Impact of the digitised Community Health Toolkit on child health outcomes in rural Uganda

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Key messages

The digitised Community Health Toolkit:
- enabled availability of services for children under five in the community
- led to a reduction in the burden of illness due to malaria, pneumonia and diarrhoea at the health facility.

Introduction

- In 2019, Uganda’s Ministry of Health (MoH) launched the Community Health Roadmap outlining priority needs for the community health programme, including investing in the scale-up of appropriate technology for community health implementation and supervision.
- Since August 2020, Malaria Consortium has been supporting the MoH to develop its digitised Community Health Toolkit (CHT) within its community health information system.
- We funded and provided technical assistance for the development of the integrated community case management+ (iCCM+) module of the CHT platform by aligning it with updated 2021 iCCM+ guidelines and pilot implementation in Buikwe district.
- The main goal of this study was to assess the impact of digital iCCM on child health outcomes.

Methods

- To assess impact, Kayunga district was selected as a control area to Buikwe district, with a sample of 20 public facilities from each district.
- To assess trends, data collection was conducted between April 2021 to March 2022 during two time periods:
  - before CHT platform implementation: April to November 2021
  - during CHT platform intervention: December 2021 to March 2022.

Results

- Combined outpatient department (OPD) attendance due to malaria, diarrhoea and pneumonia among children under five declined significantly, from 46 to 32 percent (p-value: <0.001) in Buikwe, compared to a non-significant change from 47 to 46 percent in Kayunga (p-value: 0.073).
- Malaria-related admissions among children under five declined significantly, from 16 to 13 percent (p-value: <0.001) in Buikwe, compared to a non-significant decline from 16 to 15 percent in Kayunga (p-value: 0.098).
- Malaria deaths among children under five, computed per 100,000 population per year, declined in Buikwe from 71.7 deaths to 59.5 deaths, compared to a slight decline in Kayunga from 76.1 deaths to 73.1 deaths.

Conclusion

The digitised CHT intervention in Buikwe district was instrumental in enabling the availability of services for children under five in the community. This led to a reduction in the burden of illness and death at the health facility level. The MoH should further examine using the digitised CHT as a complementary intervention and consider its scale-up in rural areas.