Fresh Air: National Malaria Technical Update and Coordination Workshop
Hotel Africana, KAMPALA, UGANDA
MARCH 31-APRIL 2, 2009
Planning the Workshop

Collaborating Partners

Logistics Consultant—MACIS:
Enid Wamani, *National Secretariat Coordinator*
Andrew Yesigye Maahe, *Programme Officer*

Lead Organization—PMI Uganda:
Gunawardena Dessanayake, *Malaria Advisor*
Benjamin Atwine, *Program Management Specialist*

Uganda Ministry of Health (MOH)
National Malaria Control Program (NMCP)
Planning the Workshop

Planning Committee: PMI/USAID, MACIS, CORE Group, UNICEF, MOH/NMCP/IMCI, MIHV

Facilitators: PAMU Consults (U) Ltd

(also wrote workshop report)
Theme:
“Counting Malaria Out in Partnership with CSOs”
Kicking off the month leading up to World Malaria Day

Purpose:
To strengthen the role of civil society by increasing their technical capacity to contribute to Uganda’s National Malaria Control Program’s goal of controlling and preventing malaria morbidity and mortality in the country.
Specific Objectives

• Provide technical updates on malaria prevention and control in Uganda.
• Provide opportunities for CSOs to share their experiences with malaria activities.
• Identify gaps in coverage of services and propose programmatic options to fill them.
• Provide an opportunity for partners to network and collaborate for improved malaria prevention and control services.
At a Glance: Malaria in Uganda

- Population: 31.4 million
- Life expectancy at birth: 51 years (male), 53 years (female)
- Population at risk of malaria: 95%
- Under-5 mortality rate: 137/1,000, or approximately 1 in 7 children

(PMI Uganda)
Malaria

White = Absent

Yellow = Malaria marginal/epidemic prone

Pink = Malaria endemic
Over 180 Participants

- International NGOs
- Civil Society Organizations
- Ministry of Health
- WHO
- UNICEF
- USAID
- Private Sector
3 Day Overview

Day 1
- Introductions
- Case Management
- ITNs

Day 2
- Advocacy & Social Mobilization
- Public – Private Partnerships
- Research
- District-Level Experience

Day 3
- VHTs & CMDs
- Resource Mobilization
- GFATM
- M&E
Day 1 - Introductions

- MACIS, Enid Wamani
- CORE Group, Shannon Downey
- PMI , Gune Dissanayake
  “Support to CSOs Malaria Agenda in Uganda”
- National Malaria Control Program, MOH
  “Malaria and Its Control in Uganda: Where We are as a Country”
National Malaria Control Strategies

• Case Management (Case Management at HF Level, HBMF, IPTp)
• Vector Control (ITN & IRS)
• BCC/IEC
• Support Structures: M&E and Research

Achievements:

• More than 6 million ITNs have been distributed targeting pregnant women and children.
• ACTs have been declassified from prescription only to over-the-counter.
Day 1 – Case Management

• WHO Country Representative
  “Historical Synopsis of Malaria and the Role of CSOs”

• Minister of Health, Dr. Stephen Mallinga
  Remarks and Official Opening

• Malaria Case Management Focal Point, MOH
  Dr. George Mudanga Mukone
  “Uganda Malaria Case Management Policy Guide”
Day 1 – Case Management

• Malaria Focal Point, IDI/JUMP, Dr. Ssekabira B. Umaru, JUMP Leader
  “IDI’s Experience on Health Facility Malaria Case Management.”

• Malaria Consortium, Grace Makanwagi Sekabira
  “The Experience of Home Based Management of Fever in the Era of ACTs

• UNICEF Health Specialist, Dr. Flavia Mpanga Kaggwa
  “UNICEF’s Experience in Community Case Management in Northern Uganda”
Day 1 - ITNs

• ITN Focal Point, MOH, Connie Balayo
  “The National ITN Policy”

• ITN Focal Point, AFFORD, Ann Kusiima
  “AFFORD’s Experience with ITN Distribution in Communities-NGO Approach”

• ITN Focal Point, KIRDP, Rev. Can. Kenneth Kanyankole
  “KIRDP’s Experience on ITN Distribution in the Community”
Day 1 - ITNs

• Uganda Malaria Communities Partnership (UMCP) Project - Malaria Consortium, Technical Officer, Jonathan Debuni

“CSO Collaboration in ITN Distribution: A UMCP Experience”
Day 1 - IRS

• IRS Focal Point, MOH, Michael Okia
  “IRS Policy in Uganda and Technical Updates”

• IRS Focal Point, RTI, Doreen Kabasind Wandera
  “Uganda IRS Project: RTI International Experience”

