delivery to the underserved populations majorly because of discriminatory selection during recruitment of the same.

2.6 The Supportive Role of Social Work and VHTs in Health Promotion

According to the International Federation of Social Work (IFSW), Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversity are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being (IFSW, 2014). Social work has long played a key role in the promotion of human health and well-being, especially in the areas of behavioral and community health (Browne et al., 2017).

Consequently, it is likely known that social workers have a significant contribution to the mission of addressing challenges that sidetrack the way to well-being by allying with the VHTs for greater health outcomes (Rizzo & Seidman, 2008). Globally, Social work has a philosophy and expertise that complements health care services in communities (Ashcroft et al,2018). It contributes to patient care by providing psychosocial assessment and intervention; offering psychotherapy; navigating complex health care systems, and linking patients to community care resources, among others (O'Hare,2020).Social workers do this by mobilizing and sensitizing people, while collaborating with the community; advocating; carrying out assessments, and considering contextual perspective, among others, to ameliorate the health situation in the communities (Ianet al.,2015).

In Africa, a study in Tanzania indicated several roles played by social workers under social welfare services in remote communities, with critical emphasis on health education, food and nutrition, psychosocial support for people with lifestyle diseases, advocacy for the

well-being of communities, family integration and promotion of networking among stakeholders (United Republic of Tanzania ministry of health, 2012). The study further revealed that social workers were effective in their coordination with community health extension workers in Tanzania.

In addition, Tanzania's village health volunteers carry out their activities in coordination and collaboration with social workers; integrating social workers into the rural health promotion became a rationale to improve the performance of paid village health volunteers when they failed in the first attempts of HP without involving social workers (Kanté et al., 2019). In Kenya, it is maintained that social workers engaged more with VHTs on community needs assessment as well as strengthening their efforts in advocating for the vulnerable groups in the rural areas for efficient delivery of essential health services as they pushed for their wellbeing (Boakye et al., 2021).

Social Mobilization and Sensitization of Community

Social processes are unavoidable in society. Through daily interactions with one another, we find a meaningful life in the process. Thus, social mobilization and sensitization efforts tend to be more effective when they involve more personal and personalized interactions between people who relate to one another (Rogers et al., 2018). Unlike in urban areas, HP efforts in the pursuit of positive health outcomes and well-being depend on people's interactions among and between them in remote settings. Although social workers can affect HP by making a coalition with the VHTs for community-based care programs/services, there is no documented evidence indicating their engagement in

communities with the VHTs, especially in East Africa. Therefore, the study intends to examine this aspect with the participants.

A study by (Ian et al., 2015) on community response to HIV & AIDS' spread in South Africa, showed that the government was able to use Community Based Healthcare workers and social scientists including social workers to mobilize and organize communities to provide emotional support and psychosocial care to the affected individuals. A similar survey report in India showed that social workers collaborate with VHTs to bring awareness to health issues and challenge them by motivating individuals, groups and the entire community to participate in health promotion activities in remote settings (Dhavaleshwar, 2017). Additionally, coordination, communication and collaboration are critical when integrating social workers into community health promotion. A study by Pawar, (2014), further upholds that even if VHTs were effective as empirical studies have shown in HP, coordination and collaboration with them and the communities is important to ensure efficient intervention in health challenges. In addition, it would also require the input of social workers because the practitioners are competent in community assessment and managing issues that impinge on well-being (Spencer et al., 2010). "Community health workers (CHWs) play a vital and unique role in linking diverse and underserved populations to health and social service systems. Despite their effectiveness as documented by empirical studies across various disciplines including public health, nursing, and biomedicine, the value and potential of CHWs in the social work practice and research literature has been largely absent. Thus, this article introduces social workers to CHWs; their role in promoting culturally appropriate practice, and their utility in collaboration with social workers in community settings. This integrative review also discusses current

challenges identified by CHWs literature, including potential barriers to the expansion of CHW programs, as well as issues of training, certification, and sustainability. The review also discusses the close alignment of CHWs with social work practice and research (National Association of Social Workers, 2010).

Advocacy

In simple terms, advocacy in social work refers to challenging the injustices that exist in society. It is a central task in social work practice which historically has been regarded as core practice skills because the profession originated as the advocating voice for the vulnerable and oppressed in society, and its purpose is to improve conditions of persons even in health promotion (Brown & Livermore, 2015).

Accordingly, (Spencer et al., 2010) maintained that the VHTs and social workers (Dhavaleshwar, 2016) advocate for underserved populations because of the existence of complexities in health service disparities in terms of access to essential health services, cost of healthcare and support for promoting healthy living. Globally, social workers take advocacy as their major role in bridging the missing link while helping to coordinate with the VHTs and communities in the process of promoting good health practices (Rizzo & Seidman, 2008). Additionally, social workers identify injustices that exist in various health practice settings and challenge them (Palmer, 2016). For instance, Palmer discovered in his study that social workers provide special advocacy services for the disenfranchised populations to foster fair treatment when promoting healthy living in communities to realize a balanced positive health outcome for all (Palmer, 2016).

In the literature reviewed so far, it is well supported that the community health workers such as the VHTs, help impact HP in rural communities but are also advantageous to realizing positive health outcomes as a global need. However, in some developing countries like Uganda, a lot still remains unclear for such underserved populations to appreciate VHT program and the health services it offers to the people. For instance, the role of VHTs in impacting positive healthy practices is yet to be fully realized. The knowledge gap between traditional health care measures (use of medicines) in HP and promotion health care practices through prevention and education is still great, yet this should be removed so that people can realize good health outcome and wellbeing in remote areas. The concept of active participation in HP to bring about sustainable positive health outcomes in rural communities needs to be urgently addressed. And finally, the contribution that social workers may make to improve effectiveness of VHTs and HP is far from being realized. Althoughthe challenges that imping on the VHTs' efforts in HP are a major setback in their services in rural communities, they need a right concept of voluntaryism and involving the community in active participation to achieve sustainable health needs for good health outcomes.

2.7 Definition of Key Concepts

Positive health outcomes: health practices that produce strong health, over and above risk factors for diseases and other health conditions (WHO, 2016).

Healthcare-seeking behavior: refers to any activity/behavior undertaken by individuals, family and community as to needing help toward better Health.

Health literacy: the knowledge, skills and information that people need to acquire to make healthy choices. For example, nutritional advice and health care services they need (WHO, 2016).

Preventive health care services: consist of measures taken for disease control in communities (WHO, 2016).

Curative health care services: the type of health care given for medical conditions where a cure is considered achievable to individual patients (WHO, 2016).

Essential health care services:The World Health Organization (WHO) defines Essential Health Services (EHS) as "a subset of Universal Health Coverage (UHC) that encompasses the most important health interventions, delivered at the right time and at an affordable cost, to save lives and improve health outcomes." Essential Health Services are intended to address the most significant health needs of a population and provide a foundation for achieving universal health coverage (WHO, 2019).

These services are determined based on the burden of diseases and health conditions in a given population, as well as the cost-effectiveness and feasibility of interventions. The

goal of Essential Health Services is to ensure that everyone has access to a basic package of healthcare services, regardless of their ability to pay.

Other Concepts

Traditional and cultural beliefs, religious beliefs, geographical issues, government policies, demographic elements, and the activities of CSOs/NGOs are factors responsible for the perceptions and practices of healthcare-seeking behaviors of people in rural communities, as explained below.

Traditional and Cultural Healthcare: the dominant or prevailing normal way of thinking and practice about HP, which may be productive or unproductive in realizing HP.

Religious Beliefs: entrenched in people's health-care decision-making, whether good or bad for instance, relying on prayer without taking medicine in some cases can lead to ill-health.

Geographical Issues: people in some areas experience physical and natural factors that may have negative, positive or both impacts on people's healthcare-seeking behavior. These physical and natural factors may include topography, unpredictable weather changes that may result in landslides, heavy floods, etc.

Government Policies: the deliberate actions designed to address and ensure health education, protection, and promotion for wellbeing in communities.

Demographic Elements: the influence of demographic factors like age, sex, etc. affect health care literacy, attitudes, and opinions concerning health promotion.

Social Workers: Social workers are professionals whose work is to engage people and available community structures to address life challenges including health care issues, resource mobilization, and community assessment, among others with the goal of enhancing well-being of people (IFSW, 2014; Ross et al., 2021).

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.1 Introduction

This chapter delineates the methodology and methods of the study. It presents research design; study population; study area; sampling procedure, concepts/variables; methods and techniques; data collection methods and tools; data collection procedure; reliability and validity of data; data management, analysis and presentation; ethical considerations; and methodological constraints to the study.

The Philosophical Underpinning of the Study

This study was carried on using Edmund Husserl's philosophical view (1885 – 1937) to underpin the interpretivist and constructivist qualitative research. Its philosophical ontology claims that reality is subjective (Husserl, & Gibson,1983). According to Smith and Edmund, epistemological assumption of the interpretivist and constructionist view is that for one to arrive at truth, the researcher must depend on subjective perception that relies on the ontological position which comes by experience over time (Smith, et al.,2010).

