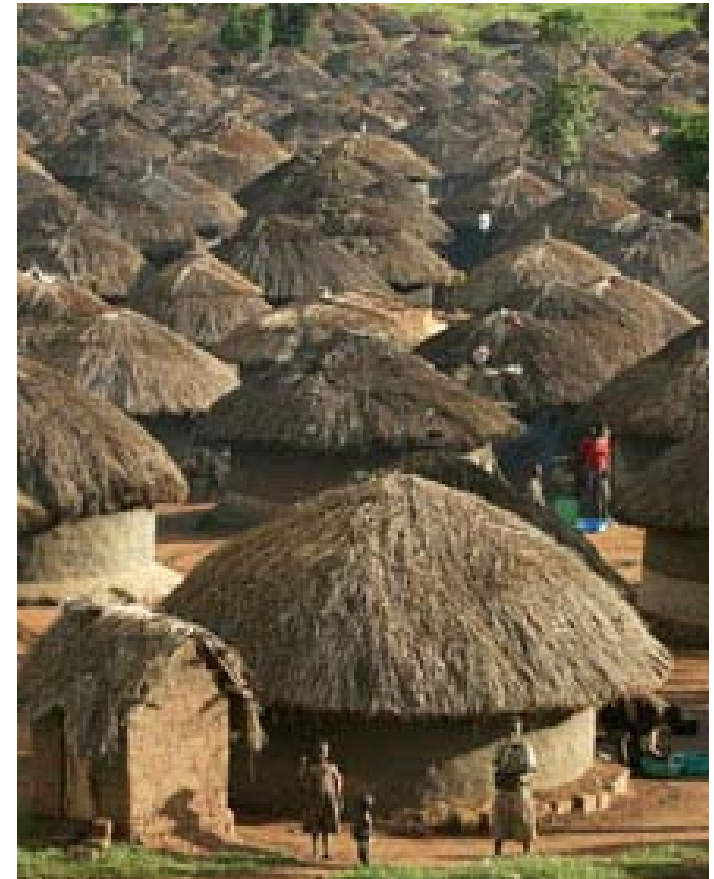


UNICEF's experience in Community Case Management in Northern Uganda

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31st March 2009

Background

- Acholi and Lango sub-regions affected by rebel war for >22 years
- Almost 1.8m people in IDP camps
- Formal health service disrupted



Background Cont.

- MoH implementing IMCI at facility level since 1996 with support from UNICEF
- HBMF w CQ/SP introduced 2002
- Home Based Care (HBC) introduced in 2004, with septrin, ORS and CQ
- VHT introduced in 2006 together with HBMF w Coartem ⇒integrated CCM



Home Based Care

- CMDs selected under 2002 HBMF were trained on HBC for 5 days
- Adopted new name: CORPS
- Equipped with a CORP kit

CORPS

- Each CORP was responsible for an average of **150 households**
- **Equipped with a Basic Home-Based Care drug Kit for 3 months**
Key components of kit: ACTs, Cotrimoxazole, ORS, Paracetamol, benzyl benzoate, Tetracycline eye ointment, Benzyl Benzoate lotion, Writing materials pens books etc
- **Total cost 59.57 USD**

