



# Preventing malaria among internally displaced people

Adapting and responding to save lives

## Key learning

- It is essential that national guidelines and standard operating procedures for managing malaria among internally displaced people (IDPs) are drafted and include provisions for maintaining a readily available supply of antimalarial commodities for IDP sites.
- Using a combination of different behaviour change communication approaches, including broadcasting messages through portable loudspeakers, is an effective strategy for communicating with people with varying levels of literacy.
- It can be resource-intensive for development partners to provide additional, supplementary services to IDP sites. Such services should only be used as a stop-gap while those offered from within the health system are strengthened and extended.

# Background

During 2018, Ethiopia experienced some of the highest internal displacement in the world.<sup>[1]</sup> As a result of violent conflict, over 810,000 people from the Guji zone of Oromia region and the Gedeo zone of the Southern Nations, Nationalities and Peoples' Regional State (SNNPR) were displaced into 45 sites for IDPs in the SNNPR. Oromia has a malaria prevalence of 0.7 percent, while the SNNPR has a malaria prevalence of 0.8 percent.<sup>[2]</sup>

Internal displacement can create significant public health challenges. IDPs often move from areas with health centres or health posts to compounds with limited access to essential health services, food, clean water and/or adequate sanitation. IDPs are particularly vulnerable to malaria and there is a very real risk that epidemics will emerge in IDP sites due to the high concentration of vulnerable populations.<sup>[3]</sup> A lack of access to preventive measures such as insecticide treated nets (ITNs) can further increase this already heightened risk.<sup>[4,5]</sup> Additionally, if malaria prevention and control services are not in place, existing populations risk being affected by the presence of IDP sites through the emergence and transmission of infectious diseases and worsening environmental sanitation.

While IDP sites in Ethiopia are served by health extension workers (HEWs) – front line health workers who promote and provide health services at the lowest administrative level – HEWs are often unable to reach all IDPs in any given site.

Responding to the emergence of IDP sites in the areas in which we were working, Malaria Consortium sought to help fill this gap by designing a targeted intervention to support prevention and control efforts across 10 IDP sites. We leveraged existing resources and infrastructure from the USAID/President's Malaria Initiative-funded [Transform: Primary Health Care](#) project and, in collaboration with with a team of SNNPR Regional Health Bureau malaria experts, supported the Ethiopian Ministry of Health (MoH) to reduce malaria-related morbidity and mortality among IDPs.

This brief highlights key learning and outlines recommendations around the inclusion of IDPs in national malaria strategic planning activities.

## Summary of activities

Malaria Consortium's response consisted of case management and social behaviour change communication (SBCC) activities, including:

- transporting antimalarial drugs and malaria rapid diagnostic tests (mRDTs) from regional government stores to 10 IDP sites
- undertaking mass test and treat campaigns for febrile patients

- distributing 2,000 brochures containing antimalarial messaging designed for both literate and illiterate IDPs, and informing 374,000 IDPs about the test and treat services via a loudspeaker that was mounted to a mobile van
- carrying out environmental assessments to identify potential mosquito breeding sites.

The local malaria experts from the Regional Health Bureau also offered on-the-job coaching during site visits to build the capacity of HEWs to sustain malaria prevention and case management services until all IDPs are repatriated.

## Results

During the intervention, a total of 913 febrile IDPs were tested using mRDTs. Of these, 94 were diagnosed positive for malaria (52 for *plasmodium falciparum* and 42 for *plasmodium vivax*). This represents a malaria prevalence of 10.3 percent across the IDP sites – almost 10 percentage points above the regional state prevalence.<sup>[2]</sup> All malaria cases were treated in line with the national malaria treatment guidelines, while non-malaria related febrile cases were treated in accordance with the national febrile case management algorithm. Environmental assessments showed that there were no mosquito breeding sites around the IDP sites.

### Antimalarial messaging

- Malaria is a parasitic disease that is spread through the bite of the female *anopheles* mosquito, which transmits the parasite from an infected person to a healthy person.
- If a family member has a fever, they should be taken to an outreach site immediately, or at least within 24 hours.
- Malaria can be deadly if treatment is not sought early enough and treatment instructions are not adhered to.
- Do not stop taking antimalarial medication until the full course has been completed. Take all medication as prescribed by health personnel.
- Do not share medicines with others, including family members.





Internally displaced people in Oromia region, Ethiopia. Credit: Unicef Ethiopia / Mulugeta Ayene

## Lessons learnt

- By mobilising human resources and infrastructure from existing health projects that are located near IDP sites, development partners can effectively support the provision of activities in sites where access to formal health facilities is limited.
- While our activities were administered at the minimum cost possible, they were resource intensive and are, therefore, only economical as a stop-gap while services offered by HEWs are strengthened and made more accessible (through on-the-job training, for instance).
- In sites with low levels of literacy, using a combination of audio and visual SBCC approaches can be an effective way of communicating with IDPs. We were able to reach over 374,000 IDPs with key malaria prevention messages by using both loudspeakers and brochures.
- If standard operating procedures or guidelines for managing malaria in IDP sites are not in place, ITNs may not be readily available when displacement occurs. For instance, despite requests by the regional health service for ITNs from the national government, none had been reserved for the IDP sites.
- There were issues around supply chain management and data reporting at health facilities, with HEWs failing to accurately report their stock requirements and suppliers failing to respond efficiently, which resulted in stock-outs.

# Recommendations

1. Standard operating procedures for managing malaria in IDP sites should be developed by the MoH and cascaded to different regions. These should be adaptable to each region and should focus on ensuring access to essential health services and malaria-related commodities.
2. Existing health structures, including teams and vehicles, should be used to provide essential services in IDP sites. Managing malaria among IDPs through primary health care delivery is cost-effective in the long term.
3. When a humanitarian situation arises that is likely to cause displacement within or into an area with malaria transmission, the Ministry of Health should work with its development partners to set aside a reserve of ITNs in preparation for distribution to IDP sites. An appropriate quantification estimate should be used to determine the number of ITNs that should be reserved where feasible.
4. A comprehensive health package for those in IDP sites, which includes preventive and curative measures alongside SBCC activities, should be drawn up by the MoH and implemented by Regional Health Bureaus.
5. HEWs and development partners operating in IDP sites should use a combination of different SBCC approaches to reach IDPs with varying levels of literacy.
6. Environmental assessments for mosquito breeding sites should be carried out by local public health offices at the earliest opportunity, followed by appropriate larvae source management activities where necessary.
7. Senior staff investigating the occurrence of febrile cases in IDP sites should work in collaboration with the local health team to sustain efforts to prevent and contain malaria epidemics.
8. District health offices, in partnership with other stakeholders, should put plans in place to respond to any potential introduction of infections in host populations.



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Cover image: Internally displaced person in Oromia region, Ethiopia.  
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