The research study used this philosophical view due to the need to extract data from the participants based on their experience and perception of VHT services within their context. This informed the various methods employed for the study such as data generation from the participants, sampling and analysis, among others which enhanced the methods during study, was later scrutinized and found to be trustworthy.

3.2 Research Design

The study employed a case study design, utilizing a qualitative research approach.This is because the researcher was interested in studying the lives of individuals and groups in

relation to how the services of VHTs have affected them in their context(Bostley, 2019).This is because the assessment relied on exploring the perceptions and experiences of the participants. This design/choice resonated with a qualitative community health care survey showing the roles of social work in health promotion (HP) and providing case management to "Medicaid managed care" (Dean-EL, 2019). Accordingly, the study explored the experiences and perceptions of the participants concerning the effectiveness of the Village Health Teams (VHTs) in HP. An exploratory study was suitable for this research because the study was conducted in a place where there is very little known about the situation.

3.3 Area of Study

The study was carried out in Katine sub-county. It is located in the far eastern part of the country in the Teso sub-region. It is situated on the northeastern side of the district, off the Soroti-Lira highway. The sub-county has a general population of approximately 35,807 comprising both men and women (NPHC, 2014). The study area was chosen based on limited effectiveness in the performance of VHTs.

As part of the Teso sub-region, this area is economically characterized by land farming. Animal farming is not to a great extent but crop production is common for both food and cash. Socially, the same community is full of social amenities such as bars, markets, youth centres, churches, health facilities and mosques, among others, for social, spiritual, physical and business activities. Culturally, the area is known for a great deal of instilling discipline in its people right from childhood through a family, with stringent social norms and customs entrenched in the cultural values. They are organized into clans and each

one comprises several families. Clan leaders are elected to promote cultural practices, normal societal values, good health and life.

3.4 Sources of Information

The source of information was from both primary and secondary data. The study extracted information from a primary source by using an open-ended interview guide and focus group discussion (FGD) which was administered to the participants. Data was acquired from participants following the study objectives and study tools. This data was used to provide the first-hand information.

3.5 Study Population

The study population targeted 40 participants. These participants included community leaders, VHTs, health workers in Katine subcounty. (NPHC, 2014). The population included health workers, cultural/community leaders, other community members and the VHTs. The study considered different key informant groups, ranging from professionals, para-professionals to nonprofessionals and purposive sampling was used. Whereby; professionals are the participants with different lines of professional practice skills like formally trained health workers and social scientists. Paraprofessionals include participants with minimal/lower-level training with a certificate in health work and they included but were not limited to the nurses and midwives, nonprofessionals are participants without any formal education training, but have experience in community health promotion like opinion leaders (OP), community/clan leaders (CL) and traditional birth attendants (TBA). While VHTs are the lay community health workers with basic practice and short training in health promotion, the above categories of participants are cognizant and influential in health promotion practice in the community.

3.6 Sampling Procedure and Selection

3.6.1 Sampling Method

Since the study was naturalistic (qualitative approach), the researcher interviewed the selected participants till the point of satiety. In other words, there was no new data being generated by interviewing new participants selected for the study. So, it necessitated a stop of data generation.

3.6.2 Sampling Techniques Used

Purposive technique

This study adopted the purposive sampling technique because it was more appropriate for conducting a case study design. This technique was suitable for identifying and selecting key informants and generating rich data (Taherdoost, 2016). Accordingly, the researcher used this technique to absorb participants in the study, especially those who were knowledgeable about the VHT services and attempted to access essential/basic health services through them.

3.6.3 Sample Size

The researcher purposively selected five participants from each village to constitute the sample size for both individual in-depth interviews and two group discussions (FGDs). Since the study approach is naturalistic, it explored and generated data to the point of satiety. The sub-county has a total of seven parishes namely: Katine, Olwelai, Ojama, Merok, Ogwolo, Asamuk and Oimai. These parishes house eleven (11) major villages with each having approximately two. The villages include *Ochuloi, Atine, Amoru, Agamasiko, Awidiang, Acham, Opiarai, Olelai, Ajonyi, Merok and Oringai* and all have similar arrangements of political, cultural and religious leadership. The aforementioned villages

were sampled for the study, and each parish presented a minimum of one village for the sample to make it more representative in the sub-county.

Table 1: Sample Composition and Selection in Seven Villages

Category	Coverage	Participants	Sampling Technique
Community leaders (KI)	7 villages	7	Snowball
VHT members (KI)	7 villages	5	Purposive
Health workers (KI)	Only health centres	3	Purposive
Group discussion	7 villages	2 members from each village (14 people). FGD of 7 Members.	Purposive

Source: primary

3.7 Procedure for Data Collection

The researcher first visited the area of study (Katine sub-county) before the study to get familiar with some participants ahead of the study schedule. Also, identified some VHT members in the area, plus key village leaders to acclimate to the coming research.

The researcher then acquired the university's introductory letter from the School of Research and Post Graduate Studies ethics committee. The letter permitted the student to proceed with the research. This letter was shown to leaders in the community for purposes of seeking permission to carry out a research study in their community. The letter was also given to the participants for purposes of gaining confidence in them.

Before administering the data generation tools, the researcher informed the participants know that the study was totally for academic purposes and not for any political or personal consumption. Thus, they should be free/frank when participating in the study.

An In-depth interview guide and FGD were then conducted as per the procedures. The researcher also recruited and trained three research assistants who assisted in administering the one-on-one interviews and FGDs. The research was conducted in the language of Ateso and later translated to English.

3.8 Data Collection Methods and Instruments

3.8.1 Interview Method

The interview method was used to conduct an in-depth interview. The one-to-one interview was done to explore and probe the experiences, values and views of the participants on the HP situation as maintained by (Showkat & Parveen, 2017). The in-depth interview method was used to explore the perceptions and experiences of the participants to address the questions of the study.

The data generation Instrument was an interview guide. An interview guide captured critical aspects of the study and constructed an in-depth one-on-one interview with the participants. The unstructured question was used for purposes of making clarification where necessary as maintained by (DeJonckheere & Vaughn, 2019) in family medicine and community health survey; to obtain a subjective and narrative description of the situation of HP.

This method sought answers to the research questions such as whether the services offered by VHTs have had a positive impact in the rural areas; the challenges faced by the

VHTs during HP activities; the awareness of people in Katine about VHT's role in HP, and the supportive role of social work practitioners in HP with VHTS in remote areas.

Purposive and Snowball Techniques: The study used dependable sampling techniques for data generation. The reason was to identify the participants who have experience and better perceptions of HP. Hence, the researcher used purposive to inform the in-depth interview with all the intended participants (DeJonckheere, & Vaughn 2019).

3.8.2 Focus Group Discussion Method

Focus Group Discussion (FGD) is a rich qualitative form of data generation method that consists of interviews involving a group of people who are asked questions concerning their perception, experiences, values, attitudes, opinions and beliefs toward a given phenomenon as retained by (Michael & Kaufman, 2003; O.Nyumba, Wilson, Derrick, & Mukherjee, 2018). As such, the study used FGDs because it is more engaging/involving with the intended participants and thus reliable. According to (O. Nyumba et al, 2018; (Marshall et al., 1999), FGD was considered very reliable and based on (Dean, 2019), it was used to manage care, focusing on the perceived role of social workers in community HP. Subsequently, a total of two (02) groups comprising seven members from all the villages were constituted to form the focus group discussion. This method provided far richer data for the research questions because it was directly interactive, and the exchanges in the process led to constructive conclusions during the study.

FGD guide was developed by the researcher for the two groups. For purposes of keeping all the participants focused, the study was conducted in a more natural environment. According to (Mishra, 2020), FGDs conducted in a more natural environment provide rich

data to complement other tools, and in-depth interview guides, among others for richer and extended data from a group perspective.

3.9 Quality and Error Control

Trustworthiness, rigour, and quality in a qualitative paradigm as postulated by (Golafshani, 2003). Consequently, this naturalistic study applied credibility and dependability based on the recruitment/choice of the participants to ensure quality data (Golafshani, 2003). Credibility was used to mean analyzing the data through the process of reflecting, sifting, exploring, judging its relevance/meaning and developing themes that depict experiences, as a researcher shall be intentional with this regard.

A pre-test for reliability and validity of data generation instruments was run as a pilot study by the researcher. Thus, in the pre-test, four individuals were purposively picked from eleven villages and interviewed. This is meant to reduce errors that may be created by the interviewers, the participants, the social or contextual environment, and the data generation methodological constraints (Hofmeyer, et al.,2015). Additionally, research assistants were given proper training to ensure quality control in areas such as interpersonal skills, interpretation of in-depth interview guides, etc.

Member checking was used to refine data generated from the participants. Member checking is a form of feedback to the participants highlighting thematic aspects of their responses after data generation and the preliminary analysis. This was carried out for purposes of checking with some of the participants to know whether the data has been reliable. (Motulsky, 2021). The researcher took an extra mile to ensure validity and reliability of data. In addition, the researcher was also flexible throughout the data generation because qualitative data is highly subjective and constructive.

