



MALARIA CONSORTIUM UGANDA



WHO WE ARE

The principal aim of Malaria Consortium is the prevention and treatment of disease, particularly but not exclusively malaria, among the poorest and most at risk. Malaria Consortium works in a variety of settings across Africa and Asia, using innovative strategies and approaches.

The organisation works to improve not only the health of the individual, but also the capacity of national health systems and communities, which contributes towards poverty relief and improved economic prosperity.

Malaria Consortium started its Uganda programme in 2003 to provide technical assistance to the Ministry of Health (MoH) and partners in malaria strategy and policy development, implementation support,

monitoring and evaluation and operational research.

Since then, the Malaria Consortium Uganda programme has expanded its focus to include tuberculosis, pneumonia, diarrhoea and neglected tropical diseases. Cross cutting aspects such as health system strengthening, private sector support, maternal and child health are also becoming important priorities. Contributing quality work to the evidence base for disease control interventions remains a critical focus.

Uganda has the third highest malaria burden in Africa, with the disease being the cause of 50 percent of out-patient cases and 14 percent of in-patient deaths.



WHAT WE DO

The Uganda programme has reached almost all of the more than one hundred districts in Uganda.

DISEASE PREVENTION

Preventive activities aim to rapidly reduce the incidence of malaria and other diseases. Activities include the distribution of millions of long lasting insecticidal nets through mass campaigns and routinely through health facilities, the promotion of healthy and hygienic behaviours at the community level, social mobilisation for appropriate health seeking behaviour and the promotion of effective newborn care.

CASE MANAGEMENT & DIAGNOSTICS

Technical assistance to the MoH focuses on policies and guidelines, training, supply chain management to distribute drugs and supplies, and diagnostic support including the introduction of external quality assurance systems.

Malaria Consortium leads the scale up of Integrated Community Case Management (ICCM) in Uganda, which aims to diagnose and treat malaria, pneumonia and diarrhoea at the community level.

HEALTH SYSTEMS STRENGTHENING

Malaria Consortium Uganda supports vital health systems strengthening work such as training, technical support supervision at all levels, clinical audits to explore issues and solutions relating to the management of severe malaria and improvements in the quality, timeliness and accuracy of health system data.

OPERATIONAL RESEARCH

The office conducts operational research across a range of technical areas to inform effectively the evidence base from which to plan implementation and service delivery, as well as to review and develop policies and guidelines. Work carried out through the COMDIS and COMDIS HSD Consortia, led by the University of Leeds, includes operational research into neglected tropical diseases and malaria.

ADVOCACY

Malaria Consortium Uganda's advocacy activities aim to increase national awareness and commitment to the fight against malaria and other childhood and communicable diseases, influence policy and plans at national and district levels and encourage further funding. Malaria Consortium Uganda also aims to build the advocacy capacity of civil society organisations.



YOUNG FAMILY GAINS SECURITY

Sarah and Byron's bubbly eight month old son sits happily on his father's knee, revelling in the attention. Christened 'Goodluck' by his parents because of their joy at his safe arrival, the name embodies this couple's outlook on life.

Having already miscarried one child due to a severe bout of malaria, Sarah was very anxious that the same thing would happen while pregnant with Goodluck.

"When my first baby died, I was devastated," she explains. "I had carried him for six months and I already loved him. We buried the baby and I cried and cried."

On finding herself pregnant again, Sarah was very cautious. Yet despite her regular check ups, without the protection of a mosquito net she developed

malaria during the final stages of pregnancy. "I was terrified. This time, I went straight to the hospital and they gave me special medication until I delivered a healthy baby."

It was around the time of Goodluck's birth, that Malaria Consortium distributed thousands of long lasting insecticidal nets, joined by the UK celebrities who helped raise the money needed for the campaign from the UK public during Comic Relief's Red Nose Day.



Sarah, 21, Byron, 31, and Goodluck. Beneficiaries of mosquito nets distributed by Malaria Consortium and funded by money raised by the UK public during Comic Relief's Red Nose Day 2009 in the UK.

"Since we've had the net, we have not had malaria at all," says Sarah.

On average, families spend 10 percent of their annual income on malaria and it costs Africa \$12 billion a year. So a healthy baby isn't the only good news story for this young family.

"The net means so much to us. Not only is our child healthy, but we are also free to work; we are not spending all our money on malaria treatment and medication," explains Byron. "Whenever I'm working, I'm doing it for my wife and for my son. He is our future."



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- Mulago Referral Hospital
- UK Government, Department for International Development
- UNICEF

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MALARIA CONSORTIUM UGANDA

Tel: +256 31 2 300 420

Fax: +256 31 2 300 425

Plot 25, Upper Naguru East Road,
P.O. Box 8045, Kampala, Uganda

HOIMA OFFICE

Kijungu Zone, Plot 7, Ruhanga Road
(opposite Riviera Hotel), P.O Box 8045, Kampala

SOROTI OFFICE

North Avenue, Plot 8 Soroti,
P.O Box 8045, Kampala

MBALE OFFICE

Plot 5, Makweta Road, Opp CURE Hospital,
P.O.Box 926, Mbale

MALARIA CONSORTIUM
London, UK

MALARIA CONSORTIUM
AFRICA
Kampala, Uganda

MALARIA CONSORTIUM
ASIA
Bangkok, Thailand

OTHER OFFICES
Cambodia
Ethiopia
Mozambique
Nigeria
Southern Sudan
Thailand
Zambia

EMAIL
info@malariaconsortium.org

WEBSITE
www.malariaconsortium.org

PHOTO CREDITS

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