



**SIERRA LEONE:  
MASS COMMUNITY ENGAGEMENT FOR UPTAKE OF IPTp2 & ITNs**

RBM CCoP Annual Meeting  
**29<sup>th</sup> – 30<sup>th</sup> September, 2015, Uganda**

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# **PRESENTATION OUTLINE**

**COUNTRY PROFILE AND HEALTH GOAL**

**OVERVIEW – MALARIA DISEASE BURDEN IN SIERRA LEONE**

**WHAT ARE WE DOING IN SIERRA LEONE**

**MONITORING AND EVALUATION**

**ACHIEVEMENTS & LESSONS LEARNT**

**CHALLENGES**

**CONCLUSION & NEXT STEPS**

# COUNTRY PROFILE

Geographical location

Population: 6,140,800

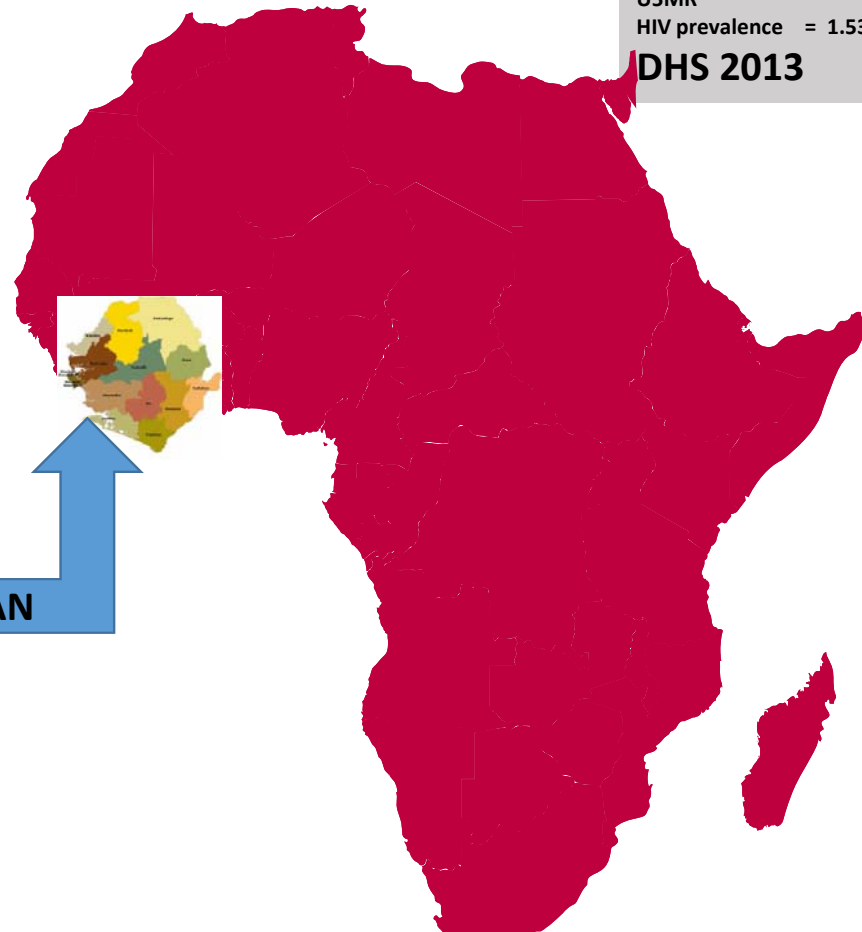
Country Income Classification -LOW

US769 (2013) GDP Per Capita (\$)

36.7% of the population

Population Below \$1 a Day (70%)

