The Implementation of the Integrated Community Case Management (iCCM) Study in Uganda

Understanding the implementation of the iCCM intervention, its dynamics and processes for integration and coordination

Funders: MoH through Global Fund

Jan 2021

Background

- iCCM targets vulnerable communities by providing timely access to treatment for malaria, pneumonia and diarrhea for Under5s
- Strategy is implemented by VHTs selected by the community
- iCCM started in 2010 by MoH and is being implemented through public and private sectors
- 120 (89%) districts supported by iCCM
- Study informs the review of iCCM implementation guidelines by MoH & other partners

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Specific Objectives

1. To map/characterize the extent of iCCM implementation within the districts.
2. To assess the impact of the iCCM strategy on trends in U5 morbidity.
3. To assess client satisfaction and rating of the VHT services to the home/family.
4. To assess the appropriateness of the iCCM strategy.
5. To assess the iCCM supply chain in order to identify avenues to improve it.
6. To examine the factors that influence integration of the iCCM intervention in the national health system.
7. To assess effectiveness of VHT motivation approaches in iCCM.

Methodology

- Cross-sectional design
  - Quantitative methods
    - VHTs & U5 Caretakers in iCCM districts
    - HMIS data extracted from iCCM & non-iCCM districts
  - Qualitative methods
    - National & District KIIs; Community & VHT FGDs in iCCM & non-iCCM districts (69 Interviews)
- Desk / Literature reviews

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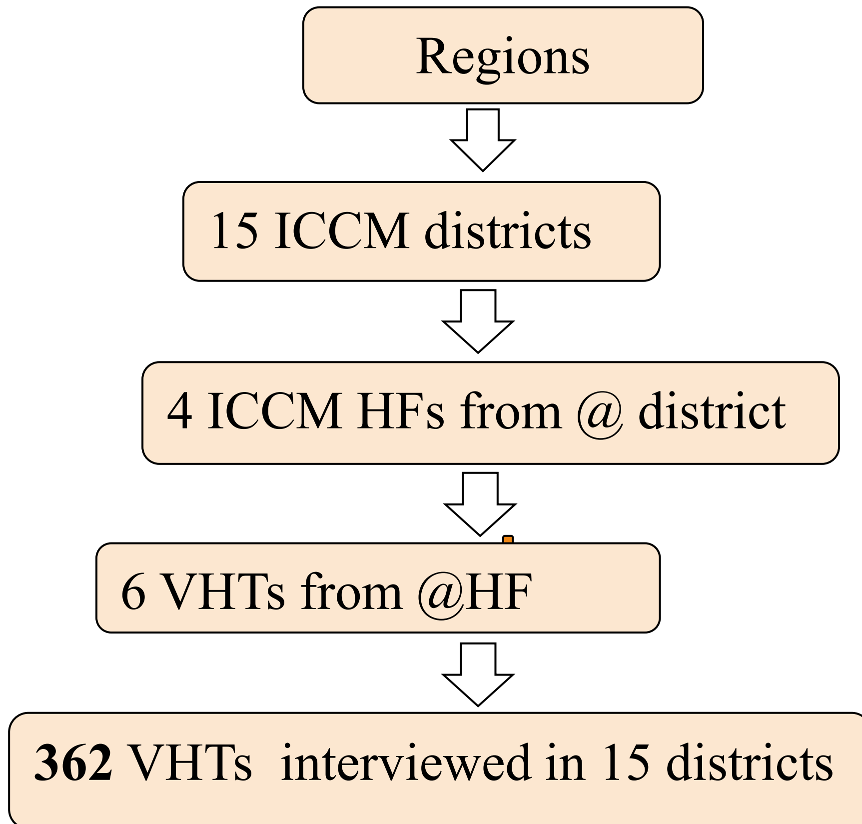
Methodology: Quantitative



6 VHTs correspond to 6 villages of the selected VHTs

8 HHs (@ targeting 1 U5 caretaker) selected from each of the sampled VHT's village

2888 U5 caretakers were interviewed

- HMIS data abstraction

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Results: iCCM implementation / Coverage

- **99%** VHTs trained in iCCM
- **95%** villages had at least an iCCM VHT
- **30%, 29%** & **45%** had commodities for malaria, pneumonia & diarrhea respectively
- **9%** VHTs had all iCCM commodities for the 3 diseases

#	Region	District	% Villages with iCCM	% Trained, RDT & ACT	% Trained, Timer & Amoxillin	%Trained & ORS/ Zinc	% Trained & RDT & ACT& Timer & Amoxillin, & ORS/Zinc
1	Karamoja	Abim	100	40.0	28.0	28.0	4.0
2	South-Central	Butambala	100	8.3	20.8	29.2	4.2
3	Bunyoro	Hoima	65	0	0	0	0
4	Tooro	Kabarole	100	8.3	4.2	4.2	4.2
5	Busoga	Kamuli	100	4.2	29.2	54.2	4.2
6	Bugisu	Mbale	9	45.8	45.8	79.2	12.5
7	Tooro	Kasese	97	40.0	68.0	28.0	16.0
8	Acholi	Kitgum	100	45.8	8.3	66.7	8.3
9	North-Central	Luweero	92	12.5	29.2	54.2	0
10	West-Nile	Maracha	100	33.3	50.0	58.3	16.7
11	Ankole	Ntungamo	100	54.2	0	50.0	0
12	Lango	Oyam	100	8.3	8.3	58.3	0
13	Bukedi	Pallisa	100	58.3	58.3	70.8	**25.0**
14	Teso	Serere	100	58.3	50.0	41.7	**25.0**
15	South-Central	Wakiso	100	37.5	25.0	45.8	12.5
		Total	**95**	**30.4**	**28.5**	**44.5**	**8.8**

