Integrated Community-based Interventions for Malaria Services

SUCCESS STORY

Army of women educate the community on malaria

Integrated Community-based Interventions for Malaria Services (ICIMS) is a three-year project, funded by the James Percy Foundation to improve the use and effectiveness of community-based health services for over 507,000 people in the Southern Nations, Nationalities and People’s Region (SNNPR) of Ethiopia. The ICIMS project focuses on increasing the uptake of healthcare services and positively changing the behaviours towards malaria prevention interventions in the Boloso Sore and Halaba woredas (districts). This case study highlights the power of knowledge in the fight against malaria.

“Malaria Consortium has contributed a lot for prevention and control of malaria in our region, especially in Halaba and Boloso Sore district. The number of malaria cases has declined in the past two years. The contribution of the project is by far important. In the future, we need to strengthen and extend to other districts because it is very important and other districts have high number of malaria cases”

- Nigatu Tarekega, Disease Promotion and Health Prevention Officer from the SNNPR Health Bureau
At the Dola health post in Boloso Sore, Almaz Cheru, a Health Development Army (HDA) volunteer, has come to check in with the health extension workers (HEWs) about the families she has visited. The HDA are a network of volunteers, selected for their ‘role model’ status in the community. Working alongside HEWs, HDA volunteers encourage behaviour change by regularly visiting neighbours to teach them about global health initiatives and encouraging good health practices, such as going to a health post when signs of malaria are present.

Prevention and seeking early care for treatment go hand in hand with combatting malaria. Since the ICIMIS project began, HDA volunteers, like Almaz, have received training to improve their ability to recognise malaria signs and symptoms, and how to use the danger sign tools to start conversations about malaria, how to prevent it and what symptoms caregivers should look out for.

"Before we received the training there was lack of information about malaria, and the malaria burden was too much. After the formation of the group we are now able to protect our families and ourselves."

In her small, pastoral community, Almaz makes door-to-door visits twice a week to each of the 33 families she looks after. During these visits, Almaz observes how families are using LLINs and examines members of the household using the danger sign tools to see if anyone is sick.

"We are using red cards to refer villagers to health posts. Recently we have trained and received danger signs so that we can refer villagers with danger sign tools," explained Almaz.

When a member of the household is showing any symptoms of malaria they receive a red card to take to the health post for further examination and treatment, if necessary.

"Those tools are being used for referral and to help villagers learn about signs and symptoms, and the illustrations open discussion on how to prevent malaria,” says Amarech Chinasha, a HEW at the Dola health post.

Three years earlier, the Dola health post diagnosed and treated over 20 cases of malaria a week, but has seen improvements in both diagnosis and treatment of malaria. Now, there are only six to eight febrile cases per week and there has not been a case of malaria in six months.

Almaz has also applied what she has learnt to her own household, which is a shining example for the rest of her community.

"The knowledge I get from training has helped improve my knowledge and protect my family. My children have never been sick in the past two years because of the knowledge I have now, but I know what to do if they are sick. In previous days, I have heard someone’s child was sick this week and that week. Now I hear it much less since the project.”

This success story is published as part of a series from James Percy Foundation’s Integrated Community-based Interventions for Malaria Services project. The views expressed here do not necessarily reflect the position of the donor.

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