Integrated Program for Malaria
The Anglican Church through his Episcopal Relief & Development (ERD) started NetsforLife® project aiming to create partnerships for promotion for prevention, control and elimination of malaria in rural communities recondita.
LAUNCH OF THE PROJECT

THE Launching in February 2007 and initial implementation in October 2007

Partners:
MINSA (NMCP), USAID, PMI, UNICEF
COCA-COLA, ESSO, WV
LOCAL IMPLEMENTATION

UIGE Province, Municipality of Mukaba for a pop. Target estimated at 90,000

Cunene Province in the Municipalities of Kwanhama, Namakunde and Kuroca for a pop. Target estimated at 120,000
OBJECTIVES OF THE PROGRAM

1. Contribute to the reduction of malaria cases and other diseases in communities recondita

2. Contribute to the reduction of morbidity and mortalities of malaria

3. Promoting behavior change and attitudes of populations in areas of intervention
DEVELOPMENT
PROGRAM COMPONENTS

Community Mobilization and Education

Training of staff and Volunteers, Midwives and nursing leaders

Distribution of Mosquito Nets

M&E
Basic study, Monitoring and Evaluation of results after 6, 12 and 24 months
On Malaria

How to prevent malaria

Objectives and techniques of community mobilization and replication messages

Community engagement

Prevention of other endemic and epidemic diseases

Child Immunization

Deworming and supplementation of children with Vit-A

Methodology of monitoring and evaluation of community projects

Hygiene and environmental sanitation
On malaria
How to prevent malaria
How to care for children with fever
How caring for children with diarrhea
How to care for child with cough
Nutrition for children
For child hygiene
Child Immunization
Desparazitacao
Supplementation with Vit-A
Growth Control
Psycho-social Stimulaçao
Right of the child (Registration/School)
Training of Midwives
Traditional

- On malaria
- How to prevent malaria
- What to do when the woman is menstruating
- Pregnancy and its doing
- How and when the midwife must deliver the baby in the community
- When should the management advise consulting for Pre-Natal
- ITP and its administration.
- Drug Support Kit (PT)
- As the priencher Cards Gravida
Community Mobilization

- Education of population on the prevention of malaria and other endemic diseases
- The importance of mosquito net for health in the family
- How to use the mosquito net correctly
- Distribution of IEC pamphlets (Produced by NMCP)
1. The health (ANC and EPI)

1. In the Community (the day after the scheduled Community Education)
Factors influencing the behavior and the attitude of the population for diseases

• cultural (habits and customs)
• social (pobresa and survival)
• religious (beliefs)
INCORRECT ATTITUDES AND BEHAVIORS

1. Improper use of medicines and mosquito nets
2. Handling of diseases in the home (use of plants)
3. Traditional healers as primary interventionists
4. Using free space for deposition of fecal matter
5. Consumption of unsafe water
6. Non espassamento children
INCORRECT ATTITUDES AND BEHAVIORS
1. The Community Health Workers, a volunteer activists and other groups should be identified within the community
2. Mobilizing community participation (and the institutions, administrations, chiefs, PT, healers, churches, associations)
3. Educate the population about the advantages of prevention and disadvantages of non-compliance with preventive instructions.
4. Motivation of Population (games, theater, radio) best in local languages
5. Constant supervision
<table>
<thead>
<tr>
<th>Area in Mukaba</th>
<th>Total Pop</th>
<th>Nets to distribute 2007-2012</th>
<th>Comm. Agents To be refreshed</th>
<th>Volunteers To train In 2009</th>
<th>Women Leaders To trained In 2009</th>
<th>Youth Groups To support 2009</th>
<th>Theater group</th>
<th>TBAS To trained</th>
<th>Nurses To train</th>
<th>Priests to train</th>
<th>People to be mobilized</th>
<th>Teachers to trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>98681</td>
<td>40000</td>
<td>16</td>
<td>1000</td>
<td>300</td>
<td>30</td>
<td>10</td>
<td>100</td>
<td>30</td>
<td>60</td>
<td>90000</td>
<td>200</td>
</tr>
<tr>
<td>Achievements</td>
<td>17700</td>
<td>16</td>
<td>551</td>
<td>120</td>
<td>15</td>
<td>4</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>61007</td>
<td>100</td>
</tr>
<tr>
<td>% of achievement</td>
<td>44,2%</td>
<td>100%</td>
<td>55,1%</td>
<td>40%</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
<td>0</td>
<td>50%</td>
<td>67,7</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>
OWNERSHIP OF “LLIN” N = 3760/3 LOC.

<table>
<thead>
<tr>
<th>% of population having a nets hang in last night</th>
<th>% of houses (families) with at least one LLITNs</th>
<th>% pregnant women who received LLITNS</th>
<th>% covered by distribution LLITNs distributed to mothers with &lt;5 child</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL</td>
<td>After 6M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18%</td>
<td>91%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>8%</td>
<td>86%</td>
<td>10%</td>
<td>80%</td>
</tr>
</tbody>
</table>
INDICATORS OF KNOWLEDGE
N = 3760/3 LOC.

<table>
<thead>
<tr>
<th>% that recognizes malaria by 4 symp. of Malaria</th>
<th>% That knows the transmission way of malaria</th>
<th>% who know that mosquitoes breed in stagnant water</th>
<th>% that know that malaria can kill children under five</th>
<th>% that know that malaria can kill pregnant women</th>
<th>% that know that malaria can be cured using medications</th>
<th>% that know that malaria can be prevented</th>
<th>% that knows 3 basic intervention to prevent malaria</th>
<th>% that know about ACT as new and more effective treatment for malaria</th>
<th>% of caregivers of U5 that knows the 4 symptoms of malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>BL</td>
<td>6%</td>
<td>23%</td>
<td>8%</td>
<td>21%</td>
<td>5%</td>
<td>29%</td>
<td>16%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>After 6M</td>
<td>73%</td>
<td>96,6%</td>
<td>86,4%</td>
<td>95,4%</td>
<td>77,1%</td>
<td>98,4%</td>
<td>70,1%</td>
<td>76,4%</td>
<td>76,1%</td>
</tr>
</tbody>
</table>
INDICATORS FOR ASSESSING ATTITUDES
N= 3760 / 3 Loc.

- % of caregivers with appropriate malaria knowledge: 19% (BL), 90% (After 6M)
- % that apply the 4 sanitation intervention: 36% (BL), 45% (After 6M)
- % that can access health care services within half a day: 10% (BL), 76% (After 6M)
- % that can access health care services within a day: 22% (BL), 10% (After 6M)
- % that can access health care services in more than a day’s journey: 78% (BL), 30% (After 6M)
SITUATION OF MALARIA IN HEALTH UNITS

MUCABA HEALTH CENTER

PEDIATRIC HOSPITAL IN UIGE
NATIONAL HEALTH AUTHORITIES IN MUCABA
Supply of COARTEM to Mukaba
Mobile team gear for malaria and EPI
Challenges

- Logistics (mosquito net, Coartem) at municipal level
- Integration of Community-IMCI
- Integration-ITP Community
- Training of technicians from the health clinics and private units
- Partnership with WORLD VISION for community education in 9 municipalities of the province of Uige
- Second Impact Assessment (with larger sample and screening of parasitemia in a subpopulation in September 2009)
THANK YOU