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.
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

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

* 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