

# Zambia National Malaria Control Centre

## Monitoring and Evaluation Newsletter



### Issue No. 4: Second Quarter 2010

Welcome to the Monitoring and Evaluation (M&E) Newsletter of the [Zambia National Malaria Control Centre \(NMCC\)](http://www.nmcc.org.zm). The newsletter is produced by malaria control partners to exchange information and news relevant to malaria control progress in the country.

We encourage you to contact us at [me@nmcc.org.zm](mailto:me@nmcc.org.zm) with ideas, success stories, and features relevant for sharing with the national malaria M&E community.

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### Malaria Indicator Survey 2010

The National Malaria Indicator Survey (MIS) 2010 was successfully completed in May following six-to-seven weeks of field work. More than 5,800 blood slides were examined from children throughout the country. The national laboratory team continues to work toward finalizing these results.

Preliminary results for malaria interventions suggest notable progress in improving national IRS coverage and ITN usage, in particular among all children under age five, compared with previous MISs in 2006 and 2008. Since 2006, IRS activities have been scaled up to a further 22 districts and MIS 2010 revealed significant improvements in targeting IRS to rural, more malarious areas. Also, ITN use among all Zambian children has now reached greater than 50 percent among rural areas (**Figure 1a**), a significant benchmark for improving the health of children in areas where malaria is more prevalent. When only children living in households with access to nets were examined (**Figure 1b**), the proportion of children sleeping under ITNs was even greater, with more than 65 percent of children sleeping under ITNs. This suggests children are being prioritised for sleeping under ITNs when they are available in households.

Final MIS 2010 results will be released by the Ministry of Health as early as the end of September 2010. These results will be used to inform the national malaria strategic planning activities underway in the third and fourth quarter of 2010, including the Malaria Programme Review (MPR), the 2011 Annual Plan, and the revised National Malaria Strategic Plan 2011–2015. Congratulations to the Ministry of Health staff, Central Statistical Office staff, and cooperating and local partners at all levels who helped make this survey a success. Your professionalism and commitment to quality information continues to make Zambia a leader in malaria control on the continent.



**Figure 1:** Use of ITNs by children under age five for all children (a) and those living in households with at least one net (b), by urban and rural areas, 2006-2010.

## Improving malaria surveillance...one priority at a time

During the second quarter of 2010, the National Malaria Control Centre M&E Technical Working Group (TWG) and local partners developed the Surveillance Concept Note to identify and improve malaria information used for surveillance. Consistent and timely information from the local level is required for informed decision making at the central level. Without this regular exchange of data, the flow of vital malaria commodities—insecticide-treated mosquito nets (ITNs), diagnostics, anti-malarial treatments—could be interrupted. With increasing coverage of interventions and more localized malaria transmissions, developing improved surveillance is critical to generating continued impact on Zambia's malaria situation. A number of priorities have been identified within this concept note toward improving access, quality, and timeliness of routinely reported malaria surveillance information. **Box 1** outlines these priorities.

The NMCC is already taking action to implement many of these priorities, some of which have been featured in past newsletters. The Surveillance Concept Note is a working document and is available through the NMCC M&E TWG Secretariat for further comment and suggestions.

### **Box 1: Improving Malaria Surveillance: Priority Areas**

**Priority A:** Focused support to the core HMIS systems for improving the availability and quality of malaria information already being collected by the Ministry of Health.

**Priority B:** Support for trainings to improve malaria data quality and linkages with diagnostic services and malaria surveillance.

**Priority C:** Support for improving and standardizing innovative surveillance solutions to improve malaria surveillance and response.

**Priority D:** Support for improving and standardizing innovative surveillance solutions for response in Lusaka District.

**Priority E:** Support for initiating surveillance as an intervention for areas with persistent or high transmission and high coverage.

**Priority F:** Retrospective profiling of facility-based malaria case data to establish a longer trend in confirmed malaria cases from the point of introduction of RDTs and RDT/lab registers.

## Engaging community leadership

Communicating messages throughout Zambia, especially those needed for improving uptake of malaria interventions, can be difficult. To reach even the most rural areas, NMCC has prioritised three communication channels: community leaders, community radio, and community health workers. Community leaders and community radio personnel have been the focus of intense training at provincial capitals. **Figure 2** presents

