THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

UGANDA

COUNTRY EXPERIENCES FROM SCALING UP ICCM WITHIN COMMUNITY HEALTH SYSTEMS

MONDAY, 22 July 2019

Uganda's Selected Indicators DHS 1991-2016

INDICATOR	1991	1995	2002	2006	2011	2014	2016
Total Population (millions)	16.7		24.2	28		34.6	38
Population Growth Rate (%)	2.5		3.2			3.0	
Total Fertility Rate (children)	7.4	6.9	6.9	6.7	6.2	5.8	5.4
Teenage pregnancy (%)	-	43	31	25	24	24	25
Contraceptive Prevalence Rate (%)	7.8	14.8	22.8	23.7	30.0	33.7	39.0
Infant Mortality Rate (per 1,000 live births)	122	81	87	76	54	53	43
Under Five Mortality Rate (per 1,000)	203	174	156	137	98	80	64
Neonatal Mortality (per 1,000)				33	29		23
Maternal Mortality Ratio (per 100,000)	523	506	505	435	438	438	336
Full Immunization (%)	37	47	37	46	52		55
Stunting (% children under five years)	-	38	39	38	33		29
HIV Prevalence Rate (%)	30	18.5	6.1	6.4	7.3	6.2	6.2
Poverty (%)	56	44	34	38	24.5	19.7	21.4
GDP per capita (USD)	184	280	240	337	506	719	740
Dependency Ratio	102		110			103	
Literacy Rate (%)	54.0		69.6	69	71	74.2	75
Life Expectancy at birth (years)	43.1		50.4			63.3	

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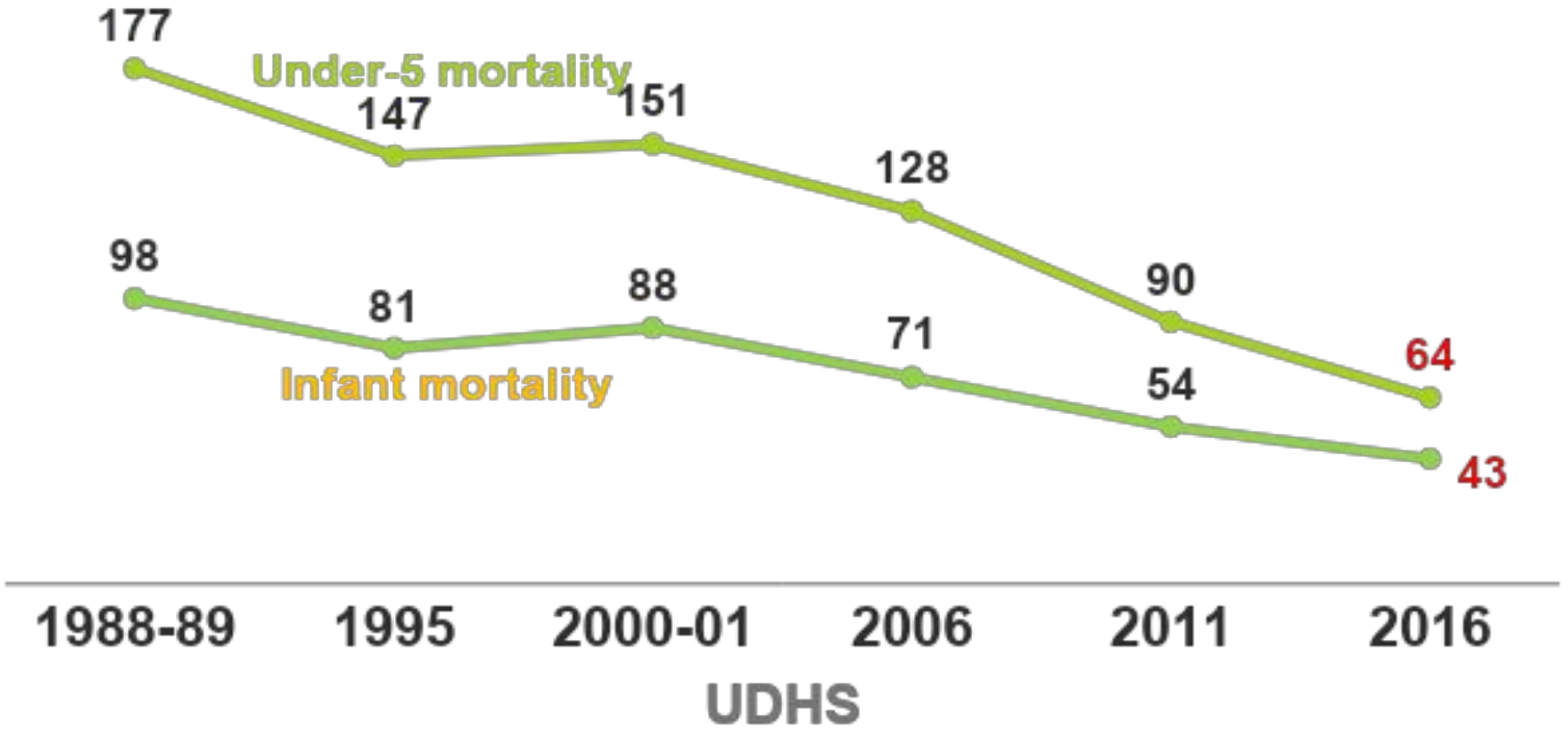
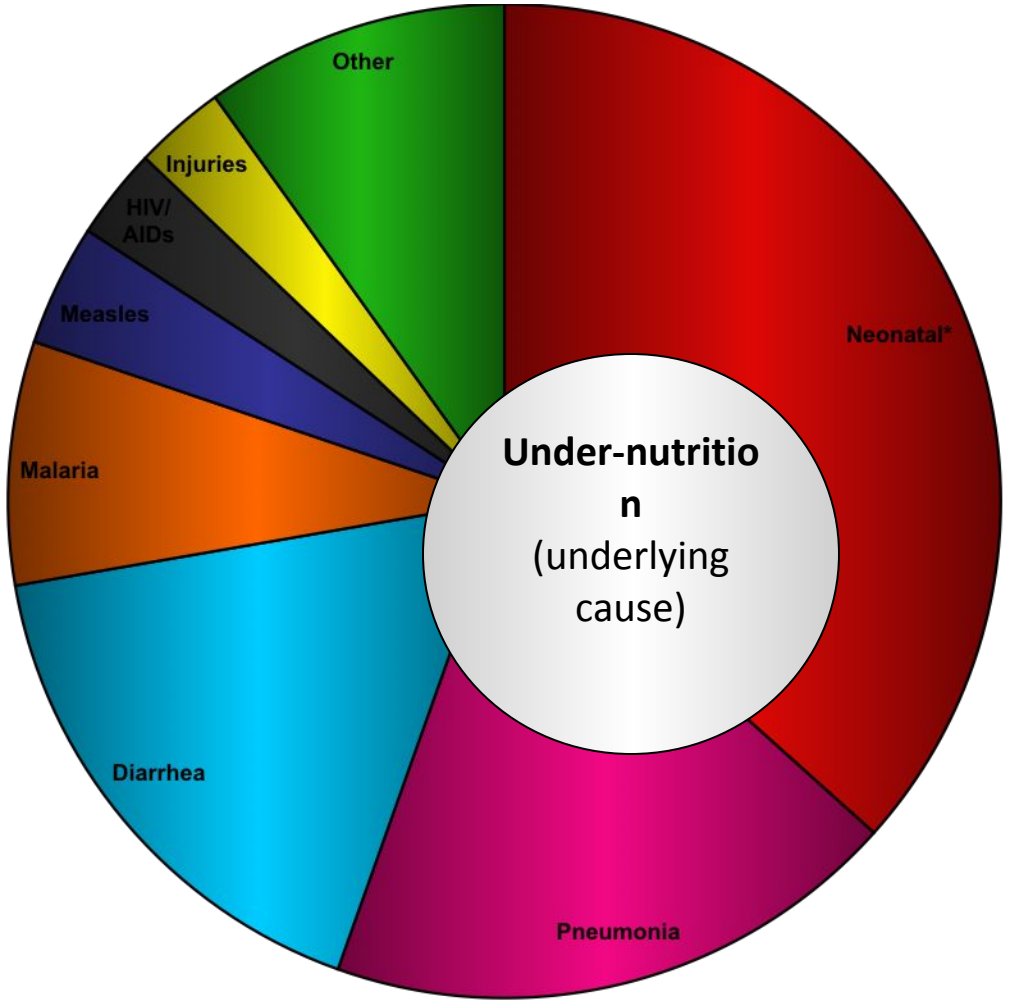
Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



What drives this strategy?