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Results: Integration into national health system

- Government commitment to integration of the iCCM strategy into the national health system
  - Centrally procuring and distribution of iCCM commodities through NMS
  - Utilization of the health facility structure (HCII, HCIII & HCIV) to manage and supervise the allocation of drugs to VHTs
  - Incorporation of iCCM data into the national DHIS2 database

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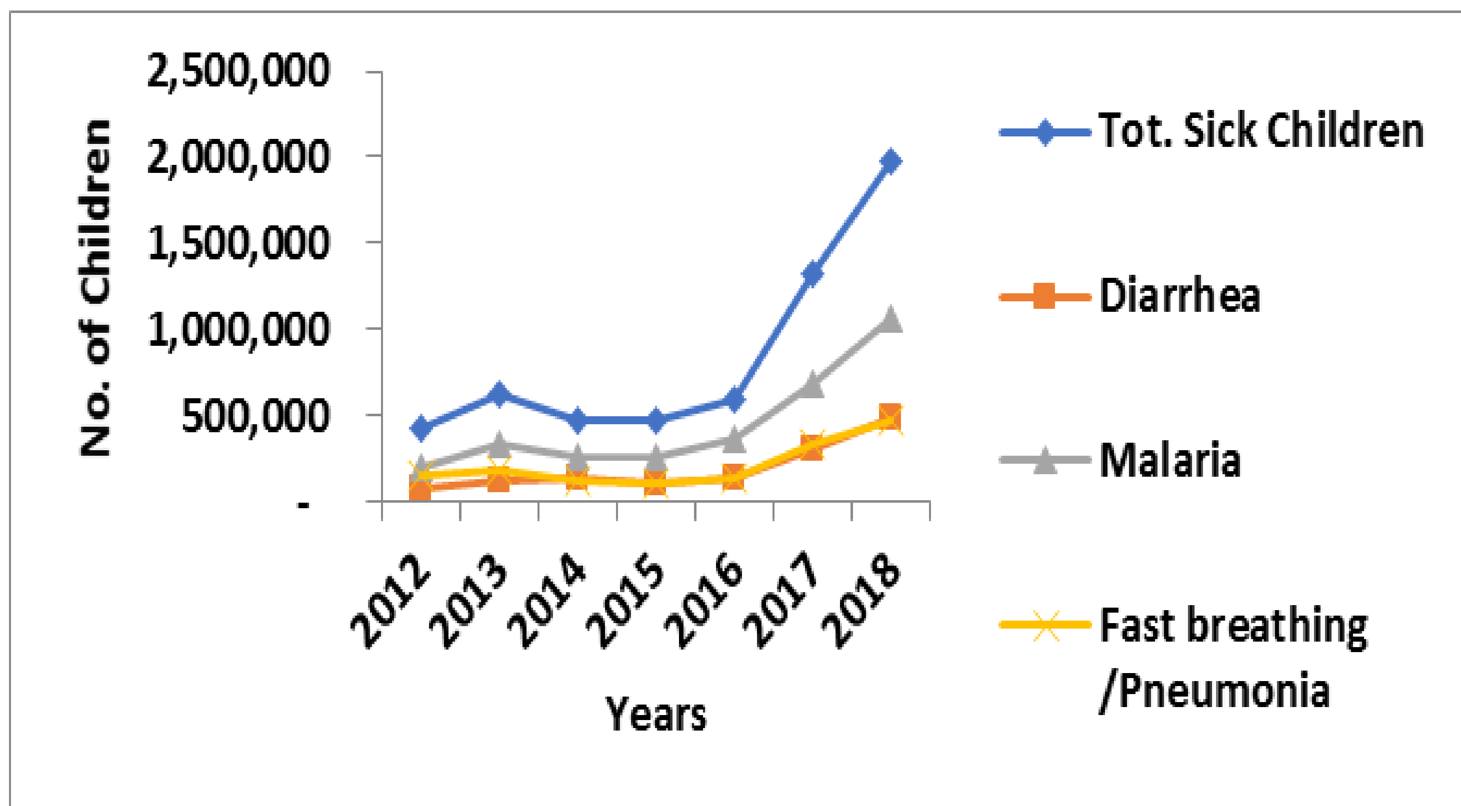
Results: Impact of iCCM on U5 morbidity - Increased service provision