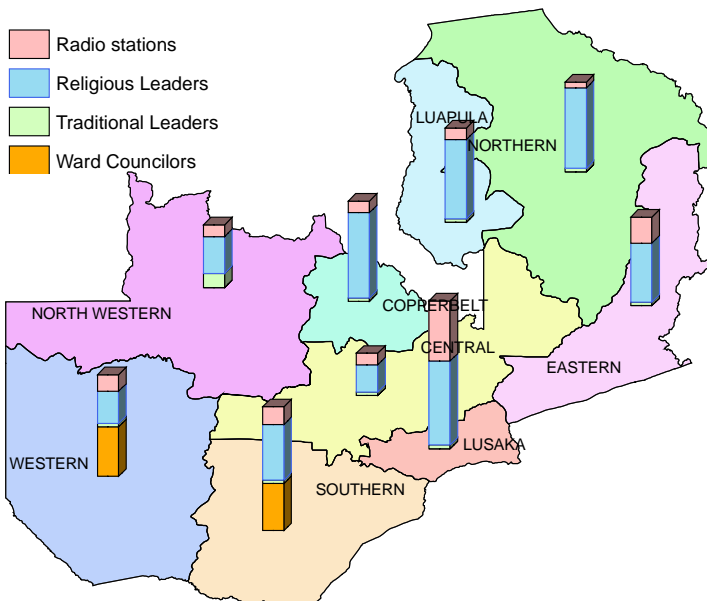


Figure 2: Numbers of trained participants by category

numbers of trained participants by category and province. More than **700** participants have been oriented nationwide.

Since 2007, the national programme engaged traditional leaders to influence behaviour change in their chiefdoms, from discouraging misuse of ITNs to encouraging people to sleep under them and for those with fever to go for immediate testing and treatment. Since 2008, religious leaders from all faiths have undergone orientations on how the pulpit can play a role in the fight against malaria.

Radio is inexpensive, portable, broadcast in local languages, and, in Zambia, reaches an estimated 80 percent of the population. Since 2007, trainings targeted most of the nation's 30-plus stations, working with journalists on malaria programming and techniques for interviewing, writing, presenting, and studio production. In 2010, the national programme began orienting Ward Councillors, elected

officials who serve at the community level. Over 80 leaders were oriented in malaria at two meetings held in Choma and Mongu; the next meeting is slated for Lusaka at the end of September.

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## Partner's corner—COMBOR's support for Mbikusita Malaria Prevention Project, Mongu

The Community Malaria Booster Response (COMBOR) is a project funded through the World Bank under the Ministry of Health NMCC supporting uptake of malaria interventions by financing community-based initiatives which are identified, planned, and managed by communities themselves. The project aims at strengthening local capacities to effectively prevent, control, and treat malaria at community level. COMBOR currently supports more than **236** projects in four provinces (Eastern, Luapula, Northern, and Western), an additional **69** of which were started during the second quarter of 2010.



Mbikusita Malaria Prevention Project is one of the 59 COMBOR community projects supported in Mongu, Western Province. This project conducted a training in key malaria messages, helped distribute 400 ITNs, organized environmental management, performed six drama sessions, and facilitated malaria prevention and treatment discussions on Liseli Community Radio Station.

Mutinta Suba (pictured above), a member of the Mbikusita Malaria Prevention Project in Mongu, proudly shows off the ITNs hanging in her household. "After the training was conducted, I now know the symptoms and causes of malaria," said Mrs. Mutinta. "I used to think that malaria is caused by getting soaked in rain water," she added.

Project members also organized the clearing of Kambule Canal (pictured right) to improve their local environment and reduce mosquito breeding sites, thus reducing the potential for malaria transmission.



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### Upcoming events

National Malaria Programme Review (MPR) is coming to Zambia. MPR is a process of engaging with malaria control stakeholders to assess progress and provide strategic direction. MPR activities will take place from 24 August to 9 September 2010 and will bring together international, national, and local-level malaria control partners to help guide the future of malaria control efforts in Zambia. The process will culminate in a strategic review and planning document by thematic area, including M&E, which the NMCC will use to guide further planning, funding, implementing, and monitoring evaluation and surveillance activities.

### More upcoming events

24 Aug–8 Sept 2010	National Malaria Programme Review, Lusaka
13–17 Sept 2010	MTCBSA Entomology Training Course, Ndola
12–18 Sept 2010	WHO Regional Malaria Program Review Meeting, Zanzibar
21 Sept–12 Oct 2010	International Surveillance, M&E Training Course, Moscow, Russia
21-24 Sept 2010	Behaviour Change Communication for ITN Ownership and Use Workshop, Bamako, Mali
27–28 Sept 2010	Lusaka Province Ward Councilors Training, Lusaka
3–7 Nov 2010	Amer. Society Tropical Medicine and Hygiene Annual Meeting, Atlanta, USA
Dec 2010	RBM Board Meeting, Zambia