• IRS Focal Point, Pilgrim, Anthony Esenu
  “Pilgrim’s Experience in IRS Implementation in Katakwi, Uganda”
Day 2 – Advocacy & Social Mobilization

• MOH, Consultant, Romano Larry Adupa
  “Exploring the Possibility of Harmonizing and Strengthening Participation of Civil Society in Implementation of Health Sector Strategic Plan”

• Communication for Development Foundation Uganda (CDFU)
  “Advocacy and Social Mobilization for Malaria”
Day 2 – Public-Private Partnerships

- **PPH/SHI Focal Point, MOH, Dr. Francis Runumi**
  “The National Health Insurance Scheme”

- **Medicines for Malaria Venture (MMV) Coordinator, Dr. Andrew Balyeku**
  “Ensuring Responsible Access to ACTs: Update from the MOH-MMV Led Uganda Pilot”

- **COU Kisiizi Hospital, Medical Superintendent, Dr. Tumwesigye Tonny**
  “Malaria Management and Prevention-Perspective from a PNFP Health Facility”
Day 2 - Research

• Uganda Malaria Surveillance Project, Hasifa Bukirwa
  “Trends of Malaria Morbidity Following IRS: Indicators From a Sentinel Site Surveillance System in Two Epidemiologic Settings”

• Uganda Malaria Research Centre, Dr. Nankabirwa Joaniter
  “Malaria Case Management and Diagnostics Under Artemether-Lumefantrine Policy in Uganda”

• Foundation for Innovative New Diagnostics (FIND), Dr. Heidi Hopkins
  “Malaria Case Management: From Presumptive Treatment to Definitive Diagnosis”
Day 2 – Districts

• DHO, Gulu, Onek Awil Paul
  “Working With CSO’s in Malaria Control – An Experience of Gulu District”

• DHO, Kiruhura, Dr. Zirabamuzaale Franco
  “Working on Malaria without CSOs – An Experience of a DHO, Kiruhura”
Day 3 – VHTs & CMDs

• AMREF, Project Manager, Dr. Dan Muyanja
  “AMREF’s Experience Working with VHT and CMDs”

• PSI/PACE, Dennis Kakooza
  “Experience in Working with VHTs/CMDs on Malaria Control – NGO Experience”

• Healthy Child Uganda (HCU), Teddy Kyomuhangi
  “HCU: Partnering in Malaria Control”
Day 3 – Resource Mobilization

- **Standard Chartered, Head of Corporate Affairs, Herbert Zake**
  “NetsForLife”

- **Stanbic Bank, Jane Kabbale**
  “Resource Mobilization for CSOs for Malaria Activities in Uganda”

- **Health Initiatives for the Private Sector (HIPS), Barbara Addy**
  “Engaging the Private Sector for Improved Access and Utilization of Health Services”

- **Stop Malaria Project, Ellen Bajenja**
Day 3 - GFATM

- UNAIDS, Byenkya Julius Atwooki
  “Consultation on Dual Track Financing Under GFATM”
Day 3 – M&E

• Malaria M&E Focal Point, MOH, Dr. Ebony Quinto

“National Malaria Prevention and Control Monitoring and Evaluation Plan 2008-2010”
Day 3 – M&E

Small Group Discussions and Reported Back

• Given the haphazard way CSOs are currently operating - How best can CSOs be harmonized to effectively serve their target groups?

• Given the one M & E framework presented - How can our organization align its objectives and activities with the Uganda Malaria strategic plan?

• Which indicators are appropriate for measuring our contribution to the national M&E framework?
Networking Event
Joy of Africa
**Indoor Residual Spraying**

Indoor Residual Spraying is an effective method of killing mosquitoes that spread malaria.

- IRS is the application of liquid insecticides inside human and animal dwellings to kill mosquitoes and other pests. It is a safe means of malaria prevention and control.
- IRS is to be implemented countrywide. Only trained spray operators should conduct IRS.
- One is required to prepare the home or institution for IRS during the spray campaign by removing all people, household goods, animals from the house, provide a jerry-can of clean water for the sprayers.
- Keep people, personal belongings and pets out of the house for 2 hours to allow the insecticide to dry properly and avoid minor irritation.
- IRS is provided free by the Ministry of Health.

