



Participatory monitoring and evaluation

PROJECT BRIEF

Comparing ICCM in Rural and Peri-Urban Villages in Uganda

This study aims to inform decision making on whether or not the integrated community case management (ICCM) strategy should be tailored differently in rural and peri-urban settings and make recommendations for how ICCM can be improved.

Project Outline

With the adoption of the Millennium Development Goals (MDGs) in September 2000, child health has come to the forefront of international attention. However, despite achievements against the MDGs to date, progress has been limited in many countries and child mortality rates remain unacceptably high.

In 2010, the Ugandan government adopted the ICCM strategy for malaria, pneumonia, diarrhoea and newborn health to reduce childhood morbidity and mortality. ICCM is built upon the Village Health Team platform, which involves volunteers at community level trained to provide general health advice and support. The additional training in ICCM that these volunteers receive is designed to increase the availability, uptake and appropriate use of life saving treatments, as well as strengthening referral from the community level of severely ill infants and young children.

Initially, priority in scaling-up ICCM was given to rural settings where access to healthcare is limited. However, ICCM has recently been implemented in peri-urban settings, which have high population densities and some of the highest child mortality rates in Uganda.

At present the ICCM implementation guidelines are the same irrespective of context and no studies have been conducted to assess if this is appropriate or if the strategy should be tailored to different contexts.

Through COMDIS-HSD, a UKaid funded research programme consortium, Malaria Consortium's study compares ICCM in rural and peri-urban settings in Uganda, using both quantitative and qualitative methods. The focus of the project is the Wakiso District in Central Uganda, where Malaria Consortium is implementing ICCM, funded by UNICEF.

Country/Countries

Uganda

Donor/Donors

Department for International Development / UKaid

Length of project

March 2012 – September 2013

Partners

Nuffield Centre for International Health and Development, University of Leeds

The four main components of the study are:

- » Cross-sectional surveys gathering data on, for example, the use of preventive measures and the illness prevalence in children in each household.
- » Routine data collected from Village Health Teams.
- » Key informant interviews, enabling study of different participants' perspectives of ICCM establishment, implementation and results.
- » Participatory monitoring and evaluation over a five-day period with the community and Village Health Team.

This project supports efforts to deliver:

- ✓ *Control of childhood illnesses*
- ✓ *Capacity building / human resource development*
- ✓ *Behaviour change communications*
- ✓ *Policy change / advocacy*

Project Objectives

To describe the similarities and differences in the establishment, implementation and results of ICCM in selected rural and peri-urban villages and evaluate their potential effects on performance of ICCM in these contexts.

To make recommendations for future improvements to ICCM in rural and peri-urban settings.



An ICCM trained VHT member carries out a rapid diagnostic test for malaria on a sick child

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disease control, better health