…… 1) Under 5 Child Mortality



*26% of neonatal deaths are due to severe infections

Source: 2014 Uganda HHS

Progress in Implementing ICCM

National Implementation phases

- Introduced HBMF in 2002 and by 2006 all districts were covered
- 2004 Early implementation: 12-18 months
  20/80 districts
- 2010 Transition to Expansion: 18-24 months
  34/112 districts
- Scale Up/improve: Initial implementation review in 2013
- 2014 Accelerated Expansion phase: 33 districts selected for the GF to expand ICCM district
- Currently total of 71 districts implementing ICCM
- 35 implement new expanded package (TB, HIV, Maln)

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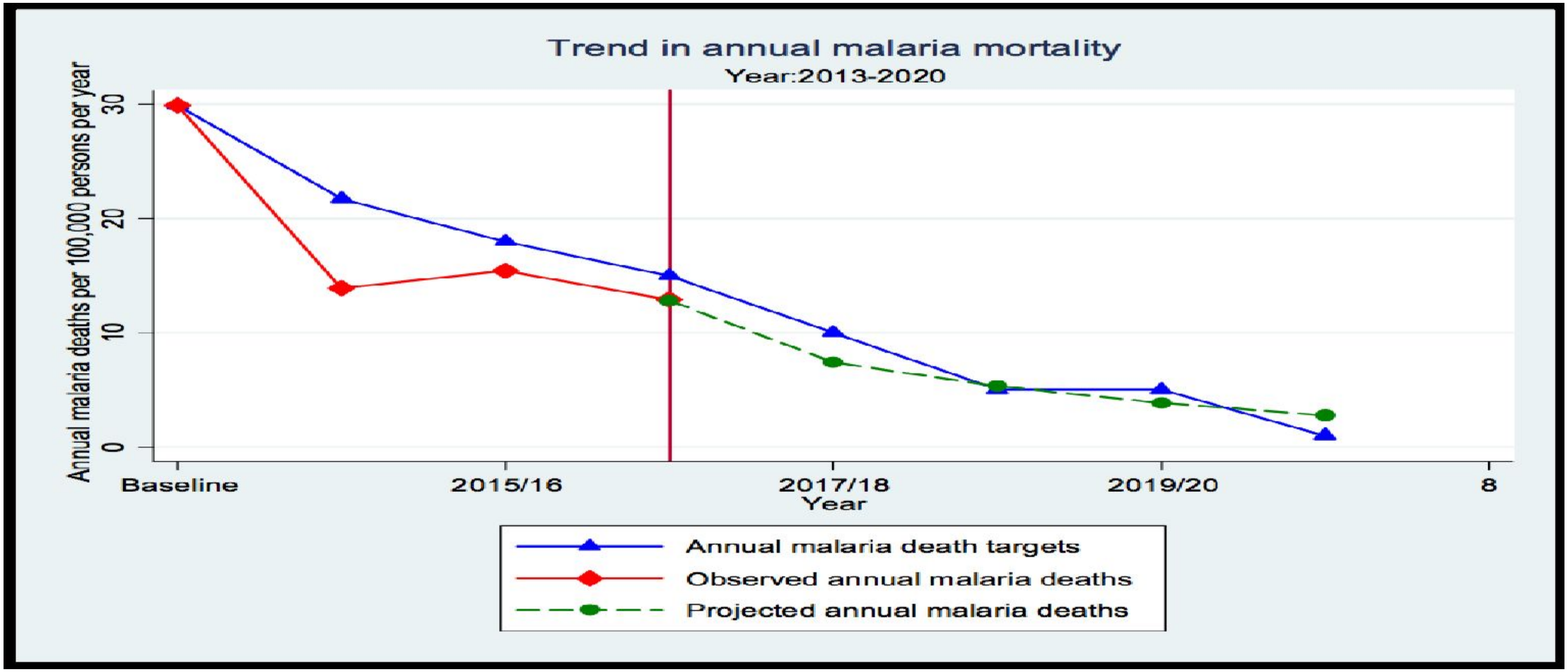
Trends in annual malaria mortality



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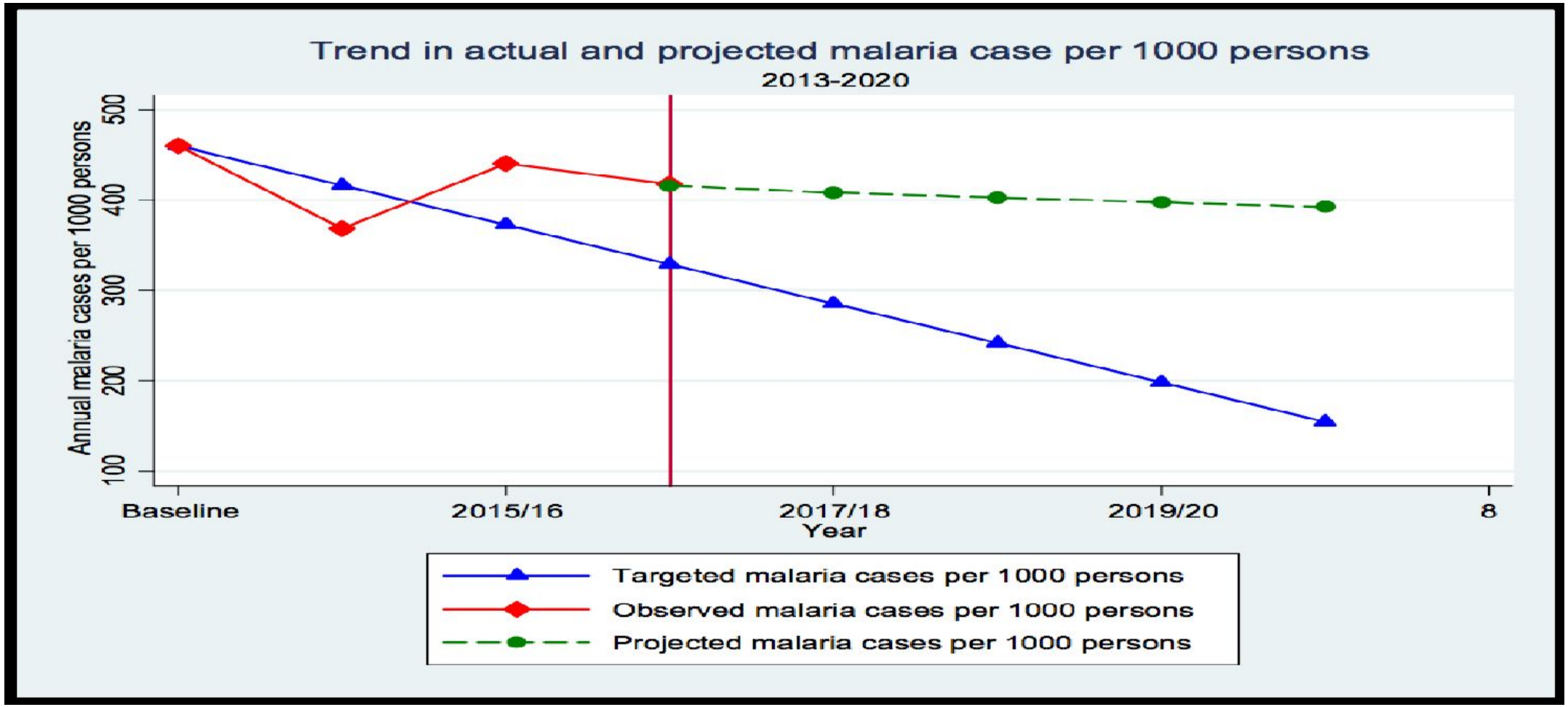
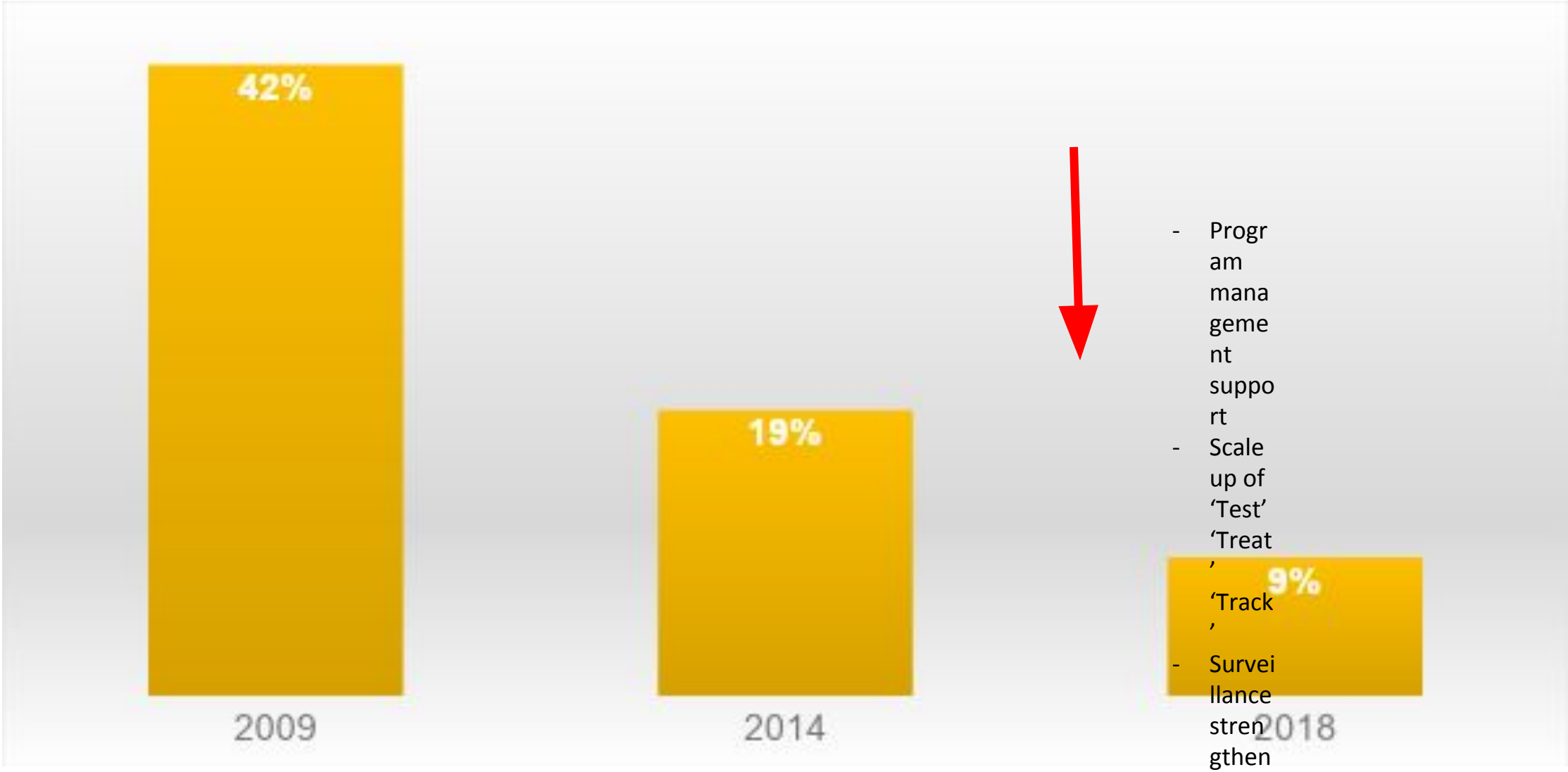
Trends in malaria morbidity

