Malaria Elimination Program Update

During the first six months of fiscal year 2013 (October 2012 through March 2013), World Vision staff in Mali continued post-distribution activities following the delivery of 422,800 long-lasting, insecticide-treated bed nets in three districts. One highlight of these activities was providing rapid diagnostic malaria tests and antimalaria drugs to health facilities in the program areas. Preparations also began for the distribution of 500,000 nets in Uganda, kicking off a nationwide, government-sponsored malaria campaign that aims to provide enough nets to cover every person in the country.

GOALS

World Vision’s goal for the Malaria Elimination Program is to contribute to a 75 percent reduction in the number of malaria cases and near-zero malaria deaths by 2015 for communities where we work. This aligns with the international Roll Back Malaria goal for all malaria-endemic countries. Roll Back Malaria is a global partnership creating a framework to implement coordinated efforts to eliminate malaria.

Expected results of this program are:

1. Increased ownership of treated nets in households in World Vision program areas and the surrounding districts (similar to counties)
2. Increased use of nets by children younger than 5 and pregnant women
3. Increased understanding of caregivers that sleeping under nets prevents malaria

PROGRESS TO DATE

Since the Campaign For Every Child’s inception in 2010, World Vision has distributed 3,391,255 nets in Kenya, Mali, Mozambique, and Zambia. Beginning with our Mali distributions, the campaign began providing vital, life-saving antimalaria drugs and rapid diagnostic malaria tests to the health facilities in our net distribution areas. These drugs and tests are provided through our corporate gift-in-kind partners, giving communities more of the tools they need to wage an effective battle against malaria. When infected children get immediate treatment, they stand a better chance of survival and a strong recovery. The same goes for pregnant women, who face serious health implications for themselves and their unborn babies when infected. Having adequate supplies of tests helps health staff make the best use of
medicines, which often are in short supply. When patients arrive at health clinics with fever, staff often presume malaria is the cause, and treat the disease presumptively. Sometimes, malaria isn’t the culprit, and precious drugs are wasted.

Treating malaria also helps reduce the vector, or mode of transmission. Mosquitoes aren’t born with malaria; they contract it when they bite infected humans. Once infected, the mosquito then transmits the disease to its next victim, creating a brutal and often deadly cycle.

During the first half of FY13, our work was focused in Mali and Uganda, and activities and accomplishments will be outlined in the following pages.

PROGRAM-TO-DATE ACHIEVEMENTS

3,391,255 INSECTICIDE-TREATED BED NETS

distributed in four countries

6,186,836 PEOPLE PROTECTED

from malaria by receiving bed nets

15,000+ RAPID DIAGNOSTIC MALARIA TESTS

distributed to local health facilities

Drugs like Coartem are the industry standard for treating malaria. These pills dissolve in water, making them easier to administer to young children.
Following the distribution of 422,800 nets in the Diema, Kati, and Kolokani districts last summer, activities this year have focused on continuing community education, program evaluation, and distribution of malaria drugs and test kits. Activities included:

- Enlisting community health workers (45) to carry out post-distribution home visits to make sure families understand the importance of sleeping under bed nets every night, and have retained knowledge about recognizing and getting immediate treatment for malaria. In Kolokani alone, they visited 9,686 homes, reaching 16,619 people.

- Ensuring that women who visit health facilities for prenatal care or to have their children immunized understand the importance of sleeping under bed nets every night, and have retained knowledge about recognizing and getting immediate treatment for malaria. These messages are integrated with information on nutrition and prevention of HIV.

- Creating a plan to evaluate the program’s quality.

- Providing training for health staff members on the use of malaria drugs and test kits in Kolokani district health facilities.

- Collecting data to evaluate the use and value of malaria drugs and test kits.

Early data on the impact of nets, malaria drugs, and tests has been promising. In rural health facilities, stock of vital drugs often runs low, and in many instances, facilities run completely out of necessary drugs and other supplies. However, following the distribution of World Vision’s gifts-in-kind donations, a survey showed facilities that had necessary malaria treatment—Coartem—for children rose to 100 percent from just 10 percent. During the six months covered by this survey, none of the participating health facilities ran out of malaria drugs or test kits.

Other information from the survey showed:

- Having an adequate supply of test kits also helped health staff accurately diagnose more patients. The number of confirmed cases rose to 71 percent from 56 percent (this is the number of positive tests results divided by the number of suspected cases).

- The number of children younger than 5 who routinely sleep under a treated bed net rose to 97 percent from 85 percent.

- The number of pregnant women who received two doses of sulfadoxine pyrimethamine (a preventive measure for malaria), rose to 59 percent from 45 percent. Numbers weren’t higher because the treatment currently is available only to women who make prenatal visits to a health facility, staff noted. As community education helps pregnant women understand the importance of prenatal visits, these numbers should continue to improve.
UGANDA

The Uganda distribution of 500,000 nets originally was scheduled for March, but it was delayed by the Ugandan Ministry of Health to coincide with the nationwide launch of the Stop Malaria campaign in May (third quarter of fiscal 2013). The launch will take place in Soroti, with Ugandan President Yoweri Museveni presiding. By aligning the timing of World Vision’s distributions with the nationwide malaria campaign, our efforts will benefit from national radio and TV advertisements as well as district-level announcements and community informational activities. The two districts that World Vision will cover—Soroti and Busia—will receive nets first.