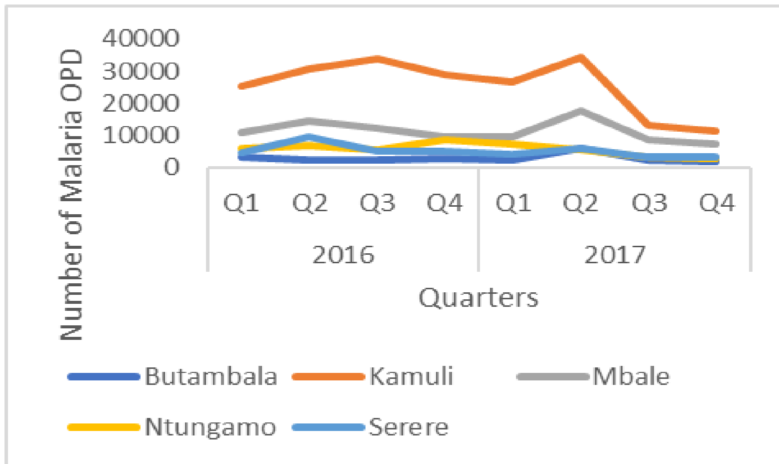


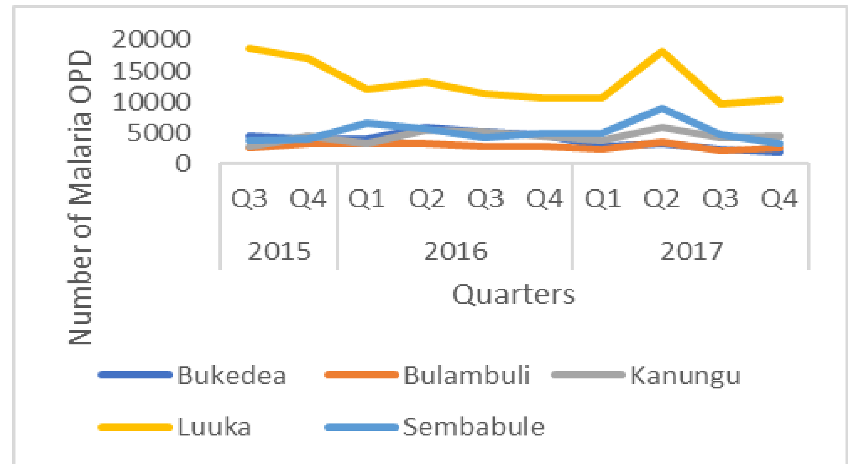
Trends in Number of sick children under five, seen by VHTs by Total, Malaria, Diarrhea and Fast breathing/ Pneumonia

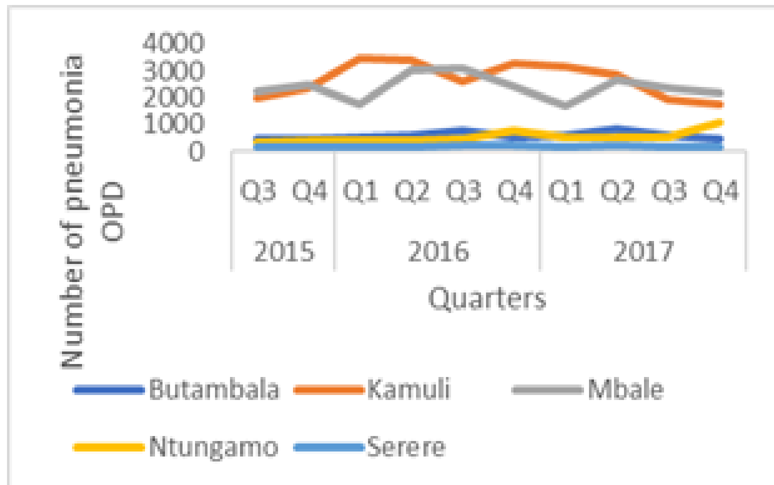
Results: Impact of iCCM on U5 morbidity: Comparison of OPD cases in HFs in iCCM & non-iCCM districts

