



Asunta shows off her new CDD T-shirt outside her home in Aweil Centre County

PROJECT BRIEF

Integrated Community Case Management

The aim of the project is to improve child survival in children under five years by increasing access to prompt and effective treatment of common childhood illnesses including malaria, pneumonia and diarrhoea

Project Outline

In the Republic of South Sudan, most child health indicators remain poor. According to the 2010 South Sudan Health and Household Survey, the infant mortality rate and under-five mortality rate are very high at 75 per 1,000 live births and 105 per 1,000 live births, respectively. Coverage of health care services is low in the country, with marked variation across the states. It is estimated that 44 percent of the population is settled within a five kilometre radius of a functional health facility (HFM 2011).

Access to prompt and effective treatment of childhood illnesses is a major challenge to improving child survival. Recent population based surveys showed that access to appropriate treatment for fever (suspected malaria) within 24 hours for children under five years is less than 40 percent; for diarrhoea 54.6 percent; and to appropriate antibiotics for cough/fast breathing (suspected pneumonia) 38.5 percent (EPI Coverage survey 2011/2012);

The integrated community case management (ICCM) programme is implemented at community level in hard

to-reach rural areas with the aim of reducing morbidity and mortality in children under five years by improving access to prompt first-line treatment for these common but deadly childhood illnesses. Malaria Consortium implements ICCM across two counties (Aweil West and Aweil Centre) of the five counties in Northern Bahr el Ghazal state.

In each of the villages within the 15 *payams* where ICCM is implemented, volunteers are selected by their communities and trained to serve as community drug distributors (CDDs). The CDDs are trained to assess, treat for fever (suspected malaria), cough/fast breathing (suspected pneumonia) and diarrhoea for children under five years at the community level and refer children with danger signs to the nearest primary health care centre/unit or hospital. Due to the inextricable link between malnutrition and childhood illnesses, Malaria Consortium's ICCM programme integrates screening for severe acute malnutrition and the referral of identified cases for treatment to community based outpatient therapeutic programme sites.

Country

South Sudan

Donors

Global Fund to fight AIDS, Tuberculosis and Malaria

Canadian International Development Agency

Department for International Development/UKaid

United States Agency for International Development

Length of project

May 2010 - March 2016

Partners

Republic of South Sudan Ministry of Health

*Population Services International
ADRA-SSHINE*

Each CDD is responsible for around 40 households and is overseen by a CDD supervisor to ensure quality of services provided under community treatments. The supervisor also supplies the CDDs with the medicines, equipment and tools for providing community level treatments and appropriate referrals. CDD supervisors are responsible for approximately 15 CDDs. The supervisors are themselves supervised by Malaria Consortium project and field officers and are visited at least twice a month for supportive supervision. They also receive at least one training every year by Malaria Consortium staff. This project is implemented under the Ministry of Health policy framework for initiatives relating to Community Child Survival and the Basic Package of Health and Nutrition Services for the Republic of South Sudan.

The community programme links with the formal health system mainly through prompt referral of severe cases and for any other diseases not within the CDD's capacity to assess or treat. Community level data on treatment, referral, supervision and medicine supply are fed in to the Ministry of Health (MoH) endorsed District Health Information System (DHIS). This data will be incorporated into the MoH health management information system to ensure treatments and referral information at community level are recorded within the overall country health profile.

Project Aims & Achievements

Aims

- » To increase coverage and access to appropriate and effective 1st line treatment for malaria, pneumonia, diarrhoea screening for severe acute malnutrition, and prompt referral for cases with danger signs to the formal health care facilities
- » To increase the capacity of community volunteers through training, supervision and mentoring to provide quality and appropriate first line treatment for children under five in their respective communities, and health workers on the implementation of ICCM services
- » To improve the knowledge and practices of caregivers and community members on common childhood illnesses prevention and treatment, care practices and health seeking behaviours through health messages provided during treatment and in the community

Achievements

- » Established a community volunteer network and system comprising CDDs and CDD supervisors to provide community based treatment for fever (suspected malaria), cough/fast breathing (suspected pneumonia) and diarrhoea in children under five years in

Aweil Centre and Aweil West, Northern Bahr El Ghazal state

- » Trained, equipped and supervised a network of 1,683 CDDs and 112 CDD supervisors to deliver community based effective and prompt first line treatments for fever (suspected malaria), cough/fast breathing (suspected pneumonia) and diarrhoea in children under five years
- » Increased availability of appropriate first line treatments provided by CDDs with approximately 42,000 treatments provided quarterly for fever (suspected malaria), 1,500 for cough/fast breathing (suspected pneumonia) and 1,900 for diarrhoea by CDDs
- » Over 90 percent of CDDs are supervised at least once every quarter, to ensure quality of community
- » 100 percent of children with danger signs (inclusive of SAM referrals) identified by CDDs referred to primary health centres and hospitals
- » Improved capacity and awareness on management and prevention of common childhood illnesses through training of over 50 health workers
- » ICCM training manual and job aids developed, piloted and updated for training of CDDs/supervisors with specific focus on adult learning and attention on the low literacy settings.



CDD Nyidumo Uthur Uguak uses her respiratory beads to check a with cough and fast breathing - pneumonia

Malaria Consortium

Development House 56-64 Leonard Street, London EC2A 4LT, United Kingdom
info@malariaconsortium.org / www.malariaconsortium.org
 UK Registered Charity No: 1099776

malaria consortium

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