



Community health worker testing a child for malaria, Mozambique

Photo: Ruth Ayisi

PROJECT BRIEF

ICCM Project

This project aims to demonstrate implementation at scale of effective, replicable community-based treatment systems for childhood malaria, pneumonia and diarrhoea with the ultimate goal of reducing mortality in children under five years old by up to 35 percent

COUNTRIES

Mozambique
South Sudan
Uganda
Zambia

DONOR

Canadian International
Development Agency (CIDA)

LENGTH OF PROJECT

Four years (2009 - 2012)

PARTNERS

Ministry of Health at central and provincial/state and district/county levels; local partners for behaviour change and communication activities

PROJECT OUTLINE

Malaria Consortium, with support from Canadian International Development Agency (CIDA), is supporting the Ministries of Health in the introduction and implementation of integrated community case management (ICCM) activities. The total population across the implementation areas is 4.2 million people.

The programme will provide community-based care for malaria, pneumonia and diarrhoea. It includes rigorous results tracking activities to evaluate outcomes and impact on all-cause child mortality.

Health commodities delivered through this programme will be additional to what would have been delivered normally.

Where required, the programme will support the identification and training of community health workers (CHWs) to diagnose and treat

malaria, pneumonia and diarrhoea appropriately. It will ensure continuous supply of RDTs and ACTs at the community level for the diagnosis and treatment of malarial fevers, respiratory timers and antibiotics for the diagnosis and treatment of pneumonia, and zinc supplement and oral rehydration salts for the treatment of diarrhoea.

The programme includes training of Ministries of Health to support, supply and supervise CHWs in the diagnosis and treatment of malaria and pneumonia-related fevers and in the treatment of diarrhoea. Assistance will be provided to districts in order to monitor and gather data effectively on CHW activities.

Finally, the programme will support partners to implement behaviour change and communication activities to increase awareness within the community of this programme.



Community health worker being selected in Kiboga, Uganda

AIMS & ACHIEVEMENTS

- Design community-based case management programmes for hard-to-reach populations in the implementation areas of each country.
- Support the Ministry of Health at all levels to implement community-based treatment programmes.
- Build Ministry of Health and local community-based organisations' capacity to continue and expand community based treatment programmes.
- Evaluate the feasibility and impact of different programme mixes and interventions.
- Promote better health-seeking behaviour among the target communities and awareness of ICCM activities.

Table 1: Summary of CIDA-ICCM programme progress using key indicators

Indicators	Cumulative No. (2009 - present)
Number of children under five receiving full course of ACT	300,559
Number of RDTs performed	417,266
Number of children under five treated for pneumonia	254,268
Number of children treated for diarrhoea	109,742
Number of children seen by CHWs	698,433

* ICCM Combined Progress Report No.3 - Feb 2011 to Jan 2012

This project has a direct impact upon efforts to:

- ✓ Combat malaria
- ✓ Manage common childhood illnesses
- ✓ Encourage behaviour change through communications
- ✓ Strengthen health systems
- ✓ Provide operational research outputs
- ✓ Provide monitoring and evaluation outputs
- ✓ Reach at-risk and vulnerable populations