3.10 Data Coding

Initial coding was the first to examine, compare and search for similarities and differences throughout the data. The initial coding of key words and repeated words was done. The researcher categorized the data under different research question's themes. This involved manual reading and classification. The data was then entered and coded using Nvivo (version 11). Pattern coding was used to provide the basis for explaining major themes beneath the pieces of the data, such as patterns in human relationships, the search for causes and explanations to possible phenomena, and the platform to construct outlines and processes. In addition, triangulation of the patterns and themes created more understanding of the existing knowledge of HP and VHTs by reviewing the in-depth interviews and FGDs in a comparative analysis.

Coding was arranged into keywords and phrases, and subsequently, data was reorganized using NVivo v.11 into meaningful and precise sentences for easy presentation and interpretation. This was done to avoid complexities when organizing and analyzing exploratory data. This was also adopted in the study by (Brink, 1993).

3.11 Data Processing and Analysis

Besides manual data analysis, NVIVO is a qualitative data analysis (computer software application). It assists qualitative researchers to organize and analyze unstructured data (Hilal &Alabri, 2013). The main reason for using this computer aided software was its ability to clear the ambiguity predicted in the open-ended survey responses from the participants during data organizing and analysis, so that straight data was reported. Accordingly, a researcher used NVivo v.11 for data coding, categorization and phrasing, which was used to organize the raw data pursuant to the arrangement below:

Narrative analysis was used to analyze content from in-depth interviews from the participants. Through a one-to-one in-depth interview, it entailed encouraging participants to share their stories or most recent experiences on health issues and the intervention of VHTs as a means to restore healthy living.

Discourse analysis was used to analyze interactions from people, especially FGD data. However, it focused on analyzing the social context in relation to HP in which the communication between the researcher and the participants occurred.

3.12 Ethical Considerations

An introductory letter was obtained from the University (UCU), School of Research and Post Graduate Studies (SRPGS). It permitted the researcher to conduct the study following the pre-stated methodology in Katine sub-county, Soroti district.

Informed Consent

The researcher obtained permission from the participants from Soroti district Chief Administrative Officer who allowed the researcher to carry out primary data generation from Katine sub-county. Local leaders in the villages were contacted for their permission to conduct this study in their respective areas as well.

The student fully introduced himself to the local leaders (LCs, youth & clan leaders) and other participants to ensure that the study was successful and also within the provided guidelines. Furthermore, the student also drafted an informed consent letter to the persons responsible for the success of this study, especially the participants.

Privacy or confidentiality was upheld to the highest degree and participants were assured of this during data collection. No personal demographic information and views regarding

the study was released to the third party. Additionally, participants were allowed to quit or skip a question if they felt threatened during the study.

3.13 Methodological Constraints and Mitigation Measures

The researcher encountered difficulty in bringing all the group members together for the focus group discussion. This eventually reduced one FGDs number to five members.

COVID-19 paused a major blow to the data generation because some of the participants feared to show up for the study, according to the verbal report received from other participants who made it. The two matter SOPs requirements also affected the interview but the researcher used a recorder to ensure all information was captured.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents the analysis, interpretations, and discussion of data obtained during the study. It starts with bio-information of the participants; health workers, community leaders, other community members and the Village Health Teams (VHTs). The biodata provides information on the demographic data of the participants such as; gender, educational level, age, source of income and marital status. The data obtained relates to the research objectives of the study.

4.2 Bio-Data of the Participants

Table 2: Demographic Characteristics of Respondent

Characteristics	**Number of participants by Category**				**Total (%)**
	Local Councils One	**Health Workers**	**VHTs**	**Community Members**	
Position					
Community leaders	5	-	-	-	**5**(20%)
Health Workers	-	4	-	-	**4** (16%)
Village Health Teams (VHTs)	-	-	5	-	**5**(20%)
Community Members	-	-	-	11	**11**(44%)
Gender					
Male	5	1	2	4	**12**(48%)
Female	0	3	3	7	**13**(52%)
Age (years)					
18-25	-	1	4	7	**12**(48%)
26-35	-	2	1	4	**7**(28%)
36-45	2	1	-	-	**3**(12%)
46-55	3	-	-	-	**3**(12%)
56-65	-	-	-	-	-
Over 65	-	-	-	-	-
Education					
Primary	1	-		-	**1**(4%)
Secondary	3	-	3	5	**11**(44%)

Tertiary	1	1	-	4	**6**(24%)
University	-	3	2	2	**7**(28%)
Religion					
Anglican	2	2	3	0	**7**(28%)
Catholic	1	1	1	4	**7**(28%)
Pentecostal and Born Again	2	1	1	4	**8**(32%)
Islam	-	-	-	2	**2**(8%)
Others	-	-	-	1	**1**(4%)
Source of Income					
Formal Employment	1	4	2	-	**7**(28%)
Casual Employment	4	-	3	2	**9**(36%)
Self-Employment	-	-	-	5	**5**(20%)
Peasant Farmers	-	-	-	4	**4**(16%)
Marital Status					
Single	-	2	2	8	**12**(48%)
Married	5	2	3	3	**13**(52%)

Source: Primary data, 2021

Table 2 shows that participants occupied different positions. The study constituted 25 participants in total; community leaders (5), health workers (4), VHTs (5) and community members (11). The purposively selected respondent from those positions provided a detailed assessment of VHTs effectiveness in promoting health in rural communities. Further findings showed that 13 out of 25 participants were female, constituting 52 per cent, and twelve (48 per cent) were male. In all instances, the females dominated, which implied a high level of interest of females in health and hygiene in the villages. However, all the community leaders were male, which poses a disconnect between leaders and health practitioners.

Except for community leaders who were largely in the age group 46-55 (12 per cent). Most participants were in the age group of 18-25 (48 per cent). This indicates that most of the people who are practicing health and hygiene in the communities are young people. The study indicates that the majority of participants had completed secondary education (44 per cent). Three (3) out of four (4) health workers had University education and two

(2) out of five (5) VHTs had tertiary education. This result indicates that health centers are recruiting those that are qualified to practice.

The further finding indicates that the majority of the participants were Pentecostal or Born Again (32%). While the Anglican and Catholic, both constituted (28 per cent) each of the participants. In addition, most of the participants were engaged in casual/informal employment (36 per cent) and 52 per cent of the participants were married. The above findings describe the background information and characteristics of the participants. These facilitated the researcher to clearly define and comprehend data to assess the effectiveness of VHTs in promoting health in rural communities in Katine sub-County, Soroti District. More so, they were a basis for exploring objective-based findings as presented in the next section.

4.3 The Perception of VHTs' Role in Health Promotion

The study was interested in exploring the awareness and perception among community members concerning the roles of VHTs in health promotion. Participants were asked questions about when they came to learn about the VHTs, the situation before the introduction of the VHTs and the roles the VHTs play in health promotion, which formed the themes of the discussion.

4.3.1 The Perception of VHTs and Health Promotion

The study explored how the participants came to know of the existence of the VHTs, it was noted that most of the community members were aware of the VHTs existence in the community through the recruitment process. The study noted that the VHTs recruitment process is inclusive and that the whole community participates in it.

> *"…When the VHTs are being recruited, the whole village is mobilized by the local council 1 and the process involves everyone in the village…" **(Female, Age 27, FGDs 1)***

This indicated that the community appreciated the process of recruiting the village health teams. This finding agrees with a study by (Rifkin, 2016), which asserted that the concept of HP has been around for over 50 years, especially in developing countries under the then PHC, using community members (VHTs/CHWs) to render certain basic healthcare services to their respective/native communities which justifies why the community is generally aware of VHTs and HP. For instance, it was noted that many people in Soroti learned of the VHTs through immunization programs and sanitation groups in the village around 2007.

The findings also indicated that communities have largely become more aware of VHTs because of the work and the roles that they play in the community. This means that the more VHTs reach out to communities and engage with them, the better it is for them to appreciate their services, and shall continue to use them.

> *"… I first learned about VHTs when they were distributing mosquito nets, drugs, and teaching people about health in communities…" **(Female, Age 42, Village 3)***

> *"…I also learnt through immunization programs and sanitation groups in the village around 2007. Which were focusing on improving hygiene among people and encouraging them to live a healthy life…" **(Female, Age 42, Village 3)***

The above submission is in agreement with the MOH, (2015) report which indicates that the VHT model was adopted in 2015 and the process of popularizing VHTs took long from the time of its declaration in 1978 to the time it was adopted in the ministry's framework (Rafkin,2018). Therefore, this historical reference matches what the people of Soroti knew when they started learning about the VHTs (Trause, et al., 2014).

4.3.2 Situation before VHTs in the Community

The study explored the situation before the VHTs in order to fully understand if the introduction of the VHTs influenced health promotions. This subtheme helped the research to gain an in-depth understanding of how communities were accessing health services.

The study noted that before the introduction of the VHTs the situation in local communities was worse. The experiences and perceptions of the majority of participants indicated a higher rate of ill health/ morbidity before the advent of VHTs. For example, most of the people would face many challenges including drinking unclean water, and walking very long distances to access drugs and medical services, most of the children were attended by local and not well-trained health workers. However, the situation has improved a lot since the introduction of the VHTs.