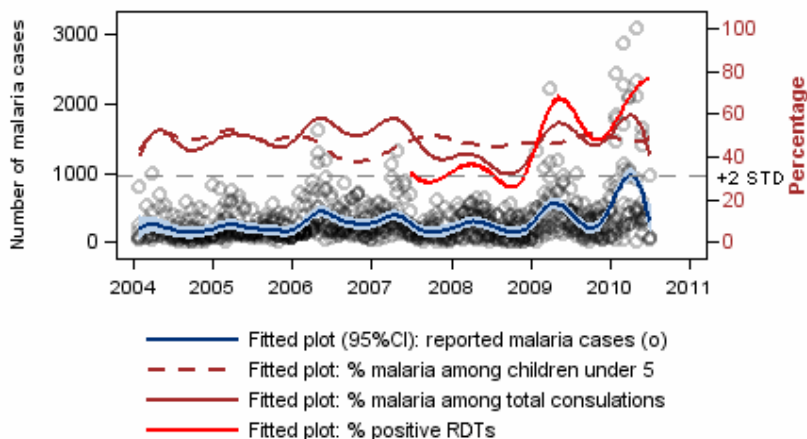
For more information, visit the National Malaria Control Centre (NMCC) website, [www.nmcc.org.zm](http://www.nmcc.org.zm), or contact the Monitoring and Evaluation Team at the NMCC at [me@nmcc.org.zm](mailto:me@nmcc.org.zm).

## District Basket—Nyimba District: malaria increased in 2010, district responds

The Ministry of Health Malaria Control Programme continues to profile districts on their uptake of malaria diagnostic tools in health facilities. For example, 12 facilities in Nyimba District in Eastern Province (**Figure 3**) have been profiled during June. A team from NMCC working with District Health Office and facility staff from Nyimba collected outpatient monthly malaria case trends from facilities to help identify where reported malaria increases occurred during 2010 and to check on how malaria diagnostics were being applied for malaria treatment.

**Figure 4** presents a fitted plot (blue line with 95 percent confidence intervals [CIs] [blue band]) of the monthly malaria case reports (faded grey circles) from all outpatient facilities during the 2010 seasonal malaria transmission period (first and second quarters). It shows reported malaria increased district-wide, with many facilities reporting significant (+2 standard deviations [SD] increases in malaria. This +2 SD is the threshold set by WHO for epidemic detection. Rapid diagnostic test (RDT) positivity also shows an increasing trend since 2009. Figure 4 also shows that the six-year fitted trend in percentage malaria cases reported among children under age five remains constant across this period, as does the percentage of total consultations which are reported as malaria.

Figure 4: Outpatient malaria trends, all facilities, 2004-2010, Nyimba



was due to insufficient RDTs. In the absence of diagnostic tools, clinicians treat based on symptomatic conditions which can lead to a larger need for antimalarial drugs.

Since October 2009, Nyimba District Health Office has received more than 10,000 ITNs from the Global Fund and the President's Malaria Initiative/Society for Family Health for mass and Malaria in Pregnancy (MIP) distribution, although a significant ITN gap remains. More ITNs are expected for Nyimba in late 2010. Nyimba is not currently covered under the national IRS programme.

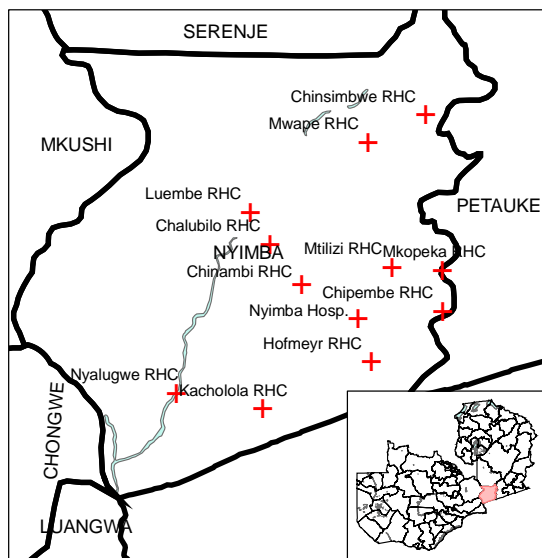


Figure 3: Health facilities (+) in Nyimba District. All facilities except Mwape, Chinsimbwe, and Chalubilo exceeded their +2 SD, 6-year fitted and actual reported malaria case trend during the 2010

Treatment patterns in the district are also changing. **Figure 5** trends fitted plots of monthly data from all outpatient facilities for malaria cases, treatments, and RDT-tested patients. This shows the decline in use of sulfadoxine-pyrimethamine (SP) and the increase in use of Coartem® since 2004. SP is still used for treatment prophylaxis for pregnant women.

Nyimba continues to face challenges when it comes to RDT supplies. Figure 5 shows a decline in numbers of patients tested with RDTs during the seasonal malaria peak in 2010. This

Figure 5: Antimalarial treatment patterns, all facilities, Nyimba

