

Uganda — BASICS II Country Program

Uganda has made great strides in the past decade toward alleviating some of the extreme poverty that has plagued it through years of political upheaval. Still, with infant mortality at 89 deaths from every 1,000 live births, high HIV/AIDS rates, a female illiteracy rate of 44%, and over one-half million people displaced by conflicts, there is overwhelming demand for human and financial resources in the social sectors.¹

Child Survival Program

Overview

BASICS II began working in Uganda in 2000, supporting Ministry of Health efforts to revitalize and strengthen routine immunization services and to accelerate the integrated management of childhood illness (IMCI) at the community level program, in which home-based management of fever and community-based growth promotion are key components. Immunization and nutrition activities are expected to continue through September 2003, when a new USAID bilateral project will take over the scope of the Project's work. IMCI and malaria activities are expected to continue through June 2004.

Technical Approach

BASICS II supports an integrated approach to child health through assistance in nutrition, community management of childhood illness, and immunization strengthening. In immunization, BASICS II assists the Uganda National Expanded Program on Immunization (UNEPI) in developing affordable strategies for rejuvenating and

sustaining routine immunization services at the national level and in six districts. In IMCI, BASICS II provides support to the Ministry of Health (MOH) and its partners to accelerate and strengthen the implementation of the MOH strategy for IMCI at the community level. The Project assists partners in establishing community health activities in six districts that are part of the “IMCI Effectiveness Study” being carried out by Johns Hopkins and Makerere Universities. In nutrition, BASICS II supports the MOH and the World Bank CHILD Project for the implementation of community-based growth promotion (CBGP) activities.

At the national level, the Project works with national teams (the IMCI and Nutrition Units, UNEPI Malaria Control Program, and the Health Education and Promotion Division) and with donors (the World Bank’s Nutrition and Early Childhood Development Project, the World Health Organization, UNICEF, and a USAID bilateral) to support the formulation of policies and guidelines in keeping with the spirit of current health sector reform. BASICS II links the MOH with a network of non-governmental

1. Population, Health, and Nutrition Information Project. 2002. *Country Health Statistical Report: Uganda*.

organizations (NGOs) to more effectively mobilize communities and to implement community-based strategies and activities nationwide. The Project also provides technical assistance for routine planning at operational levels, incorporates work with communities to improve health services in a sustainable manner, and promotes the use of information by districts and health facilities for monitoring performance.

Uganda is one of Africa’s most advanced countries in implementing facility-based IMCI health worker training and systems support. It is one of the first and few countries in Africa to have developed a comprehensive policy framework and implementation strategy for IMCI at the community level that focuses on both the well and sick child. Similarly, the immunization approach in Uganda, called Community-Based Problem Solving and Strategy Development, is a unique approach to strengthening health services and communities to improve and sustain immunization services. BASICS II is well situated to share lessons learned in Uganda with programs throughout Africa and in other regions to accelerate IMCI at the community level in other countries.

Interventions

Immunization

Improving routine services. Early data indicate that immunization coverage increased in the first two implementation districts, and the Project has expanded into four additional districts. BASICS II developed and implemented a community-based model for improving routine immunization services that focused on provider/client interaction and improved community links and local problem-solving. Other tools developed by the project, including microplanning guides, tools for monitoring vaccine usage/waste and drop-out, tools for investigating disease outbreak, and materials on injection safety for district trainers, were adopted for nationwide use. A local



participatory approach focusing on measles immunization quality and goals for full coverage, implemented by BASICS II in two districts, also influenced national strategy. The Project supports UNEPI’s National Revitalization Plan through improved supervision, strengthening of cold chain logistics (with DELIVER), and promoting injection safety.

Nutrition

Community-based growth promotion. BASICS II adapted the successful Honduran AIN/AIEPI (*Atención Integral a la Niñez/Atención Integrada de las Enfermedades Prevalentes en la Infancia*) model of integrated nutrition and child health for application in Uganda. The Project produced local materials and trained community volunteers and their supervisors to begin implementation in two districts. The World Bank Early Childhood Development Project embraced this approach for expansion in a large part of the country.

