

# Milestones towards a malaria-free Uganda

Year 1 of Supporting Uganda's Malaria Reduction and Elimination Strategy

Malaria and other common childhood illnesses, such as pneumonia and diarrhoea, are among the leading causes of illness and death in Uganda. These preventable diseases are particularly dangerous to children under five.

In an effort to accelerate progress towards elimination of these illnesses, the Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES) project is establishing an integrated community case management (iCCM) programme in the districts of Lango and Acholi. Supported by The Aids Support Organisation, SUMRES is delivering key interventions to approximately 2.8 million individuals. The following activities and outcomes highlight our achievements in year 1 of implementation, from September 2021 to September 2022.

## Focus area 1

### Implementation of integrated community case management

#### Key activities

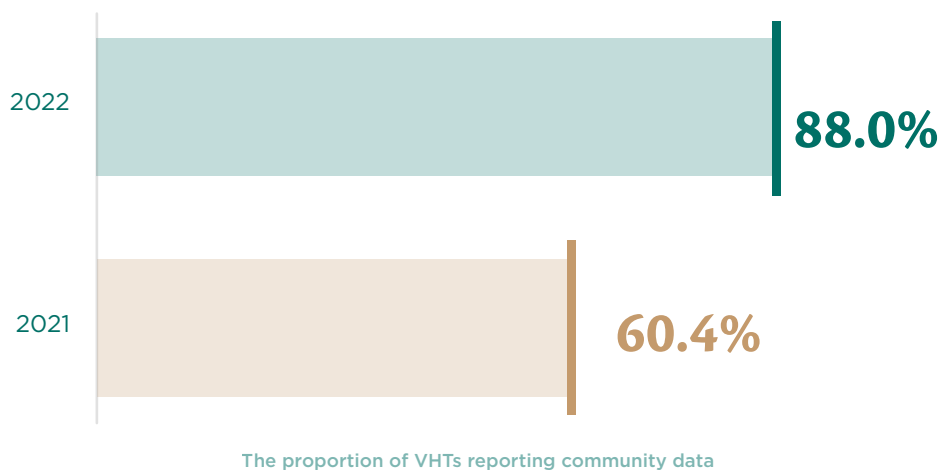
- Refresher trainings for village health teams (VHTs), their supervisors and parish coordinators
- Quarterly VHT coordination meetings at health facilities
- Targeted mentorship, coaching and supportive supervision for targeted health facilities and VHTs

#### Outcomes

Increased reporting of community data

Capacity development

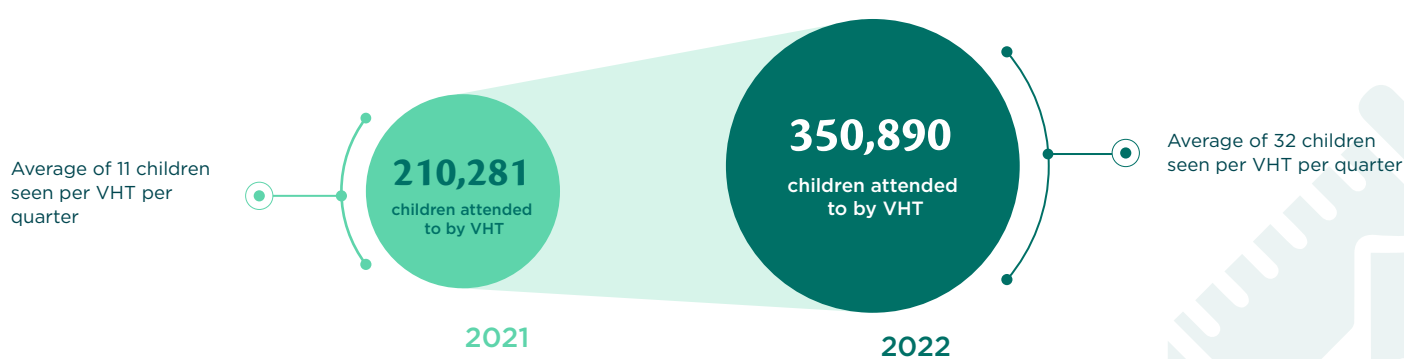
Capacity developed to deliver basic services to children under five through refresher trainings, quarterly review meetings, mentorships and targeted supervision at different levels of service delivery