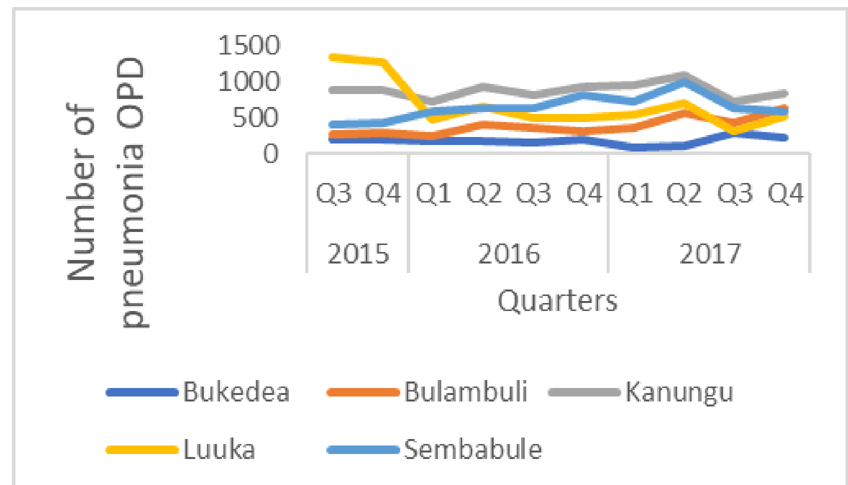
iCCM

Non-iCCM









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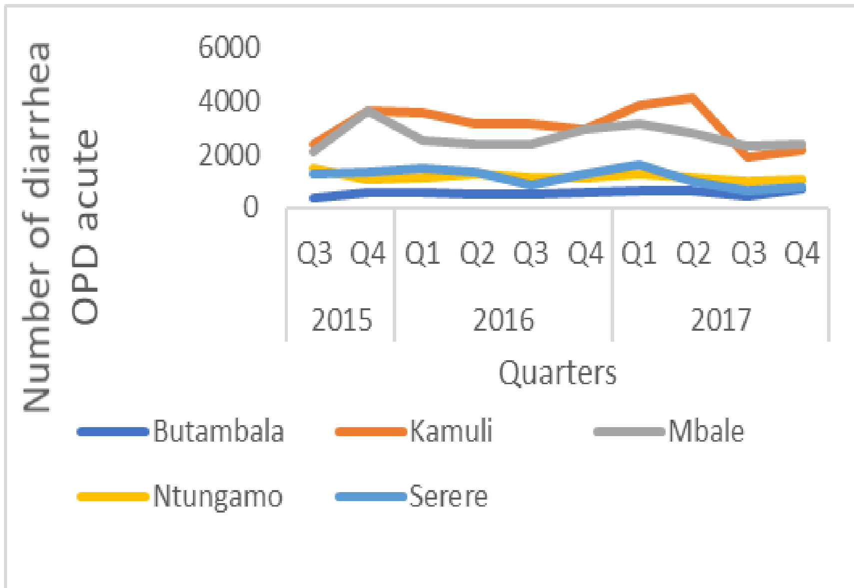
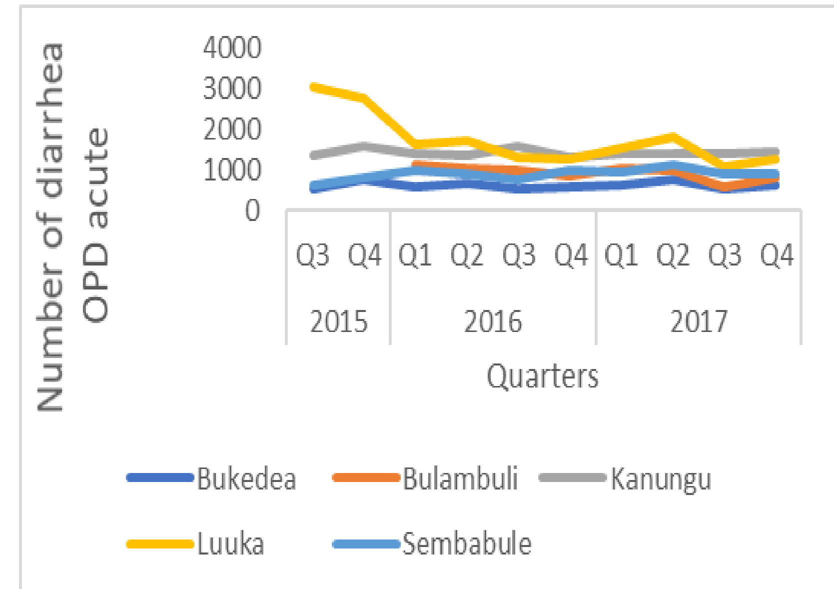
Results: Impact of iCCM on U5 morbidity: Comparison of OPD cases in HFs in iCCM & non-iCCM districts

iCCM



Non-iCCM



- iCCM activities have shown increase in access to health care services at the community level which contributed to the decline in number of cases seen at the health facilities.
- iCCM VHTs undertake preventive measures that have contributed to the decline in under5 morbidity.

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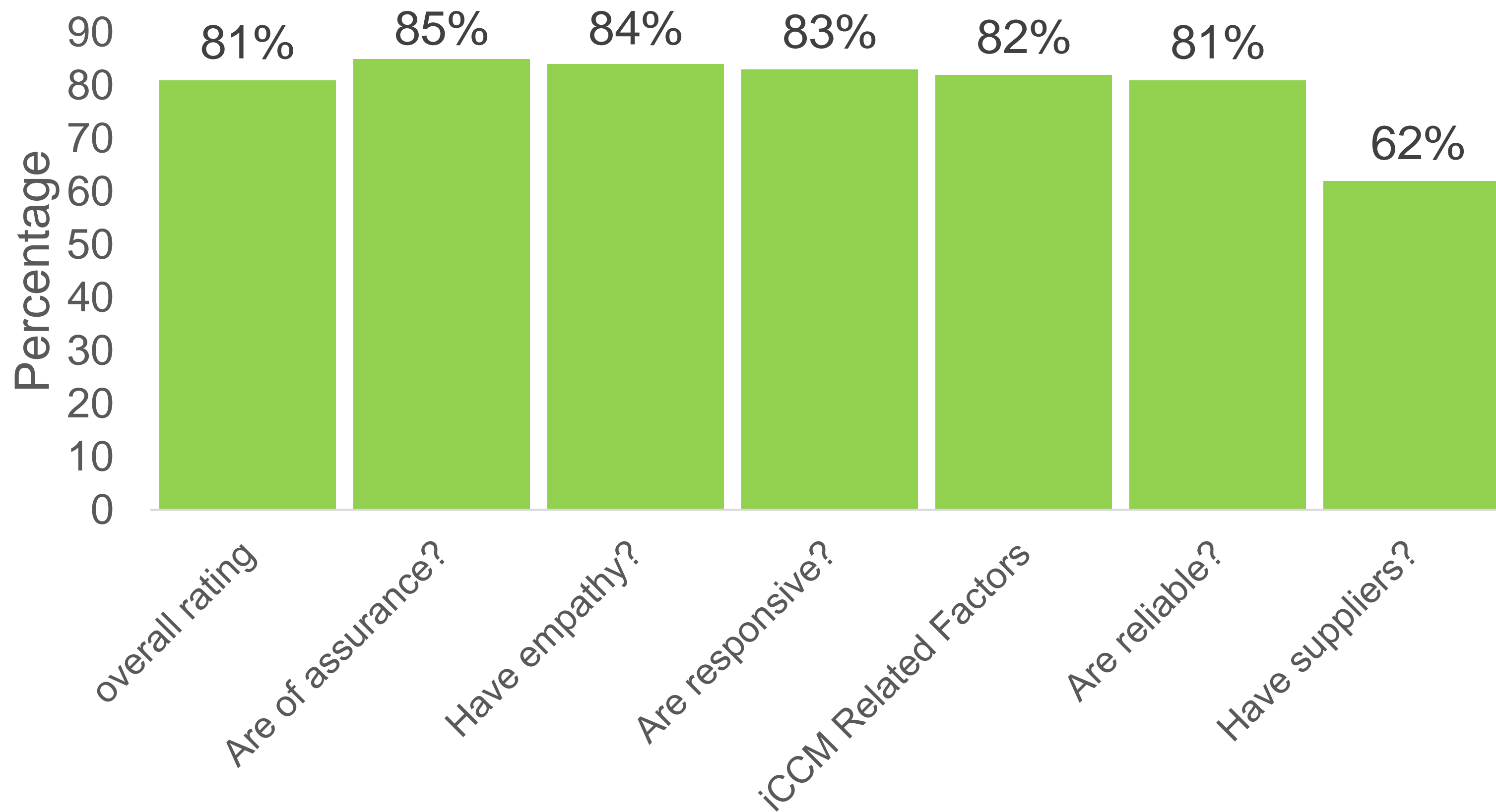
Results: iCCM Client satisfaction of VHT services

