



Optimising a digitised community health toolkit in Buikwe, Uganda

Improving equitable healthcare access through digital technologies

Background

Integrated community case management (iCCM) was introduced as a national programme in Uganda in 2010. The programme extends case management of key childhood illnesses — such as malaria, pneumonia and diarrhoea — beyond health facilities so that more children have access to lifesaving treatment. However, the iCCM approach faces several challenges across the country, including lack of access to real-time data; paper-based quarterly reporting and inadequate reporting tools; the non-use of community data at higher levels; the erratic supply of commodities; and infrequent supervision of iCCM health workers and village health teams (VHTs), due largely to supervisors' workload and the costs involved.

Malaria Consortium believes that digital health plays a key role in improving equitable access to quality case management. Digital health not only offers a means of bringing affordable, quality health services to those living in hard-to-reach areas, but it can also facilitate real-time access to health information and data, improving knowledge, uptake of services, productivity and informed decision-making.

Country

Uganda

Donor

Malaria Consortium U.S.

Length of project

November 2021 – February 2024

Partners

Buikwe district, Uganda

Mobile Medic

Ministry of Health, Uganda

Project outline and objectives

The Ugandan government has adopted the community health toolkit approach to standardise and govern mHealth interactions within the country. The toolkit is a global public good that aims to digitise all areas of community health, advance universal health coverage and achieve health equity. To support this initiative, we are providing technical assistance to the government to update and introduce the iCCM module of the toolkit.

Between November 2021 and April 2022, with funding from Malaria Consortium U.S., we are collaborating with the Ministry of Health (MoH) and the Buikwe local government to support 365 VHTs that work with populations living 5km or more from a public health facility to use mHealth for iCCM provision. Digitisation of iCCM can improve reporting rates, supervision and mentorship, and support enhanced quality of care. This project specifically aims to:

- showcase an effective method to improve the timely capture and use of community-based health information
- demonstrate the feasibility of improving VHT mentorship and motivation, leading to improved quality of malaria care for those most susceptible to infection in the long term
- provide the MoH with a quality iCCM+ module for its toolkit for scale-up.

Activities

To date, to achieve these objectives, we have:

- developed the application, aligning it with the newly updated 2021 iCCM+ guidelines. The app includes supervision and stock management components; facilitates VHTs' adherence to guidelines and protocols; improves data quality, flows and use; and supports targeted supervision and mentorship
- provided 365 technological devices to Buikwe district
- trained 18 MoH and district iCCM and mHealth technology trainers, and approximately 390 VHTs and their supervisors

- conducted VHT competency assessments
- supported district health management teams to quantify required commodities and conduct redistribution between health facilities and VHTs.

Additionally, we will:

- integrate Smart Discharges into the platform, in partnership with the World Alliance for Lung and Intensive Care Medicine in Uganda. Smart Discharges supports healthcare workers to identify children who are at risk of complications once discharged and, therefore, need home-based follow-up
- conduct operational research to evaluate use of the application and provide evidence for district-wide scale-up, along with a simple cost – output analysis. Using two observation points and an endline assessment, we will monitor and evaluate:
 - data quality of monthly digital reports compared to that of paper reports
 - use of digital dashboards for decision-making at health facility and district levels
 - if VHTs adhere to the iCCM algorithm using the toolkit and correctly assess/classify children under five
 - VHTs' reach/coverage, their adoption (including usability and acceptability) and implementation of the toolkit, and their maintenance requirements for its use over the intervention period
 - the effectiveness of linking a facility-based reporting system to a community-based follow-up system to improve post-discharge care for children recovering from severe infections.

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Cover image: Mother and child taking part in questionnaire where the data is recorded on the project app.

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