

PREVENTING AND CONTROLLING MALARIA

IFHP'S EXPERIENCE

Malaria is the most prevalent communicable disease affecting the people of Ethiopia. 75% of the country is malarious and 68% of the total population is at risk of malaria. The USAID-funded Integrated Family Health Program (IFHP) collaborates with regional health offices to prevent and control malaria by:

- Building the capacity of health care providers in malaria case management, epidemic preparedness, and response.
- Mobilizing communities in malarious areas to prevent malaria and seek treatment in case of sickness.
- Strengthening epidemic detection and response at regional, zonal, and district levels.

Facility-Level Capacity Building

IFHP provided in-service training followed by supervision and mentoring on correct assessment, classification, counseling, treatment, and referral of malaria in adults and children. During case management training and case management supervision IFHP gives priority to the appropriate use of artemisinin-based combination therapies (ACTs) and other malaria drugs. IFHP staff then make follow-up visits to woredas, health centers, health posts, and communities to identify gaps and report to the Ministry of Health, regional health bureaus and other partners. During the life of the project, IFHP has trained 2347 health workers and 744 Health Extension Workers (HEWs) in malaria case management and epidemic prevention. In addition, 14,967 Health Extension Workers were trained in Integrated Community Case Management (ICCM) which includes malaria case management and updates on the use of rapid diagnostic test (RDT).

Community Level Interventions

IFHP played an important role in the promotion of ITN use and behavior change communication by integrating malaria messages into the broader IFHP community mobilization and behavior change approach.

Malaria trends in laboratory-confirmed clinical malaria cases.

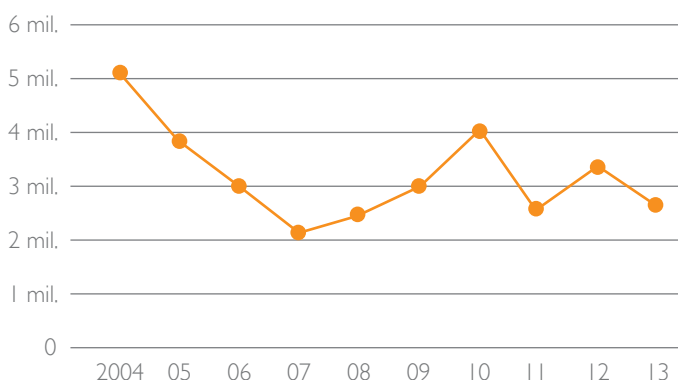


Photo by Eric Gottesman for JSI

This includes training women health development armies by HEWs and disseminating relevant messages to communities by mobile vans.

IFHP assists in community mobilization to promote indoor residual spraying (IRS) interventions implemented by other partners and supports malaria-related integrated disease surveillance and response (IDSR) activities developed by President's Malaria Initiative (PMI).

Epidemic Call and Support

During the project life, no full-blown malaria epidemic has occurred in IFHP regions, but there have been case build up in some pocket areas, which was controlled by zonal and woreda health offices. IFHP partnered with RHBs and zonal health offices in the effort to prevent serious epidemics in these areas.

Follow up and Supportive Supervision

Follow up and supportive supervision was conducted in IFHP focus regions and collaboration with woredas and health facilities. Accordingly, written feedback was given nine zones, 38 WorHOs, 51 health centers, and 42 health posts.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of Pathfinder International and JSI and do not necessarily reflect the views of USAID or the United States Government.

PREVENTING MALARIA THROUGH ENVIRONMENTAL CONTROL: BOLOSO SORE'S CASE

Two years ago, IFHP conducted an assessment in Boloso Sore Woreda, one of the 15 districts of Wolaita Zone in the SNNPR. The district, with 5% of its area being lowland (<1500m), has a total population of 196,581 and 29 malarious kebeles repeatedly hit by epidemic. The assessment aimed to determine the malaria situation and epidemic trends in the district. The assessment also looked into actions taken to prevent and control malaria incidence in the district. The study found that malaria is the number one cause of morbidity in the district accounting for 82% of all deaths.

In Boloso Sore, there are more than 30 bodies of water such as rivers, streams, marshy areas, ponds, as well as water harvesting and irrigation sites that perpetuate the mosquitoes breeding. Furthermore most families are not aware that malaria can be prevented by draining swampy areas. Most families did not have ITNs and those who had did not know how to properly use them given these findings. The district office educated and mobilized the community about malaria prevention and treatment. Health workers also needed to be trained in malaria case management. The district health office in Boloso Sore is one of IFHP-supported woredas in SNNPR. IFHP along with other partners has been providing comprehensive malaria related support to the Woreda. The woreda made every effort to reverse the situation and prevent and control malaria which focused on environmental management, distribution of Insecticide treated bed nets (ITNs) and Indoor Residual Spraying (IRS).



The WorHO's environmental management efforts included spilling of clog stabled water, cleaning fields of manure and removing malaria mosquito spreading sites. In addition the community was urged to be cooperative during IRS and to shut their doors in the evening to minimize the entering of mosquitoes into their houses. The district office with the help of health extension workers (HEWs), educated the community on the proper utilization of distributed ITNs for maximum effect. Distribution of ITNs was made based on family size so that every family member got protection. Health workers did their part in educating the community about the need to seek care at health facilities as soon as individuals show the malaria symptoms and proper utilization of prescribed drugs.

The Boloso Sore community is now better aware how to prevent malaria and when to seek treatment. Malaria incidence has reduced greatly.

National-Level Technical Support

IFHP is a member of the MOH Malaria Technical Advisory Committee (TAC) which holds a monthly meeting to monitor malaria incidence and related activities nationwide. The committee is also responsible for preparing the National Malaria Strategic Plan a provision of malariology training nationally and regionally.

IFHP also has assisted in the preparation of Global Fund round 11 budget.

The development of integrated refresher training materials for HEWs was a significant achievement of the MOH and IFHP was one of the partners that participated in this effort, providing input on malaria issues, among others.

In addition, IFHP has participated in the preparation and dissemination of malaria guideline materials as well as organizing training for zonal and woreda level malaria experts in collaboration with RHBs.

A study on the "Effect of Integrated Community Case Management of Common Childhood Illnesses on the Quality of Malaria Case Management Provided by Health Extension Workers at Health Posts" was conducted and submitted to the Ethiopian Medical Journal editorial.

Achievements

Integration of malaria interventions into ICCM trainings has brought malaria treatment closer to communities and improved treatment as well as referrals at health posts. Drugs are now available at health posts. Accordingly, almost all communities in focus region malarious areas have now access to malaria treatment service. At health centers, after health workers attended malaria case management training, they have begun treating malaria cases based on laboratory-confirmed cases.

For more information please contact:

Integrated Family Health Program
Tel. +251 11 320 3501
P.O. Box 12655
Nefas Silk Lafto Sub City
Kebele 05
Del Gebeya Area, Addis Ababa, Ethiopia

The Integrated Family Health Program (IFHP) is a USAID-funded program implemented by Pathfinder International (PI) Ethiopia and John Snow, Inc. (JSI). IFHP supports USAID/Ethiopia's strategic objective of "investing in people" with the overall goal of creating and consolidating a functional and effective network of well-integrated family health services to communities within the framework of the primary health care unit and more specifically the Health Extension Program. IFHP is implemented in Amhara, Oromia, SNNPR, and Tigray and in selected zones of Benishangul and Somali regions.