Satisfaction indicators



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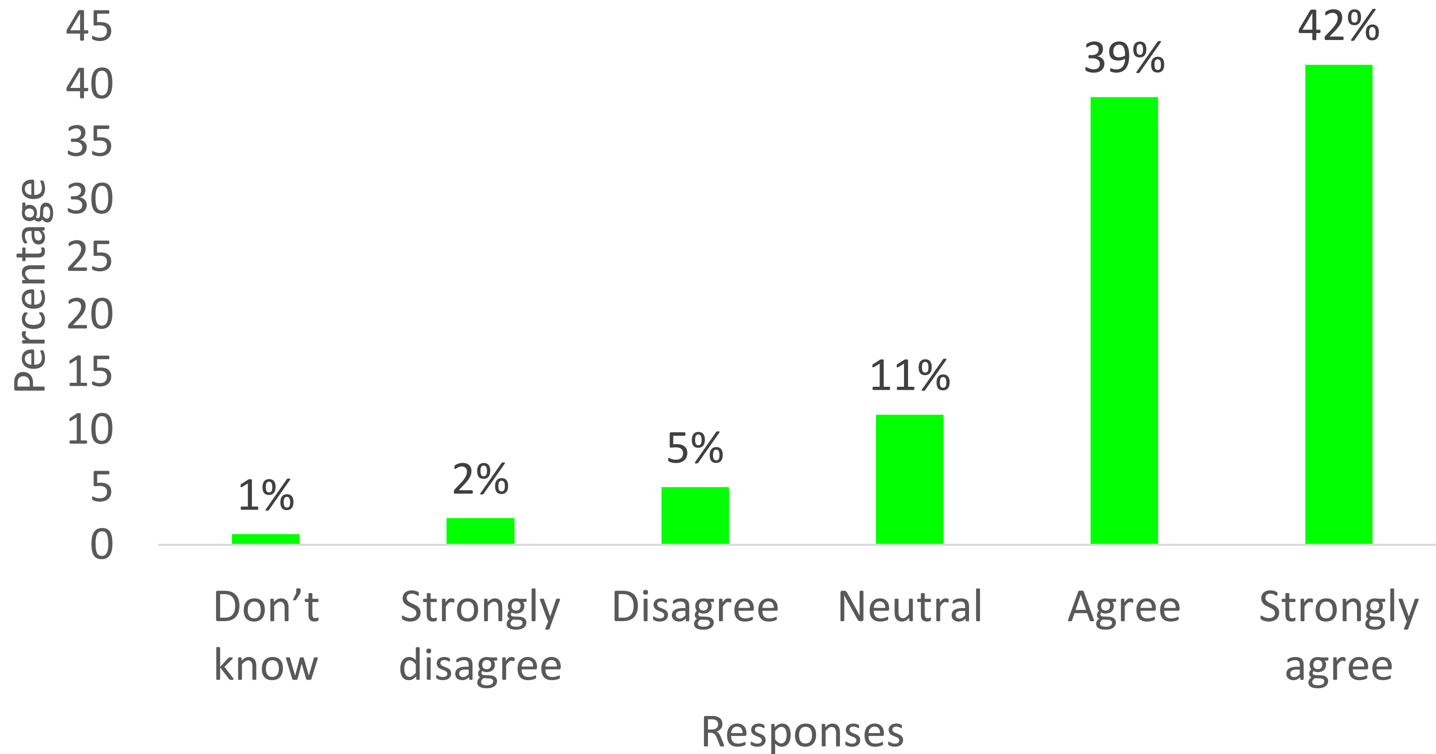
Results: iCCM Client satisfaction of VHT services



- 81% caretakers satisfied with iCCM VHT services
- Community leaders should continue involving communities in the selection of VHTs for sustainability of the iCCM program as this contributed to client satisfaction.

