

KAGUMU DEVELOPMENT ORGANIZATION- KADO



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PROJECT CLOSURE REPORT

PROJECT TITLE : SUPPORT TO UGANDA MALARIA REDUCTION STRATEGY

GF GRANT NUMBER : UGA-M-TASO

PROJECT COVERAGE : WEST NILE AND LUWERO TRIANGLE.



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ACRONYMS

ICCM	INTEGRATED COMMUNITY CASE MANAGEMENT.
DHO	DISTRICT HEALTH OFFICER
UMRSP	UGANDA MALARIA REDUCTION STRATEGIC PLAN
DHMT	DISTRICT HEALTH MANAGEMENT TEAM
VHT	VILLAGE HEALTH TEAM
KADO	KAGUMU DEVELOPMENT ORGANIZATION
HC	HEALTH CENTRE
HMIS	HEALTH MANAGEMNT INFORMANTION SYSTEMS
CAO	CHIEF ADMINISTRATIVE OFFICER
ADHO	ASSISTANT DISTRICT HEALTH OFFICER
MFP	MALARIA FOCAL PERSON
DHI	DISTRICT HEALTH INSPECTOR
DHE	DISTRICT HEALTH EDUCATOR
DPO	DISTRICT PROJECT OFFICER
TASO	THE AIDS SUPPORT ORGANIZATION
ACT	ARTEMISININ- BASED COMBINATION THERAPY
MOH	MINISTRY OF HEALTH
NGO	NON GOVERNMENTAL ORGANIZATION
PNFP	PRIVATE NOT FOR PROFIT

EXECUTIVE SUMMARY

Kagumu Development Organization (KADO) is pleased to submit this project closure report to stakeholders. This was a two years project that was implemented in Pakwach, Nebbi, Zombo, Madi-Okolo, Arua, Maracha, Koboko, Terego, Yumbe, Moyo, Adjumani in West Nile region, and Luwero, Nakaseke, Nakasongola, Kiboga and Kyankwanzi in Luwero triangle region. The project budget was Uganda shillings 8,503,799,966 (**Eight Billion, Five Hundred Three Million, Seven Hundred Nifty Nine Thousand and Nine Hundred Sixty Six Shillings Only**). The key project interventions fallowed under the six intervention areas i.e. (IEC/BCC (Vector control), Integrated community case management (ICCM), Private sector case malaria management, Community led advocacy and Routine HMIS reporting KADO is reporting on the planned and implemented project activities during the grant period 2018-2020. The report is detailed on KADO and project background, project objective, programme schematic areas, detailed description of activities, achievements, challenges, lessons learnt, best practices and conclusion.

BACKGROUND

The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) has supported Uganda's fight against the HIV/AIDS, Tuberculosis and Malaria Epidemic since 2002. The Global Fund grants support priority areas in the Strategic Plans for HIV/AIDS, Tuberculosis and Malaria and also National Priorities of building resilience Health and community systems for delivery of quality services. The country wrote concept notes requesting GF to fund specific areas of the disease strategic plans. Uganda was awarded three grants, implemented by 2 PRs, namely:- MoFPED and TASO (direct recipients of funds from GF and accountable on behalf of the government of Uganda).

TASO Uganda solicited for NGOs to implement Global Fund UGA-M-TASO-1448. KADO applied and proposed technically innovative, broad based strategies that will help contribute to the national malaria control program in 14 districts i.e. (-Koboko, Yumbe, Maracha, Arua, Nebbi, Pakwach, Luwero, Moyo, Zombo, Adjumani, Nakasongola, Nakaseke, Kyankwanzi & Kiboga).

Kagumu Development Organization-KADO is one of the Sub recipients of Global Fund and was contracted by TASO to work in the 14 districts of (Koboko, Yumbe, Maracha, Arua, Nebbi, Pakwach, Luwero, Moyo, Zombo, Adjumani, Nakasongola, Nakaseke, Kyankwanzi & Kiboga). KADOs intervention areas include:

- IEC/BCC (Vector control)
- Integrated community case management (ICCM)
- Private sector Malaria case management
- Community led advocacy
- Routine reporting

PROJECT OBJECTIVES:

1: To build the capacity of private sector health workers through training in integrated management of malaria (IMM), health management information systems (HMIS) and supervision for private sector reporting in 14 districts by 2020 .

