

Stop Malaria Project

This project aims to help the Ugandan Government reach the Roll Back Malaria goal of reducing malaria-related morbidity and mortality by 70 percent by 2015 and contribute to the attainment of the Millennium Development Goals

Project outline

Stop Malaria Project (SMP) interventions are targeted to reach 85 percent coverage of children under five years of age, pregnant women and other vulnerable groups with malaria control interventions. These include improved diagnosis and treatment of malaria with antimalarial artemesinin-based combination therapy drugs and by expanded prevention efforts through the delivery of intermittent preventive treatment of malaria in pregnancy (IPTp) and long-lasting insecticidal nets.

The project activities are designed to assist the National Malaria Control Programme (NMCP) and 34 project supported districts in the Mid-Western, Central and Teso regions of Uganda to meet the following intermediate results:

Malaria prevention programmes improved and implemented

Strategic approaches focus on assisting the NMCP to update and disseminate its policies, strategies, operational guidelines and tools for malaria control, LLINs will be distributed to ante-natal clients, where the numbers of pregnant women taking two or more doses of IPTp will be increased. Community mobilisation and behaviour change communication will take place to support these interventions.

Malaria diagnosis and treatment activities improved and implemented

SMP assists the districts to implement parasitological diagnosis of malaria through laboratory strengthening and modifying attitudes and practices of health workers and clients to embrace parasitological diagnosis for malaria. Health workers will be receive training to improve recognition of danger signs, pre-referral treatment, and treatment of severe malaria. The capacity of district and sub-district supervisors will be strengthened to provide mentoring and on-site training/support for malaria services through the government system. Community mobilisation will continue to combat malaria.

Country

Uganda

Donor

USAID/President's Malaria Initiative

Length of project

Five years (October 2008 – September 2013) plus 1 year extension (to September 2014)

Partners

Johns Hopkins Center for Communication Programs

Infectious Diseases Institute

Communication for Development Foundation Uganda

Uganda Health Marketing Group

District Health Teams in all implementing districts

Ministry of Health (MoH)/ National Malaria Control Programme

NMCP capacity to monitor and evaluate interventions strengthened

SMP also assists the NMCP to monitor, evaluate, and supervise malaria control activities better, and coordinate the activities of malaria partners.

Project aims & achievements

Malaria policies and tools developed and in place, including

- » Integrated malaria in pregnancy manual and ante-natal clinics LLIN distribution guidelines
- » Malaria Programme Review: a systematic review of the national malaria control programme for 2000-2010 to assess performance, gaps and future key actions to drive malaria control interventions in Uganda
- » NMCP Annual Workplans for 2011/12 and 2012/13, Strategic Plan 2010/15, M&E Plan 2010/15, three-year plan 2010/13). These are key documents necessary to guide malaria control in the country
- » National guidelines for parasite-based diagnosis of malaria. These are now pending approval by the MoH's senior management committee.

Increased access to LLINs and prevention of malaria in pregnancy through IPTp

- » Mass (including Kampala and Wakiso) distribution of over 2.6 million LLINs in Central Region in 2010.
- » Another 832,763 LLINs distributed to 34 districts for distribution to pregnant women in the ante-natal clinics
- » Distributed over 650,000 LLINs in Eastern Uganda pilot districts in 2012
- » Contributed to increase in percentage of households that own at least one insecticide treated net from 42 percent to 61 percent in SMP districts.

Intermittent preventive treatment for pregnant women

- » Trained 2,899 health workers in IPTp and LLIN distribution through antenatal clinics
- IPTp second dose increased from an average of 39 percent in Year 2 (2010) to 50 percent in Year 5 in SMP districts.

Increased skills for management of malaria cases

» Trained 5,651 health workers in integrated management of malaria using the MoH curriculum developed

- with the technical support of Malaria Consortium/SMP
- » Clinical audit for severe malaria in hospitals and level IV health centres using a standard clinical audit tool developed by Malaria Consortium/ SMP. All audited health facilities have now established a triage system for severe cases an improved processes for intravenous quinine treatment. In-patient assessment and monitoring has improved in most of the health facilities. High dependence areas for resuscitation of the severely sick patients have been established in most of the health facilities.

This project has a direct impact upon the following:

- √ Malaria control
- √ Health systems strengthening
- √ Behaviour change communication
- ✓ Monitoring & evaluation
- √ Reaching at-risk populations

