

Training health extension workers on malaria outbreak detection

BACKGROUND

In Ethiopia, malaria poses a significant threat to public health, with an estimated 52 percent of the population at risk of malaria infection. The Southern Nations Nationalities and Peoples' Region (SNNPR), in which Boloso Sore district is located, has one of the highest malaria burdens in the country, accounting for 18 percent of total malaria cases reported nationally in the national 2012 EFY Annual Performance Report.

Malaria service uptake in the SNNPR is hampered by household behavioural practices. Improving malaria care-seeking behaviour and households' practice of preventive behaviours through targeted social and behaviour change approaches is integral to overcoming this challenge. As part of efforts to strengthen community-based prevention and surveillance of malaria in Ethiopia, Malaria Consortium has sought to improve the management and technical capacity of the primary health care unit for better planning, delivering and monitoring of high-impact malaria control interventions.

This current three year [project](#) began in 2019 and aims to promote the importance of indoor residual spraying (IRS) and the correct and consistent use of long-lasting insecticidal nets (LLINs); increase recognition of malaria symptoms, promote early healthcare seeking, adherence to treatment for the disease and strengthen disease outbreak detection.

A key component in achieving this is building the capacity of health extension workers (HEWs) to recognise and respond to potential upsurges of malaria. Malaria epidemics can be one of the most serious public health emergencies and can be hard to distinguish from normal seasonal upsurges of malaria. They can occur with little or no warning and can compromise a health facility's ability to effectively respond to the problem. Training on malaria epidemic detection and response has been conducted with HEWs as part of this project to HEWs' capacity and to strengthen the effective organisation and execution of malaria diagnosis and case management services.

Beletech has been a Health Extension Worker for 13 years and is responsible for providing key health services where she lives in the Afama Garo kebele (a village of approximately 8,000 people), in Boloso Sore district of the SNNPR. As part of her role, Beletech conducts home visits providing malaria prevention, treatment and control measures. As a community-based health worker, she is ideally placed to gather and monitor data about health issues affecting her community and communicate changes, trends and concerns to the district level.



Beletech in Afama Garo, Boloso Sore district

BELETECH'S STORY

“Malaria outbreaks have occurred in the past and affected the community badly. A malaria outbreak occurred during 2013 and was widespread. Many people died from malaria at this time and it affected the community in many ways. After the outbreak occurred in the kebele, we took action to prevent and control the malaria epidemic using different administrative and social structures such as the one to five network of villagers (1:5) and 1:30 networks of Health Development Teams. We have done environmental management activities with full participation of community members. We conducted awareness sessions on the proper use of long-lasting insecticide nets (LLINs) with physical demonstrations and we conducted home visit programmes to assess people who got malaria.

We used the social and administrative networks as a tool for prevention and control of malaria outbreak, involving them during visits when conducted. The results from such multiple interventions were that both community awareness about malaria and participation in environmental management activities increased. Currently, most of the community members are also properly using LLINs. There is behaviour change in the community because people started to seek treatment earlier once they feel signs and symptoms of malaria. Since then, there has been no malaria outbreak in our kebele but we must always be prepared for it.

Most recently we have received training on malaria outbreak detection from Malaria Consortium where we learned how to use the Epidemic Monitoring Chart (EMC) so that we can identify if an outbreak has occurred and how to respond when it has, we also discussed reporting of outbreaks. We had a big skill gap on how to prepare an EMC and we were unsure how to clearly identify a malaria epidemic and define what an epidemic is. During the training time we were given support with completing a monitoring chart according to the training information and I am now able to do this confidently because I have the skills on how to use the chart practically and how to respond when an outbreak occurs. I can say that the training and the continued supportive supervision from the district health office has brought remarkable improvements in my skills and knowledge.

I have also attended a training on community conversation, the importance of conducting community conversations, how best to conduct them and how to monitor them. The training also included a refresher about malaria, its transmission and prevention methods. I find the training very important and I try to turn the training into practice.”

This case study is published as part of the James Percy Foundation’s Strengthening community-based malaria prevention and surveillance interventions project. The views expressed here do not necessarily reflect the position of the donor.

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