2: To strengthen community response and participation in malaria control in 14 districts by 2020.

PROGRAMME THEMATIC AREA(S).

Table 1: Brief Analysis of Achievements in the reporting quarter:

Intervention Areas	Activity Description
IEC/BCC (Vector control)	Facilitate integration of Malaria talking points into all programs of the clergy including weekly sermons throughout the country. (Regional Level)
IEC/BCC (Vector control)	Facilitate integration of Malaria talking points into all programs of the religious leaders including weekly sermons throughout the country. (District level)
Integrated community case management (ICCM)	Support quarterly supportive supervision: DHMT to Health facilities

Integrated community case management (ICCM)	Coordination meeting of VHTs with HF's
Integrated community case management (ICCM)	VHT Supervisors ICCM Refresher Training
Integrated community case management (ICCM)	Re-orientation of VHTs and Malaria Parish champions in Malaria sBCC
Integrated community case management (ICCM)	VHTs and Malaria Parish champion home visits to mobilize communities towards better preventive measures.
Private sector case management	Training off HRH in IMM in 48 districts- Private Sector
Community led advocacy	Conduct community dialogues, films, and sports events in various selected stations.
Routine reporting	Private Sector reporting supervision

DESCRIPTION OF PLANNED/IMPLEMENTED PROJECT ACTIVITIES

ACTIVITY 35: PROJECT INCEPTION MEETINGS

A total of 480 stakeholders participated in the meetings. They were conducted in the 14 targeted districts of Arua, Pakwach, Nebbi, Zombo, Maracha, Koboko, Yumbe, Adjuman, Luwero, Kyankwanzi, Nakasongola, Nakaseke, and Kiboga. The meetings enabled orientation of stakeholders on the project goal, objectives and interventions including sharing implementation responsibilities. .

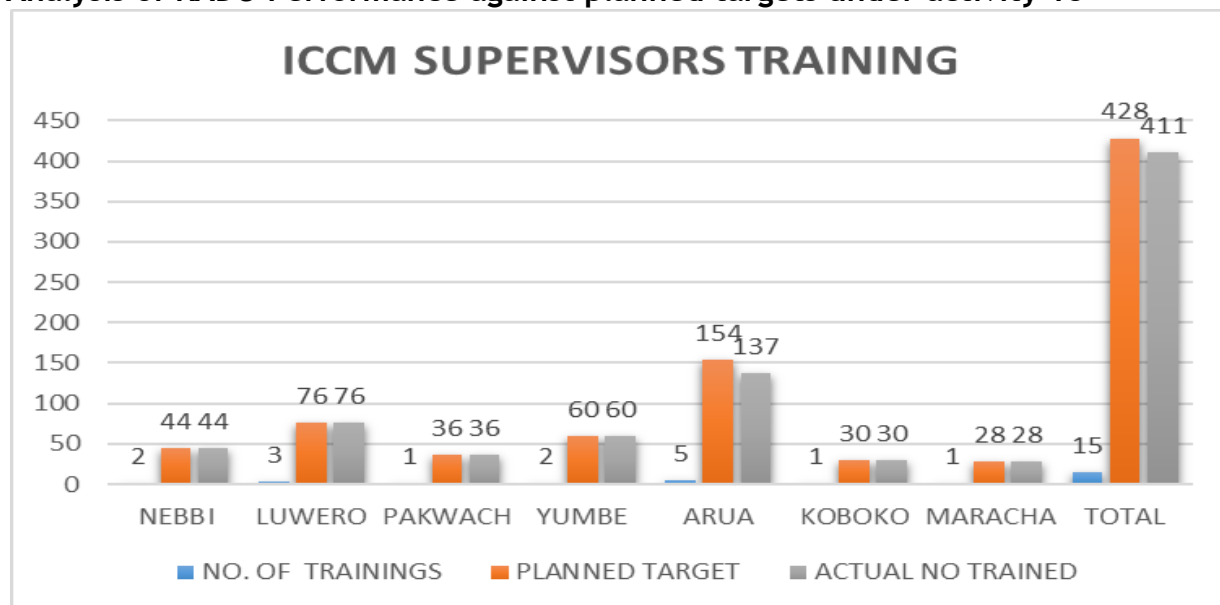
Activity 15: VHT Supervisors and District Health Teams (DHT) ICCM Refresher Trainings.