URBAN

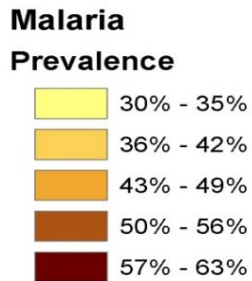
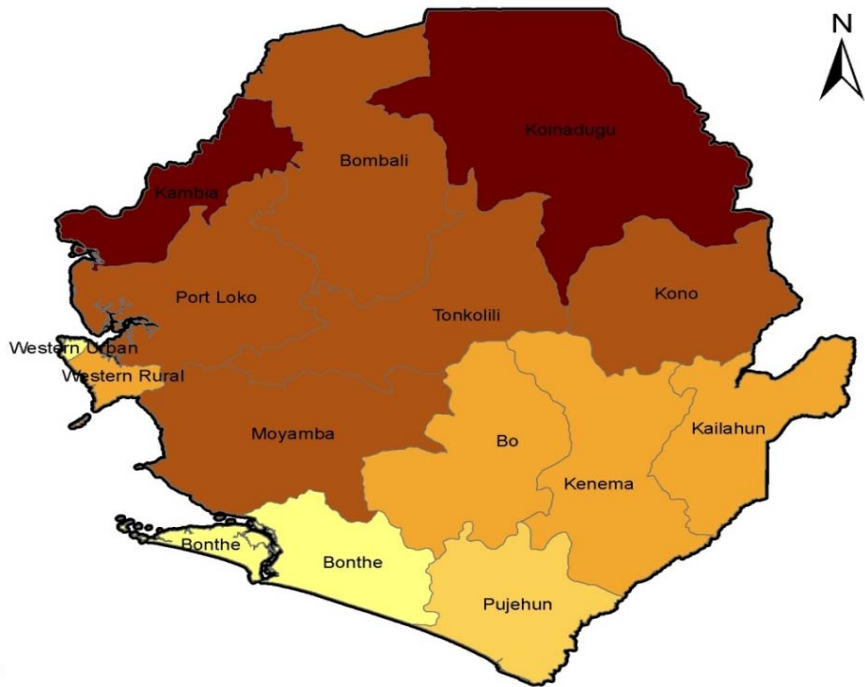


## Health Indicators

ACCESS to health services = 75 %  
Life Expectancy – Male (years) = 47.5 years  
Life Expectancy – Female (years) = 49.4 years  
MMR = 1165/100,000 LB  
IMR = 92/1000 LB  
U5MR = 156/1000 LB  
HIV prevalence = 1.53 %

