Background
Malaria is a major public health problem in Ethiopia, with about 60 percent of the population living in malaria risk areas. The Southern Nations Nationalities and Peoples’ Region (SNNPR) has one of the highest malaria burdens in the country, accounting for 15 percent of all malaria cases and 34 percent of all malaria deaths reported nationally in 2016–2017.

Malaria service uptake in the SNNPR is hampered by service delivery barriers for vector control interventions and household behavioural practices. For example, the 2015 Malaria Indicator Survey showed that only 45 percent of children under five in the SNNPR had slept under a long lasting insecticidal net (LLIN) the night preceding the survey, which is below the national target of 80 percent.

Project outline and objectives
The project will strengthen the management and technical capacity of the primary health care unit (PHCU) to maintain high coverage and the use of high impact malaria control interventions. In addition, it will build the health system’s ability to detect and respond to outbreaks, monitor malaria and use data for decision making.

Country
Ethiopia

Donor
James Percy Foundation

Length of project
March 2019 – February 2022

Partners
Federal Democratic Republic of Ethiopia, Ministry of Health
Southern Nations, Nationalities and Peoples’ Regional Health Bureau
Malaria Consortium will contribute to the sustained reduction of malaria morbidity and severity within specific geographical areas of the Boloso Sore and Damot Sore districts in the Wolaiyita zone of the SNNPR. Specifically, we aim to:

- strengthen integrated vector management to reduce malaria transmission and prevent malaria outbreaks, including through community-based indoor residual spraying (IRS), continuous LLIN distribution and larvicidal control
- improve malaria care-seeking behaviour and households’ practice of preventive behaviours through targeted and multi-level social and behaviour change approaches
- support malaria surveillance and response.

**Activities**

Malaria Consortium will:

- support community-based IRS operations by:
  - training health extension workers and district health managers on IRS planning and monitoring
  - training district storekeepers and store managers on warehouse management of IRS equipment
  - repairing damaged spray pumps
  - conducting post-spray review meetings
- support the distribution of LLINs by:
  - conducting rapid assessments of LLIN coverage gaps
  - training health extension workers on continuous LLIN distribution to ensure universal access
  - conducting a district-based micro-planning exercise on LLINs, gathering all local malaria stakeholders to improve forecasting and distribution
- support larvicidal control and environmental management by:
  - identifying and mapping malaria carrying *Anopheles arabiensis* breeding sites
  - training the Health Development Army, a network of female volunteers delivering health education in their communities, to identify breeding sites
  - organising annual malaria campaigns on environmental management activities, such as draining and filling communal mosquito breeding sites
  - procuring and delivering spraying equipment to the PHCU
  - treating permanent breeding sites with larvicidal chemicals
- promote sustained behavioural change with regard to the importance of IRS, proper and consistent use of LLINs, early healthcare seeking and adherence to treatment through social and behaviour change interventions, such as radio messaging, school clubs and community dialogues
- conduct a feasibility study for piloting a ‘positive deviance’ approach — a social and behaviour change approach that identifies existing model behaviours within a community that can be amplified by the rest of the community — in selected areas
- develop and set up a surveillance dashboard at district health offices to support outbreak detection and response at the PHCU and community levels
- support the Federal Ministry of Health’s rollout of electronic community health information systems for malaria surveillance and use of data for decision making.

**References**