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Strengthening health facility support for integrated community case management services in Uganda saves lives

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Regular support from health facility staff to village health teams improves child health outcomes.

Introduction

Supporting Uganda Malaria Reduction and Elimination Strategy (SUMRES) is a project, led by Malaria Consortium, that is assisting 12 local governments in northern Uganda by improving district-level supervision of village health teams (VHT) in line with revised integrated community case management (iCCM) guidelines. This includes providing mentorship, quarterly face-to-face VHT supervision visits and improved communication for referral activities. Malaria Consortium conducted an evaluation to assess the impact of the project on VHT utilisation and child health outcomes from September 2021 to December 2022.

Methods

- Malaria Consortium, in collaboration with the Ministry of Health and The AIDS Support Organization (TASO), supported districts to provide district health management team supervision to health facilities, health facility supervision to VHTs, coaching and mentorships for VHTs and quarterly VHT health facility coordination meetings.
- Using District Health Information System 2 (DHIS2) data, we compared the impact of the implemented activities on community reporting rates, iCCM consultations, child morbidity danger signs and referrals and deaths.

Results

Between September 2021 and December 2022, the following improvements were made:

- Community reporting increased from 60.4 percent to 88.0 percent.
- Average consultations for children 2–59 months increased per quarter from 11 to 33.
- Annual mortality for children aged 0–59 months decreased from 368 to 178, a 51.6 percent reduction.
- Consultations for children aged 2–59 months presenting with fever and danger signs decreased from 2.9 percent to 2.1 percent.
- The percentage of malaria cases treated within 24 hours for children aged 2–59 months increased from 59 percent to 89 percent.
- Emergency referrals for children 2–59 months decreased from 56 percent to 16 percent.

Conclusion

The results show that improved VHT supervision reduced mortality among children 2–59 months. The capacity of VHTs was strengthened through refresher training, supervision and mentorship, which led to improvements in diagnosis, treatment and the promotion of best health practices in the community. This support has increased demand for, and improved the utilisation of, VHT iCCM services. Further improvements in stock availability will enhance this further. The study is limited by the absence of analysis of referral hospital data.