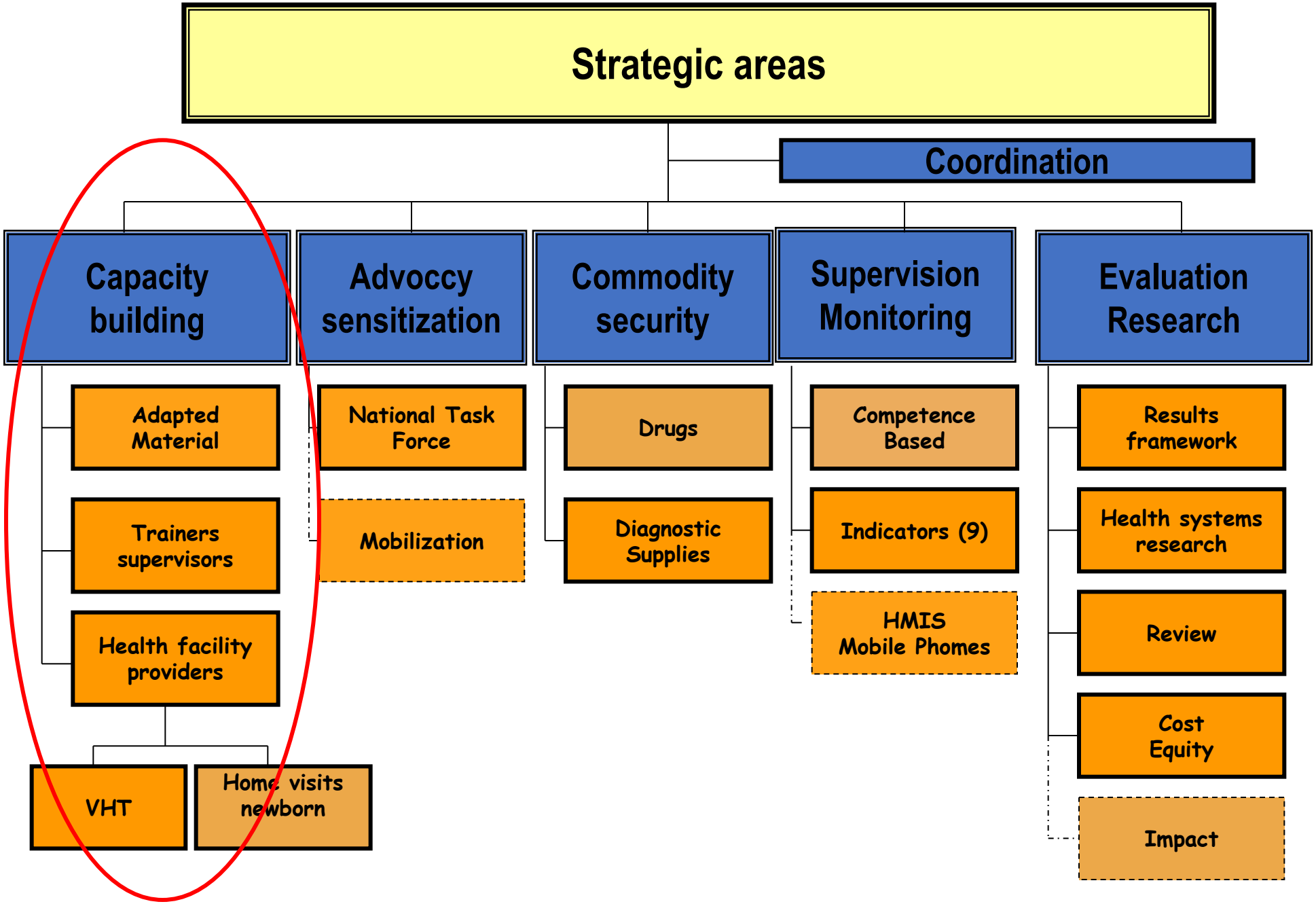


Malaria Prevalence Rate, 2009-2018

[*Source: Malaria Indicator Survey*]



Uganda ICCM model


Strategic areas
Coordination
Capacity building
Advoccy sensitization
Commodity security
Supervision Monitoring
Evaluation Research
Adapted Material
Trainers supervisors
Health facility providers
VHT
Home visits newborn
National Task Force
Mobilization
Drugs
Diagnostic Supplies
Competence Based
Indicators (9)
HMIS Mobile Phomes
Results framework
Health systems research
Review
Cost Equity
Impact

ICCM Uganda

Aim:

Improve correct use of life-saving treatments by making them available, assuring their delivery, good quality, and mobilizing demand for them

Target:

0-28 days: identify danger signs and refer immediately

2-59 months: treat malaria, pneumonia, diarrhea
screen and refer malnutrition, HIV and TB

? Expanding the age cut off – school children

What is contained in the Village Health Team - iCCM package?

- **Medicine**: Prepackaged color coded for each age group (AMOX, ACT, Zinc & ORS co-pacK)

- **Diagnostics/equipment** Respiratory timer, MUAC tapes, Malaria RDTs, medicine storage boxes, safety boxes, gloves

- Laminated pictorial **sick child job aid** (also for postnatal care)

- Patient **paper based register** – cases managed, referred & outcome

- m-phone (**mTra**c) – weekly reporting cases, drug stock, symptoms

- Variable **modalities of incentives** –mostly non monetary

VHT training roll out model...

