



An iCCM trained community health worker in Uganda giving treatment

Briefing Note

Improving access to quality care in Uganda

Since 2010, the Government of Uganda, through the Ministry of Health, has invested in the integrated community case management (iCCM) programme which aims to improve access to quality health care at the community level in Uganda.

This programme builds onto the Village Health Team strategy under which selected community members, known as village health team members (VHTs), are trained to conduct extensive health promotion and education in their villages, to strengthen the link between communities and health services by referring cases requiring medical attention and to promote the use of good health practices, such as sleeping under a mosquito net. Under iCCM, two VHTs per village are also trained to provide effective diagnosis and treatment for malaria, pneumonia and diarrhoea for children under five years.

Malaria Consortium and iCCM

Malaria Consortium, with funding from the Canadian International Development Agency, the Bill & Melinda Gates Foundation and the UK Department for International Development/UKaid has been supporting the iCCM-VHT programme in nine districts of mid-Western Uganda since 2009. The nine districts are: Hoima, Kiboga, Kibaale, Kyankwanzi, Buliisa Kyenjojo, Kyegegwa, Masindi and Kiryandongo. In addition, and with funding from UNICEF, Malaria Consortium has also been supporting the iCCM programme in eight districts of the Central region: Wakiso, Mpigi, Butambala, Gomba, Masaka, Bukomansimbi, Lwengo and Kalungu.

In total, 12,684 VHTs have been trained in iCCM between 2009 and 2011.

Measuring the impact of iCCM training

In order to measure the impact of iCCM on improving health seeking behaviour and access to treatment for children in the two regions, Malaria Consortium conducted a baseline and an endline survey for each region, a mid-term survey in the mid-West and a qualitative survey in the Central region. The quantitative surveys were also conducted in three comparator districts (Luwero, Nakaseke and Rakai), selected with the Ministry of Health for their similar socio-economic and demographic profile and the absence of current or planned iCCM programme in the near future. The surveys aimed to establish whether health seeking behaviours for malaria, pneumonia and diarrhoea among children under five improved over time and assess whether access to a VHT or public health facility increased. The surveys also measured to what extent the VHTs performed their jobs as trained in order to provide high quality of care.

Overall, the surveys show that iCCM has greatly improved availability and accessibility of health care for children under five.

Improved care seeking behaviour

The treatment seeking behaviour for fever/malaria, pneumonia and diarrhoea has significantly improved in both regions. For the three diseases, the proportion of caregivers who sought treatment from a VHT greatly improved.

Mid-West

- ➔ The proportion of children seeking treatment for fever/malaria within 24 hours of symptom onset significantly increased from 33 percent at baseline to 57 percent at endline
- ➔ The proportion of children with pneumonia/acute respiratory infection (ARI) who sought treatment within 24 hours of symptom onset more than doubled in the intervention area from 17 percent in 2009 to 39 percent in 2012
- ➔ A significant increase was noted in the proportion of those who sought treatment or advice from a VHT for diarrhoea in the intervention area from 0.6 percent at baseline to 37 percent at endline
- ➔ Treatment seeking from a VHT increased from 1.9 percent to 49 percent, from two percent to 43 percent and from 0.6 percent to 37 percent for fever, pneumonia and diarrhoea respectively between baseline and endline

Central

- ➔ The proportion of caregivers of children under five with fever who sought treatment increased from 76 percent at baseline to 92 percent at endline and 45 percent sought treatment within 24 hours of the onset of fever (compared to 19 percent at baseline)
- ➔ For children with pneumonia, treatment seeking increased from 55.5 percent to 76 percent. However, caregivers continue to delay and only 37 percent sought care within 24 hours, which already represents an improvement from the 13 percent at baseline
- ➔ Finally, the proportion of caregivers of children under five with diarrhoea who sought treatment increased from 46 percent to 76 percent. Treatment seeking from VHTs increased from 0.6 percent to 39 percent, from 0 percent to 41 percent and from five percent to 34 percent for fever, pneumonia and diarrhoea respectively between baseline and endline

During the same period in the comparator area, treatment seeking for these three diseases either slightly improved (for fever and pneumonia) or decreased (for diarrhoea).

The qualitative survey conducted in the Central region helps understand these trends. According to the caregivers who participated in the survey, the main reasons for seeking care from VHTs were: financial considerations, drug effectiveness, availability and accessibility of the service and the trust people have in VHTs. Caregivers appreciate having the VHTs as their first place of treatment and the fact that the VHTs know those symptoms that require higher level of care and are able to refer them.

Improved access to appropriate treatment

Access to appropriate treatment for malaria (ACTs), pneumonia (Amoxicillin) and diarrhoea (ORS and zinc) – according to the Ministry of Health guidelines – has significantly improved in the areas where iCCM is implemented.

Mid-West

- ➔ There was a significant increase in the proportion of children receiving ACTs within 24 hours of symptom onset in the intervention area from eight percent of children to 42 percent
- ➔ Importantly, the proportion of children receiving appropriate treatment for pneumonia (amoxicillin) within 24 hours of illness onset significantly increased from 10 percent at baseline to 31 percent at endline in the intervention area
- ➔ 13 percent of children with diarrhoea took ORS and zinc in the intervention area at endline (up from one percent at baseline)

Central

- ➔ The proportion of children under five with fever who received ACTs increased by 98 percent in the intervention area (from 32.5 percent to above 64 percent)
- ➔ The proportion of those who received ACTs within 24 hours of the onset of fever increased from 19 percent at baseline to 45 percent at endline
- ➔ However, there was a decrease in the proportion of children with ARI/pneumonia who received antibiotics, which may be due to the stock outs of Amoxicillin experienced in this region.
- ➔ Significantly, the proportion of children with diarrhoea receiving both ORS and zinc increased from two percent to 14 percent

In the comparator area, while the access to ACTs increased, the proportion of children with ARI and with diarrhoea receiving appropriate treatment decreased.

From the qualitative survey findings, it emerged that community members, health workers, district health team members and VHTs appreciate the contribution of iCCM to community health through health promotion, disease prevention, treatment and referral. Respondents of the survey noted that the iCCM programme has greatly contributed to the reduction of child mortality and morbidity resulting from fever, diarrhoea and pneumonia.

It was also confirmed that VHTs have worked well in treating mild sickness among children under five. However, concerns were raised regarding their difficulties to handle more severe and challenging cases as well as in using the respiratory timers. This confirms the need for VHTs to receive continuous support supervision and refresher training.



A VHT in Hoima district, Uganda, assesses a young child's symptoms

Recommendations

iCCM is a feasible intervention for increasing access to effective treatment for the most common childhood illnesses. Where it has been implemented, it has shown beneficial effects on child health. For these benefits to be sustained and for iCCM to be scaled up across the country, more involvement of all stakeholders is needed.

- ➔ All stakeholders, including central and local Governments, donors, implementing partners to show clear political and financial commitment to the sustainability of the VHT strategy and the iCCM programme
- ➔ The Government of Uganda to allocate more resources for the implementation of the iCCM programme, including the supply and distribution of commodities and mainstreaming of community level data
- ➔ The National Medical Store to support the iCCM programme through the continuous procurement and delivery of medicines and medical supplies to the VHTs
- ➔ District leaders to commit to the sustainability of the programme and allocate funds for continuous high quality supportive supervision of VHTs
- ➔ Donors to commit to the funding of training of new VHTs across the whole country

Malaria Consortium is one of the world's leading non-profit organisations specialising in the comprehensive control of malaria and other infectious diseases – particularly those affecting children. Established in 2003, Malaria Consortium works in Africa and Asia with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services for disease control.

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