

## **EXTENDED INTEGRATED CHILD HEALTH DAYS (ICHDs) IN KAMPALA: URBAN LEARNING EXPERIENCE**

### **BACKGROUND**

Child Health Days in Uganda are biannual campaign-style events held in the months of April and October to supplement fixed-site routine primary healthcare service delivery with the provision of Vitamin A supplementation, deworming, immunisation, and growth monitoring and promotion at the community level. The campaigns are organized by District Health Teams (DHTs) and generally have relied on donor and implementing partner support for intense social mobilization to promote community uptake of these low-cost life-saving public health interventions.

### **Rationale for the Extended ICHD in December 2021**

The Ministry of Health (MOH)'s *Nationwide Extended ICHD Campaign* was designed to respond to the low national coverage for Vitamin A (47%) that was achieved during the October 2021 ICHDs, which was 15% lower than coverage for the previous year - October 2020. The low coverage was attributed to the COVID-19 vaccination taking precedence over the ICHD campaign. The December 2021 campaign aimed to mop up gaps in coverage of Vitamin A among children 6 – 59 months and deworming among children 1-14 years, and increase the national coverage of both Vitamin A and deworming services to 80%.

### **USAID MCHN Support for the Extended ICHD Campaign in Kampala**

The MOH secured funding from Nutrition International through Child Fund to conduct the Extended ICHD Campaign in Kampala. In collaboration with partners Child Fund, Child and Family Foundation Uganda, 23 private healthcare facilities, and 9 public facilities in the five administrative divisions of Kampala (Kawempe, Makindye, Rubaga, Nakawa and Central), the USAID MCHN Activity provided technical and logistics support to the MoH and

Kampala Capital City Authority (KCCA) to implement the extended ICHDs.

This brief describes MCHN's support for the Extended ICHD Campaign in Kampala and what was achieved.

### **APPROACH**

#### **Planning**

##### **a) National level:**

The MOH conducted national level planning meetings in November 2021 to identify human resource gaps and logistics needs, assign roles and responsibilities, and coordinate supervision at the regional and district levels. At national level, UNICEF was responsible for supplying Vitamin A, deworming tablets, and Child Health Cards. The USAID Social Behavioral Change Activity (SBCA) was responsible for development of community messages to promote uptake of ICHD services. Nutrition International and Child Fund were responsible for orienting vaccination mentors and providing district-level supervision. And the USAID MCHN Activity was responsible for coordination of the Kampala campaigns.

##### **b) Division level:**

In collaboration with KCCA, USAID MCHN coordinated Extended ICHD activities in the five administrative divisions of Kampala, including mobilization of EPI teams, health facility teams, health workers and VHTs.

In each division, MCHN supported planning meetings to identify priority communities, identify health workers and VHT members, secure Vitamin A, deworming tablets, Child Health Cards and other necessary supplies, develop storage and distribution plans, finalize human resource requirements, and develop clearly articulated workplans. Furthermore, the USAID MCHN Activity supported the transportation and distribution of Vitamin A and deworming tablets and related supplies (tally sheets, child health cards, pens) to outreach sites and tents for satellite service delivery in Kawempe Division.

Overall, the ICHD in Kampala took place over five days – this included two days for community mobilization, two days for service delivery, and one day for performance review.

**Mobilisation**

The Division EPI Focal Persons organized the deployment of health workers (e.g. vaccinators and data clerks) and Village Health Team (VHT) Coordinators identified and deployed VHT members to target communities. Each outreach team was composed of four members: two health workers and two VHTs. The VHTs used megaphones to raise awareness around ICHD services and inform community members about when and where to bring their children for services (Figure 2). In each Division, eight supervisors coordinated the outreach activities.

**ICHD Community Outreach**

Community outreach was conducted through three modalities:

- **Static clinics:** ICHD services were offered within healthcare facility compounds as a complement to routine child health services. On the days of

through satellite clinics. Satellite clinics were established at centralized locations, including schools, places of worship, or in a tent in a field or near a market (Figure 5). On the outreach day, VHTs mobilized communities and health workers provided health education, screening for malnutrition, deworming, Vitamin A supplementation, and immunization services.

- **Home visits:** Where the volume of clients was low, outreach teams moved from house-to-house to offer

Figure 1: VHT of Kosovo Salaama Kulekana is using a loud speaker to mobilise the community to bring



Figure 3 A health worker conducts a food demonstration session at the Child and Family Foundation health facility.

outreaches, VHTs assisted facility staff by organizing client flow, conducting health education sessions, screening for malnutrition, and providing deworming tablets (Figures 3 and 4).



Figure 2 A health worker conducts a health education session during ICHD in Kiyanja Zone.

nutrition screening, Vitamin A, deworming tablets, and/or immunization to eligible children (Figure 6).

- **Satellite clinics:** To reach communities with less access to static healthcare facilities, ICHD services were delivered



Figure 5 Health worker Sarah Nakiyemba from Pillars Medical Centre, Katoogo Zone Bwaise III organizes clients on the second day of ICHD outreaches.



Figure 4 A VHT screens for malnutrition during a house-to-house visits for St. Stephen's Mpererwe.