> *"…There was poor sanitation due to lack of sensitization from village leaders and people were less informed…."* ***(Female, Age 42, Village 3)***
>
> *"…. We also experienced a delay in services from the members in the health facilities and the hospital was hard to reach because of distance. But now the VHTs bring the service to us from home which has made life much easier…"* ***(Female, Age 42, Village 3)***
>
> *"……For us here in Atiriri, we experienced issues with deliveries by young parents because of no doctors. This made us resort to using traditional birth attendants (Amookolian) who could help during deliveries, antenatal care, postnatal care and training on how to take care of children……"* ***(Female, Age 34, Atiriri)***
>
> *"…The major problem was high admission of children in the health centres and hospitals because of lack of proper care and high level of*

*ignorance about good health practices which the VHTs have been serving…." **(Male, Age 25, Village 5)***

The above finding is supported by Musinguzi et al., (2017), who argue that there has been an increase of the knowledge about good health practices in rural areas among the populace due to the efforts of the VHTs.This is supported by Ludwick et al., (2014), who argue that VHT efforts in health promotion have created more awareness about good health practices in Uganda.

The study discovered that most communities were affected by very many health issues. For instance, most villages didn't know basic home hygiene practices; the majority of the homes didn't have access to pit latrines, rubbish pits and safe water for drinking.

*"…. Before the VHTs there were high levels of poor sanitation and hygiene rampant in the communities. For instance, there were no latrines, people dumped rubbish in the compound and nearby bushes, drink unsafe water in homes, which has changed since the VHTs were introduced…" **(Male, Age 25, Village 5)***

The above submission from the participants is supported by Wilford et al., (2018), who argue that prior to the popularization and implementation of the VHT in the MOH framework, the health conditions of the population were deplorable. On addition, they also note that the door-to-door sensitization activities of the VHTs improved health promotion.

4.3.3 Community Perception of the Roles of VHTs and Health Promotion

The research explored whether community members were aware of the roles of the VHTs and how they have directly contributed to health promotion in local communities.

The research findings indicated that some community members are aware of the roles of VHTs, while others do not fully understand the work they do. Most of the communities could mention the key roles and functions of the VHTs like, training the community on many health and hygiene practices, mobilizing and sensitizing the community on government programs regarding health, make medical referrals and providing health checkups for the children, among others.

> *"…. They are responsible for coordinating patients from their localities with health centres and doctors. They are regarded as village doctors and people contact them first before any further treatment because they have built some trust in their roles…."***(Male, Age 61, Village 1)**
>
> *"…VHTs provide information about pregnant mothers, to the health workers, remind them about treatment for any diseases, going to seek for antenatal care…"* **(Male, Age 61, Village 1)**
>
> *"…. The VHTs have been very instrumental at mobilization people through the LCI and parish chiefs for vaccination, cleaning local markets, slashing and cleaning homes and other health-related aspects before Katine gained its current HCIV since 1944…."***(Male, Age 61, Village 1)**
>
> *"…VHTs are responsible for educating people about health in the society…" **(Female, Age 34, Atiriri Village),** Relatedly,"…. VHTs also help to teach people about good health and hygiene by telling them to clean their homes, wash their clothes, bathing regularly, sleeping under mosquito nets, erecting dry racks. Such practices have increased people's awareness about living a healthy life…." **(Male, Age 61, Acham Village)** adds.*

Similar research findings have been made by Nakku (2016) and Ojo et al., (2017), and they show that not all rural residents understood the importance of VHTs in health promotion, which was a hindrance to the success of health promotion. She continues by pointing out that some VHTs were misunderstood in terms of their functions, whereas others had higher expectations of VHTs.The above could partly be responsible for the poor health indicators despite the presence of VHTs.For example, a study conducted by the UNFPA (2020), shows that Women's family planning needs are more frequently unmet (28% women in Uganda), experienced medical personnel are less frequently present during deliveries, children aged 12-23 months receive fewer vaccines, and locals have less access to safe drinking water and sanitary facilities.

Further, the findings indicate that the VHTs also teach community members of basic hygiene practices. This teaching forms the foundation of health promotion. In addition, the finding indicates that the VHTs go an extra mile of providing basic treatments like, first aid treatment in case of injuries and basic malaria treatment.

> *"…VHTs are people who are concerned with health promotion and safety of people in villages. They give treatment for malaria and first aid. When my child got an accident, it was treated by the VHTs…"* ***(Female, Age 34, Village 2)***

> *"…VHTs emphasized hygiene among people in the community. They encourage people to practice good hygiene like washing their hands, cleaning their compounds, and boiling drinking water. Such practices have given them knowledge on how to live a healthy life…"* ***(Female, Age 34, Atiriri, village 2)***.

Additionally, the findings indicate that the village health teams are also active in disease surveillance and providing medical supplies in the community.

> *"…. The VHTs have helped us a lot by bringing health services closer to people in communities. They bring drugs and also continuously sensitize the community on good hygiene…."**(Male, Age 61, Acham Village)**, "…. VHTs move to homes to provide health assistance and they can telephone them inquiring about their services at any time. This is normally done when VHT needs to check the health status of a sick child or any patient, obtain drugs, help pregnant mothers or take patients to health facilities…." **(Female, Age 34, Atiriri Village)** adds.*
>
> *"…. VHTs have simplified access to the health Centre, improved awareness, and increased mobilization and eased immunization…." **(Male, Age 61, Acham Village)**. "…The VHTs sensitize community members to sleep under treated mosquito nets, which have helped reduce cases of malaria. Most families today sleep under nets and are informed on where they can obtain them when they need more because VHTs created that awareness of its availability……" **(Female, Age 42, Village 3)** adds.*

A study by Ojo et al., (2017), also underscores the above findings as it reveals that despite the challenges faced by VHTs, they have done a good job of increasing access to health services by rural communities. This is also supported by Mays (2017), who emphasizes the achievements of VHTs among which includes increasing access to health care.

4.4 The Ways in which VHT Services have Improved Health Practices in the Community

The second objective was to assess the extent to which VHT services have improved health practices in the community in Katine sub-county. The participants were contacted and

participated in interviews and FGDs. The findings revealed a lot of opinions on how VHTs have improved health practices in communities. Specifically, the researcher's attention was drawn to the following sub-themes; relations of VHTs in the community, nature of health services that have impacted people's behavior, perceptions of the communities on VHTs, views on government policies and the existing challenges.

4.4.1 The Experiencing of Medical Services at the Health Centers

To fully understand how the VHTs have impacted on healthy practices in the communities, we first needed to understand their latest experience at the health centers. The participants raised several issues; high populations at the health center IV, delay in offering treatment, the harshness of the medical officers, lack of enough drugs, and distance to the health centers and lateness of the medical officers. The findings indicate that there is reluctance from some medical personnel at the health Centre IV.

> *"…. The expected time of opening a health Centre is 8 am but in most cases the health Centre is opened at 12 or 2 pm. The medical staff also mostly leave for lunch to their homes and come back very late which in most cases angers the sick people…." **(Female, Age 34, Atiriri)**.*

In addition, the people seeking medical attention also fail to get treatment because there are not enough drugs at the health centres.

> *"…. In most cases, drugs meant for the treatment of children below the ages of 5 years are not sufficient to meet the demand of the population at the community level. This has also greatly affected the operation of the VHTs" **(Male, Age 61, Village 1)**. **And** "…. In most cases after the medical testing, we are referred to buy the drugs from nearby drug shops and yet sometimes we don't have money. They only give Panadol and Septrine at the health centre…." **(FGDs 1)***

Further, it was noted in a focus group discussion that the number of households per VHT is high since, there are many members in one household.

> *"…The major challenge we face as Village Health Team is the high population to cover because of many household members and the distance between the villages…." **(FGDs 2)**.* This correlates with the statement from an interview*"…Once the drug reaches the health centre, it doesn't even last for a week. The rate of Anti-Malarial intake from the health centres is great because of high population in the communities, which has put a lot of pressure on the available medicines….." **(Male, Age 25, Village 5)**.*

The study also indicated that there are discriminatory practices at the health centres. This is common because the drugs are normally inadequate to serve people satisfactorily, which makes the medical officers first consider their relatives and friends before they consider other patients. This has impacted negatively social relations between the medical officers and the communities. For Instance,

> *"…. Also at the Health Centre, VHTs collects only the medical books for their relatives and friends leaving other people unattended which angers the community…." **(Female, Age 34, Atiriri village)** narrates."…. There is segregation at the centre and only those with a certain level of connection with the health workers can easily get served. If you have no relatives, you will end up going back without any service…." **(Male, Age 37, Village 4)***

The study found that patients are normally referred the health centre to the nearby clinics to buy the drugs that they need.

*"…. It was Hepatitis B period when people came hurrying for testing and treatment and all those who came for the service were told to pay UGX 20,000…." **(Female, Age 42, Village 3)***

*"…The last time I visited the health centre, the nurses were harsh. The way they respond to patients is so harsh in such a way as if you have done something bad…" **(Male, Age 37, Village 4)***

4.4.2 VHTs' Effects on People's Health Care-Seeking Behavior

The section was devoted to exploring how much the VHTs have impacted the behavior of the people in the communities in terms of health promotion.