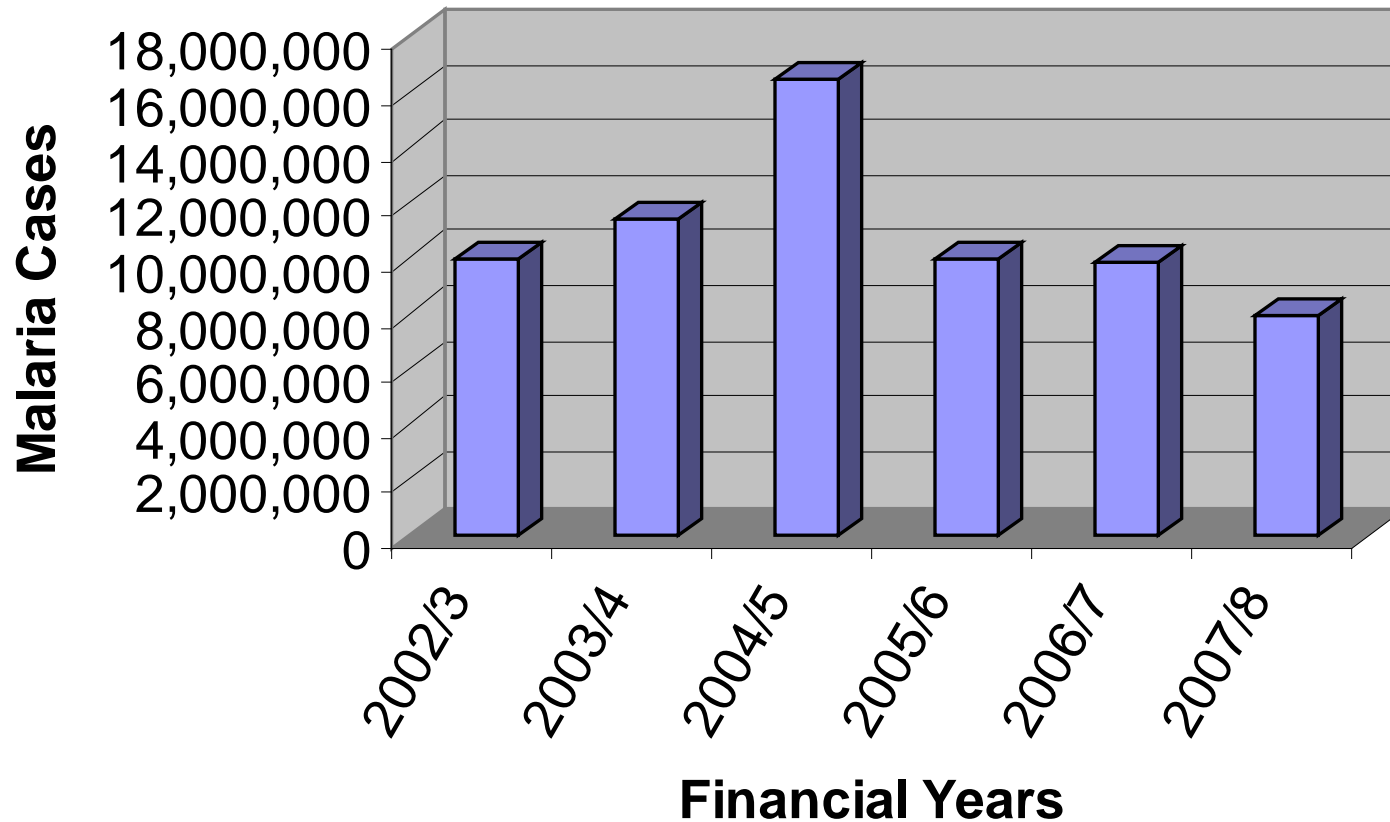


Proportion of under fives with fever receiving treatment within 24 hours from a CMD

- F/Y 2004/05 55%
- F/Y 2005/06 No national data
60% (UNICEF)
- F/Y 2006/07 65%
- F/Y 2007/08 71%