National/regional master trainers

District Trainers

Health Facility Trainers

SUPPORT ACTIVITIES:

- Advocacy
- M&E
- Supply chain management
- Digital Health
- Resource mobilization etc.
- Private sector models

- Train HW on IMCI, IMM
- HWs train/ certify VHT on ICCM
- Compile VHT data – entered into DHIS2

Community VHT selection

Households Registration

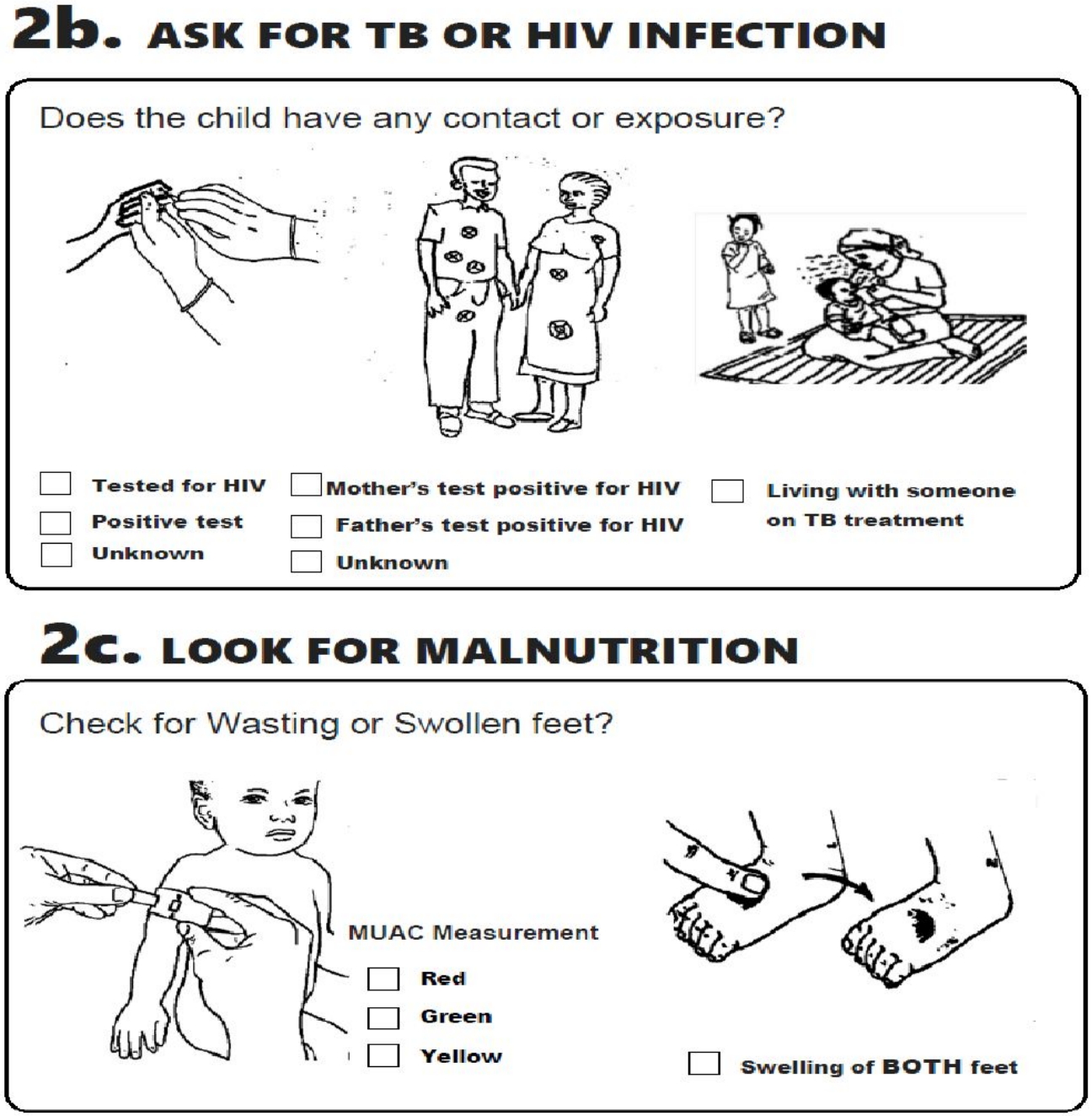
Community mobilization

At the Health Facility:

1. Quarterly Supervision Meeting
2. Medicine re-supply
3. Monitoring performance of VHTs

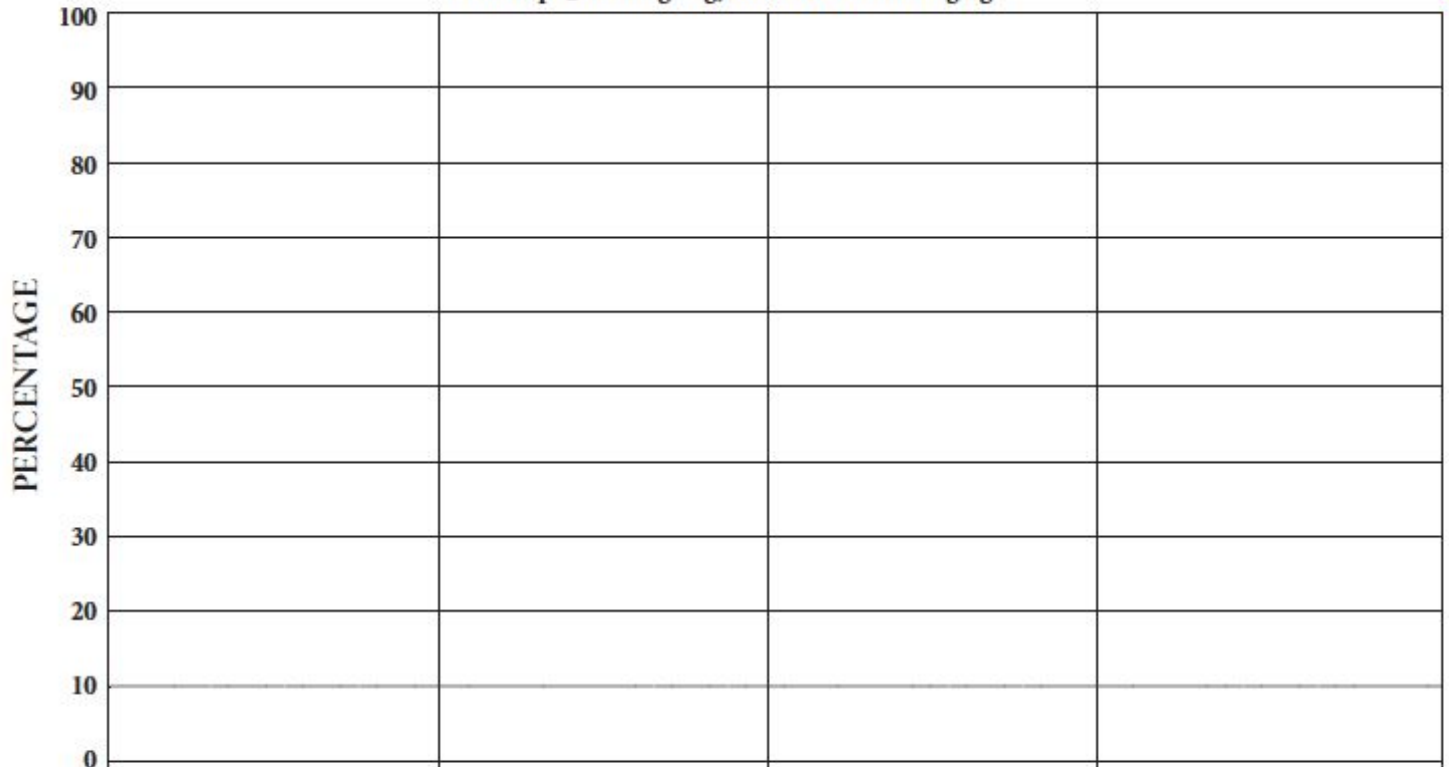
BEST PRACTICE-SERVICE INTEGRATION

- Inclusion of screening of children for HIV exposure by VHTs as part of ICCM implementation ;
- Inclusion of screening of children for TB exposure by VHTs as part of ICCM implementation ;
- Inclusion of screening of children by VHTs for acute malnutrition using MUAC as part of ICCM



Health Facility Catchment - ICCM Implementation July 201____ to June 201____

P.O. BOX 7272, Kampala - Uganda. Tel: +256-414-231561/9 Fax: +256-414-231584/231572
Email: ps@health.go.ug, Web: www.health.org.ug



No. Newborns visited				
No. U5s seen by VHTs				
No. VHTs register reviewed %				
No. VHTs in catchment				
No. HHs in catchment				
No. Villages in catchment				
Date of Reporting				

ICCM operationalizes several national policies and strategies

Operationalizes the following national Strategies

- **Child Survival Strategy:** prioritized use of VHTs to control diarrhea, malaria, pneumonia, malnutrition etc.
- **Village Health Teams (VHTs) = HCI:** established to health educate the population on a basic health care package of services
- **National Malaria Reduction strategy:** prioritizes case management and home based management of fever
- **Prevent Protect and Treat Pneumonia and Diarrhea Strategy (PPT/GAPPD)**: part of package, which includes treatment at community level
- **Newborn Implementation Framework:** prioritized post natal home visits and registering pregnancies
- **Medicine Supply Chain Management:** especially the last mile

Operationalizes the following national Strategies

- **Community Based HMIS:** including digital health component and Community HW Information System (CHRIS)
- **Home Based Records/Hand Held Passport:** expected to complete post natal visits and complete referral note
- **HIV Reduction Strategy:** including eMTCT, Early Infant Diagnosis
- **Tuberculosis Control Strategy:** including community based child TB management and notification
- **Community Health Strategy/ Framework:** work ongoing

Who are our main partners in this

Major partners: UNICEF, WHO, World Vision, DFID, Global Fund, USAID and KOICA, World Bank, Global Financing Facility