The findings indicated that members of the communities have developed a good understanding of clean hygiene practices. This was evidenced in behaviour such as; frequent washing of hands after latrine, frequently cleaning the compound, almost all households are now having pit latrines, women now often check the health of their children and boiling drinking water. This change in the behaviour of the community indicates that VHTs have had a positive impact on the behavior of the people in the communities.

*"…Because of the VHTs, the people in the communities have constructed plate racks, dug rubbish pits, and promoted good practices of cleaning. For example, community members now frequently sweep their compounds. They also now wash their hands frequently, which has greatly positively improved the lives of people….." **(Male, Age 54, Village 1)***

*"…. The involvement of the VHTs also promotes hygiene at borehole places by ensuring that the places where people fetch water are clean and keeping the jerrycans used for fetching water are clean as help reduce diseases…." **(FGDs 1)**.*

The findings also indicated a reduction in the cases of children who have been diagnosed with malaria. The study revealed that the behaviour of people has changed since most people now sleep under mosquito nets and women also frequently undertake medical checkups, which was not the case before the introduction of VHTs.

> *"…. The existence of VHTs has had an impact on the health of children. They have been responsible for the collection of drugs from the Health Center, conducting medical tests for children below the age of 5 years and providing treatment to the same which has saved the children…"* ***(Female, Age 34, Atiriri)***

> *"…. The testing of the children for malaria and providing medication on time has impacted the communities positively…."* ***(Female, Age 42, Village 3)***

The study also revealed that the VHTs have consistently conducted training of people in their villages, which has impacted the behaviour of people in the communities.

> *"…The VHTs frequent training on hygiene and general health have impacted on how local people behave. For example, the practices of using local herbs have been reduced in communities…."* ***(FGD 1)***. The mothers also now pay more attention to the child's health because of the VHTs *"…. Mothers now frequently check their baby's health because of the advice offered by VHTs…."* ***(Male, Age 37, Village 4)*** narrates.

4.4.3 Community Perception of VHTs' Services

The study sought community perceptions of the VHTs services to fully understand how the local community have perceived the services of the VHTs. The sub-theme explored the underlying view, of the acceptance of the VHTs, which in turn impacts community health practices.

The findings indicate that the community has a positive perception of the functions and the roles of the village health teams in the community. Several positive perceptions have been revealed, such as; good community relations and they are well informed about community health and home hygiene

> *"….The working relations between the VHTs, the LC1s and other community leaders is good. They interact very well because identifying the VHTs involves the whole village…."* ***(Male, Age 51 Village 1)***.
>
> *"…VHTs are part of our community and many of them are sons and daughters from the community. This has made the perception on the VHTs very good…"* ***(Female, Age 34, Atiriri village)***
>
> *"…The work VHTs do is very good. For example, they advocated for drying lines of clothes and advocated for nets for people to prevent malaria. They have also sensitized people to construct plate racks and encouraged hand washing, which was very helpful in preventing covid-19 and cholera…"* ***(Male, Age 37, Village 4)***
>
> *"…Some of those VHTs don't serve the whole community. They only visit a section of the villages that are nearer to their places. In addition, when they receive nets from the government, they first give it to their relatives only…"* ***(Male, Age 25, Village 5)***

This partly is one of the reasons as to why the average hygiene levels have not been achieved in Uganda since as the study reveals that VHTs are unable to reach some areas to offer the needed service (Abalo,2021). Although, the above argument seems to suggest that Uganda has not made significant improvements. A more recent study suggested otherwise, according to a study by (WHO, 2016), which included Uganda indicated that Sub-Saharan Africa VHTs coordinated with local communities to make sure households access safe drinking water and improve sanitation using appropriate and effective technology which garnered a good level of response from the rural areas.

The study also revealed that the communities welcomed the work of the VHTs. This has been demonstrated by their support during the VHT selection process.

> *"…The communities have generally responded well, but sometimes they don't implement all that the VHTs teach. For instance, the community still forgets to keep the latrine clean at all times and cover it at all times if it's not being used…."* ***(Male, Age 61, Village 1).*** Although, some families are still slow at responding to the guidance of the*"…. In some homes construction of latrine has been slow despite frequent advice from the VHT and the LC1…."* ***(FGD 2).***
>
> *"…In my village people have welcomed them because of their hygiene and sanitation promotion work. However, people know that they are not well trained like other medical personnel, so they fear engaging fully with them…."* ***(Female, Age 42, Village 3).***

4.4.4 Community Perception on Social Determinants of Health

The researcher also explored the underlying drivers of social determinants that influence health in communities. This sub-section provided a firmer understanding of how social contexts in the community influence health and how the VHTs contributed to influencing those social determinants. The study findings indicated that the eating habits of one meal a day, cooking outside and poverty were some of the factors that affected health in the communities.

> *"…. Most of the people in our community eat one meal a day in the evening after gardening. The VHTs have supported in sensitizing us on the importance of eating at least two meals a day, which has improved our eating practices and improved our diet…"* ***(Male, Age 54, Village 1).***

"…. It was a common practice in our community not to cover food while cooking. But the work of VHTs of sensitizing the people to maintain hygiene in their kitchens and maintain the highest level of cleanliness should be maintained has helped improve the quality of food people eat in the village…." ***(Male, Age 54, Village 1)***

"……Most of our people forget so fast. The VHTs have always provided constant reminders to the local communities regarding keeping good hygiene. For example, people tend to easily forget to put hand-washing facility near pit latrine and also cover the pit which leads to diseases…" ***(Male, Age 54, Village 1)***

A reflection on how poverty affects health in the community, a member of the society suggests.

"…Poverty also affects people's health. The people in Atiriri village are poor, which makes it difficult to implement all the hygiene requirements. The government should help improve our income…" ***(Female, Age 34, Atiriri)***

"…. Our culture also affects the health of people in our communities. The VHTs trough constant training and guiding the people in the community has helped to improve on the health of the people…." ***(Female, Age 42, Village 3)***

The above finding is supported by Mulopo & Akintola, (2016), who argue that poverty and cultural practices are barriers to the full uptake of good health practices in rural Uganda. This negatively affects the uptake of good health practices.

4.5 The Challenges Faced by the VHTs in Health Promotion

The third specific study objective was to describe the challenges faced by the VHTs in health promotion in Katine sub-County, Soroti district. In exploring the awareness and the

impact of the health promotions. It was noted that there is considerable awareness of VHTs and their impact on health promotion. However, the study opted to describe the challenges experienced by the VHTs. These are the challenges faced by communities relating to working with the VHTs.

4.5.1 Challenges Experienced by the VHTs

The study indicates that VHTs have experienced several challenges as noted below:

> *"……I have run out of testing kits several times when in the field. Most times testing kits run out, leaving the fate of the children in the hands of their parents. You find that there are many cases in the villages, but you cannot respond as the VHT…." **(Female, Age 25)**.*

This finding was also confirmed by the medical supervisor,

> *"…. VHTs have limited testing kits and tools for offering first aid treatment. Therefore, they prioritize only those they know and mostly relatives, which causes quarrels between them and their members in the community…." **(Male, Age 31, Health Worker)**.*
>
> *"…The households are many which make us run out of drugs easily. Insufficient drugs that cannot be able to meet the needs of the entire population still stand as a major area of struggle as it directly affects their area of work…." **(Male, Age 32, Village 1)**. "…. This is very common because there are many members in a household…" **(Female, Age 25)** adds."……. Relatedly, "…We are always given fewer drugs from the health Center to dispense. And yet the population of the village is very high……" **(Male, Age 39, Village 1)** notes.*

Similarly, in Zimbabwe, VHTs were faced with inadequate financial support and a lack of other resources which hindered their effectiveness in service delivery (Goreet al,2015)

The narration by the VHTs in Soroti defines the gravity of the problem. According to the Abuja declaration, the health sector in Africa is still allocated a very low percentage of 15% of the national budget and even much less (9.6%) in some countries like Uganda. This budget allocation is insufficient to execute the health sector programs effectively (WHO & Allied for Health Policy and Systems Research, 2017). Hence, this led to the failure of the VHTs services.

"…Sometimes VHTs meet resistance from elderly people when enforcing health practices. This is because of cultural practices and also the fact that elderly people are not treated by VHTs. As a result, it has created fear among VHTs regarding work…." ***(Male, Age 32, Village 1, Interview 1)****. Relatedly, "……Some of the local community members deliberately refuse to fulfil the mandate of ensuring health practices in the villages as it is required……." **(FGD 1)**.*

The above view is supported by Nakku et al., (2016), who argues that one of the barriers to encountered by VHTs in pursuit of health promotion in Uganda was the cultural practices which hindered the uptake of good health practices.

> *"……Many of us VHTs still struggle to write reports. I, in particular, find it very difficult to write a complete report because I only stopped at secondary level…."* ***(FGD 2)****. Relatedly, "…VHTs are undermined by the community they serve since they are under-trained and not seen as medical personnel, so their level of education is low…."* ***(Male, Age 25, Village 5)*** *narrates.*

The above issue is also observed by Nakku et al., (2016) to hinder health uptake since the rural communities look down upon VHTs and this affects health uptake due to the low confidence that the rural communities may have in the VHTs.