**473**  
VHT supervisors trained

**12,047**  
VHTs trained

Increase in number of children seen/attended to by village health teams



## Focus area 2

### Community engagement and social and behaviour change communication

#### Key activities

- Targeted community dialogue meetings every quarter in each district
- Identification of community-based organisations (CBOs)/civil society organisations for community engagement
- Organisational capacity assessment of CBOs
- Mentoring and empowering community advocates per district to deepen and sustain social mobilisation

**6,280**  
people reached with malaria prevention messages through community dialogue meetings in remote areas with high endemicity

#### Outcomes

Capacity development

**14**  
CBOs engaged to promote best practices in malaria prevention and management

**55**  
community advocates

**225**  
peer leaders

**150**  
VHTs

## Focus area 3

### Private sector engagement

#### Key activities

- Training for private health workers in reporting
- Quarterly supportive supervision for
  - private clinics and drug shops by representatives of professional bodies
  - private health facilities by the biostatistician to improve reporting and data quality
- Semi-annual private sector review meetings

#### Outcomes

Capacity development for timely and quality reporting by private sector actors

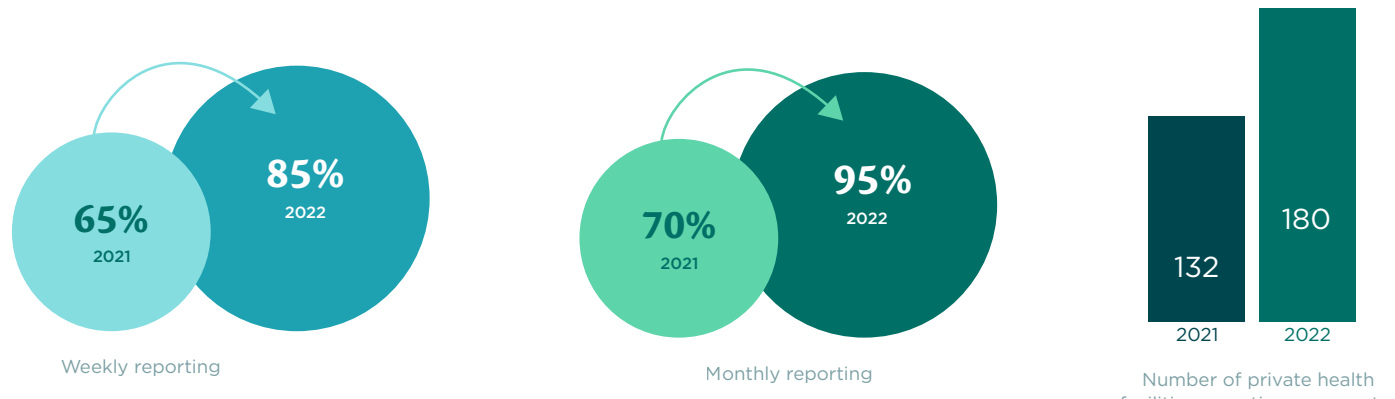
Private sector actors include clinic proprietors and health workers, drug shops and private not-for-profit health facilities

**289**  
private sector health workers

**159**  
private health facilities

**203**  
drug shops

Increased private sector reporting



## Focus area 4

### School health programme

#### Key activities

- Training of school health providers to deliver messages on malaria
- Distribution of long-lasting insecticidal nets (LLINs) to pupils in primary one and in primary four

#### Outcomes

Capacity developed for  
**1,321**  
school health providers

Malaria prevention and control messages delivered to  
**819**  
schools

**259,432**  
LLINs distributed to school children