WORKING WITH CSO’s in MALARIA CONTROL

An Experience of Gulu District

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DHO GULU

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Hotel Africana
TOPICS FOR PRESENTATION

• Introduction
• Updates on malaria control
• Working with CSO’s in malaria control
• Gaps in service coverage
• Recommendations
• Conclusion / Way Forward
Introduction..Profile

- Land Size = 3,449 sq km
- Subcounties = 15, Parishes = 69
- Villages – 273
- Population = 353,600
- < 5 years = 72,488
- Pregnant = 17,680
- HSD = 3, Hospitals = 4, HC IV =2
- HC III = 14, HC II = 40
- Accessibility = 50%
- HRH (Public Rural) = 50%
- CSOs = 20+
- HC I = 819 VHT
- Others = TCMP, Quacks

Diseases of concern
- Malaria
- HIV/AIDS/TB
- Maternal and Neonatal Complications
- Epidemic prone / epidemics
Introduction...

- Last decade >90% of population in IDP Camps
- Overcrowded
- Inadequate social facilities
- Many Partners in support of the health sector
- Most involved in humanitarian assistance
- Weak coordination mechanisms
Introduction – post conflict recovery

• General Peace
• Resettlement and integration
• Development vs humanitarian
• Local Government Leadership
• Comprehensive plan
• Strengthened coordination
Updates of malaria control... the burden of morbidity

<table>
<thead>
<tr>
<th>morbidity</th>
<th>05/06</th>
<th>06/07</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>35%</td>
<td>34%</td>
<td>31%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>21%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>11%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Worms</td>
<td>7%</td>
<td>5%</td>
<td>5%</td>
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</tbody>
</table>
Updates of malaria...
Mortality

<table>
<thead>
<tr>
<th></th>
<th>Under 5 years</th>
<th>07/08</th>
<th>Over 5 years</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>malaria</td>
<td></td>
<td>22%</td>
<td>AIDS</td>
<td>27%</td>
</tr>
<tr>
<td>malnutrition</td>
<td></td>
<td>19%</td>
<td>TB</td>
<td>14%</td>
</tr>
<tr>
<td>pneumonia</td>
<td></td>
<td>15%</td>
<td>pneumonia</td>
<td>8%</td>
</tr>
<tr>
<td>diarrhea</td>
<td></td>
<td>7%</td>
<td>meningitis</td>
<td>3%</td>
</tr>
</tbody>
</table>
Updates ... Interventions at Facility Level

- Clinical Care
- Training of Health Providers
- Prompt provision of appropriate medicines and diagnostics
- IPT (ANC)
- ITNs (MCH)
Updates...Community and Household Levels

- Social mobilization
- Training of VHT versus CORPS
- HBMF – HOMAPAK
- HBMF – CBD -Kits
- HBMF – Coartem
- ITN
- IRS
Working with CSOs... bridge to service gaps in Gulu
## Working with CSOs in malaria Control

<table>
<thead>
<tr>
<th>CSO</th>
<th>Area of intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCBHCA</td>
<td>Social mobilization, training of CHW (1980s)</td>
</tr>
<tr>
<td>UNICEF (funds various CSOs)</td>
<td>Mobilization, training CMD, provision of kits, coartem, ITN and facilitation (2006)</td>
</tr>
<tr>
<td>WHO</td>
<td>Mobilization, training and support to VHT in surveillance (2006)</td>
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</tbody>
</table>
## Working with CSOs...

<table>
<thead>
<tr>
<th>CSO</th>
<th>Area of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria Consortium</td>
<td>Mobilization, training of CBD, supply of ITN for pregnant (from 04...)</td>
</tr>
<tr>
<td>NUMAT</td>
<td>Mobilization, support to VHT- meetings and logistics (07...)</td>
</tr>
<tr>
<td>ICRC</td>
<td>Mobilization, training, support to VHT and logistics (06...)</td>
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</table>
## Working with CSO...

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<tr>
<th>CSO</th>
<th>Area of Intervention</th>
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<tbody>
<tr>
<td>ACORD</td>
<td>Mobilization, distribution of ITNs (06)</td>
</tr>
<tr>
<td>RTI</td>
<td>Mobilization, training of HW, IRS (08)</td>
</tr>
<tr>
<td>Lamele Drama</td>
<td>Mobile drama, plays</td>
</tr>
<tr>
<td>FM Radios</td>
<td>Spots, talk shows, live coverage</td>
</tr>
</tbody>
</table>
Working with CSOs – difficult to capture

- Some mobile FBO from abroad
- Those involved in HIV/AIDS interventions
- Political donations
- Institutions – Stanchart, Stanbic etc
- Mobile briefcase CSO’s
### Working with CSOs. Achievements

<table>
<thead>
<tr>
<th>Social mobilization</th>
<th>District, SC, Religious and all communities sensitized on malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of VHT</td>
<td>Harmonized training under district leadership, over 800 trained, tailored refresher</td>
</tr>
<tr>
<td>Support to VHT</td>
<td>Monthly meetings supported, supplies and logistics</td>
</tr>
<tr>
<td>Reporting format for VHT</td>
<td>Being jointly developed, VHT report to nearest HU, data captured in HMIS</td>
</tr>
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</table>
**Working with CSOs..Progress**

<table>
<thead>
<tr>
<th>Community coartem</th>
<th>50% increase in 07 -08 in treatment and 16% reduction of malaria in OPD attendance in u5 yrs</th>
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</thead>
<tbody>
<tr>
<td>ITNs</td>
<td>Nets 42%, ITN 33%, ITN children 21% (incomplete)</td>
</tr>
<tr>
<td>IRS</td>
<td>All HH participated with coverage over 90%</td>
</tr>
<tr>
<td>Coordination</td>
<td>Increasing participation in cluster and SWG meetings</td>
</tr>
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Gaps in service coverage – National Level

- Planning and policy formulation
- Coordination of Partners (CSOs)
- Budget support to new policies
- Essential supplies- irregular (coartem Y only for last 6 months for HF)
- Support to districts
- Annual review with districts and stakeholders
Gaps in service...District Level

- Extent of donor support to CSOs
- Planning with CSOs and Partners (transparency, avoid duplication)
- Policy implementation
- MOU with CSOs (accountability)
- Mapping of CSOs
- Supervision, Monitoring and evaluation
Gaps in service coverage..District level

- Environmental component (drainage lines, building sites)
- Housing
- Inspection of public buildings
- Enforcement of Public Health Act
- Ordinances
Gaps in service...District

- Training of VHT (harmonize)
- Incentives for VHT versus voluntarism, uniformity
- Focal point for ITN handling
- District data base
Gaps in service...Community and household

- CBHMIS – reports from CSOs, CBOs, (report direct-usually not captured)
- Services duplicated in some communities while none in others
- Use of different community agents
- Poor monitoring at community
- No guidelines in use of items
- Enforcement mechanisms lacking (by-law)
Conclusion: working with CSO’s to improve coverage and efficiency

Way forward

- Strengthen and support coordination at the district
- Joint monitoring and reviews
- Accessibility to services by vulnerable groups increased
Thank you for your attention

- Asante saana
- Webale nyo
- Webale muno
- Manjora
- Yalama noi
- Wanyala naabi