



Community health workers in Uganda educate parents about the dangers of infectious childhood illnesses

# PROJECT BRIEF

## inSCALE

The aim of inSCALE is to increase coverage of integrated community case management, which provides community based-care for diarrhoea, pneumonia and malaria, resulting in more children receiving timely and appropriate care for these three most common childhood illnesses

### Project Outline

The Innovations at Scale for Community Access and Lasting Effects (inSCALE) project is identifying and documenting limitations to national scale up of Integrated Community Case Management (ICCM) and aims to demonstrate that coverage and impact of government-led ICCM programmes can be extended if innovative solutions can be found for critical limitations. Based on research, three main constraints have been found to limit coverage of community based management of childhood diseases: supervision, motivation and information flow.

Potential solutions to the identified constraints have been formulated based on current knowledge and experiences from Malaria Consortium ICCM implementation and other relevant community-based initiatives in both project countries and elsewhere. Extensive formative research was conducted to support the design of innovations aimed to improve motivation and performance of community health workers.

A randomised control trial is formally evaluating innovations which have potential to address the project's aims but lack sufficient evidence of impact. Mozambique and Uganda are implementing technology based interventions as part of the trial. In both countries community health workers (CHWs) are given phones which contain innovative tools such as respiratory timers to support their work in pneumonia diagnosis. CHWs and their supervisors have access to a closed user group on their phones in order to increase communication and support.

More specifically, In Mozambique, CHWs are provided with smart phones programmed with a tool for decision support, immediate feedback and multimedia audio and images to improve adherence to protocols. The tool also allows CHWs to send key indicators to a server and to keep a register of patients who can be tracked over time. The indicators submitted can be used to monitor the performance of CHWs by providing automated, timely,

#### Country/countries

*Mozambique/Uganda*

#### Donor/Donors

*Bill & Melinda Gates Foundation*

#### Length of project and Start/end dates

*Five years, October 2009-October 2014*

#### Partners

*London School of Hygiene and Tropical Medicine*

*UCL Institute of Global Health*

*Mozambique Ministry of Health*

*Uganda Ministry of Health*

*ScyFy*

*Dimagi*

*Makerere University, Uganda*

*Karolinska Institute, Sweden*

digestible reports with targeted follow-up actions for CHW supervisors.

In Uganda, one technology and one community based intervention are being evaluated over a 12 month period. In the technology intervention, CHWs are given a Java enabled mobile phone through which they can send their weekly reports on patients seen and drug stocks, receive immediate performance related feedback based on data submission and monthly motivational messages. The community based intervention is focused on the set-up and running of village health clubs. These are designed to be highly participatory with the CHWs in the role of facilitator, aimed at increasing awareness about the CHW role and improving motivation through the support of the community. They are intended to address some of the key challenges facing CHWs from the community upwards; contributing to a sense of connectedness, providing support and supervision from community members and improving the standing and status of the CHW. Village health clubs are intended to be open to all, CHW focused, fun and village-owned in order to have an impact on CHW motivation and the health of the children in the communities.

Continuous Ministry of Health support for health facilities to provide referral care and equip community health workers with medicines, tools, supervision and training are critical for the success of the project.

## Project aims & achievements

1. To identify best practices in starting up ICCM at sub-national levels and identify innovations with potential to increase coverage of ICCM and improve its quality through better performance and retention of community health workers (CHWs).
2. To assess the feasibility and acceptability of identified innovations among community members, CHWs, facility-based health workers, sub-national and national health authorities.

3. To evaluate innovations with the potential to increase coverage of ICCM and improve its quality through better CHW performance and retention.
4. To cost the innovations which demonstrate effectiveness in improving ICCM coverage and quality through better CHW performance and retention, and investigate the potential for economies of scale and scope.
5. To promote implementation and spread of ICCM by sharing learning with Ministries of Health, sub-national health authorities and stakeholders
6. To share experiences and findings to improve coverage of ICCM and improve its quality with relevant stakeholders.

### Key achievements:

- » 24 reports, literature reviews, peer reviewed publications publicly available
- » In-depth formative research completed in both countries to inform intervention design
- » Development of innovative interventions based on environment and context
- » Training of 1275 community health workers in the inSCALE mobile phone support system in Uganda

- » Training of 890 community health workers in the participatory method of Village Health Clubs in Uganda
- » 135 CHWs, their 47 supervisors and 6 CHW district coordinators are being trained on the inSCALE CommCare application in Mozambique.

**Please put a cross against or highlight any of the following that this project supports efforts to deliver:**

- ✓ *Malaria control*
- ✓ *Control of childhood illnesses*
- ✓ *Health systems strengthening*
- ✓ *Capacity building / human resource development*
- ✓ *Behaviour change communications*
- ✓ *Operational research*
- ✓ *Monitoring & evaluation*
- ✓ *Policy change / advocacy*

**For more information about inSCALE visit**  
[www.malariaconsortium.org/inSCALE](http://www.malariaconsortium.org/inSCALE)



Children are given health checks by community health workers in Mozambique

### Malaria Consortium

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disease control, better health