Trend of OPD malaria cases

TREND OF OPD malaria cases



Review of HBC programme in 4 districts February 2009

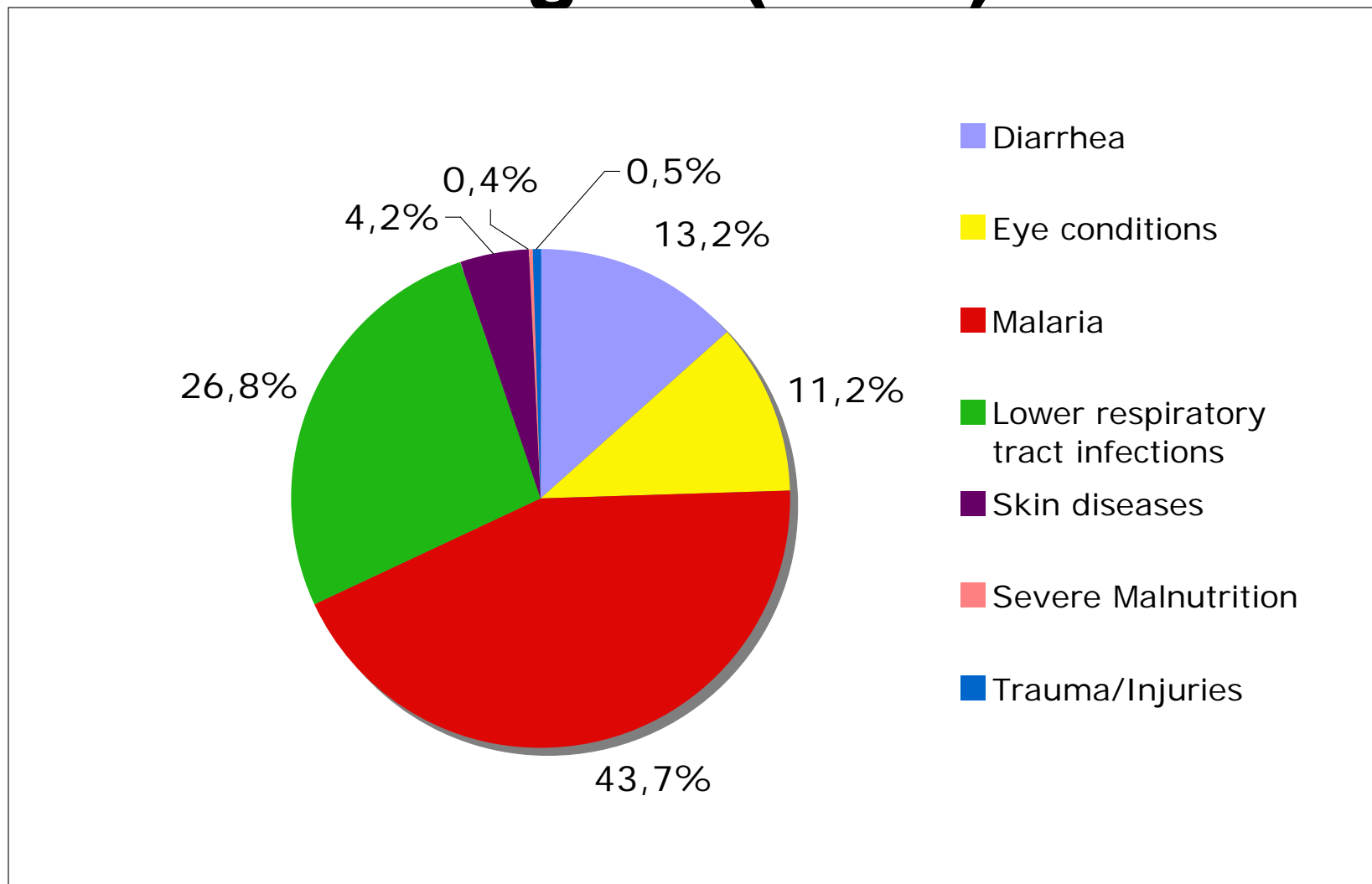
Preliminary findings

Undertaken in Gulu, Amuru, Kitgum and Pader

Specific objectives

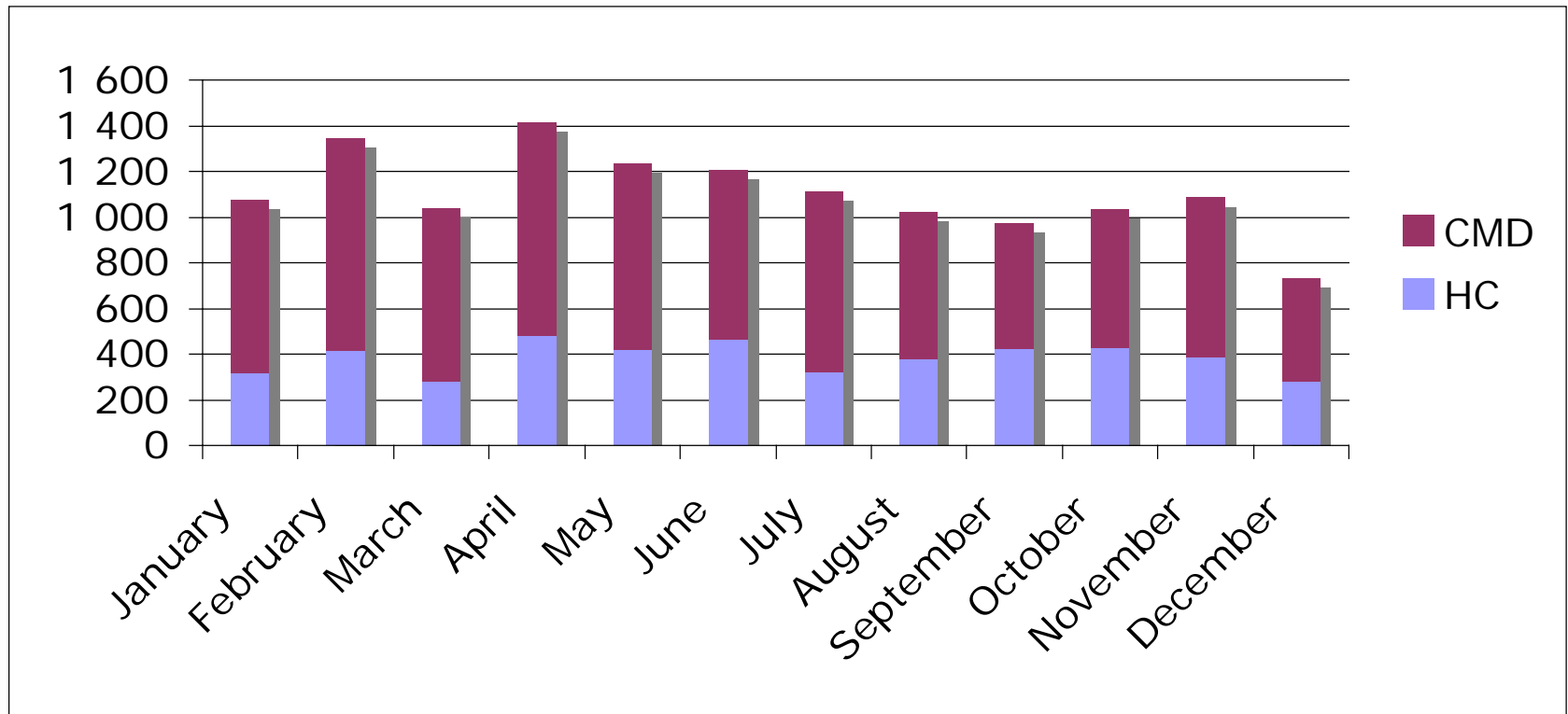
- To describe the implementation process
- To assess the performance of the HBMF/HBC programmes
- To assess the coverage and utilization of the program
- To assess CMD's performance in managing children under five
- To determine caretaker adherence to Coartem and cotrimoxazole and reasons for non-adherence
- To estimate the effects on health outcomes