DHS 2013

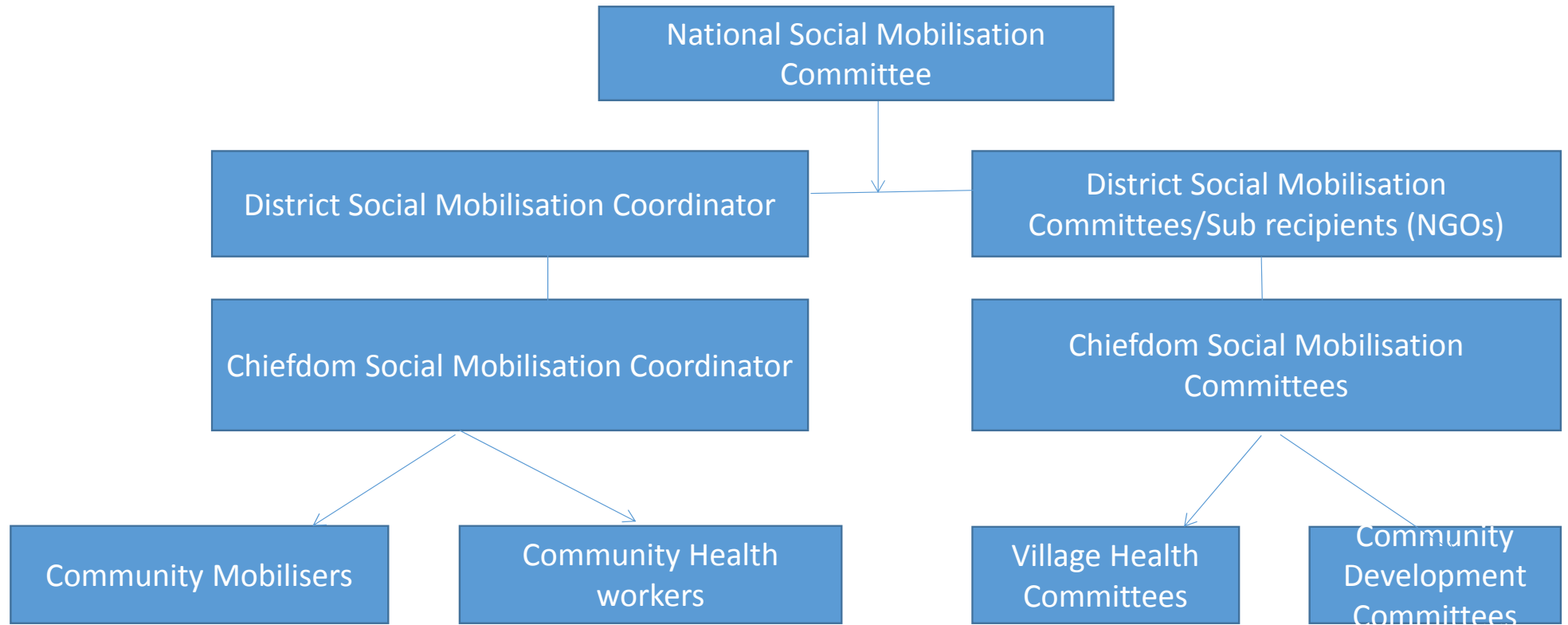
# Malaria Situation- Disease burden



Data Source: Malaria Indicator Survey 2013  
 Statistics Sierra Leone Population Profile 2004

- Malaria is endemic with two peaks at beginning and end of rainy season (April & October)
- Pf is the dominant parasite; *Anopheles gambiae* spp. is the dominant vector
- Entire population is at risk but pregnant women and children under 5 years most vulnerable
- Malaria OPD morbidity for all Ages = 40.3%
- OP morbidity U5 age group = 47%
- CFR = 13.6%
- Mortality attributed to malaria for U5 = 38.3%
- Mortality attributed to malaria for age groups = 25.4%
- Parasite Prevalence (children 6-59months) is 43% (MIS 2013)

# Social Mobilisation Structures



# Mass Community Engagement to increase uptake of IPTp (2doses) & ITNs to 80% by 2015

Objectives	Activities	Outputs	Intermediate term outcome	Impact
<b>Increase the proportion of (pregnant women &amp; U5) through IEC/BCC</b>  <b>Create demand for malaria services &amp; products (ITNs, IPTp)</b>	Mapping of partners			
	Communication strategy development	Increase availability of messages on net use and IPTp.	Increase the uptake rates of IPTp2	Reduced number of confirmed malaria cases and deaths in U5& pregnant women
	Material development on ITNs & IPTp: Posters, flyers , billboards, jingles, pretested before final production			
	Community radio stations :jingles, drama series, discussions; TV spot shows	Increase knowledge on malaria amongst women of child bearing age 96.2%(SLMIS 2013)	Increase net use among pregnant women & Children U5 years	
Training of social mobilisation officers, SHC,CHC, Mother's group, Malaria ambassadors & champions	Increase the number of men &women exposed to malaria messages	Early treatment seeking behaviour amongst the population.		
	Community activities, theatre			

# what are we doing

- Advocacy at all levels: National, District and Chieftom levels: Parliamentarians & Paramount chiefs
- Interfaith engagement (Pastors & Imam during sermons)
- Mass media: Community radios/TV, IEC materials :Posters/Billboards
- House to house sensitization (IPC):Malaria champions
- Social Community Mobilisation: Community/School health clubs, Mothers group, Outreach sensitization
- Community theatre/street to street Performance
- Mobile text messaging





# Sample of Posters

SP is taken as a direct observed treatment(DOT)



See a health worker as soon as you are pregnant.



Kick Malaria, sleep unda maskita tent all tem



Mosquitoes cause malaria. Avoid mosquito bites, sleep under a treated net





## Monitoring & Evaluation of activities

### **Malaria Champions/mobilisers/NGOs (SRs)**

- House to house visit is conducted by Malaria champions/mobilisers to ensure ITNs/LLINs are hung and pregnant women have received the IPTp2
- Ensure Display of IEC materials in the communities
- Tracking of jingles and radio discussions by independent monitor
- **Community development committees** monitor also the community activities
- Religious gatherings (daily, wkly etc.)