Implementing partners & NGOs: Malaria Consortium, World Vision, CHAI, PACE/PSI, IRC, IMC, Medicine Teams, AMREF, CUAMM, Save the Children Fund, IRC, MSH, M-CHIP, TASO, Healthy Child Uganda

Academia: Mbarara University of Scienec and Technology, Makarere Univeristy/ Infectious Disease Institute,

Private Sector ICCM: Living Goods, BRAC, Makerere University/ Oraflame, Healthy Enterpreners

Progress and some of the effects of Implementing ICCM

Why iCCM matters - Treatment Gaps

Disease	Episodes per child per year	Episodes per year (000,000)	Treatment or Care-Seeking	Treatment Gap	Deaths per year (000)
Malaria	3	17.5	62% treated	6.7 million untreated episodes	43
Pneumonia	0.3	1.8	67% sought care	Perhaps ~1 million untreated episodes (Rx < care-seeking)	39
Diarrhea	6	35	29% ORT	25 million untreated episodes	33
NB Sepsis	~0.14 of newborns	0.2	? (42% SBA)	High	14

NB=newborn; ORT=oral rehydration therapy; Rx=treated; SBA=skilled birth attendant

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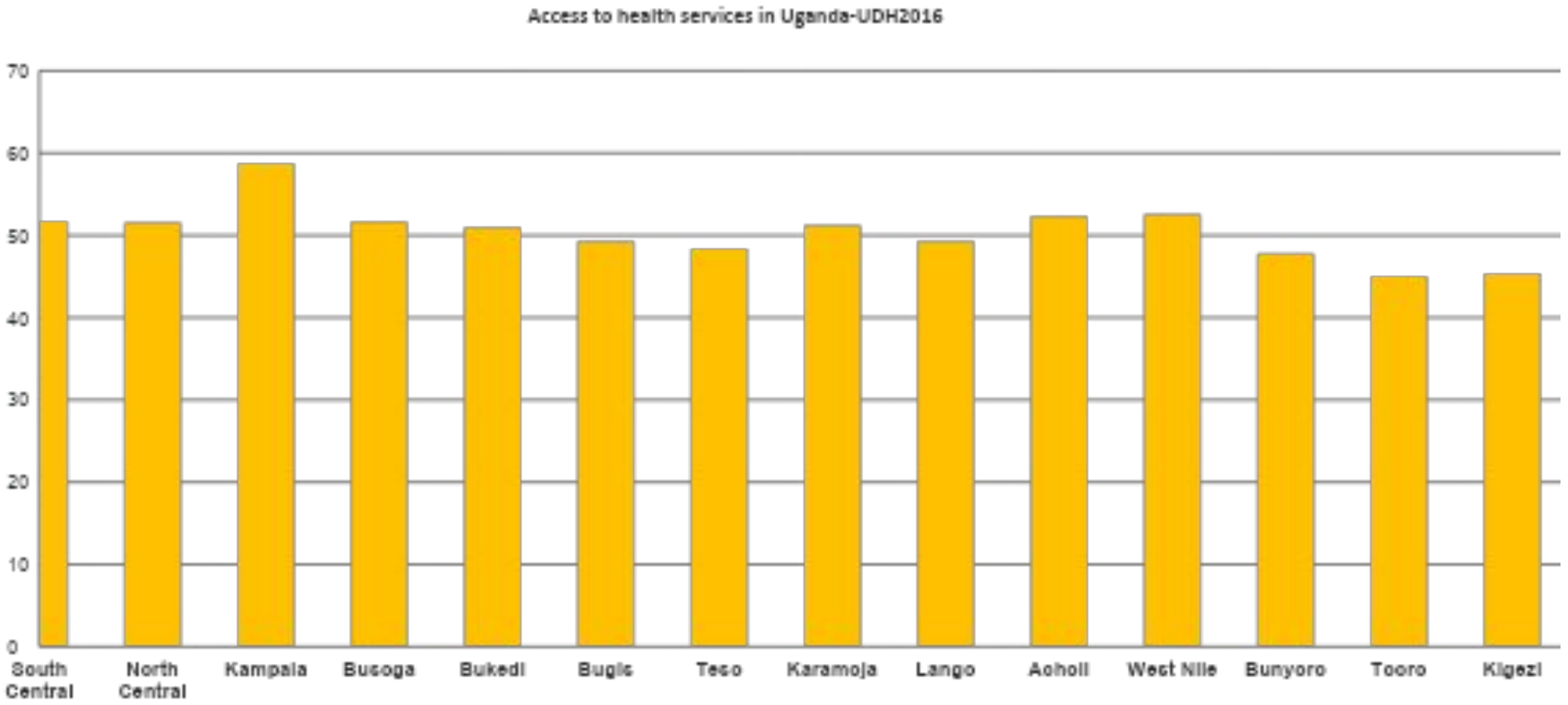
Access to Health Services



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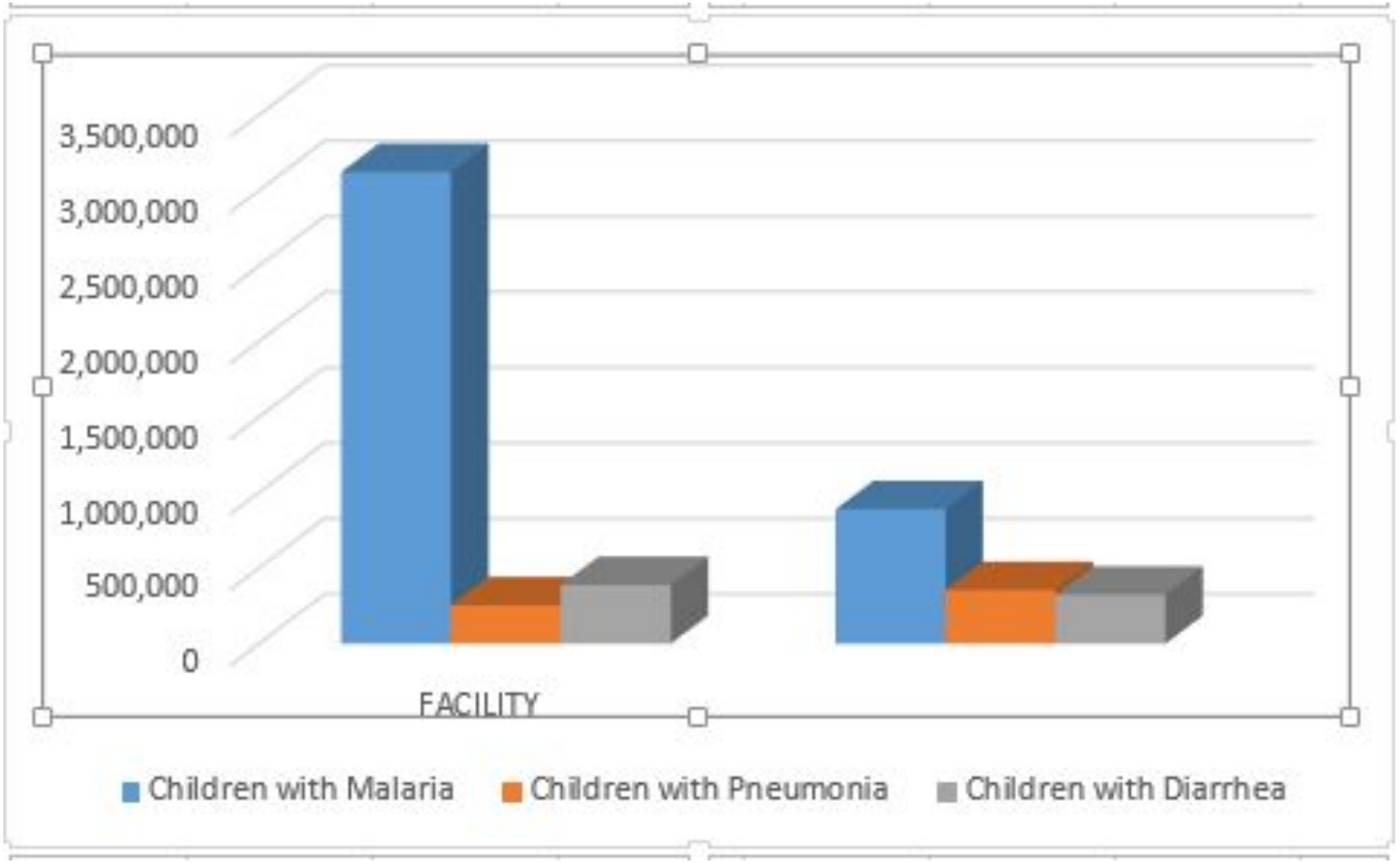
Cases seen Facility vs. VHT 2Qtrs in 2019