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**Artemisinin-Based Combination Therapies**

**Promptly use artemisinin-based combination therapies for effective treatment of malaria in Children and Adults.**

- All fevers should be effectively treated within 24 hours of onset according to MOH guidelines.
- In young children, the main sign of malaria is fever. The child may experience restlessness, general weakness, or an inability to drink or breast-feed well.
- In adults, fever is the most common sign of malaria. Other signs include body and joint pains, headaches, loss of appetite, shivering, and feeling cold.
- The current malaria treatment policy for uncomplicated malaria recommends artemisinin-based combination therapy (ACT) as first line treatment, which is available in health facilities and from trained community medicine distributors.
- ACTs are not recommended for children under 4 months. Those showing signs of malaria should be taken to the health centre immediately for medical care.
- Home management of fever/malaria is supported by the MOH because many caretakers take responsibility for treating their children and can do it correctly.
IEC Materials

Intermittent Preventive Treatment

Pregnant Women should seek preventive malaria treatment from a health facility to protect themselves and their unborn child.

- Malaria can cause maternal anaemia, abortion, stillbirths, premature delivery, perinatal anaemia, low birth-weight infants and in severe cases, maternal death.
- To avoid malaria pregnant women should attend ANC at least 4 times to receive a dose of SP as IPT for malaria during the second and third trimester of pregnancy.
- Fever during pregnancy is not normal. All pregnant women should get advice and proper treatment from a qualified health worker when they have fever during pregnancy.
- SP is safe and effective for both mother and baby for use in IPT.
- ACTs during the second trimester are safe and effective for the mother and baby for clinical malaria and is recommended by the MCH and WHO, quinine is safe and effective for treatment of clinical malaria throughout pregnancy.
- All pregnant women should sleep under LLINs to avoid mosquito bites. They are safe for the mother and the unborn baby.

Long Lasting Insecticide-Treated Nets

Sleep under a long lasting insecticide treated net every night to prevent mosquito bites that cause malaria.

- Malaria is a serious disease carried by mosquitoes that bite at night. Mosquito bites can be avoided by sleeping under an LLIN.
- Long lasting insecticide-treated nets (LLINs) are permanently treated with insecticide at a factory during the manufacturing process. They do not need to be retreated.
- These are safe and effective, even for children and pregnant women.
- Pregnant women, children under 5 years, and People Living with HIV/AIDS (PLWHA) are particularly vulnerable and should always use a LLIN every night, to prevent serious illness and complications due to malaria.
- It is recommended that everyone sleeps under a LLIN every night for protection from mosquito bites that spread malaria.
- If there are not enough nets, first provide for all children below 5 years of age and pregnant women because they are particularly vulnerable to malaria.
Counting Malaria Out

Artemisinin-Based Combination Therapies
Promptly use artemisinin-based combination therapies for effective treatment of malaria in Children and Adults.

Intermittent Preventive Treatment
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Long Lasting Insecticide Treated Nets
Sleep under a long lasting insecticide-treated net every night to prevent mosquito bites that cause malaria.

Indoor Residual Spraying
Indoor Residual Spraying is an effective method of killing mosquitoes that spread malaria.

This poster was developed by the Ministry of Health with support from MACIS and funding from:

USAID
President’s Malaria Initiative
25 April Counting Malaria Out

IEC Materials
Outcomes

• Informative technical updates provided.

• 28 CSOs shared their experiences with malaria activities.

• Service gaps were identified and practical options proposed.

• Network and collaborations were fostered.

• Overall capacity of CSOs and MACIS as a Secretariat were increased.
Way Forward

**Harmonization**
For MACIS members to harmonize their malaria activities in the country, it was agreed that:

- a joint resource center or an information clearing house should be established
- joint stakeholders meetings be held regularly
- capacity of CSO staff be built
- a coordination mechanism be built at all levels
- CSOs work with existing social structures at the community level
- MACIS work with NMCP to harmonize malaria guidelines and IEC materials
- MACIS coordination mechanisms be established at malaria zonal level, originally based under regional referral hospitals
- mapping of CSO activities be carried out periodically
- peer mentorship be promoted at both horizontal & vertical levels
CSOs Buy-Into the National Malaria M&E Plan

In order for CSOs to buy into the national malaria M&E plan, it was agreed that:

• member organisations adopt the plan and consult where necessary
• member organisations involve communities as to create community ownership, and CSO accountability to beneficiaries
• MACIS and NMCP continue to guide CSOs in the importance and modality of aligning their M&E with the national malaria M&E plan
• CSOs review the national policy and ensure that they implement accordingly
• NMCP rigorously monitor CSO activities
• CSOs strengthen their internal management and financial systems
• CSOs align their objectives with those of national malaria M&E plan, and think through the entire monitoring and evaluation process
• CSOs streamline their information system, as well as strengthen their record keeping and reporting systems
• all indicators in the National Malaria M&E Plan (Pg 29) be sorted to suit different CSOs
Recommendations...
Upcoming

*Fresh Air: National Malaria Technical Update and Coordination Workshop*

Luanda, Angola

25 – 28 August, 2009

*Thank You!*