

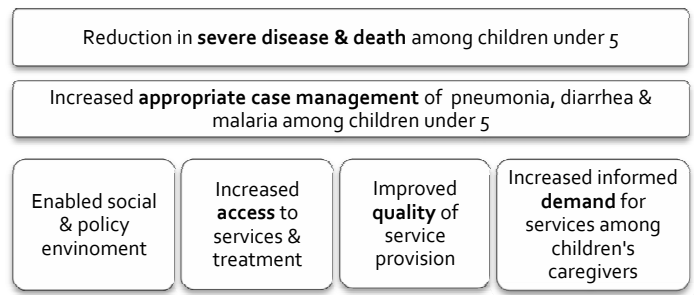


UGANDA

Integrated Case Management of Pneumonia, Diarrhea & Malaria through the Five & Alive Franchise Network

Integrated case management (ICM) is a strategy to reduce child morbidity and mortality by increasing access to treatment for pneumonia, diarrhea, and malaria which are the top killers of children. Coverage of appropriate case management is improved through addressing three key program pillars within an enabling social and policy environment: 1) increased **access** to services and treatment; 2) improved **quality** of services; and 3) increased **informed demand** among children's caregivers for appropriate treatment-seeking behavior. Improving coverage through increased access, quality, and demand for services can be achieved through working with various provider networks, depending on what is most appropriate for children's caregivers and providers in a given context.

➤ ICM LOGICAL FRAMEWORK



In Uganda, caregivers of children under five frequently seek treatment for childhood illnesses in the private sector. For example, the 2009 ACTwatch Uganda household survey found that 73% of caregivers seeking treatment for fever in children under five went to the private sector.ⁱ However, the 2009 ACTwatch Uganda outlet survey data suggest that private sector outlets often do not have first-line quality-assured treatments available at an affordable price. In addition, private provider case management training and knowledge lags behind public sector providers.ⁱⁱ Interventions that target private sector outlets have potential in this context to improve coverage of appropriate case management for children under five.

THE FIVE & ALIVE SOCIAL FRANCHISE NETWORK

In November, 2010, PACE/Uganda (a local PSI affiliate) launched the Five & Alive social franchise network for Mubende District. Private clinics and drug shops that join the Five & Alive network agree to adhere to a set of operational standards around quality of care and pricing of products and services. The Five & Alive network is used to increase access, quality, and demand for appropriate case management of pneumonia, diarrhea, and malaria. Community-based Village Health Team (VHT) volunteers strengthen linkages between target caregivers and network providers through health education, franchise network promotion, case identification, and referral to franchise outlets. (Refer to diagram on next page)