Further, it was noted that the training that is normally carried out by ICCM and TASO every quarter is inadequate and it also provided to only specific individual VHTs. In addition, supervision is also done only through phone calls and not physically on the ground.

> *"……. The training is insufficient for some members. Some VHTs have monopolized training and workshops, as a result, hindering knowledge acquisition by the other VHTs …." **(Female, Age 34, Atiriri, Interview 2)***
>
> *"……. We are not well rewarded in terms of facilitation. In some cases, after participating in health promotion work, we don't get any facilitation at all which makes it difficult to be committed in doing the work. ….." **(Male, Age 39, Village 1, Interview 1)***

Inadequate facilitation is an issue that is identified by Nakku et al., (2016), as a factor that demoralizes the VHTs from performing as expected. Once the VHTs are not well facilitated, their commitment to health promotion is shaken as they have to focus elsewhere to be able to fend for their families.

> *"……Transport to the health centers from the village is very expensive because of the distance from the community….."**(FGD 1)** Relatedly**,** "……We suffer a lot during mobilization because of transport. Because our work is mostly in the villages, there are no reliable means of transport for moving around the villages. Thus, it's difficult to reach all the villages…..." **(Female, Age 37, Village 4, Interview 4)***

The above factor is also mentioned in a research study by Miiro et al., (2022), who attributes transport problem in terms of VHTs having to walk long distances

promoting good health practices in the rural communities. The long distances walked by the VHJTs cause them to get tired, and yet they are not well facilitated in terms of resources to enable them to buy refreshments.

> *"……In some instances, only one VHT is facilitated and the others are not. This makes it a discriminatory payment system, yet we all VHTs offer the same service to the same community …."* ***(Female, Age 19, Village 5)***
>
> *"……. The community people sometimes ask for payment after attending a meeting for example; VHTs face even a harder situation at their disposal, especially during mobilization and sensitization drives when the same people you are meant to pass information to are asking for money first so that they can come for the meeting yet the VHTs themselves are not facilitated for the similar course……"* ***(Female, Age 37, Village 4)***
>
> *"…There is also a major challenge with drug storage: the medicines are usually given in paper bags which can easily be affected by harsh weather conditions. For instance, rain and heat can easily affect drugs. Hence, affecting community health…."* ***(FGD 2) Relatedly,*** this was further confirmed by the health Worker in an interview *"…. VHTs use their boxes for drug storage which makes the drugs not safe…"* ***(Male, Age 31, Health Worker)***
>
> *"…. Rejection of VHTs referral forms at the health facilities by health workers renders their efforts useless…."* ***(FGD 2)***

However, the findings indicate that VHTs are required to refer specific cases but they tend to confuse their referrals which leads to rejections. For instance,

"…. The VHTs are required to refer only specific cases like acute malaria and constant coughs to the hospital for further treatment. In addition, some of them don't know how to write in medical language which makes the Doctors ignore their referrals forms…." ***(Male, Age 34, Health Worker)***

As noted by the WHO, (2018), VHTs were only given basic training. This is supported by findings from a study by Nakku et al., (2016), who posits that the low education level of the VHTs doesn't inspire confidence among the community in which they work. This affects health promotion in the communities where the VHTs work. Finding was strengthened by two studies, according to (WHO, 2018); VHTs underwent only basic training for three months, which is quite inadequate.

4.5.2 Challenges Experienced by the Communities Relating to the VHTs and Health Promotion.

"…Sometimes they don't communicate with programs on time. This is because most VHTs do this work as side work and do other activities for their survival. Therefore, making response and turn up from the community very low…." ***(Male, Age 37, Village 4)***

"…They do not mobilize well because they are not able to reach the entire village to deliver the information required of them due to the limitations they face because of transport….." ***(Male, Age 37, Village 4)***

"……VHTs only treat children and ignore adults. This has downplayed their significance and value among the people being served in some villages. There is a need, therefore, for a balance for purposes of appreciation…." ***(Male, Age 39, Village 1)***

"……They also sometimes segregate. They give medical attention and drugs to their children, family and relatives. This is a very bad practice

*that closes out other members of the community and in the end the entire village surfers……" **(FGD 1)***

*"…. Because their service is voluntary, there is always little commitment by the VHTs. It only forms part of their work when they are free, making it very unreliable…."**(Male, Age 25, Village 5)***

4.6 Supportive Role of Social Work to the VHTs in Health Promotion

This objective was intended to explore the social work components in advancing health promotion among VHTs. This objective was critical because it provides a complete dimension regarding the training that is provided to the VHTs before the health promotions. The analysis focused on three key aspects; awareness of social workers, the roles they play in HP and how social workers can work with the VHTs to promote good health in the communities.

4.6.1 The Perception about the Social Workers

The study findings indicate general awareness and knowledge of social workers among communities. The communities also have a full understanding of who social workers are and where they are commonly found.

*"…. Social workers are good because they provide social services like building boreholes, training youth, supporting sports activities, promoting good hygiene and encouraging the public to adopt good public health measures such as enforcing that latrine construction takes effect…." **(Male, 25 years, Village 4)***

"…. Social workers are people employed by the government as mediators between the government and the general population. They help keep up with the general well-being of the local population. For example, they are sub-county staff such as the Community

Development Officer (CDO), Parish chiefs, sub-county chiefs…." ***(Female, 35 years, Village 3)***

The findings further noted that the community were also able to identify social workers that were not directly linked to the health activities in the villages. For instance, they could identify a section of social workers who work with the SACCOS and loan provisions.

"…Social workers are people who work together with the community in different ways while ensuring that they are united towards achieving a certain community objective. For example, some of the social workers support in giving financial advice and giving out loans at SACCOS and VSLAs…." ***(Female, 26 years, Village 3)***

The above finding was affirmed in a study by Ross et al., (2021)), who asserted that social workers provide a robust engagement with the perspective of the person-in-environment, which improves health promotion in rural areas. Furthermore, the social workers are interested in assessing and supporting individuals, groups, families and communities (Ross et al,2021) in dealing with factors that hinder social care and impede realization of good health outcomes in collaboration with the community structures and understanding the social determinants of health (SDOH).

Additionally, social workers provide assistance in behavior modification to prevent the spread of HIV infections and promote psychotherapeutic care for those living with HIV and AIDS in the quest to enhance well-being among such populations in the communities (MOH, 2018). This is because HIV spreads through behavioral factors. As such, social workers play several roles including making community assessments, mobilization of useful community resources like structures; VHTs, and collaborating with and conducting a multidisciplinary action to help deal with community challenges (MOH, 2018).

4.6.2 Roles of Social Workers to VHTs in Health Promotion

This sub-theme provided a deeper reflection on how social workers contribute to the success and the effectiveness of the VHTs in executing health promotion activities. The finding indicates that social work and social workers play an integral role in health promotion. This is because they are mostly government civil servants or workers of the NGOs who support and engage with communities regularly. Therefore, they can provide village information, register, mobilise; sensitise the communities on health, and support government programs.

> *"…Social workers are normally working and visiting communities. So, they can help provide data about the people to the VHTs. This would be good because the VHTs do not have enough drugs for the villages. They can also do village research to plan properly…."* ***(Female, 35 years, Village 3)***
>
> *"……They can also register people from the community and help prepare them to receive government services. For example, VHTs normally distribute nets and yet some people end up not getting them. Meaning if the social workers register them then the whole community can get the services ……"* ***(Female, 26 years, Village 3)***
>
> *"…Social workers could support the distribution of those health promotion materials in the villages. This is because the VHTs are sometimes overwhelmed since the population in the village is ever-increasing. Social workers together with the VHTs can identify eligible people to benefit from any distributions…."* ***(Female, 26 years, Village 3)***
>
> *"…. Social workers can work together with the VHTs and other local leaders on government programmes. There is a saying that two hands*

*are better than one. So, if they combine with the VHTs then health promotion can be a huge success……" **(Male, 25 years, Village 4)***

Study findings by Spencer et al., (2010), show that social workers provide guidance and extra support to the VHTs as noted in the interview. For instance, they help support communities by giving professional advice and support. On addition to the above, Spencer, et al., (2010), agrees that social workers contribute by providing psychosocial assessment, which is a professional service that supports health promotion in communities. A study by O'Hare, (2020), also maintained that psychosocial assessment is a professional service that is necessary for the practice of social work in the community.

Results indicated that social work involves working with communities. There is a need to engage them more in advising and working with the VHTs. This is because they are more educated and the community offers them more respect, which in turn strengthens the work of VHTs. This stems from the community not offering respect and attention to VHTs because of their limited education. Globally, social work has a philosophy and expertise that complements health care services in communities (Ashcroft et al., 2018). Thus, social workers are professionals and are more knowledgeable in the areas of public health, hygiene, water and sanitation that can supplement health promotions in the villages (Ross, 2020).

It was also noted that the social workers are more respected in the communities, which makes it easy for them to support the VHTs during sensitization of the community regarding government programs. This is because the community takes the social workers to be more educated and knowledgeable than the VHTs.