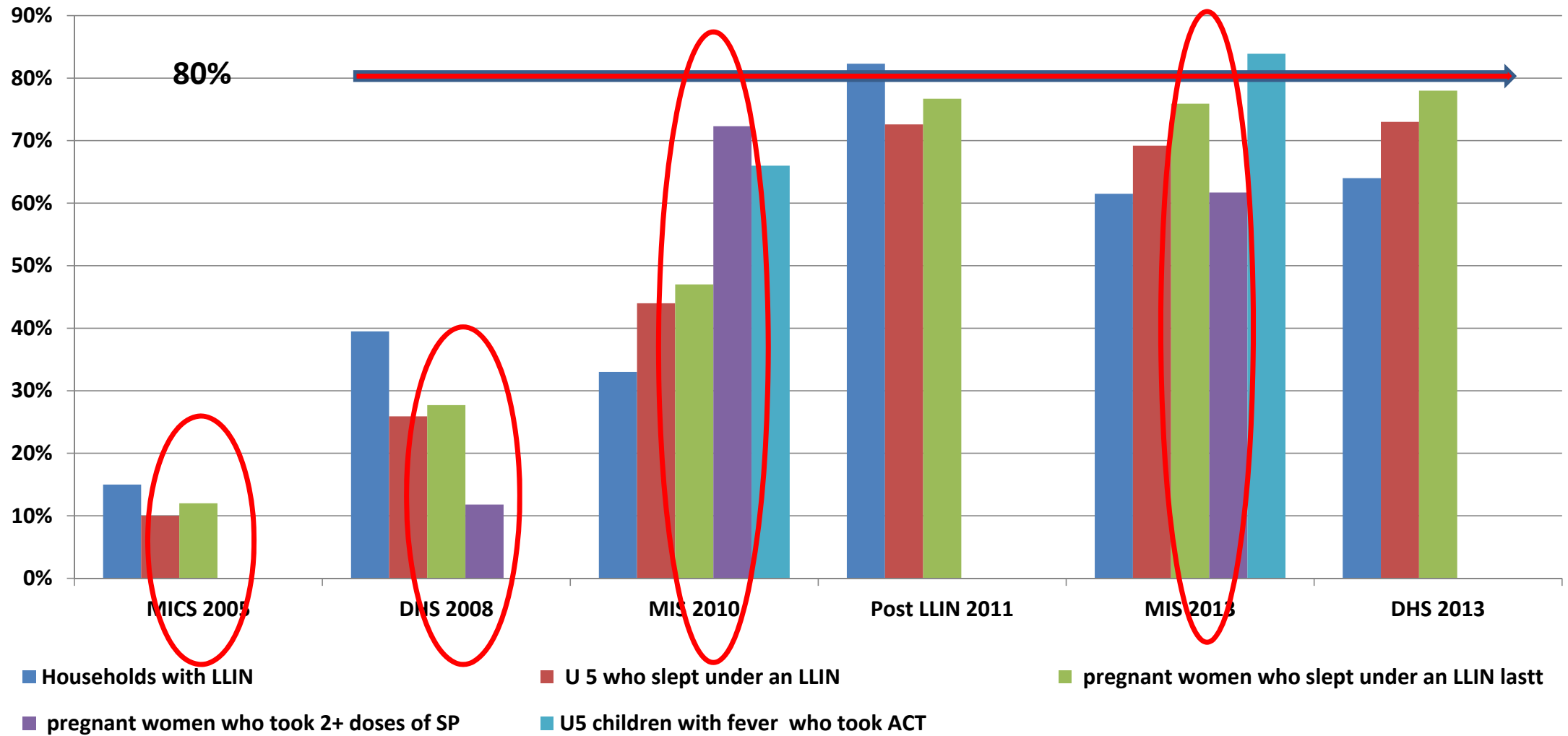
### **National, DHMTs, PHU staff, NGO (SRs) monitor the following**

- The number of community meetings held and outcome,
- Community /street to street theatre performances.
- Community/school health clubs and mothers group.
- In process and end process monitoring during (LLIN mass campaigns
- Ensure Display of IEC materials in the communities