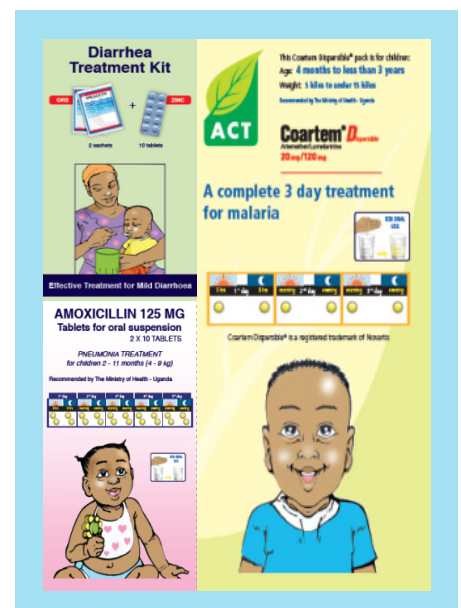


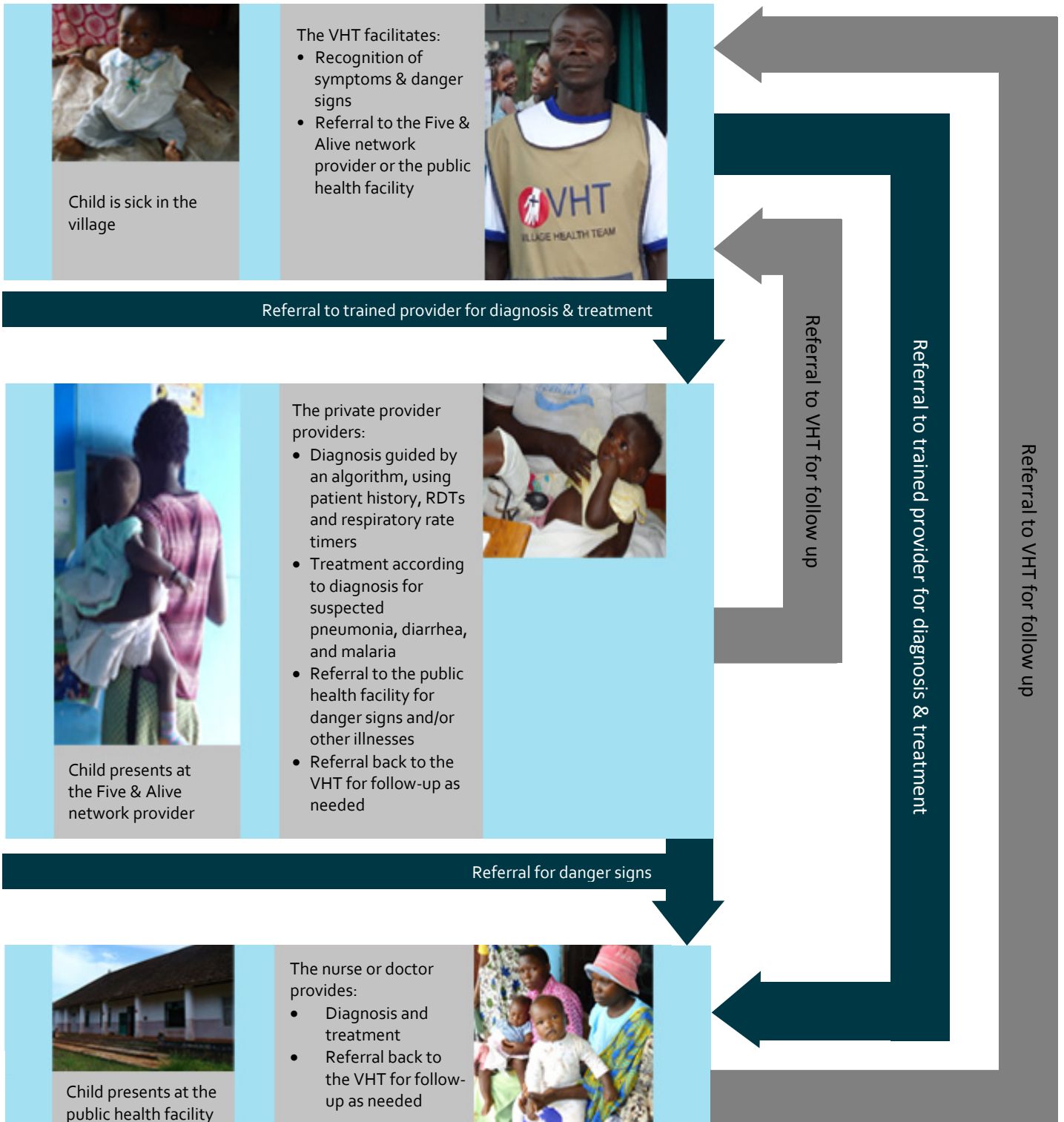
INCREASING ACCESS

The franchise network consists of 35 outlets: 12 private clinics and 23 drug shops. These outlets are licensed and monitored by national authorities. Network outlets are selected in order to best meet the needs of target caregivers as well as franchise providers. Target caregivers live in rural communities with limited access to case management services. Prompt treatment is recommended to prevent severe disease and death. Therefore, smaller shops and clinics that rural caregivers are already going to for treatment are most ideal to facilitate prompt and effective case management.

To meet the needs of franchise providers in Mubende district, the ideal ICM franchise provider is one who works in a relatively small clinic or drug shop that does not charge service or laboratory fees, and that has a client base but does not have quality-assured first-line treatments that are affordable. These types of providers are more interested and willing to distribute highly subsidized treatments for children under five. Franchise providers purchase pre-packaged therapies from PACE for about \$0.04-\$0.16. The recommended subsidized price to the consumer for these products typically ranges from about \$0.08-\$0.40, depending on the type of product and dosage required. These retail prices yield relatively small profit margins ranging from approximately \$0.04-\$0.30 per full course treatment sold. Despite small profit margins, improved demand for the products and increased client flow are incentives for providers.

Network providers have rapid diagnostic tests (RDT) for malaria, and pre-packaged treatments with specific dosing regimens according to child age. These include ACT, ORS and dispersible zinc, and dispersible amoxicillin tablets. Providers purchase products during monthly detailing visits from a field coordinator.





INCREASING QUALITY OF SERVICE PROVISION

Five & Alive franchise providers receive initial training on the use of a standard algorithm to diagnose children. Job aids are given to network providers to guide them in identifying malaria through presence of fever and administration of a rapid diagnostic test; pneumonia through presence of cough with fast breathing measured through a respiratory rate timer; and/or diarrhea. The algorithm also guides identification of danger signs necessitating immediate referral to a health facility.

Following initial training, network provider quality of care is monitored and continuously improved through monthly supportive supervision visits from a PACE field coordinator. During monthly visits, the field coordinator reviews records and observes provider practices. The visit provides opportunity to discuss questions and issues related to correct use of the algorithm, diagnostics (RDT and respiratory rate timer), and treatments.

Community-based VHTs receive initial training focused on symptoms of pneumonia, diarrhea, and malaria, and danger signs necessitating immediate referral to a health facility. VHT training and ongoing supervision provide information and support to effectively promote timely treatment-seeking behavior among children's caregivers.