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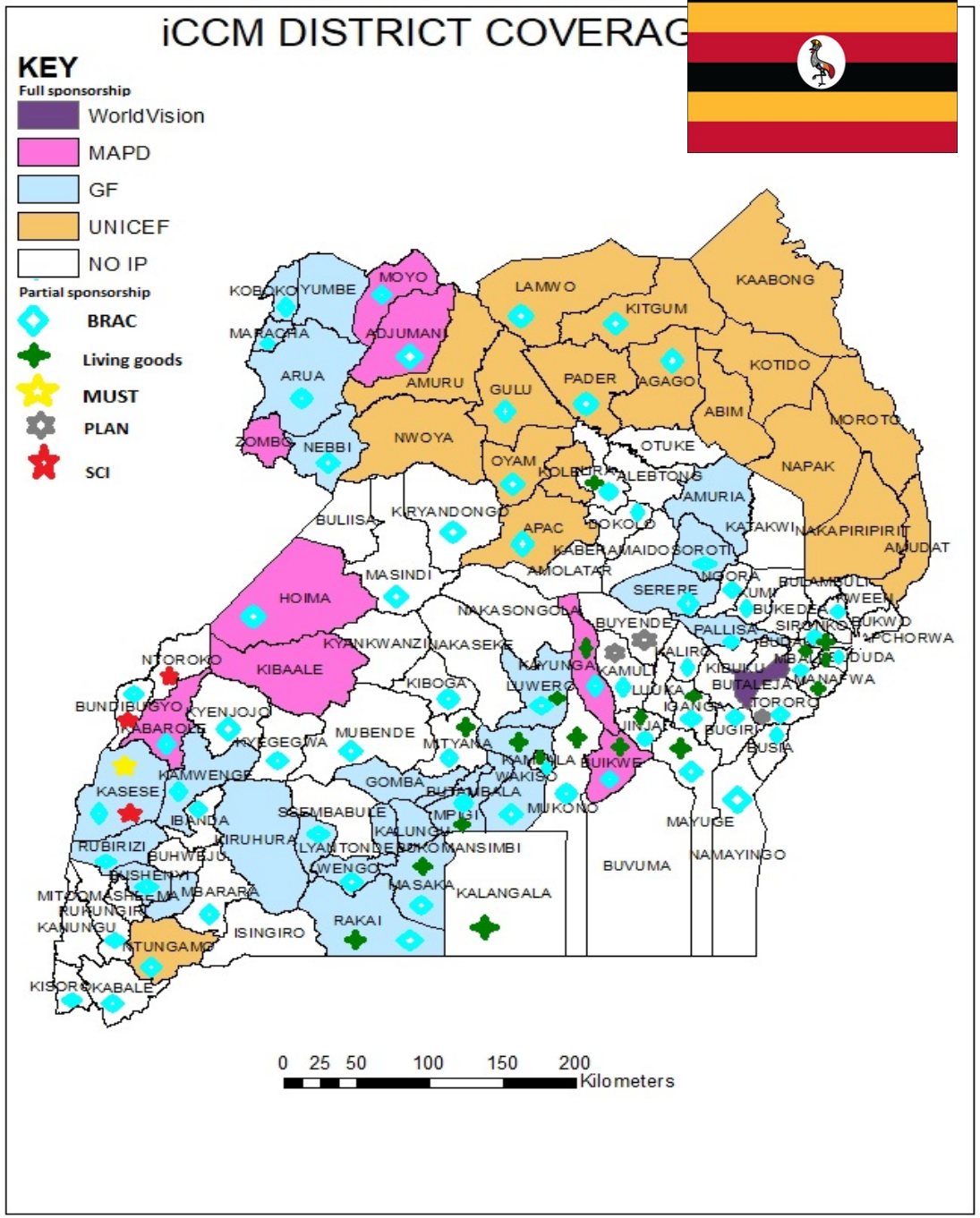
ICCM COVERAGE

- Total population: 44.27 million
  - Population of U5s: 8.8 million

- iCCM is not only targeted to hard to reach areas , cover the entire districts.
- 71/134 districts implementing iCCM – and 72,000 VHT trained on ICCM
- VHT attrition rate 10%

Tr

	2016	2017	2018
	594200	1449821	1,973,335
Malaria	358,162	688,382	1,069,292
Pneumonia	141,179	335,355	474,193
Diarrhea	133,427	300,590	479,276
Malaria Positivity rate	51%	46%	38%

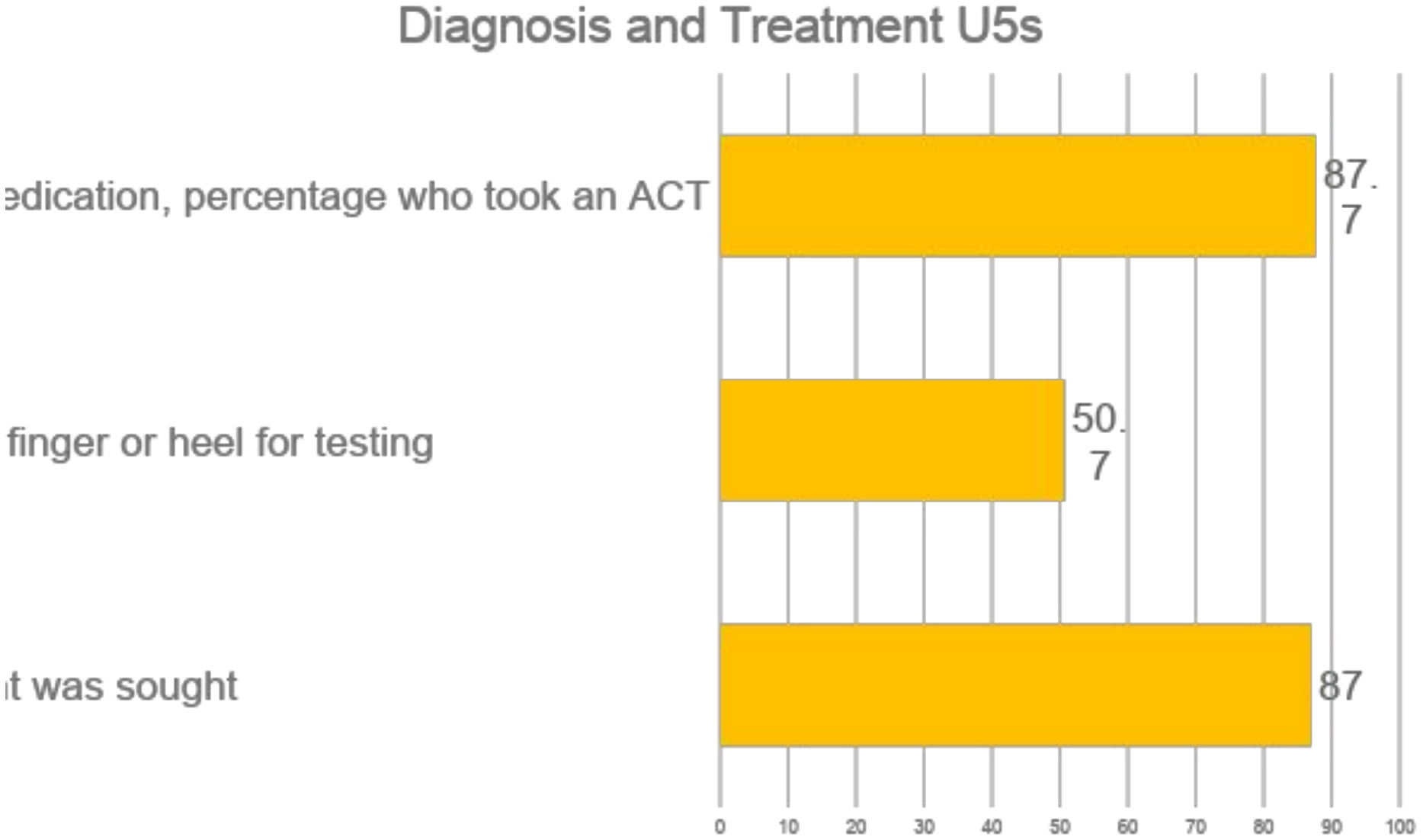


Why iCCM matters - Treatment Gaps

Disease	Episodes per child per year	Episodes per year (000,000)	Treatment or Care-Seeking
Malaria	3	17.5	62% treated **2018 (88%)**
Pneumonia	0.3	1.8	67% sought care **2016 (80%)**
Diarrhea	6	35	29% ORT **2016 (55%)**
NB Sepsis	~0.14 of newborns	0.2	? (42% SBA)