Results (1): Total diagnosis by VHTs in Kitgum (2008)*



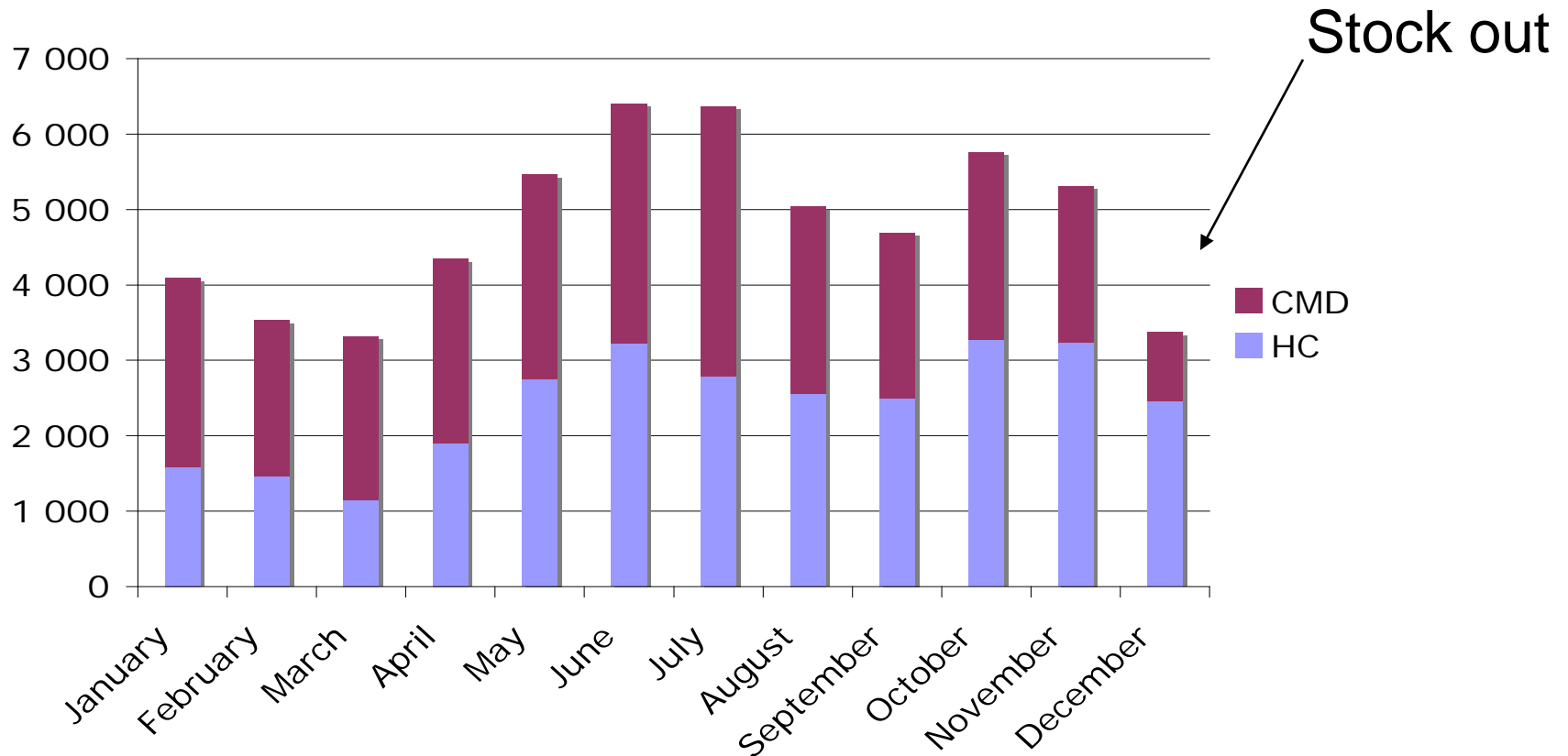
* 65 874 diagnoses from 64 989 encounters among 137 501 U5s in 9/18 sub-counties in Kitgum