A total of 411 DHT members trained. KADO in collaboration with the DHT organized these training. The purpose of this activity was to re-orient the VHT Supervisors and District Health Teams (DHT) on the new ICCM guidelines following the inclusion HIV and TB in the guidelines. This activity took place in

the ICCM districts supported by the Global Fund in the cluster i.e.(Arua, Maracha, Koboko. Yumbe, Pakwach, Nebbi and Luwero). The target audience was the Health Facility ICCM Supervisors and DHT. Facilitators from the Ministry of health trained DHT and Malaria Focal persons. DHT and Malaria Focal persons in turn trained sub county VHT supervisors. These trainings took place at district level and were non-residential. The role of

Analysis of KADO Performance against planned targets under activity 15



SUPPORT QUARTERLY SUPPORTIVE SUPERVISION: DHMT TO HEALTH FACILITIES



These activities were conducted on along the VHT ICCM coordination meetings in all public facilities in the 7 ICCM districts (Arua, Pakwach, Nebbi, Maracha, Koboko Luwero and Yumbe) on quarterly basis and it involved the DHO, Malaria focal person/ICCM Focal person and Biostatistician. The participants were health workers from the different

ICCM health facilities and the supervision team was the District Health Team and comprised of four DHMT members. The purpose of this activity was to review stock cards/commodity stock status, community reports, and VHT registers and interacted with VHTs. The DHT also prepared a report using the National HMIS Support Supervision tool for health facilities throughout the project life. In the event of this activity implementation, it was established that:

- There is need for orientation for all the VHTs so as to equip them with more knowledge on the ICCM.
- In all the facilities, the VHTs lack means of transport, lighting system, bags for new VHTs, sick child job aid, rain coat and timers.
- There was inadequate supply of drugs.
- There was no means of transport to conduct home to home supervision.
- Delayed summation the report by the VHTs to the Health facilities.
- Limited supply of reporting tools

COORDINATION MEETING OF VHTS WITH HEALTH FACILITIES:

A total of 215 health facilities were covered. The purpose of coordination meetings of VHTs with Health Facilities was to improve case management through community structures (VHTs). Kagumu Development Organization (KADO) conducted coordination meetings with ICCM VHTs in 7 districts (Luwero, Arua, Nebbi, Yumbe, Koboko, Maracha, Pakwach and Yumbe). Specific areas of focus during included:

- Knowledge about the roles and responsibilities of a VHT.
- Assessment of a sick child.
- Classification and Referral of an affected person.
- Treatment and Care giver advice,
- Community health messages and promotions focusing on malaria prevention.
- Record keeping and the challenges faced by the VHTs were noted, recommendations made and the actions points for follow-up in subsequent meeting were established.



RE-ORIENTATION OF VHTS AND MALARIA PARISH CHAMPIONS IN MALARIA SBCC:

A total of 8,856 VHTs and malaria parish champions were oriented. The purpose of this



activity was to orient the ICCM VHTs and malaria champions (parish coordinators) on SBCC, reporting and supply chain management of commodities. These activities were preceded by the training of VHT Supervisors. These activities took place in the ICCM districts supported by the Global Fund i.e. (Arua, Pakwach, Nebbi, Maracha, Koboko, Luwero and

Yumbe). The target audience was the ICC VHTs. The facilitators for this training were

drawn from the SBCC and ICCM Tots at district level. These trainings took place at community level and were non-residential. KADO planned together with the ICCM/Malaria focal persons, facilitate the trainings and documented the proceedings including accountability for the funds used.

VHTS AND MALARIA PARISH CHAMPION HOME VISITS TO MOBILIZE COMMUNITIES TOWARDS BETTER PREVENTIVE MEASURES:

A total of **25,530** households were visited. This activity involved ICCM VHTs conducting visits to households identified by VHT supervisors on a quarterly basis. The targeted was homes where a child has been sick and treated within the community or has been referred for treatment to a facility and is to be followed up at home. It also included homes with children who had frequent episodes of malaria, pneumonia and diarrhea to assess the associated causative factors and educate the family on preventive measures. This was done on rotational basis with VHT with financial support from KADO.