Table 1: Summary of the number of parishes, healthcare facilities, and outreaches in the Kampala ICHD Campaign by KCCA administrative division

| KCCA Division                             | Rubaga | Makindye | Central | Kawempe | Nakawa | Total |
|---|--------|----------|---------|---------|--------|-------|
| Number of parishes reached                | 8      | 26       | 8       | 5       | 14     | 61    |
| Number of participating health facilities | 2      | 7        | 4       | 5       | 14     | 32    |
| By level:                                 |        |          |         |         |        |       |
| Hospital                                  | 1      | 2        | 2       | 2       | 3      | 10    |
| HC IV                                     | 1      | 3        | 1       | 2       | 0      | 7     |
| HC III                                    | 0      | 2        | 1       | 1       | 11     | 15    |
| HC II/ Medical Centre                     |        |          |         |         |        |       |
| By managing authority:                    |        |          |         |         |        |       |
| Government                                |        |          |         |         |        |       |

| PNFP |  |  |  |  |  |  |
|------|--|--|--|--|--|--|
| PFP  |  |  |  |  |  |  |

## Achievements

Table 2 summarises the number of children reached through specified nutrition services during Kampala's two day Extended ICHD in December 2021.

| Intervention | KCCA Division |          |         |         |        |         |
|--------------|---------------|----------|---------|---------|--------|---------|
|              | Rubaga        | Makindye | Central | Kawempe | Nakawa | Kampala |
| Vitamin A*   | 2,676         | 13,236   | 6,732   | 874     | 5,504  | 29,022  |
| Deworming    | 7,312         | 26,293   | 14,500  | 1,257   | 9,238  | 58,600  |

\*Outreach records did not disaggregate between first or second dose.

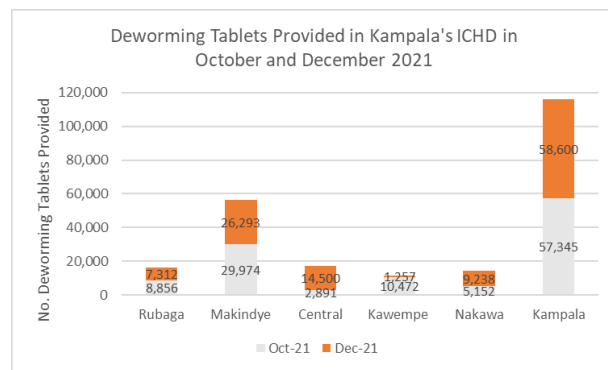
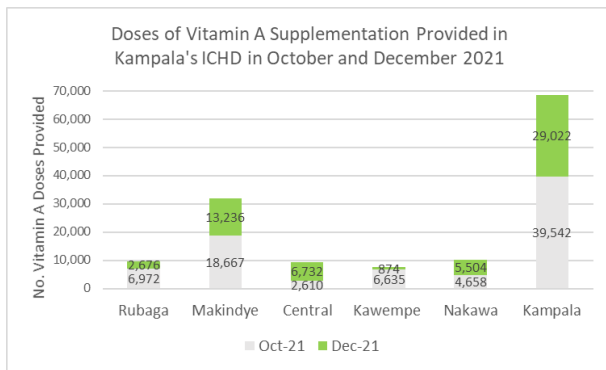


Figure 6 Number of Vitamin A supplements and deworming tablets provided during Kampala's ICHD in October and December 2021

Figure 7 illustrates the relative number of services provided during the October 2021 ICHD and the December 2021 Extended ICHD by administrative divisions and Kampala. Overall, the two mop up days of extended ICHD expanded coverage of Vitamin A supplementation by 42% (29,022 (December) out of 68,564 (October) and of deworming tables by 51% (58,600 (December) out of 115,945 (October)). The administrative divisions of Makindye, Central, and Nakawa, made particularly large gains in the December Extended ICHD.

### Challenges

- COVID-9 restrictions prevented large gatherings and activities were suspended in some parishes due to full lock-down (e.g the Prison Parish in Nakawa Division). However, the implementation of ICHD was possible while observing COVID-19 standard operating procedures through smaller gatherings and house-to-house service delivery.
- Communication gaps especially between the MOH and KCCA hindered planning. A special meeting was held with KCCA leadership to ensure buy-in to the Extended ICHD campaign.
- Some outreach sites had stockouts of key supplies and had to refer clients to the next nearest health facility.

### LESSONS LEARNED

- ICHD events can increase availability of MCH and Nutrition services in urban areas, especially over the weekend and during festive seasons.
- Males perceived ICHDs campaigns to only target mothers
- Timely communication with KCCA stakeholders and VHTs is important for planning and effective mobilization at the division level.
- Health facilities with established community linkage are easier to mobilise for community activities.
- Engagement of both political and technical leadership of KCCA and its administrative divisions are critical to coordinate, mobilize, and supervise ICHD campaigns successfully.

### CONCLUSION

The extended ICHDs increased coverage of Vitamin A and deworming in urban communities of Kampala. Future mop-up exercises may be an effective means of reaching children where routine outreach and campaigns fall short of targets. Adequate involvement of stakeholders and time for planning, mobilisation and supervision will be critical to future events.

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