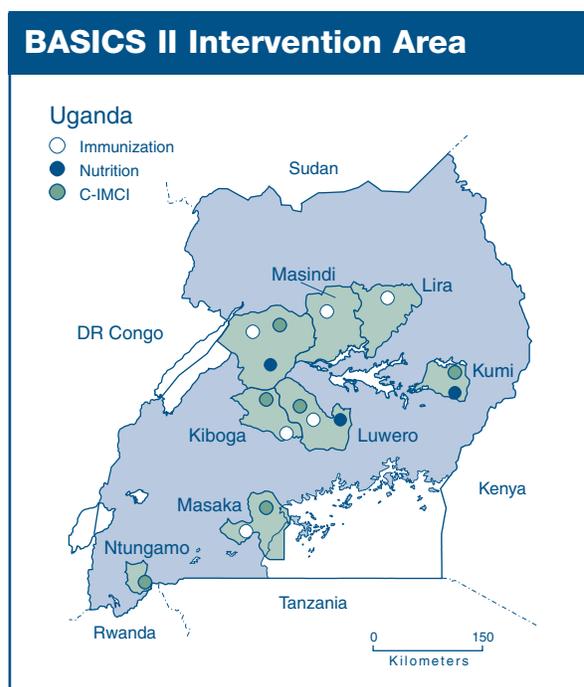
IMCI at the Community Level

Care-seeking and treatment of childhood illnesses. Strategies and tools for improving community-

based detection and treatment of fever and diarrhea and the referral of ARI cases within the community receive priority attention from BASICS II. As a result, the country documented significant gains in timely care-seeking behaviors. The period from onset of symptoms to seeking care outside the home declined from 4.9 to 2.8 days, and the percentage of caretakers reporting fever during the prior two weeks who sought treatment outside the home within 24 hours increased from 39% to 85%.

Developing the role of the private sector. Through IMCI at the community level activities and with partner NGOs, BASICS II works to promote the use of insecticide-treated bednets. The Project provided technical assistance to Central Medical Stores for commercial marketing strategies research on ITN and antimalarial delivery mechanisms and conducted an assessment on options for subsidizing bednets to vulnerable populations. BASICS II is also working with the MOH and the SARA Project to incorporate community-based drug sellers into the treatment of malaria, ARI, and diarrhea. Through these experiences, the Project helps to develop the role of the private sector in the delivery of child goods and services in Uganda.

Disseminating tools for IMCI at the community level. BASICS II has designed a broad range of tools for IMCI at the community level in its six implementation districts. UNICEF incorporated implementation tools designed by BASICS II into its existing IMCI areas (across 25 districts) and included their use in a proposal for national IMCI expansion.



Health Status Overview

Total population of Uganda	24 million ^a
Under 5 mortality (CMR)	159.3/1000 live births ^a
Infant mortality (<1 year) (IMR)	89/1000 ^a
Neonatal mortality (<1 month)	33.2/1000 ^b
Low height for age <3 years (<2 SD)	35.5% ^b
DPT3 coverage (among children 12–23 months)	46% ^c

a. PHNIP Country Health Statistical Report: Uganda, March 2002 Reference Document.

b. Demographic and Health Survey, 2000–2001.

c. WHO Vaccine Preventable Disease: Monitoring System, 2001 Global Summary, WHO/Geneva, 2001.

Country Contact

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Key Partners

Government of Uganda: *implementing partner*

- **Ministry of Health**
- **District and Local Governments**

International Organizations: *coordination partners*

- **WHO**
- **UNICEF**
- **British Department for International Development**
- **The World Bank/NECD:** *partner for growth promotion*

Non-governmental Organizations and Community-Based Organizations: *implementing partners at local levels*

Uganda Red Cross: *partner for Immunization and community mobilization activities*

US Bilaterals, Other:

- **DISH:** *USAID bilateral partner*
- **Micronutrient Operational Strategies and Technologies Project (MOST/USAID):** *partner for nutrition activities*
- **DELIVER Project**
- **Johns Hopkins University/Makerere University:** *partners for household and community IMCI studies*

