



Response to the Malaria Outbreak in Northern Uganda

USAID Uganda /Communication for Healthy communities (CHC)

Date: 29-30 September, 2015

Venue: Speke Resort Munyonyo



President's Malaria Initiative

Obulamu?

Presentation outline

- ❖ Background to CHC
- ❖ Background to the Malaria upsurge in N. Uganda
- ❖ Malaria SBCC interventions
- ❖ Challenges
- ❖ Lessons learnt

Goal

Support GoU, USG IPs and other partners to design and implement quality health communication interventions that contribute to **reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis.**

Mandate

- Evidence based HC interventions
- Coordination of HC interventions
- Research & Knowledge Management to enhance HC

Obulamu?

Biaibo Aijar?

How's Life?

Obulamu?

Amagara?



Young adults in relationships

1. Condom use
2. Mutual fidelity – reduce sexual partners
3. HIV testing & knowing results
4. Circumcision for men and support from partners
5. Prevention of unplanned pregnancy
6. Discordance & adherence to positive prevention & treatment
7. TB screening and testing for cough more weeks.
8. Correct information on SRH



Pregnant Couple

1. Recognize dangers signs of pregnancy
2. Birth preparedness plan
3. Early ANC attendance
4. **At ANC demand IPTp 1-2: Test for HIV and & enroll into eMTCT if positive, receive malaria treatment, receive net and sleep under it)**
5. Newborn care practices
6. Deliver at a health facility
7. Adhere to ART & breastfeeding guidelines
8. Post-partum care including FP
9. Good nutrition practices
10. Early Initiation of Breastfeeding



Care Takers of U5s

1. Breastfeeding within one hour after birth
2. Exclusive breastfeeding for first six months
3. Complementary feeding
4. Nutrition for breastfeeding mothers
5. **LLIN use for children under 5 years**
6. Childhood diseases (diarrhea, pneumonia)
7. Child immunization
8. Water Sanitation & Hygiene (WASH)
9. Child Spacing
10. Adherence to ART for mothers and children (pediatric ART)
11. Return to the health center (mother and child) for regular check-up and ART refills



Adolescents

1. Information on body growth and changes
2. Negotiation & decision making skills on sexuality
3. Prevent unplanned pregnancy, HIV and other STIs
4. Dangers of early sexual debut and early parenthood
5. Condom use for sexually active
6. Circumcision for boys
7. HIV testing & knowing results
8. ART Adherence

Malaria Upsurge in Northern Uganda

- ❖ VHTs reported an unusual increase in malaria cases in the OPD and the community in Kitgum and Lamwo districts.
- ❖ In June 2015, Ministry of Health confirmed the malaria outbreak in the 10 former IRS districts.
- ❖ CHC working with MoH developed a communication campaign to address the epidemic.

Interventions


USAID/CHC has supported the MoH and Districts to promote **correct and consistent use of LLINs, early diagnosis and treatment of malaria** through;

1. Targeted radio programs


- ❖ Broadcast 4800 radio mentions
- ❖ 15 radio talk shows on 5 Radio stations covering the 10 affected districts




Interventions continued....



Sleep Under an Insecticide Treated Net to Prevent Malaria


Hang the net over your sleeping place


Tuck in your net properly before you sleep


Tie up the net during the day to avoid damage


Care for your net. Sew up any holes



2. Outdoor placement

- ❖ Why? To re-enforce and visualize messages on radio and interpersonal communication,
- ❖ Disseminated 75,000 posters and 10,500 talking points on correct and consistent use of LLINs, early diagnosis and treatment and malaria in pregnancy.
- ❖ Disseminated to local leaders, VHTs, radio presenters and religious leaders.

Interventions continued....

3. Orientation and deployment of community level IPC agents:

- ❖ Worked with Districts to mobilize, equip and deploy 723 community leaders, including; RWOTs, LCs and religious leaders
- ❖ Leaders were provided with talking points to facilitate mobilization of communities
- ❖ VHT oriented to promote household level discussions on LLIN use and early treatment



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

MALARIA TALKING POINTS FOR VHTS



A. MOSQUITO NET USE

1. Have you experienced Malaria in your family?
2. What are you doing to prevent it?
(Prob for different malaria prevention measures ie. Sleep under a mosquito net every night, clear stagnant water around your house.)
3. Is your household using Mosquito nets?
 - Who is using it? (Pregnant women, children under five, people with disability..)
 - Where is it used? (bedroom, farmland,...)
 - How is it used? (Prob for hanging, tucking)

Give advise on mosquito net use ie benefits, hanging net, tucking it in, care and repair.

Key Messages

1. Make sure that all your family members especially children under 5 years and pregnant women sleep under a treated mosquito net every night to prevent Malaria.
2. Hang your mosquito over your sleeping area i.e. bed, mat, makeshift area in a temporary hut in garden, early enough (between 6-7pm).
3. Tuck in your net properly before you sleep and ensure to tie it up during the day to avoid damage. Always keep the net away from fire.
4. If you are unable to tie up the net on your own, seek support from someone in your neighborhood.
5. If you travel to a place where there is no mosquito net, e.g. a far-off farm land, carry your net.
6. Continue using the mosquito net even if your house was sprayed during indoor residual spraying (IRS) to obtain additional protection from mosquitoes.
7. Take care of your mosquito net by sewing or repairing torn areas
8. Mosquitoes breed in stagnant water. Clear bushes and remove stagnant water that may be found in pits, plastics, containers, tins, holes on the ground.



Household IPC sessions



Discussions focused on;

- Mosquito net availability and Use: who uses it, how it is used
- Malaria symptoms and early health seeking behavior
- Removal of mosquito breeding areas.

Interventions continued....



4. Community mobilization

- ❖ 24 edutainment-based community activations in most affected sub-counties reaching 23,644 people (with 12,490 receiving malaria treatment).
- ❖ Use of skits, testimonies, demonstration
- ❖ Worked with partners
- ❖ 360 small group discussions in homes, markets, water sources and bars.
- ❖ Appeals from leaders



IPC: Taking the conversation where people are...

- Homes
- Women groups
- Markets
- Bars
- Water sources
- Places of worship
- Schools



Interventions continued....

5. Press briefings for journalists and media representatives:

- Mobilized and oriented 63 journalists from 29 media houses in Northern Uganda.
- Journalists recruited as change agents to amplify information, motivation and skills on correct and consistent use of LLINs and early diagnosis and treatment of malaria.

6. Partnership with other projects(ASSIST and SDS):

- Training and deploying of VHTs to conduct the Mass Fever Treatment under direct observation (MFT/DOTs) and distribute LLINs.

Challenges

- ❖ Service delivery constraints e.g. drugs stock outs, shortage of health workers constrained our SBCC efforts.
- ❖ Many households have small housing structures that hinder LLIN use i.e. sleeping area is the same as the cooking area.

Lessons learnt

- Use of a 360 (media, IPC, community leaders) approach enhanced community awareness and response.
- Testimonies from positive deviant mothers(Those who did not suffer from Malaria) motivated others to prevent Malaria.
- Working with local leaders(cultural/Rwots, religious) was effective in community mobilization
- Strong collaboration with government and partners harnessed resource sharing/ minimized duplication

Thank you!