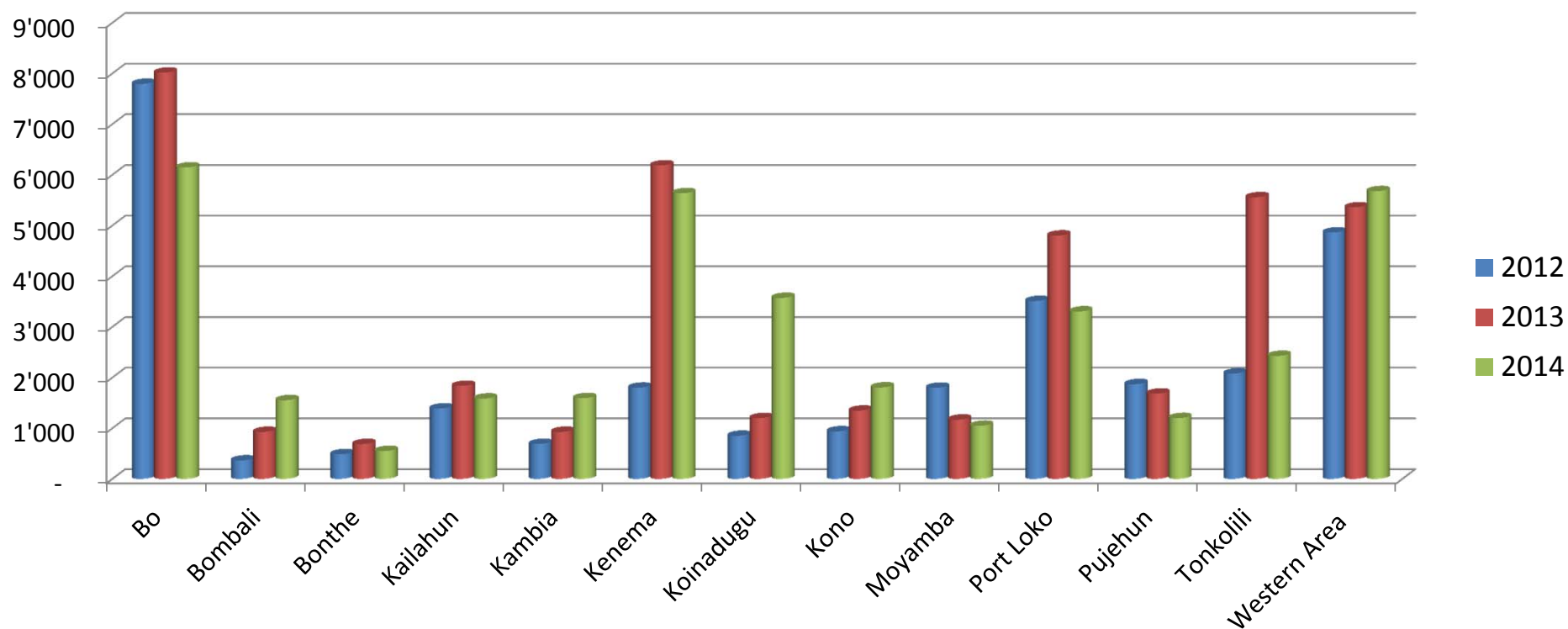
## **Achievements -2014**

1. Number of materials produced, by type, target audience: (1200 PHUs)= **5000 posters (ITNs& IPTp), 45 Billboards**
2. No. of media broadcast (51 community radio stations)= **7,440 slots in 31 radio stations**
3. No. of people trained on SBCC/IEC for malaria:= **(16 NGOs engaged in IEC/BCC, 596 community health clubs,180 school health clubs, 13 District social mobilisation coordinators, 165 mothers group)**
4. Proportion of WCBA who recall hearing or seeing any malaria message within the last 6 months (6717 interviewed)= **96.4 % (MIS 2013)**
5. Proportion of WCBA who know the main symptom of malaria (**64% MIS 2013**)
6. Proportion of WCBA) who name mosquitoes as the cause of malaria ( **91% MIS 2013**).
7. Proportion of WCBA who know preventive measures (LLIN)for malaria prevention( **50.3% MIS 2013**)

# Coverage of Key antimalarial interventions



Number of pregnant women who received at least 2 doses or more of intermittent preventive treatment for malaria with SP during their last pregnancy at health facility and community (2012 -2014)



# Lessons Learnt

- Community ownership when achieved, yields best social change results.
- Development and maintenance of community structures yield wide range programme implementation
- Timely programming ,like strategy development, trainings, group meetings, orientations, radio production, drama groups (TAD)