> *"…Social workers are known as professional and are more knowledgeable in the areas of public health, hygiene, water and sanitation. They should support the VHTs more because the community listen to them more than the VHTs…."* ***(Female, 35 years, Village 3)***

The findings also indicate that social workers tend to withhold their advocacy because of fear. Yet they are the ones in a good position to advocate for the good of the community. Usually, the VHTs do not have powers like the social workers at the district level, but they are reluctant in advocating.

> *"…Social workers should help the VHTs in advocating for additional hygiene equipment. For example, they can advocate for hand washing facilities and latrine digging equipment that can be used to promote hygiene both at the family level and in public places. The biggest challenge facing community members is the lack of equipment's…."* ***(Female, Age 23, Village 6)***

4.6.3 Social Workers and VHTs in Promoting Health in Communities

The research found that social workers are very important in guaranteeing that health promotion succeeds in communities. The social workers also sit at the district level where budgeting and planning are done which makes them very important.

Strengthening service delivery through advocating for a quick process of drug dispensation and proper planning to sort out the problems associated with drug dispensation delays. Most government dispensation procedures have a lot of delays and inadequacy. Therefore, social workers can support the VHTs through proper planning.

> *"…. Most of the social workers in the villages work at the district meaning they can help plan for enough drugs…."* ***(FGDs 2)***. ***Relatedly,*** *"…. VHTs need some allowance to be able to perform their work*

*effectively. Since social workers are at the district, they should plan for allowances of the VHTs not just giving UGX 30,000 among…." **(Female, 35 years, Village 3)***

Therefore, social workers can support VHTs through proper planning, offering other services, but not to replace them in the community. This is because at the local level they are mostly government planners. Moreover, according to (Goode, 2022), social workers identify injustices that exist in various health practice settings and challenge them.

Frequent support training for the VHTs implementation. The study found that most of the VHTs are not well trained and the Social Workers in the department of public health should always organize refresher training for the VHTs.

*"…They could always train the VHTs so that they can offer better services to the community …." **(Male, 25 years, Village 4)**.*

The above view is in line with similar findings by Boakye et al., (2021), who argues that in Kenya, social workers continuously engage with VHTs on community needs assessment as well as strengthening their efforts in advocating for the vulnerable groups in the rural areas for efficient delivery. Thus, their integration with the VHTs can push for good health practices, hence brining about positive health outcomes in rural communities.

The research findings also indicate that some social workers tend to leave the sensitization of the community to only the VHTs, and yet they get more allowances when there is a government program of health promotion. For example, it was noted that during the COVID-19 period, social workers earned more and yet they left most of the work for the VHTs.

> *"…Social workers should support sensitization on the COVID-19 campaign as well as the immunization initiatives. This helps remove doubts since social workers are more trusted and respected in communities…." **(FGD 2)***

Social workers also play a critical role in advocating for the good of the community (Dhavaleshwar, 2016). This is supported by (Abraham, 2020) who emphasizes the role played by social workers in sensitizing communities during the covid19 pandemic. The study findings indicated that Social Workers are known as strong advocates for the poor in communities. Therefore, social workers ought to assist the VHTs in advocating for additional medical equipment, which is a major problem affecting the VHTs in Katine.

This was also underpinned by a study by (Rogers et al., 2018) revealed that the daily interactions with people by social workers can translate into social mobilization and sensitization, which is important for health promotion and well-being in rural areas.

The findings of the different themes for this study have been discussed in connection to what the earlier authors discovered in their researches, but they will be concluded in the next chapter.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This presents the summary of findings, conclusions and recommendations. It also provides or suggests the areas for further research.

5.2 Summary of the Findings

5.2.1 The Perception of VHTs' Role in Health Promotion

The study revealed that 25 out of the 29-targeted populations in Katine sub-county have a positive perception as a result of their experience of the roles that Village Health Teams (VHTs) play in health promotion (HP). They increasingly become more aware and informed of VHTs through the roles they play in the community and frequent engagements with people. For instance, the distribution of mosquito nets, drugs, and providing first aid, among others. They have also appreciated the role that VHTs play especially in treating children under five years and sensitizing people concerning health issues like immunization schedules, and the pandemic (COVID-19) through churches, marketplaces and community centres. The participants indicated that they are optimistic of the VHTs enhancing good health practices to prevent diseases in their communities.

5.2.2 The ways in which VHT Services have Improved Health Practices

The study indicated that VHTs have significantly improved health practices in Katine community. This was established in the following ways; there is an increased number of homes that now use latrines, a reduction in morbidity and mortality among adults and children under five years, people now drink clean water, and quick access to medical support from the villages, and a better understanding of community hygiene. However,

major challenges still emanate from cultural impediments, and deliberate refusal from certain communities to accept healthy civilization.

5.2.3 The Challenges Faced by the VHTs in Health Promotion

This study uncovered that there are still so many challenges affecting the efficiency of VHTs' operation in Katine. Largely, major challenges originate from inadequate medical equipment and supplies, low funding by the health sector which affects VHTs, limited facilitation of the VHTs, inadequate training of the VHTs, Work overload, fast-growing population size in the village and limited number of VHTs deployed in each village, and in some aspects disrespect or poor attitude by some individuals from the communities and other health workers towards the VHTs affect their effectiveness.

5.2.4 Supportive Role of Social Work to the VHTs in Health Promotion

The research revealed that social work and social workers can play a critical supportive role in enhancing VHT performance and community health promotion. Importantly, they offer a supervisory role to the VHTs. They provide data because they have reliable knowledge about the community. They also support community members, sensitize the communities on health as well as support government programs because they closely work with the communities. They can also advocate for the improvement of health services, provide psychosocial support for people, and further training for the VHTs because they are experts in the delivery of social care and health services by using appropriate approaches in empowering individuals, family, groups, and communities.

5.3 Conclusions

5.3.1 The Perception of VHTs' Role in Health Promotion

The study revealed that there is a mismatch between the people's perception of VHTs' role in HP and the intended purpose for establishing the model. People think that VHTs should do a lot to support them without much of their participation, yet the government's intention was or is to use the VHT model as a way to stirrup people's interest in enhancing their health literacy and make it effective in their HP practices in a manner that depicts cultural diversity so that good health outcomes is sustainable. The study exposed this discrepancy in knowledge by examining their perception about the VHTs' role in HP. They are not employees but rather a means (as volunteers) to support and encourage people to own or take responsibility for their health needs individually and communally.

5.3.2 The ways in which VHT Services have Improved Health Practices

The study concludes that there are numerous ways in which VHTs have been able to generally enhance primary health-care among the people in rural areas like Katine. However, sustainability of these healthy practices inculcated in the people by the VHTs is not guaranteed. The ideal situation of HP in underserved communities is that people should be able to exercise their power and control over their health independently without primarily needing much support from other health promoting agencies. It is now a few decades when the VHTs have been supporting this rural community in promoting effective health practices, but there are no signs that their dependability on VHT services is stopping soon.

5.3.3 The Challenges Faced by the VHTs in Health Promotion

According to the study result, it is quite clear that the VHTs are experiencing a number of issues and challenges as they endeavor to serve their communities. However, the VHTs

have tended to point out major weaknesses from the government but they also forget that they pledged themselves to voluntarily serve the community, and help the people realize that HP is within the people's power. VHTs are meant to make HP more tangible to the people, and that within their limited resources, they can embrace disease prevention with the aim of minimizing health-care costs (medical treatment) so as to realize better health outcomes without making these challenges major setbacks to their effectiveness and blaming the government for failure to fulfill them.

5.3.4 Supportive Role of Social Work to the VHTs in Health Promotion

In reflection of the above objective, the study revealed that community's perception of social work and social workers in HP is not only limited to supporting VHTs so that they can be more effective in their service delivery, but their experience and observation indicated that even without the VHTs' existence, social workers have been working with the government in various respects including advocating for the communities for improved health outcomes, coordinating and collaborating with government and other CSOs that support HP in rural communities. Their perception about social workers is that they play an integral role in HP in rural communities in order to help people achieve good health outcomes as well as realize wellbeing.

On the other hand, the study also revealed in this respect that social workers are on the periphery of HP in communities because they are always at the district. They contend that social workers should be more involved in the lives of people, especially considering HP in communities.

What the Study Adds to the Body of Knowledge

On health promotion, health literacy and good healthy practices are essential and/or fundamental to every person and household in a remote setting. Consequently, the mistaken view by the people that VHTs are the answer to positive health outcomes should be removed, but rather, have a concept that they are the starting point to community resilience for sustainable good health practices in the rural communities. The motivation to good or appropriate health practices in rural areas to achieve sustainable health outcomes is that, seventy-five percent of infectious diseases in such communities are preventable.

While on the social work perspective, there should be a relatively new knowledge that social workers have an integral role in health promotion, especially considering the rural settings. Social workers can have a lens of preventive social work practice even in health promotion in the underserved populations in diverse cultural perspectives, so that people in third world countries can experience wellbeing through their support in various areas such as community assessment, advocacy, collaborating and coordinating with CSOs and government in meeting community health needs.

