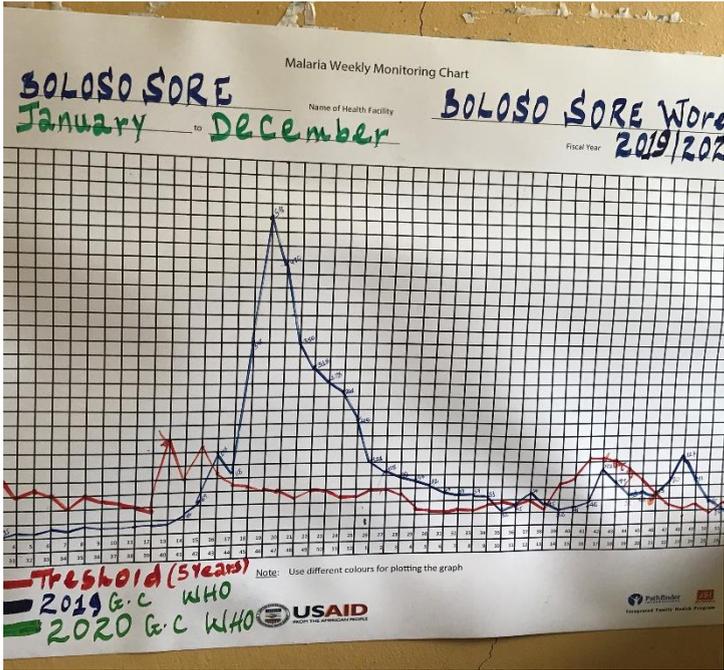


Strengthen community-based malaria services through improved planning and engagement across the health system



Essayas Kabba, malaria focal person at Boloso Sore District Health Office and a malaria weekly monitoring chart on display in the office

Malaria poses a significant threat to public health in Ethiopia, with an estimated 52 percent of the population at risk of malaria infection.

Strengthening community-based malaria prevention and surveillance interventions is a three-year project, funded by the James Percy Foundation. One of the aims of [the project](#) is to strengthen the management and technical capacity of the primary health care unit (PHCU) for better planning, delivering and monitoring of high-impact malaria control interventions in the Southern Nations, Nationalities and People’s Region (SNNPR) of Ethiopia, specifically the Boloso Sore and Damot Sore districts of Wolaita zone.

“From the very beginning the regional health bureau knows all the malaria prevention activities which have been planned by Malaria Consortium, because the project plan is submitted and communicated to us. One of the main activities of the project that we support is capacity building for health care workers and health extension workers. The regional health bureau supervises the activities in collaboration with the zonal health department and also district health offices to monitor how far activities are being implemented as per the agreement, policies and strategies. Supervision is carried out quarterly. We continue to support the project activities. Without this support it would be difficult to achieve the project goals”

- Belayneh Hussuen, Malaria Officer, Regional Health Bureau

Ethiopia's health service is made up of primary, secondary and tertiary levels of care. A Primary Health Care Unit (PCHU) is an overarching unit that is typically made up of five health posts and a health centre that work in collaboration to serve a population of around 25,000 people. A health post is supervised by a district health office and the kebele (village) administration and receives technical support from the nearby health centre. A health post will have two health extension workers assigned to it that serve a population of approximately 5,000 people in a kebele.

For the PCHU to be most effective at providing healthcare to the population within its area, collaborative relationships – with effective engagement mechanisms - need to be established between all actors involved, from the regional health bureau and zonal departments down to the local health centres and health workers in the community, as well as working closely with implementing partners.

Degu Demissie is the Malaria Focal Person in the Damot Sore district health office and has been involved with the project since it began two years ago. The district health office is involved in malaria prevention and control activities and regularly conducts supervision to support health extension workers. They report the activities carried out to the zonal health department and regional health bureau and participate in quarterly evaluations and review meetings. Mr Degu reflected on the effectiveness of having a project plan to support collaborative planning and working across the different levels of the health system.

“During the launching phase of the project, baseline data was collected from Boloso Sore and our district. There was good communication between the project coordinators and we used the baseline data for planning purposes during the launch phase. All malaria prevention and control activities of the project are done after having communication with the district health office. During campaigns (such as IRS) we try to align our activities so that one activity supports the other. Project activities are done in an integrated manner

with other activities of our organisation. We give priority to malaria because of its severity.”

Anbessaw Wolde, is leader of the malaria prevention team and Deputy Head of Wolaita Zone Health Department. The zonal health department works with the Boloso Sore and Damot Sore district health offices to support their activities and ensure they have adequate resources, they also play a key role in facilitating trainings for health extension workers to increase their ability to engage their communities in malaria prevention and control measures and encourage treatment-seeking behaviour.

“There are multiple activities, interventions which are being implemented in the health centers and health posts. These activities have to be integrated and should be done simultaneously. When the activities are integrated it has its own advantages because you can use the resources together. The zonal health department also takes the lead in evaluating all malaria prevention activities. We don't consider this to be only the responsibility of Malaria Consortium but see all activities undertaken as our mutual responsibility.”

Through the project annual review meetings have been held to support the evaluation of malaria prevention and capacity development activities and to bring together all actors of the PCHU to share their learnings and help strengthen the collaborative and effective management of the PCHU. Essayas Kabba is the malaria focal person at Boloso Sore district health office.

“The benefit of conducting annual review meetings is that we can evaluate how far the services were delivered in the community and to what extent these services brought significant change. We have thorough discussions with all health care workers which shows us where there are gaps, it also helps us to clearly identify the bottlenecks during implementation. Conducting annual meetings collectively in this way builds the capacity of the project and gives the direction of future activities.”

This success story is published as part of a series from 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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