# Challenges

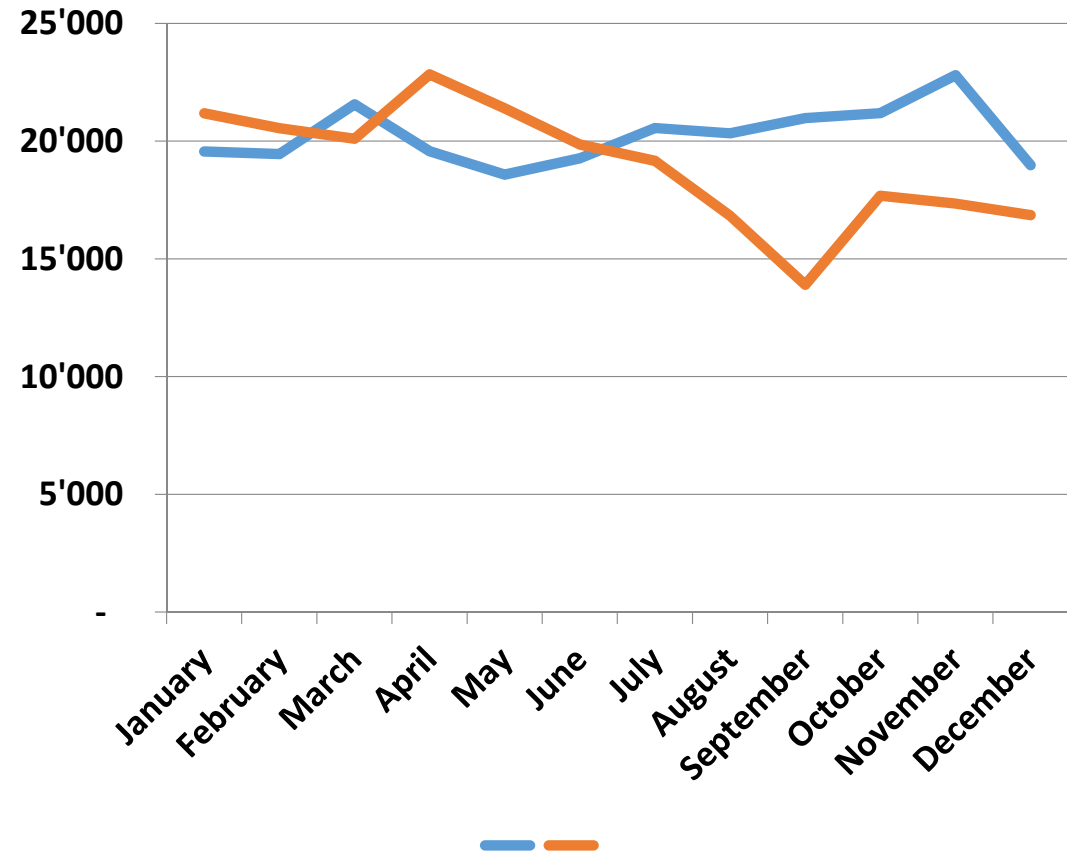
- Working with partners requires lots of follow up and consumes time.
- Over reliance on donor funds
- Weather causes a lot of limitation of movement
- To achieve social change, largely depends on IPC as it is very expensive
- Ebola outbreak disrupted the entire health system (Malaria activities inclusive).

ITN given during ANC visits, changes over time (May - Sep 2014)

ITN given during ANC visits	District	May /sep	May/June	June/July	July/aug	Aug/sep
Northern	Bombali	-52%	-27%	0%	-14%	-22%
	Kambia	-62%	-34%	-10%	-21%	-19%
	Koinadugu	-59%	-32%	-19%	-37%	16%
	Port Loko	-62%	-34%	2%	-38%	-9%
	Tonkolili	-79%	-43%	-40%	-43%	6%
	Northern	-64%	-35%	-14%	-32%	-7%
Eastern	Kailahun	-61%	-45%	-3%	-20%	-8%
	Kenema	-58%	-30%	-31%	6%	-17%
	Kono	-56%	-31%	-21%	-21%	2%
	Eastern	-58%	-34%	-23%	-8%	-10%
Southern	Bo	-66%	-58%	-13%	-13%	6%
	Bonthe	-54%	-34%	-31%	8%	-7%
	Moyamba	-52%	-34%	-7%	-29%	9%
	Pujehun	-61%	-24%	-33%	-16%	-9%
	Southern	-60%	-40%	-20%	-17%	1%
Western	WA Rural	-70%	-42%	14%	-52%	-8%
	WA Urban	-79%	-68%	-43%	12%	3%
	Western	-76%	-59%	-16%	-29%	-2%
National	-63%	-39%	-17%	-23%	-5%	

