

# Expanding integrated community case management for maternal and child survival

## Strengthening community services, referral systems and data usage in three districts in midwestern Uganda

### Background

Maternal, newborn and child health (MNCH) indicators are poor in Uganda's Tooro region. It has one of the lowest immunisation coverage rates in the country, as well as the highest stunting rate; 41 percent of under-fives are short for their age — an indicator of chronic undernutrition.<sup>[1]</sup> Tooro also performs poorly on the Early Childhood Development (ECD) index; only 58 percent of under-fives are meeting key language, cognitive, physical, social and emotional developmental milestones.<sup>[2]</sup>

Well-established community-based primary healthcare services are crucial for improving these indicators and, in turn, vulnerable groups' morbidity and mortality outcomes.

### Project outline and objectives

Through this follow-up to the 2015–2018 Integrated Community Case Management – Maternal and Child Survival (iCCM-MaCS) project, we will work with the Ministry of Health to strengthen referral systems for under-fives with danger signs, and deliver integrated community level services for MNCH care,

### Country

Uganda

### Donor

Comic Relief

### Length of project

January 2019 – July 2020

### Partners

Local Governments of Bunyangabo, Kabarole and Kamwenge

Republic of Uganda's Ministry of Health

Vitamin Angels

nutrition, and water, sanitation and hygiene (WASH) in three districts in the Tooro region: Bunyangabo, Kabarole and Kamwenge. Specifically, the project aims to:

- guarantee that all community health workers — known as village health team members (VHTs) — conduct monthly house visits
- ensure that at least 50 percent of pregnant women attend four or more antenatal care (ANC) visits and 75 percent receive postnatal care within two days of giving birth
- increase the presence of skilled birth attendants at deliveries and the number of premature babies cared for in health facilities
- ensure that VHTs visit at least 50 percent of newborns within 24 hours of their birth
- increase the proportion of mothers who exclusively breastfeed for six months
- equip 80 percent of households and primary schools with handwashing facilities, soap and clean drinking water
- ensure that all pre-schools provide weekly morning physical exercises
- ensure that all health facilities conduct immunisation outreach and immunise more children against diphtheria, pertussis and tetanus, hepatitis B and haemophilus influenzae
- ensure that at least 50 percent of all health facilities report community data to the Health Management Information System and District Health Information System 2.

## Activities

Malaria Consortium will facilitate the training of 924 VHTs and 200 newly-recruited frontline health workers at 61 public health facilities, who will learn to treat childhood illnesses and refer on MNCH cases with danger signs. VHTs will also educate expectant mothers on early birth preparedness; encourage pregnant women to attend ANC check-ups and to deliver

at health facilities. During follow-up visits, they will register births, monitor newborns' growth and remind mothers to attend postnatal care visits, follow best breastfeeding and good umbilical cord care practices, and take their newborns for immunisation.

We will also build health facility staff's interpersonal skills and knowledge of equipment available for caring for referred patients. Concurrently, community and facility-level health workers will be trained to collect, analyse, transmit and use iCCM data for decision making.

Through social and behaviour change interventions — such as community dialogues, school health programmes, radio spots, community dramas and village health clubs — VHTs will generate greater demand for health facilities' services, promote disease prevention and treatment, and advocate for good WASH and nutrition practices to prevent diarrhoea and other waterborne diseases. During meetings of village health clubs, male community members will be specifically targeted to promote the uptake of MNCH services.

At the district level, we will work with health and educational departments to deliver multivitamin supplements to pregnant women and new mothers, and provide vitamin A and deworming services to under-fives. This will take place during Child Health Days Plus — biannual, government-led, month-long vitamin A and deworming outreach campaigns. The project will also see VHTs extend these services to the community level for those who may have missed the campaigns.

## Learning objectives

The project aims to:

- understand how male participation can affect the uptake of MNCH services, and improve ECD and WASH practices
- understand how to develop and sustain primary healthcare delivery at the community level in the three districts.

## References

1. United States Agency for International Development. Uganda: Nutrition Profile. Washington D.C.: USAID; 2018. Available from: [www.usaid.gov/sites/default/files/documents/1864/Uganda-Nutrition-Profile-Apr2018-508.pdf](http://www.usaid.gov/sites/default/files/documents/1864/Uganda-Nutrition-Profile-Apr2018-508.pdf).
2. Uganda Bureau of Statistics and ICF. Uganda Demographic and Health Survey 2016. Kampala/Rockville: UBS and ICF; 2018. Available from: <https://dhsprogram.com/pubs/pdf/FR333/FR333.pdf>.

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Cover image: Parents practising kangaroo care as part of the iCCM-MaCS project, Uganda

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