TRAINING OFF HRH IN IMM IN 48 DISTRICTS- PRIVATE SECTOR

A total of **149** private health workers were trained. The training targeted the private sector Health Workers in 06 districts (Arua, Zombo, Koboko, Luwero, Moyo, and Adjumani) and a total of 149 were trained on Integrated Malaria Management from Private for profit facilities and Private Not for profit facilities. The ministry of health and the district health department trainers trained.



Conduct community dialogues, films, and sports events in various selected stations:

A total of 72 events attended by 1,290 local leaders were conducted at sub county level. These social community mobilization events to create awareness about ICCM in West Nile and Luwero District. In the meetings, local, religious, and opinion leaders discussed

the challenges to the escalated malaria in their districts and suggested solutions to prevention. The meeting oriented leaders on their roles and responsibilities malaria prevention. The meeting resolved that leaders' mainstream disseminating prevention messages in their programmes.

PRIVATE SECTOR REPORTING SUPERVISION

A total 47 private sector reporting supervision visits were conducted. The main objective of this activity was to enhance data collection and reporting by the Private for Profit facilities through the National reporting System (DHIS2). These activities were conducted by malaria focal person and Biostatisticians in 7 districts (Arua, Pakwach, Nebbi, Koboko, Maracha and Yumbe). During the activity, the DHT reviewed HMIS reporting tools, interacted with health facility staff to discuss reporting rates and were also able to render onsite support to address challenges in reporting. The DHT were also able to prepare a report using the National HMIS Support Supervision tool for health facilities.



KEY FINDINGS DURING THE PRIVATE SECTOR REPORTING SUPERVISION:

- Facility monitoring charts not updated. (last updated in 2017)
- Weekly reports not submitted on time at times due to delay in lease of data by some departmental heads
- No access to DHIS2
- Inadequate space for records (Records shares the same office space with stores).
- Reports are not reviewed before being submitted to the next level of reporting
- Monitoring charts not displayed for key facility performance indicators
- Negative malaria cases reported being treated thus affecting the quality of HMIS reports

Distribution of HMIS Tools and Person Protective Equipment (PPES)

A total of **8,856** Community Health Workers (VHTs) received HMIS tools. Integrated Community Case Management (ICCM) is a key intervention in the current Uganda Malaria Reduction Strategic Plan (UMRSP) targeting the under-five age group in the management of malaria, pneumonia, diarrhea, and HIV/AIDS, TB and malnutrition disease at community level. The overall goal of the program was to improve the case management of malaria, pneumonia, diarrhea through the

use of community structures (VHTs).

Therefore in support to the above goal, HMIS community reporting tools like; VHT registers (HMIS 006), referral forms (HMIS 001), and consumption logs (HMIS 003), VHT monthly reporting formats (HMIS 007), HMIS 097b and HMIS 008 were printed, delivered to the district and distributed to VHTs and facility supervisors of VHTs per Sub County.



ACTIVITIES NOT IMPLEMENTED

FACILITATE INTEGRATION OF MALARIA TALKING POINTS INTO ALL PROGRAMS OF THE CLERGY INCLUDING WEEKLY SERMONS THROUGHOUT THE COUNTRY. (REGIONAL LEVEL):

This activity was a meeting to bring together the religious leaders in the region to discuss how they will include malaria talking points in their sermons. This was to be a non-residential half day's meeting. There were two (2) meetings to be conducted

targeting 40 religious leaders in two districts in the cluster that are closer to the participants. The meetings were to take place in two of the districts central to all the other districts within the cluster. The purpose for this activity was to facilitate malaria talking points in the programs for religious leaders.

This activity was to follow on the National Meeting with religious leaders at the central level to discuss how to include malaria talking points and related malaria prevention activities to the lower level however the activity was not implemented because the national meeting was not done by TASO

FACILITATE INTEGRATION OF MALARIA TALKING POINTS INTO ALL PROGRAMS OF THE CLERGY INCLUDING WEEKLY SERMONS THROUGHOUT THE COUNTRY.(DISTRICT).

