

# Episcopal Relief & Development

## ICCM & Continuous LLIN Distribution in Uganda – *NetsforLife®* Contribution



# Presentation Outline

- *NetsforLife*® & Partnership
- The Uganda Opportunity
- Our Approach to the Intervention
- Progress Made



# Who are we?

- ***NetsforLife***® is a malaria prevention program by Episcopal Relief & Development and partners
- Core elements are: ***mobilize***, ***motivate*** and ***equip*** communities and individuals to take charge and ***lead*** in efforts aimed at ***preventing malaria***

# Who are we...

- Currently metamorphosing into integrated community disease management with emphasis on prevention, initial treatment & referral with follow-up.
- The change is as a result of maximizing on our core strength (large numbers of CHV) for better impact with fewer resources
- Started as a pilot project in 2006, expanded into 17 African countries between October 2008 and September 2013 and currently concentrating on 12 African countries to increase depth and breadth for impact in a more integrated way



# The Uganda Situation

- Malaria transmission is perennial and highly endemic in over 95% of the country
- Clinically diagnosed malaria is the leading cause of morbidity and mortality accounting for over 30 million hospital cases and responsible for 70,000 to 100,000 deaths annually
- It is seen as the single biggest loss to the socio-economic development of the country (Source: NMSP 2010-2015 Uganda)
- Malaria, pneumonia and diarrhea are the top three diseases that largely influences child morbidity and mortality in Uganda

# Uganda situation...

- The government through NMCP has developed a 5 yrs. National Malaria Strategic plan (2010 – 2015) utilizing both disease prevention and control measures including among others
  - LLIN distribution
  - IPT for antenatal services
  - Improve case management at both health facilities and community level
- Furthermore, GoU has developed and adopted iCCM as a strategy for child survival, growth and development in the overall national health strategic plan

# The Project Partnership

- *NetsforLife®*/Episcopal Relief & Development (Technical, Financial)
- Government of Uganda
  - MoH/NMCP/UHS (Health structure & system, salaries for Health personnel)
- Church of Uganda (Local Implementer, technical, logistical)
- Christian Aid (Technical)
- UMCOR/INM (Financial)
- GF through The Aids Support Organization (TASO) – Financial and LLIN

# Our Overall Mandate

- The goal is to contribute to GoU efforts in curbing the burden of malaria and other common childhood diseases in 23 districts in Western Uganda.
- The Objective
  - To facilitate the distribution and improve the utilization of LLIN in 23 districts in Western Uganda
  - To improve knowledge and treatment of malaria, pneumonia and diarrhea at household and health facility level



The map displays the districts of Uganda, each assigned a specific color for the 2010 census. A legend in the top left corner identifies the colors: Blue for BRT, Green for CHS, Yellow for CHU, Red for BAPCO, and Orange for PIGMA. The districts shown on the map include: Masindi, Amol, Nakasongola, Nakaseke, Kyankwanzi, Kiboga, Luwero, Kagadi, Kakumiro, Kibaale, Kyenjojo, Kyegegwa, Mubende, Mityana, Gomba, Butambala, Wakiso, Mukono, Ntoroko, Bundibugyo, Kabarole, Kamwenge, Kasese, Ibanda, Rubirizi, Buhweju, Bushenyi, Mitooma, Sheema, Mbarara, Rukungiri, Kanungu, Ntungamo, Kiruhura, Lyantonde, Ssembabule, Bukomansimbi, Kalungu, Mpigi, Mubende, Lwengo, Masaka, Rakai, Isingiro, Kisoro, and Kabale.

# Specific Mandate for Malaria & Integrated Services

- Train 2,300 VHT to assist in distribution and hanging of LLIN at sleeping places
- Follow-up with utilization of LLIN at household
- HSS involving the training of
  - 10,868 VHT in iCCM
  - 715 Health Workers in IMCM
  - Develop and implement a surveillance mechanism for VHTs as a way of ensuring that VHTs remain accountable to community and the health facilities

# Our Approach: Assessment & Training

- Assessment
  - Baseline and then Final Evaluation after 18months
- Household registration for LLIN distribution & follow-up
- Capacity building/Trainings
  - VHT (iCCM)
  - Health Workers (IMCM)
  - Border-border (Motorbike) riders





# Our approach: Communication

- SBCC Activities
  - Radio & TV (Buy into National SBCC campaign)
  - ‘Border-borders’ (motorbike) riders announcements
  - Community Markets
  - School health education
  - Churches & Mosques
  - CHV house-to-house education
- Adapt and utilize National SBCC sub-committee guidelines and materials

# Our approach: LLIN Distribution

- Continuous Distribution through Health facilities
  - antenatal and
  - child healthcare clinics
- Fix point distribution for Universal Coverage





# Our Approach: CHV Intervention

- CHV home visit
  - LLIN utilization monitoring (demand generation)
  - Household iCCM education
  - iCCM symptom recognition & treatment
  - Referral & follow-up for iCCM



# Achieved so far...

Three months into project implementation

- Baseline using multi-stage cluster sampling methodology with probability proportional to size
  - Sample size – 2,100 households
- Household registration ... on-going
- Various Trainings ... on-going
- Project duration: Originally 12 months but pushed to 18 months

# Challenges & Mitigation Plans

- Hiring an M&E officer for the project
- Information over-load during training of VHT on iCCM
- Identifying & managing VHT who may be over enthusiastic
- Nature of rural road network and logistics transportation
- Heavy precautionary and documentation process on GF resources
- On-going. Will be at post in March
- Reviewing training materials, provide reminders & introduce more practical sections
- Improve monitoring & supervision process with external support
- Adaptation and planning ahead
- Plan ahead and comply with documentation process

# Expected Outcomes

- In additions to the set objectives
  - Improving LLIN coverage (ownership & usage) from 50% to 90% in 23 districts in western Uganda
  - Improving knowledge & treatment of malaria, pneumonia and diarrhea
- During 2015 Annual AMP meeting, feedback will be shared on
  - Interim results
  - Observations/findings
  - Lessons learned
- Outcome will inform discussions on continuous distribution and integrated approach to disease prevention and treatment



# Thank you

