

Malaria control programme: situational analysis of malaria control activities for the roll back malaria initiative at Geita district- 2001

Mtani, Lautfred Bond

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University of Dar es Salaam, School of Health Sciences, 2001

In 1998, the World Health Organization (WHO) launched the Roll Back Malaria Initiative whose objectives are to achieve a significant reduction in morbidity and mortality due to malaria. The RBM strategy identifies the provision of rapid diagnosis and treatment as its fundamental technical element. It also recognizes the use of ITNs as an effective tool in controlling malaria.

A cross-sectional study was conducted in Geita District to assess the currently practised malaria control activities in the context of the RBM Initiative. In the study 200 under- five children (patients), 200 mothers and 8 clinicians were studied. The study revealed that the good knowledge that the clinicians had did not go hand in hand with their clinical skills in managing malaria. It was found out that proper history taking and physical examination were inadequately done. This was evident during participatory observation of clinician-patient interaction and further information on this was gathered through exit-interviews with mothers. Through exit interviews, only 62% of the mothers said the clinicians greeted them. Chest examination with a stethoscope to rule out pneumonia was incompletely done. Examination to detect the signs of meningitis was done in 54% of the patients. Throat examination was performed in 18% patients only. In all the children we observed and through exit interviews no single urine microscopy was requested despite the fact that urinary tract infection is a common cause of fever in children and can mimic malaria. Only 52 mothers (26%) were given instruction to return for follow-up.

The study identified a number of factors that were associated with poor patient management. These were: inadequate number of staff, lack of continuing education at places of work and poor diagnostic facilities. A review of hospital-based malariometric data revealed that the number of patients with malaria has increased. For example, in the year 2000, malaria formed 1048 (70.3%) of the total 1490 admissions of under-five children. It was also responsible for 46.1% of total outpatient attendance in the under- five age group. Malaria accounted for 53% of total under-five deaths. In children above 5 years, malaria accounted for 50.3% of total outpatient diagnoses.

Furthermore, malaria was responsible for 64% of under-five admissions in the first four months

(January-April) of the year 2001. Several factors that contribute to the high prevalence of malaria in the District are climatic and ecological ones that favour survival of the vectors and transmission of the disease, e.g. presence of large stagnant and slow moving water bodies as well as the presence of multiple ground excavations as a result of human undertakings in search of soil for construction purposes, both these factors offer good breeding sites for mosquito. The RBM Initiative recognizes ITNs as an effective tool in malaria control. The study found a very low rate of ITNs use in the District. Only 16 (8%) of the 200 mothers that were interviewed reported to have ITNs. and only 47 (23.5%) said that they were aware of ITNs. In order to reduce the burden of malaria disease in the District there is a need to improve the management practices of clinicians through regular continuing education on malaria case management, and promotion of ITNs use.