

## Malaria drops to no. 2 in terms of outpatient attendance in Masaka region, Uganda

USAID's Malaria Action Program for Districts has successfully supported Uganda in its fight against malaria. This is demonstrated in the reduction of malaria cases and deaths that have occurred in its districts over the project term. All districts in Masaka region, central Uganda are, for the first time reporting that malaria has fallen to become the second highest contributor to its outpatient department health issues, rather than the highest.



*Demonstrating the appropriate use of mosquito nets*

### BACKGROUND

Malaria remains one of the leading health problems in the developing world, and in Uganda. Uganda has the third-highest number of malaria infections in Africa, as well as some of the highest reported malaria transmission rates in the world. The last malaria indicator survey completed in 2015 demonstrates the large economic and societal impact malaria exerts on Ugandan communities, with approximately 8.5 million people falling sick and 12,000 people dying in one year alone (Malaria Indicator Survey 2014-15).

The Masaka region of Uganda has not been immune to this suffering from malaria. For many years malaria has been the leading cause of outpatient department (OPD) attendance. USAID's Malaria Action Program for Districts (MAPD) is working with the National Malaria Control Division (NMCD) and District Health Management Teams (DHMTs) to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. It works in five regions of Uganda, including

Masaka. When the program started, malaria was responsible for 32% of all OPD visits in Masaka's nine districts.

To reduce the high burden of malaria, and to build the country's capacity to manage and sustain an effective and efficient malaria program, MAPD has supported numerous prevention, case-management (including diagnostics) and capacity-building developments at national, district and community levels. This case study demonstrates some of MAPD's successes by looking at progress within its Masaka districts.

### REDUCING THE BURDEN

All nine Masaka districts have reported a drop in malaria cases and deaths. So much so that, according to DHIS2 2017/18, for the first time malaria is no longer the number one cause of OPD burden in any of the districts. This is a huge triumph. Some key contributors to this achievement have been MAPD's initiatives and support to:

- Capacity building at national, district, facility and community levels in terms of implementing and assuring up-to-date malaria guidelines and best practices.
- Regular malaria mentorships and support supervision conducted by districts to facility and community health staff.
- Regular data review/performance meetings at district and facility levels, which drive data-driven, evidence-based actions.
- Collaborative malaria quality improvement projects within health facilities.
- Promotion of sharing contextually relevant lessons learnt between facilities and districts.
- Continuous monitoring of stock status and redistribution of malaria commodities from areas of overstock to those in need.
- Advocacy for improved stock mechanisms.
- Social behavior change communication activities, including community dialogues, mass media, health facility interpersonal communication and interpersonal communications activations.

Malaria is now number two, with cough/colds replacing it as the number one complaint in OPD. This benefits all. The community has benefitted from suffering fewer serious sickness days/deaths and reduced personal or household economic losses. The health system has benefitted from reduced workload and saved malaria tests and drugs. Four of the districts in Masaka (Kyotera, Lwengo, Lyantonde and Sembabule) have actually returned some of their malaria medicines to the national malaria stores, reducing the districts' spend on malaria, and enabling the country to use these drugs in other places. In this way the country as a whole also benefits, not only from fewer economically productive days being lost to illness/death, but also to a reduced cost of national

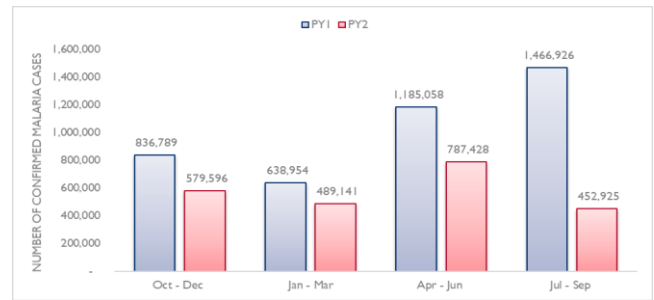


Figure 1: Malaria cases in MAPD districts during years 1 and 2

malaria control.

“Malaria is no longer a big burden in the district, we have actually requested NMS (National Medical Stores) to collect the excess doses of ACTs (artemisinin-based combination therapy) that have already been picked up by the regional NMS supervisor from Kalisizo hospital” (DHO Kyotera)

USAID’s Malaria Action Program for Districts is working at all levels – national, district, health facility and community to promote sustained reduction in malaria burden throughout the country. As seen in the figures 1+2, malaria cases and deaths are reducing in all of MAPD’s 49 districts.

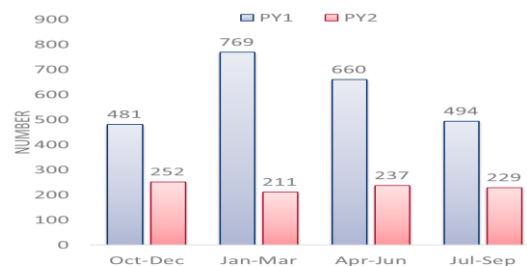


Figure 2: Malaria-related mortality in MAPD districts during years 1 and 2

MAPD will work with the Ministry of Health to ensure that what worked in its districts, including those in Masaka, is also appropriately adopted in other regions - and that the country has capacity to sustain these important and exciting gains.

This success story is published as part of a series from the USAID’s Malaria Action Program for Districts project. For more information, see [www.malariaconsortium.org/resources/publications/977/](http://www.malariaconsortium.org/resources/publications/977/) or contact: Dr Sam Gudozi, [s.gudozi@malariaconsortium.org](mailto:s.gudozi@malariaconsortium.org)

USAID’s Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

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