



School children are targeted by the project through primary school distribution of LLINs

PROJECT BRIEF

Fostering a culture of malaria control in Uganda

The aim of the Malaria Control Culture project in Tororo district, Uganda is to reduce malaria mortality and morbidity by fostering a culture of malaria control at community and health facility levels

Project outline

While malaria is the leading cause of mortality and morbidity in Uganda, Tororo's entomological inoculation rate is one of the highest in the country, with residents being exposed to an average of 1.5 infectious mosquito bites per night.

The Malaria Control Culture project is based on the principle that a carefully considered mix of demand and supply interventions can raise the level of perceived responsibility and direct action of community members in malaria prevention and treatment. In order to address the malaria burden in Tororo district, Malaria Consortium, in partnership with the district authorities, will follow up on a nationwide net distribution campaign expected to attain universal coverage of long lasting insecticide treated nets (LLINs), by:

Developing of a model of continuous distribution of LLINs

The model will combine two different public sector distribution strategies: health facility-based antenatal care distribution (targeting pregnant women) and primary school distributions (targeting students in their first and fourth years of school through yearly campaigns). Sensitisation and training of health workers and school leaders on distribution mechanisms and on interpersonal communication as well as regular support supervision will be conducted.

Country

Uganda

Donor

Comic Relief

Length of project

August 2013–July 2016,
3 years

Partners

National Malaria Control Programme,
Ministry of Health, Uganda
Tororo District Health Team
Tororo District Education Team



A pregnant woman receives her antenatal passport from a health worker

Strengthening malaria diagnosis at health facilities in order to reduce presumptive treatment of malaria

The project is going to provide on-the-job training to health workers on the use of rapid diagnostic tests and management of alternative causes of fever and on interpersonal communication with patients. A strong emphasis will be placed on how to support the district in implementing effective support supervision of health workers.

Implementing a supportive and integrated community mobilisation and behaviour change communication strategy

Behaviour change communication activities will include community dialogues, discussions at continuous distribution access points, visual communication materials, radio campaigns and additional community mobilisation. All activities will aim at promoting:

- » appropriate use and maintenance of nets at the household level
- » prompt and effective care-seeking behaviour upon identification of malaria signs and symptoms
- » demand for parasitological malaria diagnosis
- » increased uptake of antenatal care and the expanded programme on immunisation services

Exploring how to strengthen the private market for LLINs in Tororo

Through formative research, marketing training for private providers as well as the promotion of nets availability in the private sector, Malaria Consortium intends to explore how demand for commercially-available nets can be generated

alongside free net distribution, with the intention of creating long-term sustainability for continuous distribution.

Supportive interventions will include strengthening the district health systems to address challenges related to the submission of quality, timely and complete health management and information services data. In addition, advocacy activities will use the learning from the project's activities in order to inform implementation, policy and funding at district, national and international levels.

Project objectives

- » Increase the proportion of household members who slept under an insecticide treated net on the previous night, from 35 percent to 70 percent.
- » Increase the proportion of mothers of children under five who are aware of two or more ways to prevent malaria from 86 percent to 95 percent.
- » Increase the proportion of children under five suspected of having malaria confirmed by malaria diagnosis (rapid diagnostic tests or microscopy) from 26 percent to 75 percent.
- » Increase the proportion of caregivers of children under five with fever who seek advice or treatment for fever within 24 hours of onset of fever from 50 percent to 75 percent.
- » Ensure that 90 percent of children under five with confirmed malaria receive appropriate malaria treatment.
- » Strengthen the capacity of district health systems, especially especially in data collection and quality support supervision.
- » Inform the government on how demand can be generated and how continuous supply of LLINs can be supported through the private sector.
- » Disseminate learning to inform policy formulation and implementation on continuous net distribution in the public and private sectors, and on malaria diagnosis.

This project supports efforts to deliver:

- ✓ Malaria control
- ✓ Control of childhood illnesses
- ✓ Health systems strengthening
- ✓ Capacity building / human resource development
- ✓ Behaviour change communication
- ✓ Operational research
- ✓ Policy change / advocacy
- ✓ Support for at-risk populations

Malaria Consortium

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