

Integrated Community-based Interventions for Malaria Services

SUCCESS STORY

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Health extension workers on a mission to raise awareness of malaria



“Malaria Consortium has contributed a lot for prevention and control of malaria in our region. The number of malaria cases has declined in the past two years. In the future, we need to strengthen and extend to other districts... other districts have high number of malaria cases”

- Nigatu Tarekega, Disease Promotion and Health Prevention Officer, SNNPR Health Bureau

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 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.

Halaba’s remarkable progress in the fight against malaria is, in large part, attributable to the government’s deployment of health extension workers (HEWs). These community based health workers, most of whom are women, conduct home visits and provide primary health services at health posts. The Gedeba health post in Halaba is a simple structure where HEW Selamaur’t Nyussue provides free early diagnosis and treatment services for over 2,700 people.

Although remote communities in Halaba had access to malaria diagnostics and treatment at health posts, recognising malaria symptoms remained a challenge and communities were not

effectively engaged in the proper use of malaria prevention commodities and services. This had a knock-on effect of not providing timely and appropriate treatment and reducing the potential impact of malaria prevention interventions.

Malaria Consortium therefore developed easily comprehensible tools known as danger sign tools. Danger sign tools illustrate malaria symptoms, and are used to help assess patients and start conversations about malaria, how to prevent it, what symptoms caregivers should look out for and the importance of seeking care

early. Health Development Army (HDA) volunteers, who work alongside HEWs at the household level, were also given red cards to refer patients [DT1] with malaria symptoms to the health post for further examination and treatment. These tools were disseminated to 114 health posts and since their introduction, members of the community have been quick to come to Selamaur't when they recognise danger signs.



“Two years ago, cases started decreasing. This year, there has been almost zero cases. People now come here quickly to get treatment if they think they have malaria. If they do, I treat them. If they do not, [but have a fever] I send them to the health centre for further tests.”

Selamaur't also pointed out that health centres are too far for many to reach and by being closer to the community she is able to prevent severe cases of malaria from developing when caregivers seek care early. Unlike many others in

her community, Kedija Barato has a motorbike and was able to travel to the Ashoka health centre, a 20 minute journey, when her son developed a high fever.



“A health post is near, but I think this case is serious so I came straight here. A health extension worker taught me about danger signs and now I know to come straight here when I see them.”

By diagnosing and treating malaria cases early, mortality among children under five, like Kedija's son, and the reservoir of infection can be reduced. Three years after the project began in 2014, malaria cases in both districts have declined by 91 percent. Abebu Ahmadin, Head of the Ashoka Health Centre in Halaba, reports,

“The district has greatly benefited from the Malaria Consortium project. In previous years, we would have over 20 cases a week, now we have three to four cases a week and sometimes none.”

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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