This activity was a meeting to bring together the religious leaders at the district level to discuss how they will include malaria talking points in their sermons. This was to be a non-residential half day's meeting. There were twelve (12) meetings to be conducted targeting 140 religious leaders in 12 districts in the cluster. The meetings were district level based and conducted in 12 targeted districts. The purpose for this activity was to facilitate malaria talking points in the programs for religious leaders however they were not done because this activity was to follow on the National and regional Meetings with religious leaders at the central and regional levels which was not yet been done.

LESSONS LEARNT AND BEST PRACTICES:

1. The VHT data base and the constituent updating helped minimize fraud in form of ghost VHTs and this should be used in implementing all projects.
2. There is a big gap between the private facilities and public facilities when it comes to consideration in times opportunities as private facilities in most cases are left out in most capacity building activities at the district.
3. There is need for Private for Profit Facilities to acquire Integrated OPD Registers that collects comprehensive Data on Malaria to enable data collection and reporting.
4. The home visit check-list has no option for the household heads to write in their phone numbers and signatures thus making it hard for follow up on whether the VTHs

reached the said households or not. This is therefore significant and should be included.

5. Involvement of the district ICCM F/P and facility supervisors to directly reach the households of VHTs helped build the capacity of VHTs as health Centre one, identify the gaps and challenges faced by VHTs and also ascertain the safety and use of ICCM drugs, commodities by the VHTs and should be strengthened.
6. Given the high prevalence rate of malaria in West Nile, home visit should not only be conducted in selected sub-counties, parishes, facilities and villages (VHTs) but it should be done in all sub-counties, parishes facilities and to all the VHTs.

PARTNERSHIPS & COORDINATION

- KADO worked with districts during the identification and verification of the participants for the different activities that were implemented including the different trainings.
- The districts were also directly involved in the implementation of the certain project activities such as support supervision by the DHMT to ICCM health facilities in the district, ICCM training for both VHTs and supervisors.
- Lastly the district staff was also involved in the planning and scheduling of the project activities and this greatly explains why there was smooth implementation of activities in most of the districts, this has enhanced ownership of the project activities by the districts. This also explains why DHMT members have continued to implement support supervision to the ICCM facilities even without the presence of a KADO staff for as long as they are facilitated.

CHALLENGES:

- COVID 19 pandemic affected implementation of project activities.
- Impassable roads made the project implementation very difficult despite the commendable results
- Some VHTs didn't have phones or possessed lines that were not registered in their names. This made it challenging to make their facilitation by mobile money. However VHTs were required to provide fully registered numbers of trust people to whom to send their facilitation.
- Some VHTs were new with limited knowledge on use of ICCM reporting tools which hindered reporting.
- The days for the training were few for most training. Some topics were not fully explored due to time factor.
- Cancelling and rescheduling of activities by the district especially during VHT coordination meetings and district entry meetings. This made us spend extra days implementing the activity, it also delayed the implementation of the activities and all this came with an extra cost resulting into over spending on certain activities like district entry meetings.



RECOMMENDATIONS

- ✓ Malaria still continues to escalate in Uganda despite the government and donors' effort. Pregnant mothers and children are the most affected due to limited immunity. Therefore, there is need for more funding to rigorous increase malaria services and sustains the current interventions.

ANNEX 1: ACTIVITY PHOTOS



Training of PNFP Health Workers in IMM at Dubai Hotel in Adiunani District



Community members Volunteer to push the car the muddy road of Oweko in Nebhi District



Delivering of ICCM materials to district stores in Yumbe District



Village Health teams receive the ICCM materials like registers



The ICCM focal person Pakwach giving her opening remarks during VHT supervisors training at Kalalo Corteges in Pakwach District



The Malaria Focal person addressing the VHTs of Pakwach Mission HCIV on their roles and responsibilities



The VHTs of Pokwero Health Centre III getting their breakfast during their orientation on ICCM reporting at Owiny Primary School in Pakwach District



The VHTs of Pokwero Health Centre III getting their breakfast during their orientation on ICCM reporting at Owiny Primary School in Pakwach District



Training session in progress at Paminya Primary School to orient the VHTs on ICCM reporting tools



VHTs of Pamaka HCIII in Nebbi district getting lunch during their two days orientation on ICCM reporting tools.



The ICCM focal person Nebbi District giving his opening remarks during VHT supervisors' feedback meeting following coordination meeting with health facilities



KADO staff addressing the VHTs of Wadelai Health Centre III on their roles and responsibilities in ICCM