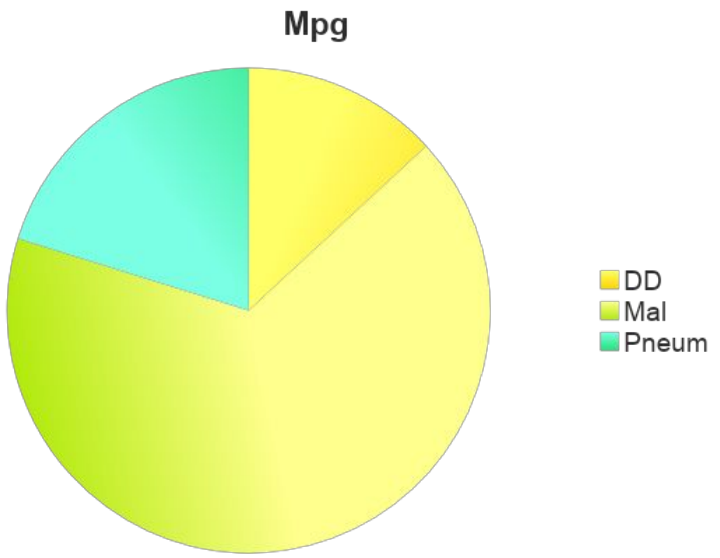
NB=newborn; ORT=oral rehydration therapy; Rx=treated; SBA=skilled birth attendant

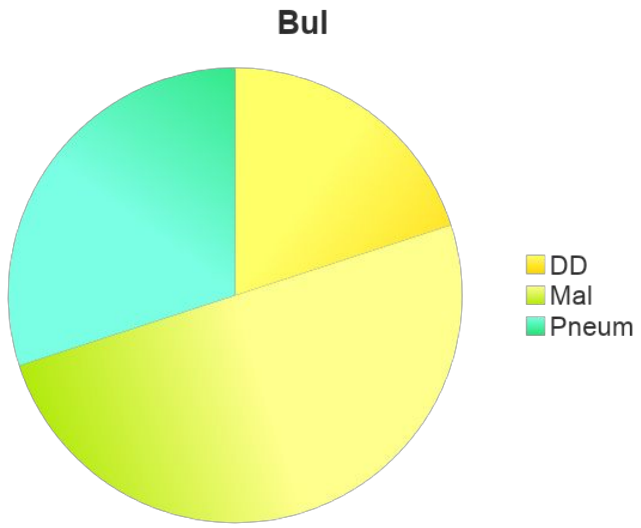
Progress: Coverage of interventions
(including gaps, reaching the unreached)

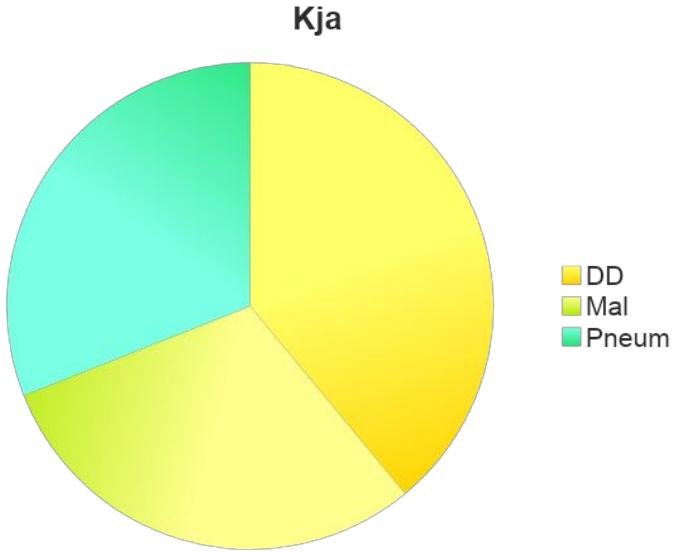


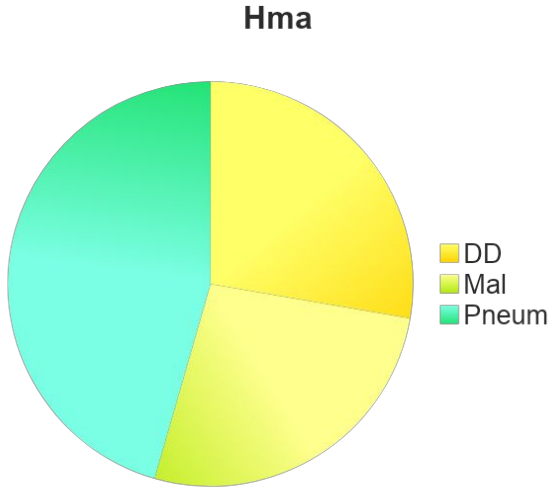
(Source: Malaria Indicator Survey, 2018/9)

Cases seen – geographical variation









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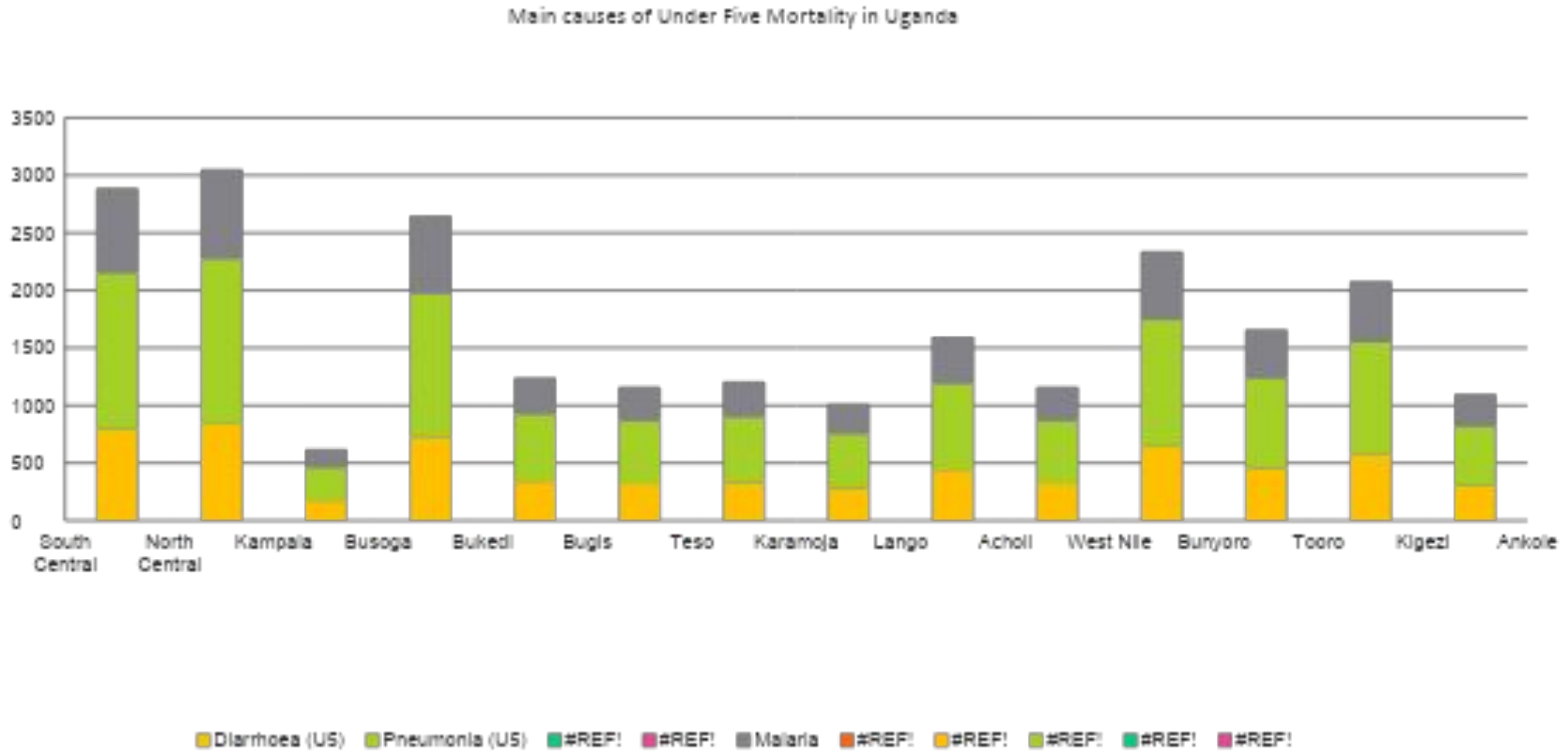
Major Causes of Under five Mortality



Challenges and moving forward

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CHALLENGES

Financing

- iCCM is costed in different strategies i.e. Child survival strategy, Malaria Strategic plan, TB control strategy. There is no harmonized costed iCCM implementation plan
- Funding not aligned for all the components/ elements of ICCM strategy including supervision, etc.
- Limited funding for commodities causes stock outs affecting implementation and scale up

Supervision

- Limited support for intensified supervision of VHTs - mostly attributed to lack fof transport, high numbers of VHTs/ low health worker staffing levels
- Lack of regulatory framework for the volunteer cadre