Results (2): Number of diarrhoea cases treated by month and place*



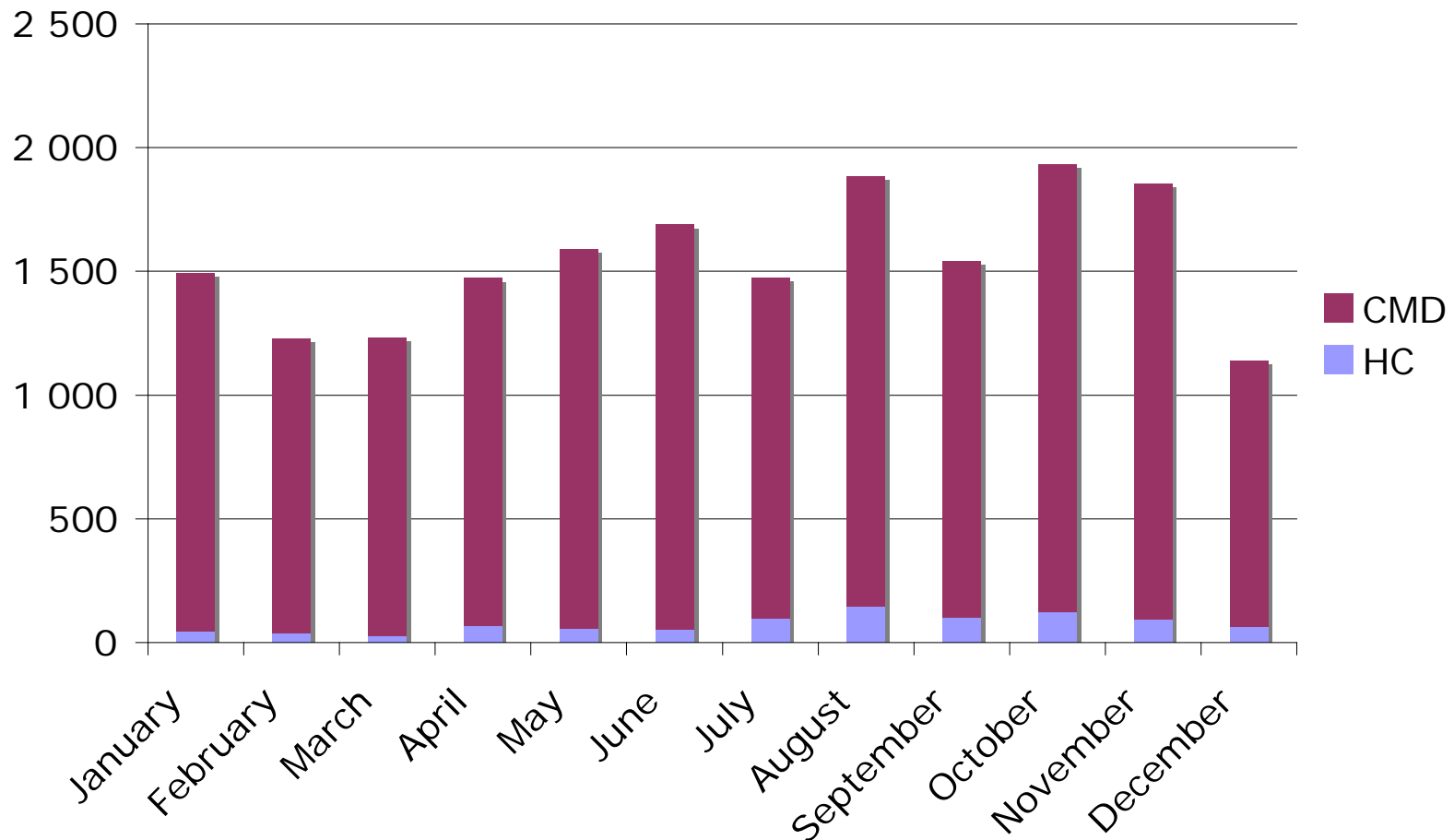
*Among 137 501 U5s in 9/18 sub-counties in Kitgum