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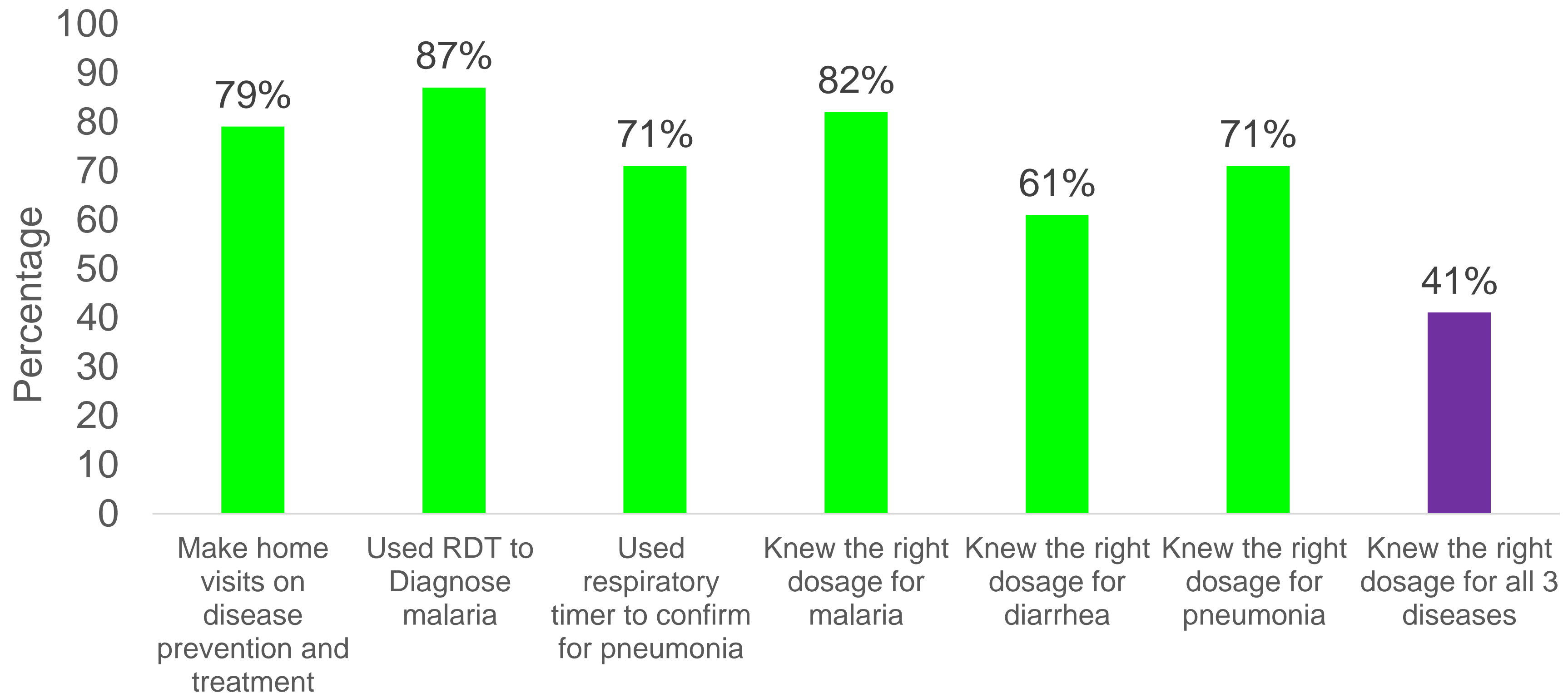
Results: Appropriateness of the iCCM strategy

- VHT recruitment, training & attrition
- VHT interventions (home visits, correct diagnosis, treatment & appropriate referral)
- VHT supervision
- **VHT recruitment, training & attrition**
  - Community involvement in VHT recruitment
  - 12% (43) VHTs had difficult in reading
  - 27% (98) VHTs trained for at least 6 days- No association between no. days trained & VHT knowledge e.g. treatment
  - Older VHTs less knowledgeable in Pneumonia treatment
  - Attrition: iCCM vs non-iCCM VHTs
    - 86% of the VHTs had served for 5+ years => Low VHT attrition in iCCM districts
    - Qualitative study – Higher VHT attrition in non-iCCM districts

Results: Appropriateness of the iCCM strategy

- VHT interventions (home visits, correct diagnosis, treatment)



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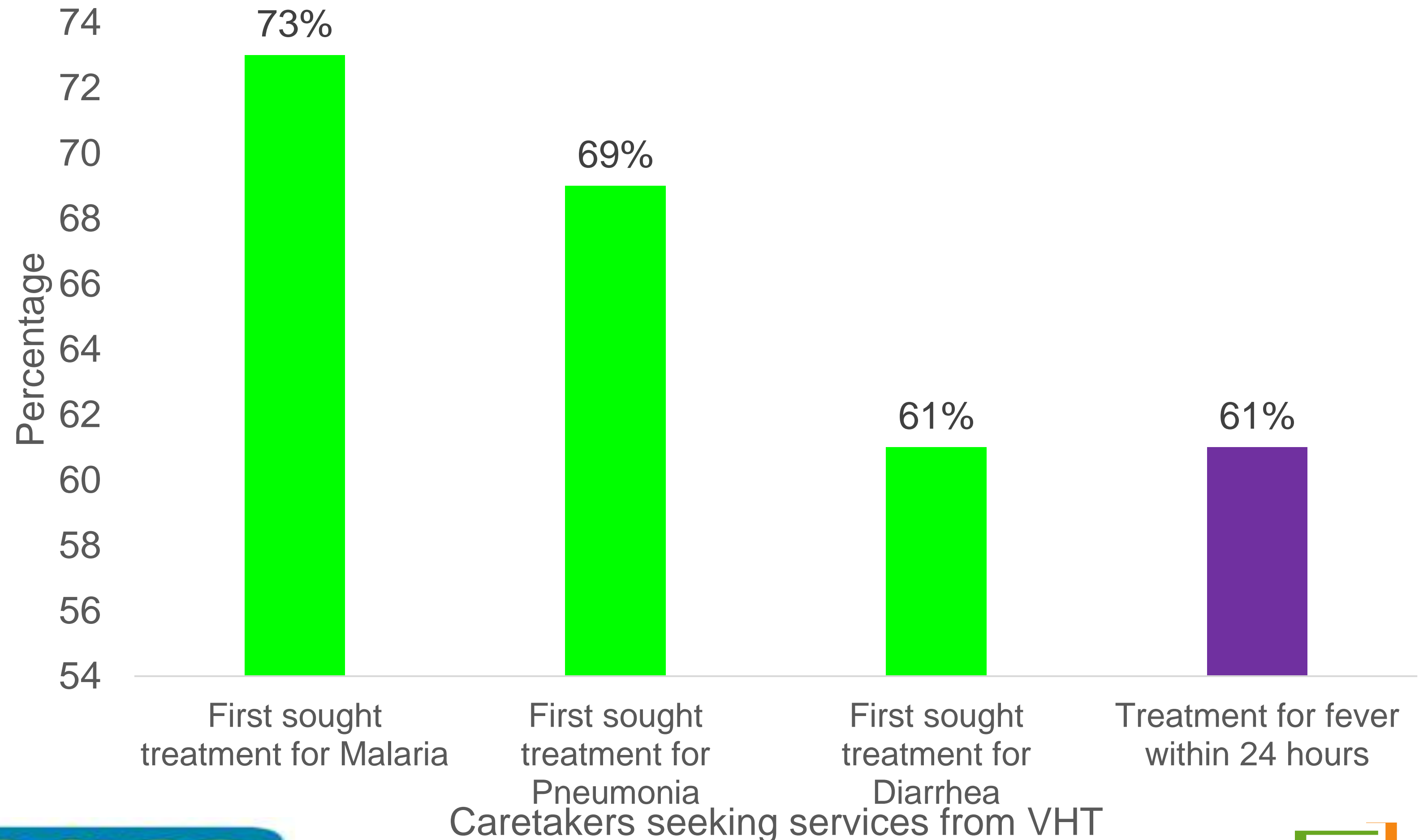
Results: Appropriateness of the iCCM strategy