5.4 Recommendations

The study recommends that government and other HP stakeholders re-educate the people on the role and responsibilities of VHTs in rural communities. VHTs play a critical role in enhancing good health outcomes in communities but people need the right knowledge and perception of their services so that the confusion they currently have can be removed.

The study outcome recommends that VHTs in collaboration with the community and cultural leaders must work so hard to bring people to a realization that health promotion

practices are within their power and that they can do better with minimal help or support from the VHTs. The focus here is to build a resilient community in terms of HP for good health outcomes and wellbeing.

The study recommends that although the VHTs are serving on a voluntary basis, they need community support in terms of sacrificing their own resources like using own transport means, torches, acquiring gumboots, financial contribution, among others without primarily relying on government for all the supplies they need for their operations.

In addition, the training of VHTs should include aspects of self-reliant skills so that their dependence on government for materials and supplies they need for service delivery is minimal. This can help change remove the concept of 'government should help us' in everything yet their goal is to build a resilient community in terms of HP.

The study also recommends that government needs to integrate the social workers at the sub-County level to work closely with the VHTs and community in health promotion. This is because the community tends to trust social workers more than the VHTs. This shall help build trust in the work that the VHTs are doing, which would eventually enhance health outcomes in the community.

The government should also design a special health program for senior citizens. This is because the adults (sixty years and above) accuse VHTs for not serving them despite the health volunteers' awareness of the health needs of these senior citizens. As such, government should set up a section for managing senior citizens' health needs in every health centre. Additionally, government should arrange health campaign and education focused on elderly persons where VHTs can offer satisfactory health services to them.

Government should put more effort into community health education because a number of cultural practices are still impeding improved health outcomes and, in the end, they affect the performance of VHTs in the communities. For example, it is likely that more than 50% of health service seekers in Katine still fall back to witch doctors and unregistered traditional healers, yet their management of health situations poses greater risks to health as well as delays a person to attain better healthcare at a right place.

5.5 Areas for Further Studies

In conducting this study, I find a need to explore further the following areas:

1. The effects of cultural influence on the performance of the VHTs.
2. Health services provision and the health needs of senior citizens in rural communities.
3. Social workers and sustainability of good health outcomes in rural communities.

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APPENDIX I

Informed Consent Form

Dear Participant,

My name is **Patrick Eyoku**, a postgraduate student of Uganda Christian University (UCU). I am carrying out academic research that will enable me complete a Master of Social Work (MSW) degree. The research is about **"Village Health Teams and Health Promotion in Rural Communities in Uganda". Case of Katine Sub- County, Soroti District.**

I am inviting you to voluntarily participate in this study because of your resourcefulness and experience regarding issues of community health promotion ((HP)—thus making you a suitable participant. The purpose of this study is to learn from you more about community's understanding of VHTs' role in HP in Katine Sub-County.

All the information that you will share in this study will be confidential, and will only be used for the purpose of this study. The research report shall not indicate participants' names. The researcher plans to disseminate findings of this study and hopes that participants will be part of the community meeting where feedback will be provided.

If you decide to participate in this study, please write your name below. Please also note that you are free to change your mind regarding participation at any time during the course of data collection. You can also choose to resume your participation at any point during study period.

I…… hereby consent to participate in the study
Signature: _____ date: _____

APPENDIX II

INTERVIEW GUIDE FOR THE STUDY

Bio Data

1. Gender/Sex _____ Age range: [18-25] [26-35] [36-45] [46-55] [56-65] [66 and above].
2. Level of Education: [Primary] [secondary] [Tertiary] [University].
3. Distance to health center _____ Religion: [Anglican] [Roman Catholic] [Pentecostal] [Others] _____
4. Source (s) of income: [Formal employment] [Informal/casual employment] [self-employed] [Peasant farmer].
5. Where have you been getting health service (s)? _____
6. Marital status _____ Your Perception on FP?

   _____

   _____
7. According to your experience and opinion, what is the influence of geographical characteristic on health?

   _____

   _____

   _____

   _____

   _____

CATEGORY B - People's Perception about VHTs' Role in Health Promotion

Establishing people's awareness about VHTs' role in health promotion

1. How have you come to know about VHTs?
2. Before VHTs, how did you seek health care services in your community?

   b) Where did you receive health care services?
3. According to your experience and prior to the VHT inception, what was the health situation like in this community?
4. What is your perception concerning the role of VHTs in this community?
5. Briefly explain how you acquire VHT related services in this community.
6. What things have VHTs done that have improved people's health literacy in this community?
7. How have VHTs improved health services in your area?
8. What constraints do you think are affecting the performance of VHTs?
9. Do you have any other information about VHTs and their health services that you would like to share?

CATEGORY C - VHT Services and Healthy Practices

Assessing the extent to which VHT services have improved healthy practices in the community

1. What health services have had a positive effect on people's health care-seeking behaviour as a result of VHTs' involvement in health promotion in your area?
2. What do you think about VHTs' health services in this community?
3. What is your perception on social determinants of health in this community?

   b) How have people responded to VHT health activities in this community?
4. Share your most recent experience on medical services at the health centers.
5. What is your view concerning some of the government health policies and/ or programs like PHC in the community? Was there community participation?
6. According to your observation, what aspects have VHTs performed well?

   b) Briefly highlight the areas of their struggle.
7. How have VHTs been instrumental in preventing malnutrition in this area?
8. How have VHTs improved sanitation and hygiene in households?
9. What is your opinion concerning VHTs' support on?
   1. social cultural life,
   2. religious, and
   3. economic activities in relation to health promotion?
10. What challenges do you think VHTs are faced with in their services?
11. Do you have any other information about VHTs and healthy practices in this community that you would like to share with us?

CATEGORY D - Social Work in Community Health Care Services

Exploring the supportive role of social work toward VHTs health promotion at community level

1. What do you know about social workers?
2. What do you think is the role of social workers in health promotion?
3. Where do we find social workers?
4. Briefly explain how they can work with VHTs to promote the general population health in this community.

CATEGORY E - VHT Members Only

The challenges faced by the VHTs

1. Based on your job responsibilities, describe the challenges that you encounter during services delivery.
2. Drawing from your experience of work, briefly comment on the VHT training.
3. What is your perception concerning VHT supervision?

   b) How has supervision been effective on your health service delivery in this community?
4. Based on your experience, how has been your performance of health promotion in this community? [below average] [Average] [above average] [Not sure].
5. What do you perceive as the best way to improve your service delivery in health promotion in this community?
6. How do you think social workers can play a supportive role in enhancing your health promotion service delivery?

CATEGORY F - Health Workers – Supervision Aspects

The role of VHTs and their performance in health promotion

1. Briefly describe the role of VHTs that you know.

   b) How has VHT role influenced health promotion in this community?
2. How has supervision of VHTs been effective in this community?
3. According to the feedback you receive, how have VHTs improved healthy practices in this community?
4. What are the key things that you think should be addressed to improve VHT health services in this community?
5. As a health worker, briefly explain your expectations of VHTs for the people?

   b) To what extent have they been met by the VHTs here? [Below average] Average] [Above average] [Not sure].
6. In your own perception, how have the challenges faced by the VHTs affected their performance in this community?
7. Is there anything else that you think is important to note about the performance of VHTs in this community?
8. How do you think social workers can increase the performance of VHTs?
9. How can social workers improve the general population health in this community?

CATEGORY G - Group Sessions

Discussion Guide for FGDs

1. **Establishing people's awareness about the role of VHTs in health promotion**
    a. What is the role of VHTs in health promotion?
    b. What is your perception about health promotion?
    c. Briefly, discuss why VHTs carry out health activities in this community?
2. **Assessing the extent to which VHT services have improved healthy practices in the community**
    a) Briefly discuss the VHT services that have improved people's health practices and in this community?
    b) Why do you think people count on VHTs for health services that they need?
    c) What do you have to say about the overall performance of VHTs here?
3. **Describing the challenges faced by the VHTs in health promotion**
    i. What are the reasons for the challenges that VHTs are facing?
    ii. To what extent have these challenges affected VHT performance?
    iii. What are your recommendations for these challenges affecting VHT services?
4. **Exploring the supportive role of social work toward VHTs' health promotion role**
    i. What is your understanding about social work?
    ii. What do you think social workers can do to support VHTs as they deliver their health service in this community?

APPENDIX III

Proposed Research Work Plan

No.	Activity	Period	Remark
01	Concept development and presentation	May to July 2021	Identifying research area
02	Proposal development and completion	July to Nov 2021	
03	Data collection	December 2021	With research assistants
04	Data analysis	January 2022	
05	Dissertation writing	February 2022	
06	Supervision	Feb to March 2022	Supervisor's comments
07	Addressing supervisor's comments	March 2022	
08	Finalizing dissertation writing	Mar to April 2022	
09	Attention to other dissertation related issues with the supervisor.	April 2022	Where necessary

APPENDIX IV

Research Budget

No.	Item Description	Quantity	Amount
01	Stationery supplies	_	420,000
02	Research assistants	03	1,200,000
03	Logistics for data collection	_	750,000
04	Transport	_	1,350,000
05	Miscellaneous	_	500,000
TOTAL			**4,220,000**