Results

Figure 1: Community health outcomes for children aged five and under

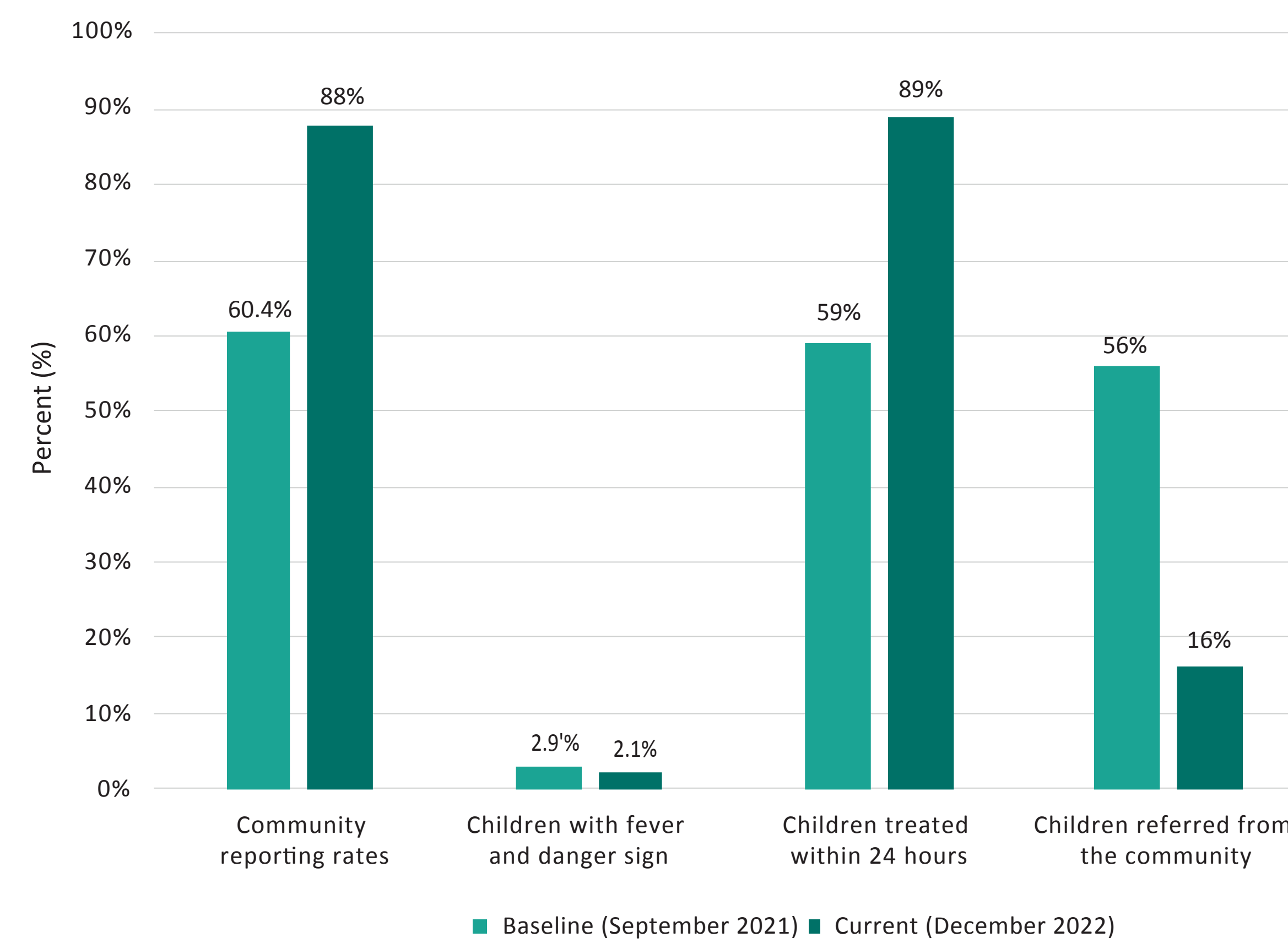
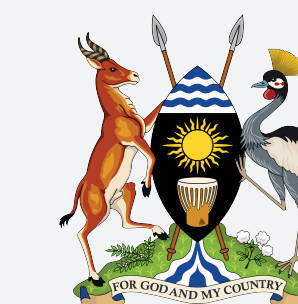
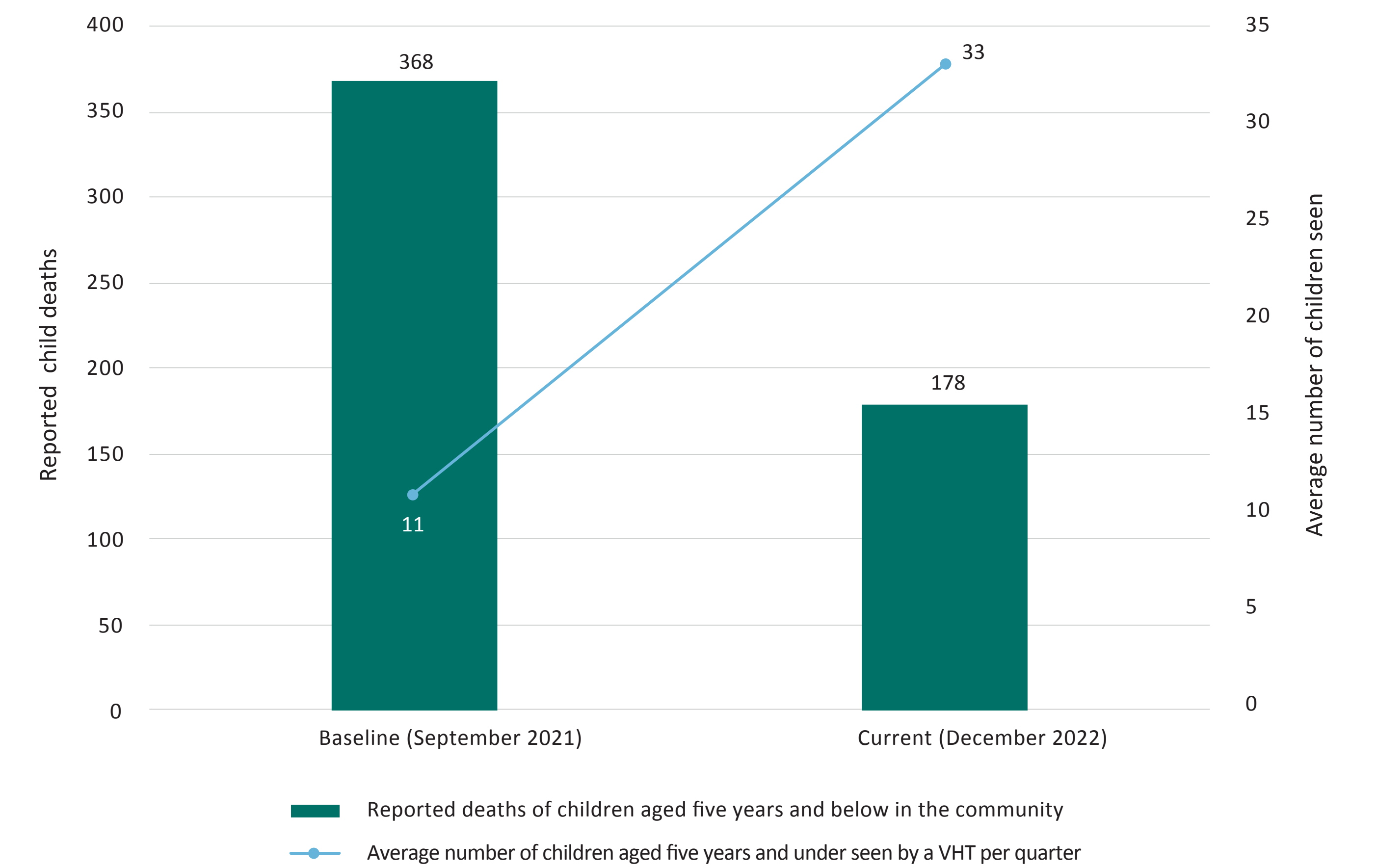


Figure 2: Reported deaths and VHT visits for children aged five and under



Acknowledgements

Malaria Consortium appreciates funding from Global Fund to Fight AIDS, Tuberculosis and Malaria through TASO and the Ministry of Health, which made implementation of the SUMRES project possible.