Sierra Leone Health Facility Survey  
October, 2014

Number of IPTp second dose distributed to Pregnant Women in 2013 and 2014



Source: DHIS 2013 - 2014

# The Ebola outbreak and its impact on malaria interventions

The EVD outbreak threatens to reverse the **gains of the efforts made by the Government and its partners:**

- **Health workers are overstretched**, working long and hard shifts, and working in fear of falling ill themselves.
- The **supply chain** for commodities under increasing pressure (competing priorities with EVD + travel restrictions)
- Initial reports suggest that communities (particularly pregnant women and adolescent girls) are **not attending health facilities** for fear of contracting Ebola
- Reduced **health seeking behaviour** and increased **distrust in the health system.**
- **Temporary suspension of diagnosis** with microscopy and RDTs (fear of contracting EVD)

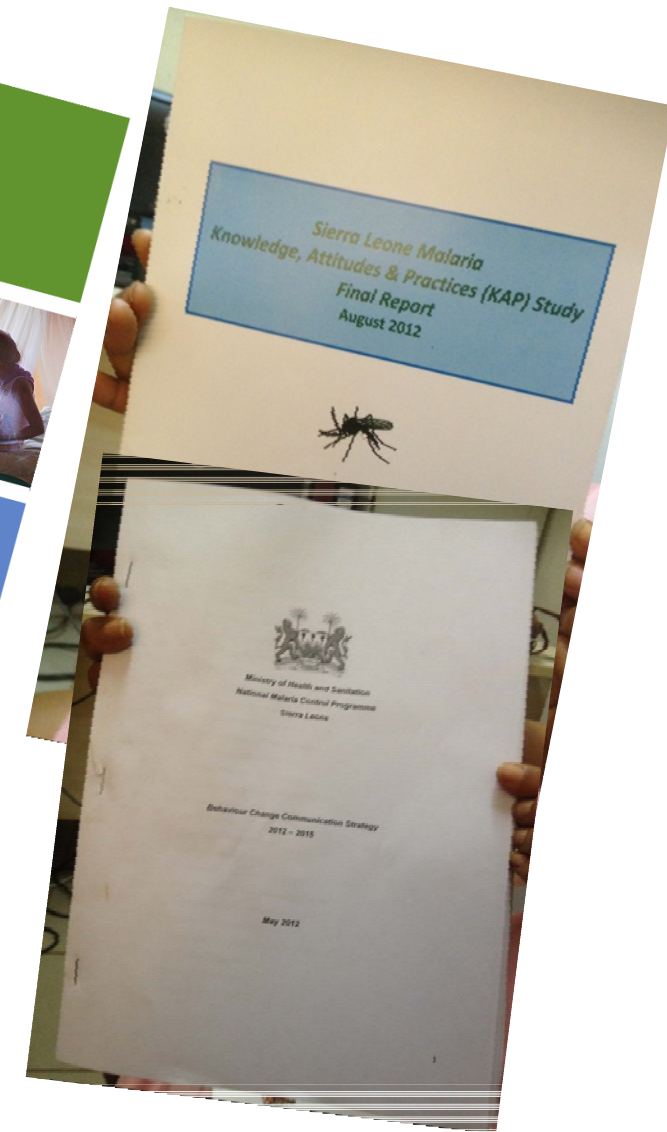


# Conclusion

- Behaviour is influenced by social, psychological factors, skills and environmental conditions.
- Community engagement yields ownership and increase in the utilization of malaria services and products.
- To achieve social change, IPC is key but very expensive .
- EVD outbreak is an unprecedented crisis, posing enormous challenges on Malaria activities in particular.

# Next Steps

- Intensifying community engagement to sustain ownership
- National Health Sector Recovery plan developed.
- Malaria Policy and Treatment guidelines revised
- National Strategic plan developed(2016-2020)
- IPT policy to be revised shortly
- KAP, MIS, Barrier analysis to be conducted in 2016





# KEEP OUR EYE ON THE PRIZE: A SIERRA LEONE FREE OF MALARIA



*Thank  
You!*