- VHT interventions (VHT as 1st source of treatment & timely treatment)



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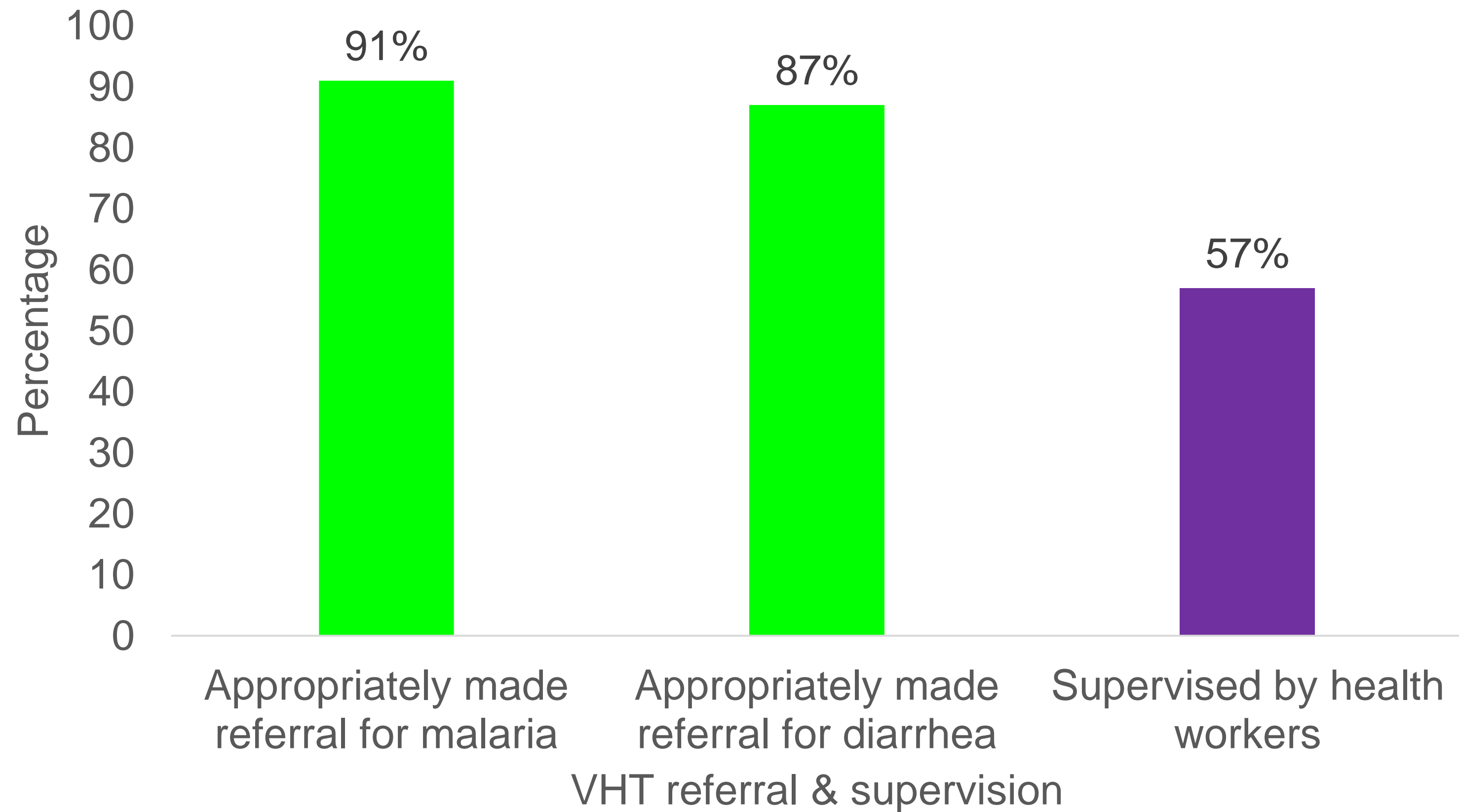
Results: Appropriateness of the iCCM strategy