Results (3): Number of malaria cases treated by month and place*



*Among 137 501 U5s in 9/18 sub-counties in Kitgum

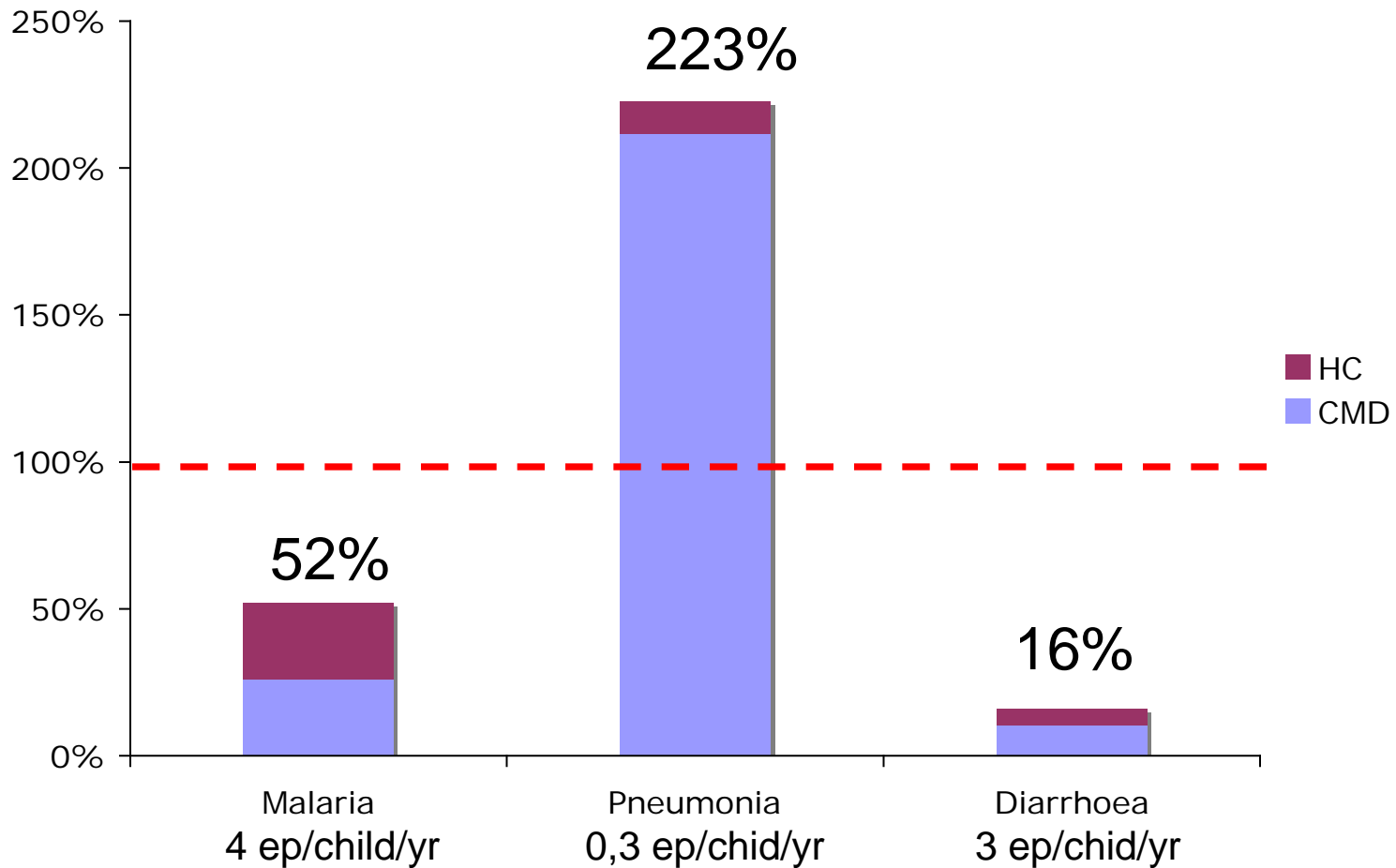
Results (4): Number of Pneumonia cases treated by month and place*



*Among 137 501 U5s in 9/18 sub-counties in Kitgum

Results (5): Treatment ratios by source of care

% Treated/Expected



Results (6): Knowledge among VHTs/CMDs (240 VHTs in 4 districts)

- 99.2% knew how malaria was transmitted
- 88.3% knew 3 or more ways of preventing malaria
- 92.9% knew what Coartem dose to give to a 2 year old child
- 71.6% knew at least 3 signs of pneumonia
- 66% mentioned the correct drugs and doses for a 1-year old child with fever and fast breathing

Result (7): FGDs with VHTs

- “The trust the community has put in us motivate us to work and this has change my life style in that I attend to many people and I feel happy when being consulted”
- “Children death rate has reduced since we started our work which is encouraging. This has made people to see health as their priority”
- “Some people come and help us with our garden work which used not to happen means support for us to stay in the program.”

Results (8): FGDs with caretakers

“They (VHTs) explain very well on how to give drug to children and time interval for giving drug”

“We trust them because they have knowledge of what they are doing e.g. when they give their drugs our children get well”

“The VHT program is a very good program because we are seeing a lot of changes in the community health i.e. reduced death rate of children, homes are kept clean etc”

Conclusion and major challenges

- Supervision
- Motivation
- Resettlement
- Drug management chain
- Antibiotic use
- Record keeping