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CHALLENGES

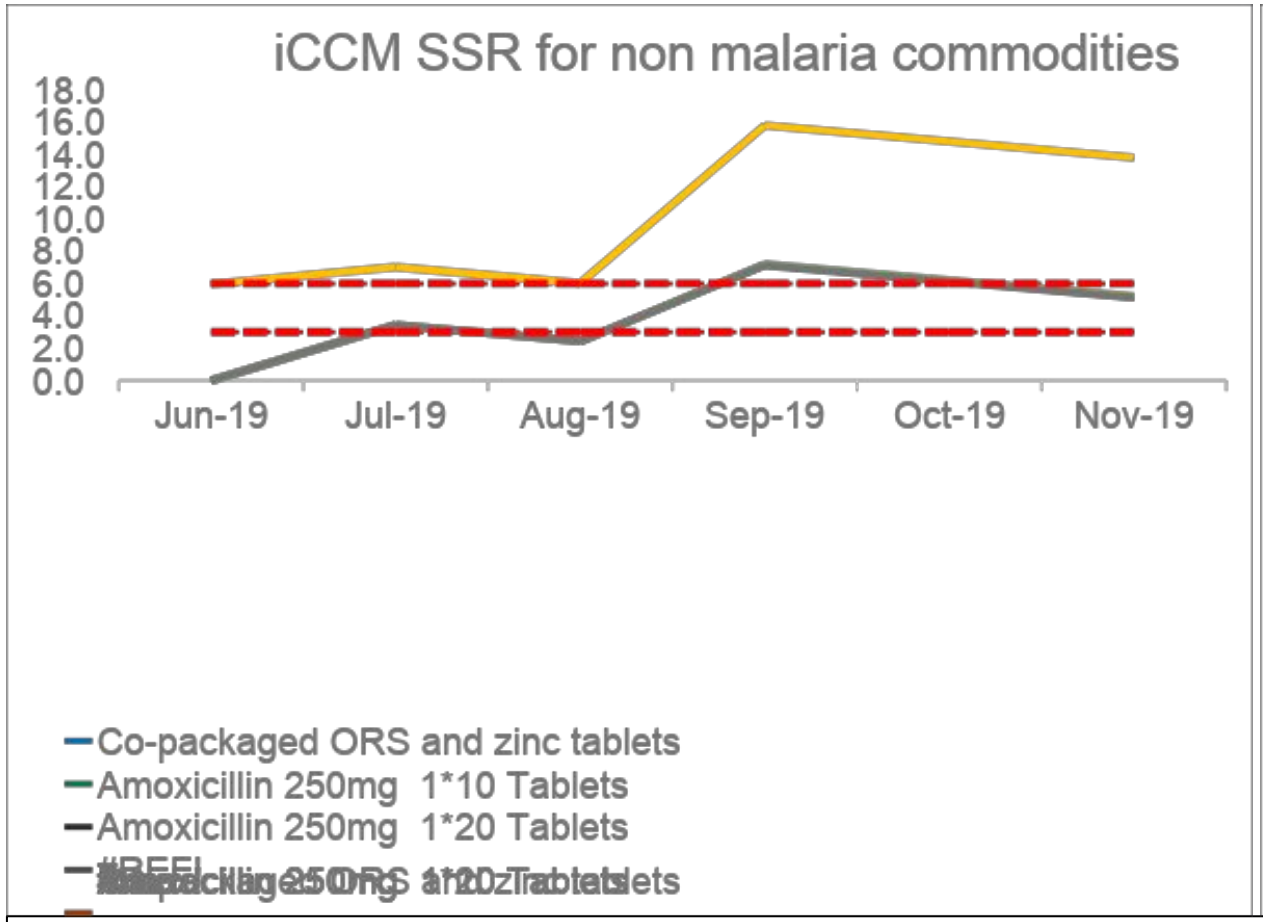
Supply chain management

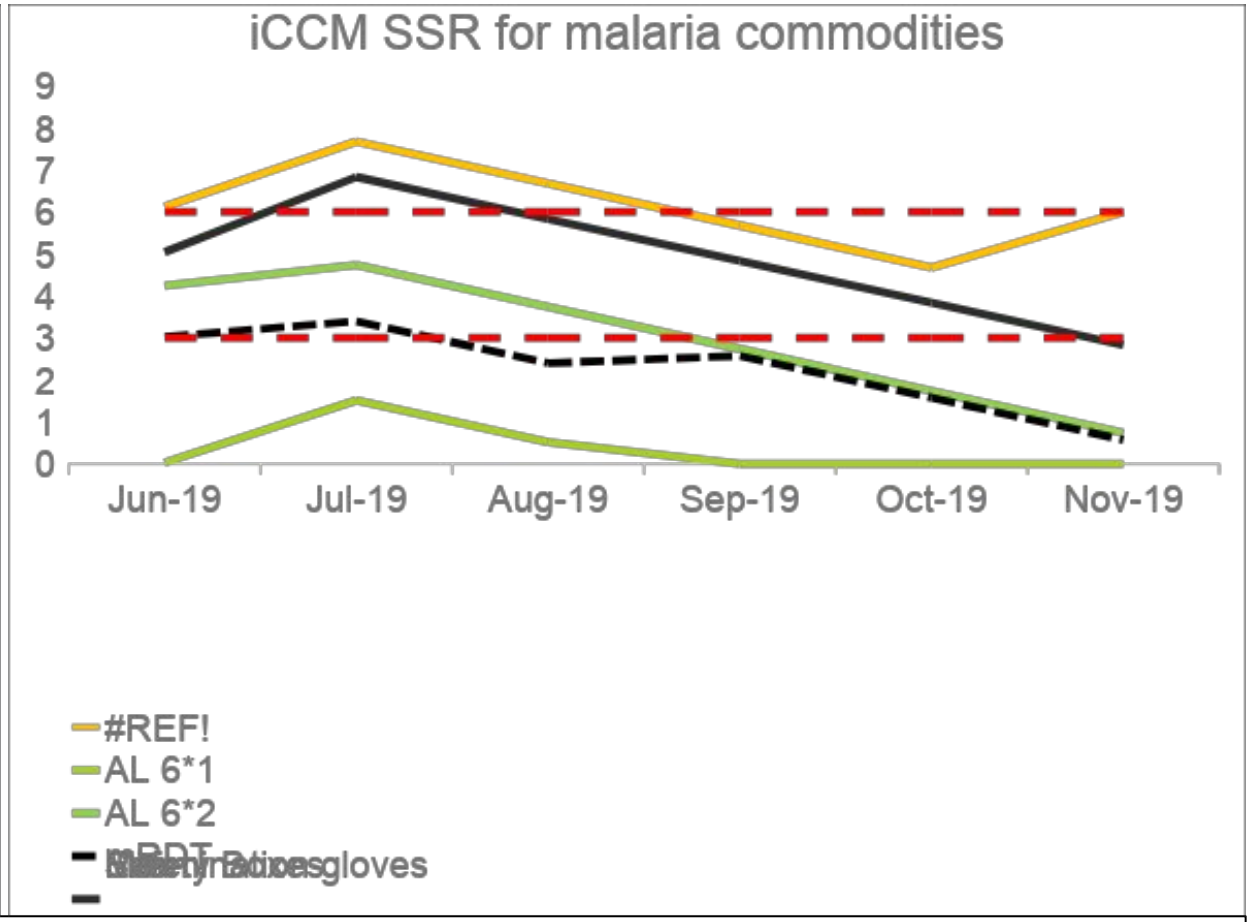
- Inadequate quantification capacity – weak LMIS,
- As a results stock -outs in some places as well expiry in others especially ORS/Zinc

Data for decision making

- There is low usage of iCCM data for program improvement at all levels due to irregularities in reporting .

iCCM Commodities stock status at NMS





- Malaria RDTs and AL 6*2 are fairly stocked with more than 3 MOS. 2.0 MOS of mRDT are expected from GF in December 2019.
- Both pack sizes of Amoxicillin 250mg are stocked out with shipments expected from UNICEF in July 2019.
- Examination gloves and safety boxes are well stocked with more than 3 MOS.

Challenges- HMIS

Low monthly reporting rates in routine HMIS - reasons:

- Parallel data systems
- Inadequate capacity especially at point of compilation – Health facility
- Non availability of reporting tools
- Paper –based reporting systems
- Low demand from users

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BEST PRACTICE/ MOVING FORWARD

- Motivation of VHTs and availability of drugs is critical for proper implementation

- Partners who work with health a facilities right from the start – better integration in the health systems, mobilization of resources
-

❑ Introduction of medicine re-distribution policy – across Health facilities, districts and VHT to Health facilities

❑ Catchment Area Mapping, Planning and Action Initiative – population based data

❑ Integration of PSM through one National Medical Supply System and warehousing increases efficiency

❑ Leveraging digital health solutions including social media application

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BEST PRACTICE/ MOVING FORWARD

- Broadening stakeholder involvement – private sector, manufacturers, political leaders, funders including non health, GFF
- Performance based financing at facility level – exploring opportunities for extension to community
- Proper costing, resource mapping and articulation of resource gap - advocacy for investments
- Peer VHT supervisors filling the gap in shortages of facility based supervisors and transport challenges
- Development of a comprehensive community health strategy

MWEBARE NNYO
ASANTE SANA