- VHT interventions (Appropriate referral) & VHT supervision



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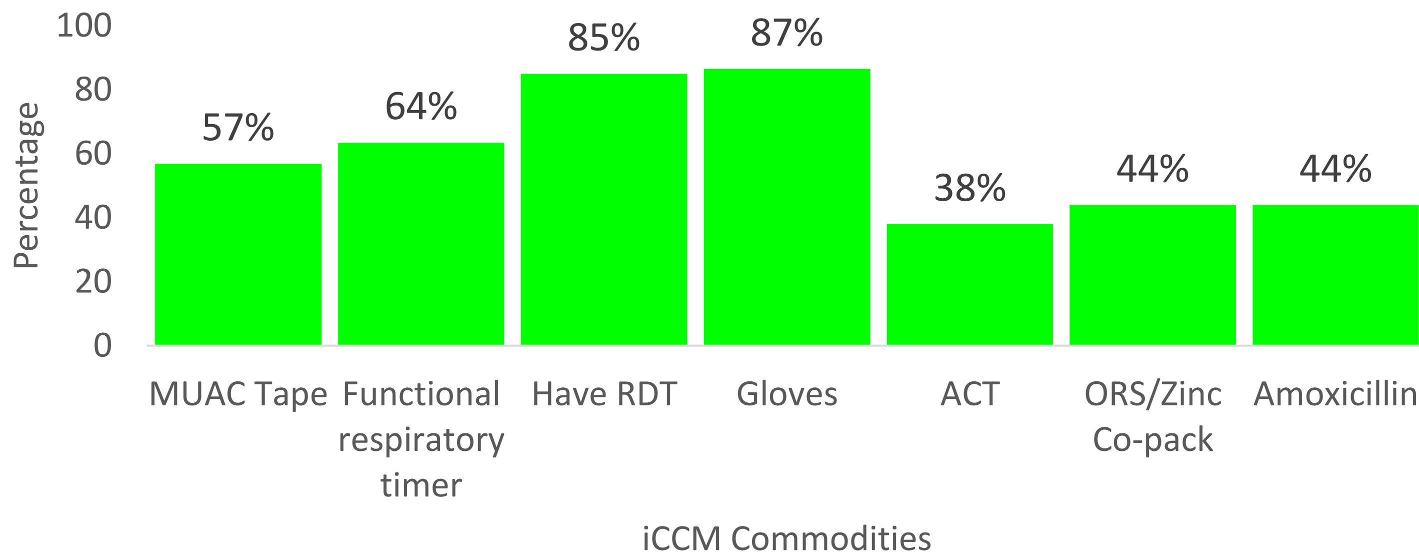
Results: Appropriateness of the iCCM strategy (Cont'd)

- **Coping mechanisms**
  - HF coordinators undertook on-job training for the newly recruited VHTs in villages experiencing attrition
  - This was an innovative way to ensure that iCCM activities are sustainable.

Results: Assessing iCCM Supply Chain (Cont'd)

- **Best Practices**
  - iCCM commodities delivered to HFs are pre-packaged and ring-fenced and this has helped VHTs to easily access and administer the drugs.
  - Replenishing of commodities to VHTs is based on consumption data
- **Availability of commodities in the 6 months prior to survey**



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Results: Assessing iCCM Supply Chain (Cont'd)

- **Coping mechanisms**
  - using **mobile phones & wrist watches** to diagnose pneumonia in absence of respiratory timers.
  - using **exercise books** to track commodity stock in the absence of consumption logs
  - **Parish Coordinator** delivering commodities from HFs to VHTs.
  - HFs have adopted the **re-distribution mechanism of commodities** among VHTs and HFs

Results: Assessing iCCM Supply Chain (Cont'd)

- **Comparison between public & private sector**
  - Best practice in Private sector: Use of Mobile phones
  - Multiple functions of phones
    - Data capture
    - Order for commodities
    - Diagnose pneumonia, torches, receipt of notification messages from providers on the availability of commodities, financial transactions

Summary of Key Findings

Challenges	Recommendations
• Limited supply of iCCM commodities to VHTs	• MoH to ensure supply of commodities to VHTs • Quantities of supplies should be developed from HSDs to district levels and shared with the national level to ensure the right quantities of commodities are delivered to districts
• iCCM not incorporated in the district development plans • Inaccurate, incomplete and untimely iCCM data, reported quarterly not integrated into the health facility HMIS105 • Complex, and frequently changing data collection tools and tools in English	• District LGs should incorporate iCCM activities in their plans. • Introduce a centralized electronic reporting system & well in- built levels of validation mainly at HFs & districts • Advocate for monthly reporting by VHTs so that VHTs' report is entered into the DHIS2 monthly • Need to have tools in local languages

Summary of Key Findings

Challenges	Recommendations
• Difficult in reading among a few VHTs • Limited VHT knowledge on the correct dosage • Limited VHT supervision. • iCCM package limited to only U5s	• Adhere to VHT selection criteria (Read) • MoH/DLG/IPs to ensure refresher trainings for VHTs on diagnosis and treatment of the 3 diseases • Continue supporting HF coordinators to conduct on-job training for the newly recruited VHTs e.g. transport facilitation • Strengthen supervision of VHTs by Health Workers at village level • MoH needs to consider expanding the iCCM program to cater for children older than 5 years as well as adults

Summary of Key Findings

Challenges	Recommendations
• Transportation of iCCM commodities from HFs to VHTs.	• VHTs monthly transport facilitation to ensure flow of commodities to the communities and minimize on stock-outs • Empower Parish Coordinators with transport facilitation to distribute commodities from HFs to VHTs.
• Stock-outs	• Public sector to adopt technologies (mobile phones) for reporting in order to be able to have real time consumption data for proper planning within the supply chain. • Adjust iCCM VHT package in line with changes in disease burden (seasons) • Strengthen the redistribution mechanism from HFs to VHTs and to communities.

Summary of Key Findings

Challenges	Recommendations
Lack of motivation among VHTs	Key proposed motivators ranked in order of importance • Continued provision of iCCM commodities • Provision of transport facilitation to pick commodities • Timely payment of transport facilitation through mobile money • Provision of VHT labelled t-shirts. • Start/strengthen VHT SACCO • Provide monthly pay/salary • Provision of working aides (torches, raincoats/umbrellas, gumboots, identity cards, solar lamps, improved bicycle models for hard to reach areas) • Continued VHT recognition at community, HF (no lining for services) and national e.g. MoH & by the president • Certificates of training and recognition as well as job identification cards

Thank you