

Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES)

Working towards malaria-free districts in Uganda

Background

Malaria continues to be the leading cause of morbidity and mortality in Uganda, especially in children under five. In 2020, 11 districts of the northern Uganda Lango and Acholi regions contributed an estimated 11.3 percent of malaria cases and 3.3 percent of deaths to the national total. With a malaria prevalence among children 0–59 months of 13 percent in Lango and 12 percent in Acholi, these regions have the fourth highest malaria burden in Uganda.^[1]

To reduce malaria prevalence and tackle common illnesses like diarrhoea and pneumonia, Uganda's 2021–2025 National Malaria Reduction and Elimination Strategic Plan recommends that integrated community case management (iCCM) and other vector control measures be implemented at scale. This will ultimately lead to achieving malaria-free districts where social and economic transformations can lead to longer and improved quality of life for the population.

Through the Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES) project — funded by the Global Fund through TASO — Malaria Consortium is establishing a functional iCCM programme in Lango and Acholi. SUMRES is the successor to the Foreign, Commonwealth & Development Office-

Country

Uganda

Donor

The Global Fund to Fight AIDS, Tuberculosis and Malaria (through Uganda Global Fund for Malaria [UGA-M-TASO])

Length of project

September 2021 – December 2023

Partners

Ministry of Health (National Malaria Control and Child Health Divisions)

The AIDS Support Organisation (TASO)

District health management teams (DHMTs)

funded Strengthening Uganda's Response to Malaria project, which pre-maturely ended in March 2021. Between March and August 2021, we received \$500,000 as bridge funding to continue activities pending receipt of the Global Fund grants.

Project outline and objectives

SUMRES aims to reduce morbidity and mortality due to malaria and other common illnesses, targeting a population of approximately 2.8 million people, including 28,000 pregnant women and 561,000 under-fives.^[2] We aim to deliver three key interventions via district structures, health facilities and communities in the 11 target districts: iCCM; capacity development at private health facilities; and surveillance and health systems strengthening.

The project objectives are as follows:

- Increase the proportion of trained village health teams (VHTs) who can correctly diagnose/treat malaria in under-fives from 80 to 95 percent
- Increase the proportion of people reached with malaria messaging from 31 to 50 percent
- Ensure that at least 90 percent of the population sustains/ correctly uses their acquired knowledge of preventive and curative malaria measures
- Increase percentage of districts meeting improvement targets on standard capacity assessment tools from 75 to 85 percent and maintain data completeness of over 90 percent in the public health sector
- Achieve timely and correct treatment of at least 90 percent of malaria cases at public, private and community level as per national treatment guidelines
- Increase the proportion of public/private health facilities that submit timely, complete reports from 85 to 95 percent
- Create an enabling environment among 80 percent of districts to deliver interventions through partnerships, multi-sectoral collaboration and capacity development of civil society organisations (CSOs), delivering training, mentorship and funding for the activities

- Ensure that relevant data for evidence-led programming are measured and captured.

Activities

Malaria Consortium will actively collaborate with VHTs, CSOs, religious/cultural leaders/implementing partners to:

- introduce DHMTs, VHT supervisors and VHTs to the new iCCM/HIV/tuberculosis (TB) guidelines at regional level
- provide training and mentorship to:
 - forty peer leader representatives, expert clients and community influencers per district on HIV/malaria/TB treatment outcomes
 - monitoring and evaluation specialists to strengthen private sector reporting
 - district education officers to introduce teachers to malaria prevention messages
 - ten community advocates per district to develop and sustain social mobilisation activities
 - place three key malaria persons in national CSOs
 - facilitate six monthly capacity developing workshops for the top three malaria CSOs per district
 - VHTs and health facility staff to promote malaria smart homes equipped with, e.g. long lasting insecticidal nets/ indoor hand washing facilities
 - health facility staff and VHTs
- provide support to:
 - DHMTs to carry out supportive supervision at health facilities/community health centres and coordinate meetings between VHTs/health facility staff
 - the district biostatistician to supervise private sector outlets in liaison with professional bodies at district level on quality of care and reporting
 - conduct community dialogues, and use films and sports events to disseminate health messages.



References

1. Uganda Ministry of Health. The Uganda malaria reduction and elimination strategic plan 2021–2025. Kampala: MoH; 2020.
2. The AIDS Support Organisation, Uganda. Request for proposals from potential sub-recipients (SRS) to The AIDS Support Organisation to implement activities supported by the Global Fund grants 2021–2023. [2021 Feb 18]. Available from: <https://www.globalfundccm.org.ug/jobs-and-tenders-january-2021/>.

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Cover image: Public health nurse sensitises community members on potential threats of malaria transmission as part of the SUMRES project, Akai-debe village, Uganda



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