

### **ICCM Central**

The ICCM Central project aims to reduce under five child mortality and improve maternal and newborn health through the provision of integrated community case management

## **Project outline**

Integrated community case management (ICCM) is at the heart of the ICCM Central project. It aims to reduce under-five mortality rates by 65 percent by improving the diagnosis and treatment of childhood malaria, pneumonia, diarrhoea and newborn health through community volunteers who form the village health teams (VHTs). It also intends to avert at least 4,500 deaths of children under five by supporting the implementation of an effective and replicable community-based treatment and referral system.

Another element to the project is supporting VHTs to refer pregnant women and new mothers for ante- and postnatal services, as well as for delivery in a health facility. In addition, the project is piloting the use of a transport voucher system for those pregnant women and children with danger signs who have been referred to health units. Midwives across the project area will also be trained on helping babies breathe.

The project is being carried out in eight districts in the Central Region of Uganda:

Wakiso, Mpigi, Butambala, Gomba, Masaka, Bukomansimbi, Lwengo and Kalungu. Only Lwengo and Bukomansimbi districts will pilot the transport voucher system.

In order to reduce under-five mortality, ICCM Central draws on various strategies: supporting the establishment, or reestablishment in some areas, of VHTs has been a core component. Efforts were made at ensuring an average of four members per village were selected to be VHTs (a total of 11,000 in the eight districts) and provided with refresher training in the updated MoH basic healthcare package, according to the Ministry of Health (MoH) VHT curriculum.

Two VHTs per village have been selected and trained in ICCM. These VHTs will receive further refresher training on the maternal and newborn health component of the project. The ICCM VHTs have been provided with various commodities, such as medicine boxes, VHT registers and medicines to facilitate them in their work.

Health facility workers have also been trained in the effective management of

#### Country

Uganda

**Donor** 

UNICEF

#### Length of project

*July 2010 - September 2013* 

#### Partners

Ministry of Health

Maternal and Child Health Division

National Malaria Control Programme

severe cases of malaria, pneumonia and diarrhoea, given that VHTs are able to identify danger signs and appropriately refer children to the nearest health facility for further management. There is now a ratio of one VHTs for every 80 households and 1:96 VHTs per children under five years, which is a lower ratio than the original project target.

An effective VHT support supervision system has been put in place in collaboration with the District Health Teams, health facility staff and other MoH partners. Over 85 percent of the VHTs have been supported through general technical assistance to improving data quality (timeliness, accuracy, validity, completeness). At the point of data collection, quarterly meetings are held to review and share best practices and challenges for the VHTs, and weak VHTs are supported through home visits by the supervising health worker.

The impact of the project has been monitored closely through surveys and the collection and analysis of routine data. Routine reporting systems including the data collected through VHT/ICCM registers, the MoH's Mobile Tracking System (mTrac) and the MoH's health monitoring and information dystem are also being used to monitor the project.

### **Project achievements**

# The project has yielded impressive results to date.

- » More than 100 percent of the target number VHTs have been trained in the ICCM package (5,586) in the eight districts.
- » A total of 477,884 cases have been treated under ICCM by the end of 2012 and out of these 398,424 cases of fever, 150,703 cases of pneumonia and 47,736 cases of diarrhoea have been treated.
- » A total of 5,118 children under five were referred by VHTs to higher health facilities for further case management. Radio spots have been used to sensitise community members about VHTs' activities to improve community members' health seeking behaviour.
- » Over 85 percent of the VHTs have been supported through general technical assistance to improving data quality (timeliness, accuracy, validity, completeness).
- » The use of mobile phones to facilitate an improved reporting

- system has been rolled out and 93 percent of the VHTs have been trained on mTrac for the purpose of timely and quality reports.
- » Currently 2,082 community members have been recruited as U-reporters for the purpose of advocacy, sensitisation and improvement of health seeking behaviours within the operation area.

# This project has a direct impact upon the following:

- √ Malaria control
- √ Control of childhood illnesses
- √ Health systems strengthening
- ✓ Capacity building/human resource development
- √ Behaviour change communication
- √ Operational research
- ✓ Monitoring and evaluation
- ✓ Support for at-risk populations