INCREASING INFORMED DEMAND AMONG CAREGIVERS

Informed demand in the context of ICM means that caregivers can recognize symptoms of pneumonia, diarrhea, and malaria, and promptly seek treatment from an appropriate provider. VHTs are the primary mechanism for increasing informed demand among children's caregivers. They are tasked with community education and sensitization, and they use their local knowledge as members of the community to appropriately tailor activities to increase informed demand. These activities include promoting prompt treatment-seeking behavior and the franchise network at community meetings and through interpersonal communication. Recognized by the community as important resources for child health, the VHTs are well-placed to influence caregiver treatment-seeking behavior. VHTs serve on a voluntary basis, and are motivated by recognition and status that comes with training and affiliation with the project.

In addition to routine demand creation activities, VHTs may engage in targeted community outreach sessions together with Five & Alive network providers. During these outreach sessions, VHTs provide education, and network providers provide diagnostic and treatment services free of charge. Children's caregivers are sensitized to the issues surrounding prompt symptom recognition and appropriate treatment-seeking, and they are oriented to the services and subsidized medicines provided by the Five & Alive network. Where appropriate, PACE integrates community outreach services to best meet caregiver needs – bringing together the Five & Alive providers focused on child health as well as PACE's Profam franchise network providers focused on women's health.

MONITORING & EVALUATION

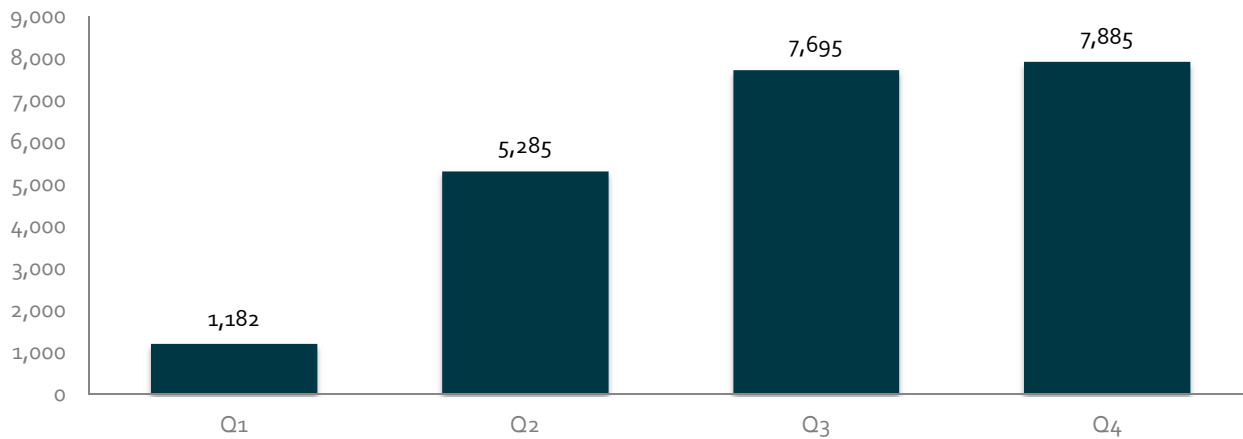
The Five & Alive project has a strong M&E component which includes an outcome evaluation to assess change in coverage of appropriate case management of pneumonia, diarrhea, and malaria. A baseline study carried out in 2010 will be compared with results from a follow-up study that will be conducted in 2012.

Routine monitoring data are collected on a monthly basis through a paper-based system. Data are captured by franchise providers in a client register, including information on symptoms (e.g. fever); assessment (e.g. RDT results, respiratory rate); and case management (i.e. referral, treatment). The register facilitates tracking numbers of children assessed, numbers of treatments administered, and the extent to which providers are correctly managing cases. Register data are entered into a database for calculation of indicators across the project.



The monitoring system also includes reports from VHTs on community-based education and sensitization activities. These reports allow for calculation of indicators on numbers of caregivers reached with activities to increase informed demand. The reach of informed demand activities is assessed through quarterly household monitoring surveys. These surveys assess the extent to which targets for demand creation (e.g. % caregivers with correct knowledge, % caregivers exposed to communications) have been reached.

A review of routine monitoring data is conducted on a quarterly basis, and adjustments to program implementation are made as necessary. For example, where quarterly household monitoring surveys identified low levels of awareness concerning the use of zinc as part of diarrhea treatment, targeted communications were quickly disseminated to improve caregiver awareness.



Program uptake: Number of children managed by Five & Alive network providers

To learn more about PSI's work in child health around the globe, visit: www.psi.org.

ⁱ Littrell, M., et al. (2011). Monitoring fever treatment behavior and equitable access to effective medicines in the context of initiatives to improve ACT access: Baseline results and implications for programming in six African countries. *Malaria Journal*, 10, 327.

ⁱⁱ O'Connell, K., et al. (2011). Got ACTs? Availability, price, market share and provider knowledge of anti-malarial medicines in public and private sector outlets in six malaria-endemic countries. *Malaria Journal*, 10, 326.