Activities to prepare for the distributions began during the second quarter of the fiscal year (January through March 2013) and included:

• 500,000 long-lasting, insecticide-treated nets were procured.
• A project officer to oversee distributions came on board.
• District, subcounty, and parish leadership learned about the distributions.
• District malaria staff, health officers, health educators, assistant community development officers, and health assistants became Trainers of Trainers (TOTs), to train others in the targeted communities on the distribution and its goals.
• Volunteer village health teams and local council members in each village were educated and trained by the TOTs on household registration and net distributions.
• 1,618 village health teams, 809 local council members, 26 health assistants, 26 assistant community development officers, two district malaria program staff, two district health educators, and two district health officers were trained to carry out distribution activities.
• Community members learned about the distributions through six radio talk shows; 20 radio announcements; two film vans; health education sessions presented by village health teams during household registrations; and educational sessions held for district, subcounty, and parish leadership.
Mali

- End-of-program evaluations and monitoring of net use will continue.

Uganda

- 500,000 nets will be distributed in Busia and Soroti.
- Community education will continue, to increase awareness on the importance of sleeping under nets.
- Malaria and net information will be made available during distribution activities.
- Distribution follow-up activities using village health teams will include continued education and efforts to make sure net recipients are properly hanging and using their nets.
- Radio spots on malaria prevention will continue.
- Communities will learn how to advocate with the proper agencies/organizations for malaria services.

Jeanne, 14, lives with her parents and brother in the Beledougou area of Mali. She knows the discomfort malaria inflicts. “When a mosquito bites us, we feel sick and have a headache, fever, and vomiting, and we cannot go to school. … Previously, malaria killed many children in our village, but today, this has been reduced considerably due to nets,” she said.

“Good health is very important in life … I thank World Vision and donors for the mosquito nets. Due to that, I am healthy today. God bless World Vision and all donors.”
WIDOWED MOTHER, GRANDMOTHER PRAISES NETS

Malaria was a constant scourge in the lives of Mariam and her family. The widowed mother of four and grandmother of three often struggled to care for family members felled by the nighttime bite of a malaria-carrying female anopheles mosquito.

Poverty prevented Mariam from providing enough nets in her home to cover everyone. “My grandchildren regularly fell sick with malaria. The money that was supposed to be used for the children’s education and food was spent on malaria medicine. Unfortunately, in some families, children died of malaria,” Mariam said.

Since World Vision distributed nets in Mali’s Beledougou area, everyone in Mariam’s household now sleeps safely, protected from the potentially deadly bite of the mosquito.

“If the distribution of these nets, none of my children have had malaria,” even during the most recent rainy season, when the community is plagued by mosquitoes. “The lives of our children have been saved,” she said. “We thank World Vision and donors for this wonderful gift of mosquito nets. May God bless them.”
NETS HELP IMPROVE KENYAN FAMILY’S FINANCES

In the not-so-distant past, Teresa and her husband, Peter, had to ask a friend for a cow, so they could sell it to pay for malaria treatment for a family member. She and her husband have nine children of their own, and care for her late sister’s three children. Sick children kept the family mired in poverty.

“There is a time I remember vividly when my whole family was admitted to the local dispensary for a week. Only my husband was spared,” she said. The disease kept the family trapped in a paralyzing cycle of illness and healthcare costs. “Malaria would get one child, and by the time you come back from clinic, another one is sick,” she lamented.

The nearest health clinic is in Lorgum, where staff members testify that malaria cases have been reduced dramatically since the campaign distributed nets in the Turkana region in 2011. In her village, the results have been the same, Teresa said. “Malaria is only once in a while, unlike before, thanks to the nets.”

Teresa also is an advocate for net use among her friends and neighbors. She tells them, “The net is the medicine. With nets, you won’t need to go to clinic for treatment.”

“I say thank you very much,” to World Vision donors who made the net distribution in her community possible. “If we did not have nets, some people would have died.”
## SUMMARY

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Program-to-Date Spending</th>
<th>Life-of-Program Budget</th>
<th>Spending Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Lasting Insecticide-Treated Bed Nets</td>
<td>7,464,284</td>
<td>8,942,650</td>
<td>83%</td>
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<tr>
<td>Net Distributions</td>
<td>288,064</td>
<td>618,286</td>
<td>47%</td>
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<tr>
<td>Strengthening Community Systems</td>
<td>269,577</td>
<td>149,119</td>
<td>181%</td>
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<tr>
<td>Quality Assurance</td>
<td>561,635</td>
<td>679,704</td>
<td>83%</td>
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<tr>
<td>Management and Fundraising</td>
<td>1,043,531</td>
<td>1,284,128</td>
<td>81%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>9,627,091</strong></td>
<td><strong>11,673,887</strong></td>
<td><strong>82%</strong></td>
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</tbody>
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The figures under Program-to-Date Spending are based on the most recent financial report received from our field partners.

The figures under the Life-of-Program Budget are based on the original cost estimates received from our field partners.

World Vision included estimates for Quality Assurance as well as Management and Fundraising.